

Hope Council on Alcohol & Other Drug Abuse Treatment Provider List  
262-658-8166 (phone) \* 262-658-8210 (fax) \* info@hopecouncil.org

**Important information regarding Assessments/Screenings:** If you have health insurance, please contact your insurance company BEFORE your assessment/screening appointment to see what treatment providers your insurance will cover, in the event that treatment is deemed necessary through the assessment/screening findings. If you are deemed in need of treatment, you are REQUIRED to receive that treatment from a Wisconsin Statute 75-certified agency.

Once the appointment has taken place, the treatment provider must be contacted within **3 business days** from the assessment/screening.

**Failure to contact the provider within 3 business days may result in noncompliance status/other sanctions.**

### Preferred Tx Providers

#### **Aalto Enhancement Center**

*Kathy Aalto*

*Angela Williams*

8503 – 75<sup>th</sup> Street, Suite A

Kenosha, WI 53142

(262) 654-9370

❖ Accepts most ins., incl. T-19\*

❖ Sliding fee scale offered

#### **Compassionate Care**

##### **Counseling**

*Kevin Orlakis*

3624 – 17<sup>th</sup> Avenue

Kenosha, WI 53140

(262) 652-6311

❖ Self-pay only

❖ Illinois certified

#### **Professional Services Group**

*Ryan Deglow*

2108 – 63<sup>rd</sup> Street

Kenosha, WI 53143

(262) 652-2406

❖ Accepts most ins., incl. T-19\*

#### **West Grove Clinic – Kenosha**

*Holly Majerus*

*Elizabeth Mueller*

262-909-6008

1400 – 75<sup>th</sup> Street

Kenosha, WI 53140

❖ Accepts most ins., incl. T-19\*

❖ Self-pay

### Other Tx Providers

#### **Agape Recovery Center**

201 N. Pine Street

Burlington, WI 53105

(262) 767-0441

❖ Accepts most ins.

❖ Sliding fee scale offered

#### **Ascension – All Saints**

**(262) 687-2273/(262) 687-2847**

**intake**

Two locations:

##### **\*Wisconsin Ave.**

##### **Counseling Center**

1333 College Ave.

Racine, WI 53403

❖ Accepts most ins., incl.

T-19

❖ Self-pay

##### **\*Spring Street**

##### **Counseling Center**

3805-B Spring Street Suite

LL-20

Racine, WI 53405

❖ Accepts most

insurance

❖ Self-pay

Some treatment is also available at other locations throughout the

Racine area.

### Other Tx Providers

#### **Birds of a Feather**

6530 Sheridan Road, Suite 3

Kenosha, WI 53143

(262) 605-8442

❖ Self-pay only

#### **Jon Christensen (Veterans only)**

1300 S. Green Bay Road, Suite 1

Racine, WI 53406

(414) 530-6575

❖ Providing treatment for

Combat Theater Veterans

#### **Oakwood Clinical Associates**

- 4109 – 67<sup>th</sup> Street

Kenosha, WI 53142

- 24804 – 75<sup>th</sup> Street

Salem, WI 53168

Call (262) 652-9830 for both

locations.

❖ Accepts most ins., incl. T-19\*

❖ Accepts county funding

#### **Psychiatric & Psychotherapy Clinic**

6125 Green Bay Road, Suite 700

Kenosha, WI 53142

(262) 654-0487

❖ Accepts most ins.

❖ Sliding fee scale available for those without ins.

\*This agency has spots available for T-19 clients; however, availability is subject to change. Please contact the agency to verify availability.

The Hope Council on Alcohol & Other Drug Abuse does not recommend or endorse any of the listed service providers. Inclusion on the "Preferred Treatment Providers" list means that the service provider has agreed to collaborate and communicate with Assessors, Recovery Coaches, and other staff from the Hope Council on AODA, ensuring that this agency will receive timely communication regarding your progress. The provider also agrees to participate in best practice trainings and quarterly meetings and utilize best practices, such as motivational interviewing and sensitivity to cultural diversity. Additionally, the provider has the ability to do both quick screen and lab-quantified levels of urine tests.

You are responsible for interviewing and selecting a suitable provider or support group facilitator. Therefore, you must contact providers or group facilitators directly for relevant information such as insurance coverage.

If you choose a provider who is not on the preferred list, **you are responsible for ensuring the Hope Council receives monthly reports.**

Either way, **you must follow the order of your DSP/assessment/screening findings.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_