

School Resource Fair

September 26, 2017

Please provide a **short one pager** about your organization (PDF, Word Doc, etc.). This will go on a thumb drive for our attendees. Topics to include:

**Organization Title/Logo:**



**Center for Holistic  
Development, Inc**  
Change your thinking, change your life!

**Address:** 6659 Sorenson Parkway, Omaha, NE 68152

**Phone Number:** (402) 502-9788

Fax #: 402-502-3450

**Website:** [www.chdomaha.org](http://www.chdomaha.org)

**Primary Contact Person/Contact Info:** Doris Moore, MS, NCC, CPC, LIMHP Founder & CEO

**Mission:** To serve a diverse community by providing holistic behavioral healthcare and education to individuals and families. Our unique approach to behavioral healthcare seeks to help individuals and families develop balance and well-being by focusing on these areas:

**S** piritual

**P** hysical

**E** motional/Economic

**C** ultural

**I** ntellectual A ssociations (Social)

**L** ove for Self & Others

**Overview of mental/behavioral health services offered:**

Programs and Services include: Outpatient Individual /Family Counseling; Out-of School Time (OST) Programs; Urban Youth B.O.L.T. (Building Our Leaders Today); Parenting with a Purpose; KidSquad; Circle of Security; GrandFriends for Grassroot Change; Community Outreach

**If applicable, referral process:** Our Referral Process will ensure that all counseling referrals are responded to in a timely and professional manner. Please direct all referrals to Betty Kola (Behavioral Health Clinical Manager at (402) 502-9788.

**Cost:** All anticipated referrals must have a form of payment to include but not limited to Medicaid or other private insurance. If the client is receiving Medicaid, the referral form must include the insurance (WellCare, Nebraska Total Care, or United Community).