Administrative Office of Courts & Probation

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Agency Facility County: Buffalo

Agency Name: Boys Town

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town Central Nebraska In Home Family Services	620 E. 25th Street Suite 9 Kearney, NEBRASKA 68847	In Home Family Service (IHFS)	Adams, Dawn	3082673689	dawn.adams@boystown.org
			Coffman, Emma	4026152909	emma.coffman@boystown.org
			Eschliman, Angela	3087501135	angela.eschliman@boystown.org
			Leonard , Matthew	4026703596	Matthew.leonard@boystown.org
			Schuetz, Nichole	3082671257	nichole.schuetz@boystown.org
			Weinmaster, Katelynn	3088305258	katelynn.weinmaster@boystown.org

Agency Name: COMPASS

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
COMPASS	514 West 11th Street Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Group)			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Agency Supported Foster Care			
		Community Treatment Aide			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
COMPASS	514 West 11th Street Kearney, NEBRASKA 68845	(CTA)			
		Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Family Support			
		Intensive Family Preservation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			
		Professional Foster Care			
		Relative/Kinship Home Study			

Agency Name: Camelot Transportation Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Camelot Transportation	103 S Railroad Kearney, NEBRASKA 68847	Adult Transportation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inc	103 S Railroad Kearney, NEBRASKA 68847	Juvenile Omaha Metro Transportation			
		Juvenile Transportation			

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3423 2ND AVENUE Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org

Agency Name: Central Mediation Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Central Mediation Center	412 W 48th Street Suite 22 Kearney, NEBRASKA 68845	Expedited Family Group Conference	Williams, Terrin	3082374692	twilliams@centralmediationcenter.com
		Mediation - Juvenile	Williams, Terrin	3082374692	twilliams@centralmediationcenter.com

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Agency Name: Crossroads Mission Avenue

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1404 E 39th St Kearney, NEBRASKA 68847	15 Day TL Extension - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
		45 Day Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
		Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
	1408 E. 39th St Kearney, NEBRASKA 68847	15 Day TL Extension - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
		45 Day Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
		Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com

Agency Name: Domestic Violence Intervention Program

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Domestic Violence Intervention Program	PO Box 32 Kearney, NEBRASKA 68848	PRS-BIP	DeJonge, Sherri	3084401341	sherri@safecenter.org

Agency Name: Fortitude Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fortitude Counseling Services, LLC	124 W. 46th St Suite #110 Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Adult Mental Health Evaluation	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Cooper, Lynn	3084409042	fortitudellc22@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fortitude Counseling Services, LLC	124 W. 46th St Suite #110 Kearney, NEBRASKA 68847	Adult Substance Use Addendum	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Adult Substance Use Evaluation	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Juvenile Co-Occurring Evaluation	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Juvenile Mental Health Evaluation	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Juvenile Substance Use Addendum	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Juvenile Substance Use Evaluation	Cooper, Lynn	3084409042	fortitudellc22@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cooper, Lynn	3084409042	fortitudellc22@gmail.com

Agency Name: Insight Counseling & Recovery

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Insight Counseling & Recovery	2908 W 39th St Suite B Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Adult Mental Health Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson,	3082370391	tom@insightcounselingandrecovery.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Insight Counseling & Recovery	2908 W 39th St Suite B Kearney, NEBRASKA 68845	Adult Mental Health Evaluation	Tom		
		Adult Mental Health Outpatient Counseling (Individual)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Adult Sex Offense-Specific Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/ Group)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
		Adult Substance Use Addendum	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Adult Substance Use Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Insight Counseling & Recovery	2908 W 39th St Suite B Kearney, NEBRASKA 68845	Adult Substance Use Outpatient Treatment (Individual)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Juvenile Co-Occurring Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Juvenile Mental Health Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Juvenile Substance Use Addendum	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Juvenile Substance Use Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Insight Counseling & Recovery	2908 W 39th St Suite B Kearney, NEBRASKA 68845	Juvenile Substance Use Evaluation	Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com
			Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
			Yendra, Sarah	3082370391	sarah@insightcounselingandrecovery.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Risk Evaluation	Eigenberg, Amy	3082370391	amy@insightcounselingandrecovery.com

Agency Name: Kearney Counseling Associates

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kearney Counseling Associates	2811 30th Ave. Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation	Crouch, Marvin	3082376865	kearneycounselingassociates@gmail.com
			Springer, Robyn	3082510037	robynspringer2020@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Crane, Karla	6052951646	kcrane298@gmail.com
			Crouch, Marvin	3082376865	kearneycounselingassociates@gmail.com
			Springer, Robyn	3082510037	robynspringer2020@gmail.com
		Adult Substance	Crane,	6052951646	kcrane298@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kearney Counseling Associates	2811 30th Ave. Kearney, NEBRASKA 68845	Use Evaluation	Karla		
			Crouch, Marvin	3082376865	kearneycounselingassociates@gmail.com
			Springer, Robyn	3082510037	robynspringer2020@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Crane, Karla	6052951646	kcrane298@gmail.com
			Crouch, Marvin	3082376865	kearneycounselingassociates@gmail.com
			Springer, Robyn	3082510037	robynspringer2020@gmail.com
		Juvenile Co-Occurring Evaluation	Crouch, Marvin	3082376865	kearneycounselingassociates@gmail.com
			Springer, Robyn	3082510037	robynspringer2020@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Crane, Karla	6052951646	kcrane298@gmail.com
			Crouch, Marvin	3082376865	kearneycounselingassociates@gmail.com
			Fries, Brett	3083903350	friesbrett13@gmail.com
			Springer, Robyn	3082510037	robynspringer2020@gmail.com
		Juvenile Substance Use Evaluation	Crane, Karla	6052951646	kcrane298@gmail.com
			Crouch, Marvin	3082376865	kearneycounselingassociates@gmail.com
			Springer, Robyn	3082510037	robynspringer2020@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Crane, Karla	6052951646	kcrane298@gmail.com
			Crouch, Marvin	3082376865	kearneycounselingassociates@gmail.com
			Springer,	3082510037	robynspringer2020@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kearney Counseling Associates	2811 30th Ave. Kearney, NEBRASKA 68845	Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Robyn		

Agency Name: Kearney's Village

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kearney's Village Transitional and Sober Living	709 2nd Avenue Kearney, NEBRASKA 68847	15 Day TL Extension - Level 2			
		45 Day Transitional Living - Level 2			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Transitional Living - Level 2			

Agency Name: Making Choices Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Making Choices Counseling	2222 2nd Ave. Ste. 400 Box 16 Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Substance	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Making Choices Counseling	2222 2nd Ave. Ste. 400 Box 16 Kearney, NEBRASKA 68847	Use Addendum			
		Adult Substance Use Evaluation	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com

Agency Name: Marv Crouch Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Marv Crouch Counseling Services	2811 30th Ave Kearney, NEBRASKA 68845	Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult Substance Use Intensive Outpatient Counseling (IOP)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: McDowell Counseling & Associates

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
McDowell Counseling & Associates	2315 W 39th St. Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation	Gans , Kyra	3082060672	kgans@mcdowellcounselingassoc.com
			McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com
		Adult Mental Health Evaluation	McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com
		Adult Mental Health Outpatient Counseling (Individual)	Gans , Kyra	3082060672	kgans@mcdowellcounselingassoc.com
			McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com
		Adult Substance Use Addendum	Gans , Kyra	3082060672	kgans@mcdowellcounselingassoc.com
			McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com
		Adult Substance Use Evaluation	Gans , Kyra	3082060672	kgans@mcdowellcounselingassoc.com
			McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com
		Adult Substance Use Outpatient Treatment (Individual)	McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com
		Juvenile Co-Occurring Evaluation	McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com
		Juvenile Mental Health Evaluation	McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com
		Juvenile Mental Health Outpatient Counseling (Individual/	McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
McDowell Counseling & Associates	2315 W 39th St. Kearney, NEBRASKA 68845	Family)			
		Juvenile Substance Use Addendum	McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com
		Juvenile Substance Use Evaluation	McDowell, Meredith	3087089379	mmcdowell@mcdowellcounselingassoc.com

Agency Name: Mertens Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mertens Counseling	124 W 46th St #207 Kearney, NEBRASKA 68847	Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Mid-Plains Center for Behavioral Healthcare Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	124 W 25th St. Ste C4 Kearney, NEBRASKA 68847	Multisystemic Therapy (MST)	Beacom , Allison	3083836810	abeacom@midplainscenter.org
			Chamberlain, Douglas	3086276302	dchamberlain@midplainscenter.org
			Flessner, Karen	3084406626	kflessner@midplainscenter.org
			Gallagher, Nicole	4029849684	ngallagher@midplainscenter.org
			Hilker, Dawn	3082240037	Dhilker@midplainscenter.org

Agency Name: Midwest Country Clinic LLC

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	124 W 46th St Suite 109 Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Adult Substance Use Addendum	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Substance Use Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	124 W 46th St Suite 109 Kearney, NEBRASKA 68847	Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Substance Use Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com

Agency Name: Midwest Encouragement and Counseling Center, LLC

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Midwest Encouragement and Counseling Center, LLC	220 W 15th St. Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation	Babutzke, Jamie	7856561498	jlbabutzke@yahoo.com
		Adult Mental Health Evaluation	Babutzke, Jamie	7856561498	jlbabutzke@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Babutzke, Jamie	7856561498	jlbabutzke@yahoo.com
		Adult Substance Use Evaluation	Babutzke, Jamie	7856561498	jlbabutzke@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Babutzke, Jamie	7856561498	jlbabutzke@yahoo.com
		Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Molly Bomberger Counseling Services LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Molly Bomberger Counseling Services LLC	5404 I Ave Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Bomberger, Molly	3082930954	molly@mollybombergercounseling.com
		Adult Mental Health Evaluation	Bomberger, Molly	3082930954	molly@mollybombergercounseling.com
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Sex Offense-Specific Evaluation	Bomberger, Molly	3082930954	molly@mollybombergercounseling.com
		Adult Substance Use Addendum	Bomberger, Molly	3082930954	molly@mollybombergercounseling.com
		Adult Substance Use Evaluation	Bomberger, Molly	3082930954	molly@mollybombergercounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Bomberger, Molly	3082930954	molly@mollybombergercounseling.com

Agency Name: Nebraska Wellness Counseling & Recovery, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nebraska Wellness Counseling & Recovery, LLC	2430 Marshall Ave Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Adult Mental Health Evaluation	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Adult Mental Health Outpatient Counseling (Group)	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Adult Mental Health Outpatient Counseling (Individual)	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Adult Substance Use	Hays,	3084779009	monica@nebraska-

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nebraska Wellness Counseling & Recovery, LLC	2430 Marshall Ave Kearney, NEBRASKA 68847	Addendum	Monica		counseling.org
		Adult Substance Use Evaluation	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Adult Substance Use Outpatient Treatment (Group)	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Adult Substance Use Outpatient Treatment (Individual)	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Juvenile Substance Use Addendum	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Juvenile Substance Use Evaluation	Hays, Monica	3084779009	monica@nebraska-counseling.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hays, Monica	3084779009	monica@nebraska-counseling.org

Agency Name: New Creation Counseling and Recovery Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Creation Counseling and Recovery Services	2303 13th Ave Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Adult Mental Health Evaluation	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Adult Substance Use Addendum	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Adult Substance Use Evaluation	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Creation Counseling and Recovery Services	2303 13th Ave Kearney, NEBRASKA 68845	Adult Substance Use Intensive Outpatient Counseling (IOP)	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Juvenile Co-Occurring Evaluation	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Juvenile Mental Health Evaluation	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Juvenile Substance Use Addendum	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Juvenile Substance Use Evaluation	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Lavene, Jason	3089915014	newcreationcounseling@yahoo.com

Agency Name: Richard Young Outpatient Clinic

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Richard Young Behavioral Health	1755 Prairie View Place Kearney, NEBRASKA 68845	Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Outpatient Treatment			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Richard Young Behavioral Health	1755 Prairie View Place Kearney, NEBRASKA 68845	(Individual)			
Richard Young Outpatient Clinic	1755 Prairie View Place Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

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Agency Name: Ryan Smith Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ryan Smith Counseling Services, LLC	3000 2ND AVENUE SUITE 204 Kearney, NEBRASKA 68847	Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation	Smith, Ryan	3084553435	rpsmith19@hotmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Smith, Ryan	3084553435	rpsmith19@hotmail.com
		Adult Substance Use Evaluation	Smith, Ryan	3084553435	rpsmith19@hotmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Smith, Ryan	3084553435	rpsmith19@hotmail.com
		Juvenile Mental Health Evaluation	Smith, Ryan	3084553435	rpsmith19@hotmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Smith, Ryan	3084553435	rpsmith19@hotmail.com
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Smith, Ryan	3084553435	rpsmith19@hotmail.com

Agency Name: Serene Mental Health Clinic

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Serene Mental Health Clinic	5308 Parklane Dr #5 Kearney, NEBRASKA 68847	Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juveniles Who Sexually Harm Outpatient Treatment			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Serene Mental Health Clinic	5308 Parklane Dr #5 Kearney, NEBRASKA 68847	(Individual/Family)			
		Juveniles Who Sexually Harm Risk Evaluation			
	3615 2nd Ave Ste A Kearney, NEBRASKA 68847	Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: South Central Behavioral Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
South Central Behavioral Services	3810 Central Ave. Kearney, NEBRASKA 68847	Adult Co-Occurring Evaluation	Hock, Sarah	3082375951	shock@scbsne.com
		Adult Mental Health Evaluation	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Adult Mental Health Outpatient Counseling (Group)	Hock, Sarah	3082375951	shock@scbsne.com
			Schoenefeld, Karrie	3086272501	kschoenefeld@scbsne.com
		Adult Mental Health Outpatient Counseling (Individual)	Hock, Sarah	3082375951	shock@scbsne.com
		Adult Substance Use Addendum	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Adult Substance Use Evaluation	Cox, Sally	4024635684	scox@scbsne.com
			Hock, Sarah	3082375951	shock@scbsne.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hock, Sarah	3082375951	shock@scbsne.com
			Schoenefeld, Karrie	3086272501	kschoenefeld@scbsne.com
		Adult Substance Use Outpatient Treatment (Group)	Hock, Sarah	3082375951	shock@scbsne.com
			Schoenefeld, Karrie	3086272501	kschoenefeld@scbsne.com
		Adult Substance Use Outpatient Treatment	Hock, Sarah	3082375951	shock@scbsne.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
South Central Behavioral Services	3810 Central Ave. Kearney, NEBRASKA 68847	(Individual)			
		Juvenile Co-Occurring Evaluation	Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Mental Health Evaluation	Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Substance Use Addendum	Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Substance Use Evaluation	Hock, Sarah	3082375951	shock@scbsne.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hock, Sarah	3082375951	shock@scbsne.com

Agency Name: Sulu Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sulu Counseling LLC	412 W 42nd Street Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation	Sulu, Brittany	3082512237	brittany.sulu@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Sulu, Brittany	3082512237	brittany.sulu@gmail.com
		Adult Substance Use Evaluation	Sulu, Brittany	3082512237	brittany.sulu@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Sulu, Brittany	3082512237	brittany.sulu@gmail.com
		Expedited Co-Occurring Evaluation			
		Expedited Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sulu Counseling LLC	412 W 42nd Street Kearney, NEBRASKA 68845	Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation	Sulu, Brittany	3082512237	brittany.sulu@gmail.com
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Sulu, Brittany	3082512237	brittany.sulu@gmail.com
		Juvenile Substance Use Evaluation	Sulu, Brittany	3082512237	brittany.sulu@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Sulu, Brittany	3082512237	brittany.sulu@gmail.com

Agency Name: Waterfield Health, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Waterfield Health, LLC	218 West 18th Street Kearney, NEBRASKA 68845	Adult Co-Occurring Evaluation	Waterfield, Denise	3082511913	office@waterfield.health
		Adult Initial Diagnostic Interview (Medication Prescriber Only)	Waterfield, Denise	3082511913	office@waterfield.health
		Adult Matrix Evaluation			
		Adult Medication Management	Waterfield, Denise	3082511913	office@waterfield.health
		Adult Mental Health Evaluation	Waterfield, Denise	3082511913	office@waterfield.health
		Adult Mental Health Outpatient Counseling (Individual)	Waterfield, Denise	3082511913	office@waterfield.health
		Adult Substance Use Addendum	Waterfield, Denise	3082511913	office@waterfield.health
		Adult Substance Use	Waterfield,	3082511913	office@waterfield.health

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Waterfield Health, LLC	218 West 18th Street Kearney, NEBRASKA 68845	Evaluation	Denise		
		Adult Substance Use Outpatient Treatment (Individual)	Waterfield, Denise	3082511913	office@waterfield.health
		Expedited Co-Occurring Evaluation	Waterfield, Denise	3082511913	office@waterfield.health
		Expedited Mental Health Evaluation	Waterfield, Denise	3082511913	office@waterfield.health
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Waterfield, Denise	3082511913	office@waterfield.health
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation	Waterfield, Denise	3082511913	office@waterfield.health
		Juvenile Psychiatric Evaluation Interview Only	Waterfield, Denise	3082511913	office@waterfield.health
		Juvenile Substance Use Addendum	Waterfield, Denise	3082511913	office@waterfield.health
		Juvenile Substance Use Evaluation	Waterfield, Denise	3082511913	office@waterfield.health
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Wholeness Healing Center PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	8 W 56th St Ste	Adult Co-Occurring	Stuehm,	3082244768	Nadine@wholenesshealing.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	A3 Kearney, NEBRASKA 68847	Evaluation	Nadine		
		Adult Substance Use Addendum	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Outpatient Treatment (Individual)	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Co-Occurring Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Addendum	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Facility County: Hall

Agency Name: A-B-C Solutions (DBA)

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
A-B-C Solutions (DBA)	2267 North Webb Road Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Kennedy, William	3083906948	frontwtkjr@yahoo.com
		Adult Mental Health Evaluation	Kennedy, William	3083906948	frontwtkjr@yahoo.com
		Adult Substance Use Addendum	Kennedy, William	3083906948	frontwtkjr@yahoo.com
		Adult Substance Use Evaluation	Kennedy, William	3083906948	frontwtkjr@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Kennedy, William	3083906948	frontwtkjr@yahoo.com

Agency Name: Always Hope Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Always Hope Counseling	2337 N. Webb Rd. Grand Island, NEBRASKA 68803	Expedited Co-Occurring Evaluation	Wragge, Shelly	3083794266	alwayshope450@gmail.com
		Expedited Mental Health Evaluation	Wragge, Shelly	3083794266	alwayshope450@gmail.com
		Expedited Substance Use Evaluation	Wragge, Shelly	3083794266	alwayshope450@gmail.com

Agency Name: Arroyo-Stoltenberg Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Arroyo-Stoltenberg Counseling	2121 N Webb Rd # 104 Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Mental Health Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Mental Health Outpatient Counseling (Individual)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Substance Use Addendum	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Substance Use Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Adult Substance Use Outpatient Treatment (Individual)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Juvenile Co-Occurring Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Arroyo-Stoltenberg Counseling	2121 N Webb Rd # 104 Grand Island, NEBRASKA 68803	Juvenile Mental Health Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Juvenile Substance Use Addendum	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
		Juvenile Substance Use Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net

Agency Name: Boys Town

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town Central Nebraska Foster Family Services	3230 W. Wildwood Drive Grand Island, NEBRASKA 68801	Agency Supported Foster Care	Hernandez, Melina	5313553167	melina.hernandez@boystown.org
		Invoice - Foster Care			
		Professional Foster Care	Hernandez, Melina	5313553167	melina.hernandez@boystown.org
		Relative/ Kinship Home Study			

Agency Name: CHI Health St Francis Alcohol and Drug Treatment Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CHI Health St Francis Alcohol	2116 WEST FAIDLEY AVENUE, 1B MEMORIAL	Adult Substance Use	Cleveland, Lori	3083985433	lori.cleveland@commonspirit.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
and Drug Treatment Center	HEALTH CARE Grand Island, NEBRASKA 68803	Addendum	Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			ramirez, julio	3083985354	julio.ramirez505@commonspirit.org
		Adult Substance Use Evaluation	Cleveland, Lori	3083985433	lori.cleveland@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			ramirez, julio	3083985354	julio.ramirez505@commonspirit.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Cleveland, Lori	3083985433	lori.cleveland@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			ramirez, julio	3083985354	julio.ramirez505@commonspirit.org
		Adult Substance Use Outpatient Treatment (Group)	Cleveland, Lori	3083985433	lori.cleveland@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			ramirez, julio	3083985354	julio.ramirez505@commonspirit.org
		Adult Substance Use Outpatient Treatment (Individual)	Cleveland, Lori	3083985433	lori.cleveland@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			ramirez, julio	3083985354	julio.ramirez505@commonspirit.org
		Adult Substance Use Short-Term Residential	Cleveland, Lori	3083985433	lori.cleveland@commonspirit.org
			Kurpgeweit, Suzie	3083985330	suzie.kurpgeweit@commonspirit.org
			ramirez, julio	3083985354	julio.ramirez505@commonspirit.org

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Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Center For Independent Living of Central Nebraska	312 N ELM ST Suite 101 Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org

Agency Name: Crossroads Mission Avenue

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1910 W 9th St Grand Island, NEBRASKA 68801	15 Day TL Extension - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
		45 Day Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
		Transitional Living - Level	Buller, Daniel	3079218657	daniel@crossroadsmission.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1910 W 9th St Grand Island, NEBRASKA 68801	2			
	3626 & 3632 S. Locust St Grand Island, NEBRASKA 68803	15 Day TL Extension - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
		45 Day Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com
		Transitional Living - Level 2	Buller, Daniel	3079218657	daniel@crossroadsmission.com

Agency Name: Cynthia Kissack Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cynthia Kissack Counseling	2517 S August St. Grand Island, NEBRASKA 68801	Adult Mental Health Outpatient Counseling (Group)	Kissack, Cynthia	3083798619	cindykne@aol.com
		Adult Mental Health Outpatient Counseling (Individual)	Kissack, Cynthia	3083798619	cindykne@aol.com
		Juvenile Mental Health Outpatient Counseling (Group)	Kissack, Cynthia	3083798619	cindykne@aol.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Kissack, Cynthia	3083798619	cindykne@aol.com

Agency Name: Dave Hoyt Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dave Hoyt Counseling	1811 West 2nd Street Suite 330	Adult Mental Health Outpatient	Hoyt, David	3086277061	dave@willowbrookmh.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LLC	Grand Island, NEBRASKA 68803	Counseling (Individual)			
		Adult Substance Use Outpatient Treatment (Individual)	Hoyt, David	3086277061	dave@willowbrookmh.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hoyt, David	3086277061	dave@willowbrookmh.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hoyt, David	3086277061	dave@willowbrookmh.com

Agency Name: Florez Behavioral Counseling Solutions LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Thomas B. Florez, MA	2121 N. Webb Rd. Ste. 101 Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Mental Health Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Sex Offense-Specific Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Substance Use Addendum	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Adult Substance Use Evaluation	Camacho, Victor	3087659369	vicaf.camacho@gmail.com
			Florez, Thomas	3083701667	tom.florez.ips@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Thomas B. Florez, MA	2121 N. Webb Rd. Ste. 101 Grand Island, NEBRASKA 68803	Adult Substance Use Outpatient Treatment (Individual)	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Juvenile Co-Occurring Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Juvenile Mental Health Evaluation	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Florez, Thomas	3083701667	tom.florez.ips@gmail.com
		Juvenile Substance Use Evaluation	Camacho, Victor	3087659369	vicaf.camacho@gmail.com
			Florez, Thomas	3083701667	tom.florez.ips@gmail.com

Agency Name: Franssen Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Franssen Counseling LLC	908 N Howard Ave. Suite 102 Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Adult Mental Health Evaluation	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Adult Substance Use Addendum	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Adult Substance Use Evaluation	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Juvenile Co-Occurring Evaluation	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Juvenile Mental	Franssen,	3083806180	traceelynn16@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Franssen Counseling LLC	908 N Howard Ave. Suite 102 Grand Island, NEBRASKA 68803	Health Evaluation	Tracee		
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Juvenile Substance Use Addendum	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Juvenile Substance Use Evaluation	Franssen, Tracee	3083806180	traceelynn16@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Franssen, Tracee	3083806180	traceelynn16@gmail.com

Agency Name: Friendship House, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Friendship House, Inc.	707 W. 1st St. Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Ward, Kelly	3089300115	trmbnme@hotmail.com
		Adult Gambling Outpatient Counseling (Individual/Group)			
		Adult Mental Health Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Ward, Kelly	3089300115	trmbnme@hotmail.com
		Adult Mental Health Outpatient Counseling	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Friendship House, Inc.	707 W. 1st St. Grand Island, NEBRASKA 68801	(Individual)	Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Ward, Kelly	3089300115	trmbnme@hotmail.com
		Adult Substance Use Addendum	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Walker, Lauryn	3088501234	schooeylauryn@gmail.com
		Adult Substance Use Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Walker, Lauryn	3088501234	schooeylauryn@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
		Expedited Co-Occurring Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Ward, Kelly	3089300115	trmbnme@hotmail.com
		Expedited Mental Health Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Ward,	3089300115	trmbnme@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Friendship House, Inc.	707 W. 1st St. Grand Island, NEBRASKA 68801	Expedited Mental Health Evaluation	Kelly		
		Expedited Substance Use Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
		Juvenile Co-Occurring Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
		Juvenile Mental Health Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Ward, Kelly	3089300115	trmbnme@hotmail.com
		Juvenile Substance Use Addendum	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
		Juvenile Substance Use Evaluation	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
		Juvenile Substance Use Outpatient Treatment	Arroyo-Herrera, Adriana	3086753345	aherrera@thefriendshiphouse.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Friendship House, Inc.	707 W. 1st St. Grand Island, NEBRASKA 68801	(Individual/Family)	Feese, Emily	3086753345	efeese@thefriendshiphouse.net
	610 N. Darr Ave Grand Island, NEBRASKA 68801	Adult Substance Use Halfway House	Boltz, Michelle	3083985431	Mboltz2017@gmail.com
			Brockman, Sonja	3083820422	sbrockman@thefriendshiphouse.net
			Feese, Emily	3086753345	efeese@thefriendshiphouse.net
			Ontiveros, Shannon	3083820422	sontiveros@thefriendshiphouse.net
			Walker, Lauryn	3088501234	schooeylauryn@gmail.com

Agency Name: Grand Island Mental Health and Medical Clinic

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Grand Island Mental Health and Medical Clinic	2815 S Locust Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation	Robinson, Laurie	3083980350	laurie@gimhmc.com
		Adult Substance Use Outpatient Treatment (Individual)	Robinson, Laurie	3083980350	laurie@gimhmc.com
		Juvenile Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Grand Island Mental Health and Medical Clinic	2815 S Locust Grand Island, NEBRASKA 68801	Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation	Robinson, Laurie	3083980350	laurie@gimhmc.com

Agency Name: Hope Harbor, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Hope Harbor, Inc.	615 W 1st Street Grand Island, NEBRASKA 68801	Transitional Living - Level 2			

Agency Name: Kerry L Alfrey LLC dba Alfrey and Pruitt Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kerry L Alfrey LLC dba Alfrey and Pruitt Counseling Services	403 Lexington Circle Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Adult Mental Health Evaluation	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Adult Sex Offense-Specific Evaluation	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
		Adult Sex Offense-Specific	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kerry L Alfrey LLC dba Alfrey and Pruitt Counseling Services	403 Lexington Circle Grand Island, NEBRASKA 68803	Outpatient Counseling (Individual/ Group)	Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Adult Substance Use Addendum	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Adult Substance Use Evaluation	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Desel, Tara	3086752858	tara.walker28@gmail.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kerry L Alfrey LLC dba Alfrey and Pruitt Counseling Services	403 Lexington Circle Grand Island, NEBRASKA 68803	Evaluation			
		Juvenile Substance Use Intensive Outpatient (IOP)	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Desel, Tara	3086752858	tara.walker28@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Desel, Tara	3086752858	tara.walker28@gmail.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/ Family)	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com
			Rock, Mary	3086752858	mrock@alfreyandpruittcounseling.com
		Juveniles Who Sexually Harm Risk Evaluation	Alfrey, Kerry	4023357908	kalfrey@alfreyandpruittcounseling.com

Agency Name: Making Choices Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3231 Ramada Rd Ste. #2 Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Substance Use	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3231 Ramada Rd Ste. #2 Grand Island, NEBRASKA 68801	Addendum			
		Adult Substance Use Evaluation	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Johnson, Kit	3082342119	kitkjohnson@makingchoicescounseling.com

Agency Name: Mid-Plains Center for Behavioral Healthcare Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mid-Plains Center for Behavioral Healthcare Services, Inc.	615 N Elm Grand Island, NEBRASKA 68801	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Matrix Evaluation			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Psychological Evaluation			
		Adult Substance			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mid-Plains Center for Behavioral Healthcare Services, Inc.	615 N Elm Grand Island, NEBRASKA 68801	Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation			
		Juvenile Substance Use Evaluation			
		Juvenile Transportation			
		Juveniles Who Sexually Harm Risk Evaluation			
		Multisystemic Therapy (MST)	Beacom , Allison	3083836810	abeacom@midplainscenter.org
			Flessner, Karen	3084406626	kflessner@midplainscenter.org
			Trejo, Lauren	4022690480	ltrejo@midplainscenter.org

Agency Name: Owens & Associates, Inc.

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	313 W 2nd Street Grand Island, NEBRASKA 68801	Continuous Alcohol Monitoring (CAM)			

Agency Name: Owens Educational Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
OWENS-GRAND ISLAND	313 W 2nd Street Grand Island, NEBRASKA 68001	Community Youth Coaching	Adams, Brandi	4029750182
			Ahlman, Pamela	3083706586
			Castaneda, Amador	3082332990
		Continuous Alcohol Monitoring (CAM) with EM		
		Day Reporting	Adams, Brandi	4029750182
		Evening Reporting	Adams, Brandi	4029750182
		Family Support	Adams, Brandi	4029750182
			Ahlman, Pamela	3083706586
			Castaneda, Amador	3082332990
		Juvenile Electronic Monitoring Cell Phone	Colclasure, Brandon	3089403366
		Juvenile Electronic Monitoring GPS	Colclasure, Brandon	3089403366
		Juvenile Electronic Monitoring Land Line	Colclasure, Brandon	3089403366

Agency Name: Pathfinder Support Services Home Office

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pathfinder Support Services - Grand Island	1201 S. Locust Street Unit #4 Grand Island, NEBRASKA 68801	Day Reporting			
		Evening Reporting			

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Agency Name: Owens Educational Services, Inc.

Individual Email
Brandi.Adams@owenseducationalservices.org
pamela.ahlman@owenseducationalservices.org
amador.castaneda@owenseducationalservices.org
Brandi.Adams@owenseducationalservices.org
Brandi.Adams@owenseducationalservices.org
Brandi.Adams@owenseducationalservices.org
pamela.ahlman@owenseducationalservices.org
amador.castaneda@owenseducationalservices.org
brandon.colclasure@owenseducationalservices.org
brandon.colclasure@owenseducationalservices.org
brandon.colclasure@owenseducationalservices.org

Agency Name: Pathfinder Support Services Home Office

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pathfinder Support Services - Grand Island	1201 S. Locust Street Unit #4 Grand Island, NEBRASKA 68801	Family Support	Rodeman, Sandi	3083802069	srodeman@pathfinderserv.com

Agency Name: Prairie Winds Healing, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Prairie Winds Healing, LLC	908 N Howard Ave Suite 102 Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Rowe, Leisa	3083986050	rowecounseling@gmail.com
		Adult Mental Health Evaluation	Rowe, Leisa	3083986050	rowecounseling@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Rowe, Leisa	3083986050	rowecounseling@gmail.com
		Adult Substance Use Addendum	Rowe, Leisa	3083986050	rowecounseling@gmail.com
		Adult Substance Use Evaluation	Rowe, Leisa	3083986050	rowecounseling@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Rowe, Leisa	3083986050	rowecounseling@gmail.com

Agency Name: SOS Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
SOS Counseling	1811 West 2nd Street Suite 450 Grand Island, NEBRASKA 68801	Community Treatment Aide (CTA)	Puncochar, Shayla	3083830569	shaylapuncochar@gmail.com

Agency Name: Trey Kissack Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Trey Kissack Counseling	1811 West 2nd Street Suite 450 Grand Island, NEBRASKA 68803	Adult Mental Health Outpatient Counseling (Individual)	Kissack, Trey	4024135598	soscounseling.main@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Kissack, Trey	4024135598	soscounseling.main@gmail.com

Agency Name: Wholeness Healing Center PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wholeness Healing Center PC	2608 Old Fair Road Grand Island, NEBRASKA 68803	Adult Co-Occurring Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Mental Health Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Mental Health Outpatient Counseling (Individual)	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Addendum	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Adult Substance Use Outpatient Treatment (Individual)	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Co-Occurring Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Addendum	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Evaluation	Stuehm, Nadine	3082244768	Nadine@wholenesshealing.com
		Juvenile Substance Use Outpatient			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wholeness Healing Center PC	2608 Old Fair Road Grand Island, NEBRASKA 68803	Treatment (Individual/Family)			

Agency Name: Wildflower Therapeutic

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wild Flower Counseling	219 Waldo Avenue Grand Island, NEBRASKA 68803	Adult Mental Health Outpatient Counseling (Individual)	Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor-bledsoe@wildflowertherapeutic.com
		Adult Substance Use Outpatient Treatment (Individual)	Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor-bledsoe@wildflowertherapeutic.com
		Juvenile Mental Health Evaluation	Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor-bledsoe@wildflowertherapeutic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor-bledsoe@wildflowertherapeutic.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor-bledsoe@wildflowertherapeutic.com