

# Administrative Office of Courts & Probation

P.O. Box 98910  
Lincoln, NE 68509  
Phone: (402) 471-3730

## District 2

### Agency Facility County: Cass

#### Agency Name: Educate 2 Eliminate,LLC.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Educate 2 Eliminate,LLC.	2380 W. 8th Avenue, Suite 7 Plattsmouth, NEBRASKA 68048	Adult Co-Occurring Evaluation	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Mental Health Evaluation	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Mental Health Outpatient Counseling (Individual)	Christensen, Samantha	4028048424	reflectionstherapyne@gmail.com
			Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Addendum	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Evaluation	Christensen, Samantha	4028048424	reflectionstherapyne@gmail.com
			Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Outpatient Treatment (Group)	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Outpatient Treatment (Individual)	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org

### Agency Facility County: Sarpy

#### Agency Name: Affinity Comprehensive Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Affinity Comprehensive Counseling	1120 Delmar Dr. 5C Papillion, NEBRASKA 68046	Adult Substance Use Addendum	Kennedy, Sheila	4027069657	sheilawarner54@yahoo.com
		Adult Substance Use Evaluation	Kennedy, Sheila	4027069657	sheilawarner54@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Kennedy, Sheila	4027069657	sheilawarner54@yahoo.com

### Agency Name: All Communities Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
All Communities Family Services	112 Mission Ave Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation			
		Adult Mental Health Outpatient Counseling (Group)			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Evaluation	Austin, Willie	4024520102	williea244@gmail.com
			BAULPINSON, DORAINE	4025147613	doraineh@aol.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Outpatient Treatment (Group)	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
All Communities Family Services	112 Mission Ave Bellevue, NEBRASKA 68005	Adult Substance Use Outpatient Treatment (Individual)	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Community Treatment Aide (CTA)			
		Day Reporting	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Evening Reporting	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Family Partner	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Family Support	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		General Education Class	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Evaluation	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Outpatient Treatment (Group)	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org

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**Agency Name: Breaking Chains LLC**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Breaking Chains LLC	12213 S 33rd st Bellevue, NEBRASKA 68123	Adult Co-Occurring Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com	
		Adult Mental Health Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com	
		Adult Mental Health Outpatient Counseling (Individual)				
		Adult Substance Use Addendum				
		Adult Substance Use Evaluation				
		Adult Substance Use Intensive Outpatient Counseling (IOP)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com	
		Adult Substance Use Outpatient Treatment (Group)				
		Adult Substance Use Outpatient Treatment (Individual)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com	
		General Education Class	Smith, Janee	4023121460	hooksjanee@gmail.com	
		Juvenile Co-Occurring Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com	
		Juvenile Mental Health Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com	
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com	
		Juvenile Substance Use Addendum				
		Juvenile Substance Use Evaluation				
		Juvenile Substance Use Intensive Outpatient (IOP)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com	
Juvenile Substance Use						

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Breaking Chains LLC	12213 S 33rd st Bellevue, NEBRASKA 68123	Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com

### Agency Name: CNW Alliance

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CNW Alliance-Bellevue Office	1028 Bruin Blvd Bellevue Library Ste. 456 Bellevue, NEBRASKA 68005	Family Partner	Clemow, Jorge	5317779529	Jorge@cnwalliance.org
		Family Support	Clemow, Jorge	5317779529	Jorge@cnwalliance.org

### Agency Name: Central Omaha Therapy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Central Omaha Therapy	1229 Golden Gate Drive Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Beister, Stephanie	4022423483	connect@centralomahatherapy.com
		Adult Mental Health Evaluation	Beister, Stephanie	4022423483	connect@centralomahatherapy.com
		Adult Mental Health Outpatient Counseling (Individual)	Beister, Stephanie	4022423483	connect@centralomahatherapy.com
		Adult Substance Use Evaluation	Beister, Stephanie	4022423483	connect@centralomahatherapy.com

### Agency Name: Complete Behavioral Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Behavioral Health	1237 Golden Gate Dr Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Marshall, Brittany	9063614470	brittany.marshall385@gmail.com
			Powell,	4026714429	Powell.Michelle.a@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Behavioral Health	1237 Golden Gate Dr Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Michelle		
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Mental Health Evaluation	Marshall, Brittany	9063614470	brittany.marshall385@gmail.com
			McGann, Trisha	4024159015	tmcgann99@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	McGann, Trisha	4024159015	tmcgann99@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Psychological Evaluation	Marshall, Brittany	9063614470	brittany.marshall385@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use Addendum	Marshall, Brittany	9063614470	brittany.marshall385@gmail.com
			Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use Evaluation	Marshall, Brittany	9063614470	brittany.marshall385@gmail.com
			Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
		Juvenile Co-Occurring Evaluation	Marshall, Brittany	9063614470	brittany.marshall385@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Behavioral Health	1237 Golden Gate Dr Papillion, NEBRASKA 68046	Juvenile Co-Occurring Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Mental Health Evaluation	Marshall, Brittany	9063614470	brittany.marshall385@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Psychological Evaluation	Marshall, Brittany	9063614470	brittany.marshall385@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Addendum	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Evaluation	Marshall, Brittany	9063614470	brittany.marshall385@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

### Agency Name: Define U LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Define U LLC	2208 Lucille Drive Bellevue, NEBRASKA 68147	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Define U LLC	2208 Lucille Drive Bellevue, NEBRASKA 68147	Evaluation			
		Juvenile Substance Use Evaluation			

### Agency Name: Ellie Mental Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ellie mental health	12110 port grace blvd Suite 101 La Vista, NEBRASKA 68128	Adult Co-Occurring Evaluation	Melroy, Michelle	3086415243	micmelroy23@gmail.com
			Smith, Cassandra	5312337493	smithcj821@gmail.com
		Adult Mental Health Evaluation	Smith, Cassandra	5312337493	smithcj821@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Smith, Cassandra	5312337493	smithcj821@gmail.com
		Adult Substance Use Addendum	Smith, Cassandra	5312337493	smithcj821@gmail.com
		Adult Substance Use Evaluation	Smith, Cassandra	5312337493	smithcj821@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Smith, Cassandra	5312337493	smithcj821@gmail.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation	Melroy, Michelle	3086415243	micmelroy23@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Melroy, Michelle	3086415243	micmelroy23@gmail.com
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			



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### Agency Name: Forensic Behavioral Health Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Forensic Behavioral Health Inc.	1410 East Gold Coast Rd Ste 300 Papillion, NEBRASKA 68046	Adult Psychological Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com
		Adult Sex Offense-Specific Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com
		Juvenile Psychological Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com
		Juveniles Who Sexually Harm Risk Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com

### Agency Name: Hamilton Behavioral Health Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Hamilton Behavioral Health Services	203 West 29th Avenue #6 Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation			
		Adult Substance Use Evaluation	McIntyre-Moore, Kathleen	4022136884	Godfirst3_2000@yahoo.com

### Agency Name: Healing Place Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Place Counseling, LLC	3802 Raynor Pkwy Suite 203 Bellevue, NEBRASKA 68123	Adult Mental Health Evaluation	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com
		Adult Sex Offense-	Yunker-	4029490943	healingplacenebraska@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Place Counseling, LLC	3802 Raynor Pkwy Suite 203 Bellevue, NEBRASKA 68123	Specific Evaluation	Schifferns, Holli		
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Yunker-Schifferns, Holli	4029490943	healingplacenebraska@gmail.com

### Agency Name: Heartland Family Service

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Mental Health Evaluation	Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Mental Health Outpatient Counseling (Group)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Mental Health Outpatient Counseling (Individual)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Substance Use Addendum	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Substance Use Addendum	Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Substance Use Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
			Adult Substance Use Outpatient Treatment (Group)	Cassidy, Victoria	4025527015
		Hardin, Reese		4025533000	rhardin@heartlandfamilyservice.org
		Hart, Michelle		4025527407	mhart@heartlandfamilyservice.org
		Heidvogel, Brian		4025527004	bheidvogel@heartlandfamilyservice.org
		Schult, Caitlin		4025547204	cschult@heartlandfamilyservice.org
		Walsh, Natasha		4025527499	nwalsh@heartlandfamilyservice.org
		Adult Substance Use Outpatient Treatment (Individual)		Cassidy, Victoria	4025527015
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Substance Use Outpatient Treatment (Individual)	Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Co-Occurring Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Mental Health Outpatient Counseling (Group)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Psychiatric			

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Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Substance Use Addendum	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Substance Use Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Substance Use Outpatient Treatment (Group)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		PRS-BIP	Conley, Dawn	4025527066	DConley@heartlandfamilyservice.org
			Sewall, Christopher	4025527072	csewall@heartlandfamilyservice.org

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### Agency Name: James Laufenberg LMHP LADC

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James Laufenberg LMHP LADC	10748 Virginia Plaza Sutie 107 La Vista, NEBRASKA 68128	Adult Co-Occurring Evaluation	Laufenberg, James	4022902602	james@focusc3.com
		Adult Mental Health Evaluation	Laufenberg, James	4022902602	james@focusc3.com
		Adult Mental Health Outpatient Counseling (Individual)	Laufenberg, James	4022902602	james@focusc3.com
		Adult Substance Use Addendum	Laufenberg, James	4022902602	james@focusc3.com
		Adult Substance Use Evaluation	Laufenberg, James	4022902602	james@focusc3.com
		Adult Substance Use Outpatient Treatment (Individual)	Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Co-Occurring Evaluation	Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Mental Health Evaluation	Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Substance Use Addendum	Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Substance Use Evaluation	Laufenberg, James	4022902602	james@focusc3.com

### Agency Name: Leading Light Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Leading Light Counseling LLC	1410 E Gold Coast Rd. STE 700 Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
		Adult Mental Health Evaluation	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
		Adult Mental Health Outpatient Counseling	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Leading Light Counseling LLC	1410 E Gold Coast Rd. STE 700 Papillion, NEBRASKA 68046	(Individual)			
		Adult Substance Use Addendum	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
			Carter, Evan	4026587315	ecarter@leadinglight-ne.com
		Adult Substance Use Evaluation	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
			Carter, Evan	4026587315	ecarter@leadinglight-ne.com
		Adult Substance Use Outpatient Treatment (Individual)	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
Carter, Evan	4026587315		ecarter@leadinglight-ne.com		

### Agency Name: Lutheran Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	11515 S 39th Street, Ste 300 Bellevue, NEBRASKA 68123	Adult Co-Occurring Evaluation	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Matrix Evaluation	VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Mental Health Evaluation	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			Stanton, Taylor	4022539192	taylor.stanton@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Mental Health Outpatient Counseling (Individual)	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			Stanton, Taylor	4022539192	taylor.stanton@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org



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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	11515 S 39th Street, Ste 300 Bellevue, NEBRASKA 68123	Adult Psychological Evaluation			
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Polygraph Examination			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Intensive Outpatient Counseling (IOP)	VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Substance Use Outpatient Treatment (Group)	Stanton, Taylor	4022539192	taylor.stanton@onelfs.org
		Adult Substance Use Outpatient Treatment (Individual)	Stanton, Taylor	4022539192	taylor.stanton@onelfs.org
		Agency Supported Foster Care			
		Continuous Alcohol Monitoring (CAM)			
		Family Partner			
		Family Support			
		Juvenile Medication Management			
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Psychiatric			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	11515 S 39th Street, Ste 300 Bellevue, NEBRASKA 68123	Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile SUD Medical Detox			
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juveniles Who Sexually Harm Risk Evaluation			
		Relative/Kinship Home Study			

### Agency Name: Maggett Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Maggett Counseling LLC	1620 Willshire Dr. Suite 222 null Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

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### Agency Name: Mechere Campbell

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mechere Campbell	PO Box 1735 Bellevue, NEBRASKA 68005	Family Partner	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
			Othow, Ajo	4027140678	ajoadade@yahoo.com
			Thompson, Lena	4029816016	Only1lenapearl@yahoo.com
			Wilson, Larry	2103475381	lwilsontx81@gmail.com
		Family Support	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
			Othow, Ajo	4027140678	ajoadade@yahoo.com
			Thompson, Lena	4029816016	Only1lenapearl@yahoo.com
		Intensive Family Preservation	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
			Othow, Ajo	4027140678	ajoadade@yahoo.com
Thompson, Lena	4029816016		Only1lenapearl@yahoo.com		

### Agency Name: New Path Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Path Counseling	916 Village Sq Gretna, NEBRASKA 68028	Adult Co-Occurring Evaluation	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.com
		Adult Substance Use Evaluation	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.com
		Adult Substance Use	Schofield,	4026196077	S2psychotherapy@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Path Counseling	916 Village Sq Gretna, NEBRASKA 68028	Outpatient Treatment (Individual)	Suzanne		
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

### Agency Name: Omaha Trauma Therapy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Omaha Trauma Therapy	955 N Adams Street Suite 8 Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)	Parsha, Myisha	5314441963	myisha@omahatraumatherapy.com
		Adult Substance Use Outpatient Treatment (Individual)	Parsha, Myisha	5314441963	myisha@omahatraumatherapy.com

### Agency Name: Patrick J. Thomas Juvenile Justice Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Patrick J. Thomas Juvenile Justice Center	9701 Portal Road La Vista, NEBRASKA 68127	Day Reporting			
		EM Sarpy CARE			
		Evening Reporting			
		General Education Class			

### Agency Name: Rainbow of Hope

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kathleen P. McIntyre	10018 South 14th Street Bellevue, NEBRASKA 68123	Adult Substance Use Addendum	McIntyre-Moore, Kathleen	4022136884	Godfirst3_2000@yahoo.com
		Adult Substance Use Evaluation	McIntyre-Moore, Kathleen	4022136884	Godfirst3_2000@yahoo.com

### Agency Name: Remedy Health, PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Remedy Health, PC	1314 Galvin Rd S Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		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 Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

### Agency Name: Resurgence Recovery Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Resurgence Recovery Services	817 Donegal Dr Papillion, NEBRASKA 68046	Adult Substance Use Addendum			
		Adult Substance Use			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Resurgence Recovery Services	817 Donegal Dr Papillion, NEBRASKA 68046	Evaluation			

### Agency Name: Sarpy County Juvenile Justice Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Patrick J. Thomas Juvenile Justice Center	9701 Portal Road La Vista, NEBRASKA 68128	Invoice - Secure Detention			
		Invoice - Staff Detention			

### Agency Name: Spectrum Mental Wellness

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Spectrum Mental Wellness	919 Galvin Road South Bellevue, NEBRASKA 68005	Adult Medication Management			
		Adult Mental Health Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			

### Agency Name: The Greater Works Networks

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Greater Works Networks	1103 Galvin Road S Ste L 1/2 Bellevue, NEBRASKA 68005	Case Managed Tutoring			
		Day Reporting	Lowery, Angel	9105514998	alowery@thegwn.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
The Greater Works Networks	1103 Galvin Road S Ste L 1/2 Bellevue, NEBRASKA 68005	Day Reporting	Manns, Erica	5313297899	rica.manns@gmail.com	
		Evening Reporting	Lowery, Angel	9105514998	alowery@thegwn.org	
			Manns, Erica	5313297899	rica.manns@gmail.com	
		Family Partner	Lowery, Angel	9105514998	alowery@thegwn.org	
			Manns, Erica	5313297899	rica.manns@gmail.com	
		Family Support	Lowery, Angel	9105514998	alowery@thegwn.org	
			Manns, Erica	5313297899	rica.manns@gmail.com	
		General Education Class				
		Relative/Kinship Home Study	Lowery, Angel	9105514998	alowery@thegwn.org	
			Manns, Erica	5313297899	rica.manns@gmail.com	
	1008 Lincoln Rd. Suite 4 Bellevue, NEBRASKA 68005	Case Managed Tutoring				
		Day Reporting	Lowery, Angel	9105514998	alowery@thegwn.org	
		Evening Reporting	Lowery, Angel	9105514998	alowery@thegwn.org	
		Family Partner	Lowery, Angel	9105514998	alowery@thegwn.org	
		Family Support	Lowery, Angel	9105514998	alowery@thegwn.org	
		General Education Class	Lowery, Angel	9105514998	alowery@thegwn.org	

### Agency Name: Thrival Academy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Chad Cawthon	11755 Glenn St. Papillion, NEBRASKA 68046	Family Partner	Cawthon, Chad	4028122802	chadcawthon78@gmail.com