

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 | jhicks@fmlyconn.com |
| | | Adult Mental Health Evaluation | Hicks Kalvinek, Joyce | 4024905759 | jhicks@fmlyconn.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Hicks Kalvinek, Joyce | 4024905759 | jhicks@fmlyconn.com |
| | | Adult Substance Use Addendum | Hicks Kalvinek, Joyce | 4024905759 | jhicks@fmlyconn.com |
| | | Adult Substance Use Evaluation | Hicks Kalvinek, Joyce | 4024905759 | jhicks@fmlyconn.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Hicks Kalvinek, Joyce | 4024905759 | jhicks@fmlyconn.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Hicks Kalvinek, Joyce | 4024905759 | jhicks@fmlyconn.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Hicks Kalvinek, Joyce | 4024905759 | jhicks@fmlyconn.com |

Agency Facility County: Sarpy

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 | 112 Mission Ave Bellevue, NEBRASKA | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------|------------------|---|----------------------------------|------------------|----------------------------------|
| Services | 68005 | 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 |
| | | Adult Substance Use Outpatient Treatment (Individual) | Austin, Willie | 4024520102 | williea244@gmail.com |
| | | | Cornelius, Dawn | 4022571122 | d.cornelius@allcommunitiesos.org |
| | | Anger Management Class | Cornelius, Dawn | 4022571122 | d.cornelius@allcommunitiesos.org |
| Community Treatment Aide (CTA) | | | | | |
| Day Reporting | Cornelius, Dawn | 4022571122 | d.cornelius@allcommunitiesos.org | | |
| Employment Placement | Cornelius, Dawn | 4022571122 | d.cornelius@allcommunitiesos.org | | |
| Evening Reporting | 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 |
|----------------------|------------------|--|---------------------------------|------------------|----------------------------------|
| | | 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 |

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 | | | |

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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 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 Outpatient Treatment (Group) | | | |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | BAULPINSON, DORAINE | 4025147613 | doraineh@aol.com |

Agency Name: CNW Alliance

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| 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 | Powell, Michelle | 4026714429 | Powell.Michelle.a@gmail.com |
| | | | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Adult Mental Health Evaluation | 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 |

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|----------------------------|---|--|---------------------------------|------------------|-----------------------------|
| Complete Behavioral Health | 1237 Golden Gate Dr Papillion, NEBRASKA 68046 | Adult Psychological Evaluation | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Adult Substance Use Addendum | Powell, Michelle | 4026714429 | Powell.Michelle.a@gmail.com |
| | | | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Adult Substance Use Evaluation | 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 | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Juvenile Mental Health Evaluation | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Juvenile Psychological Evaluation | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Juvenile Substance Use Addendum | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Juvenile Substance Use Evaluation | 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 | | | |

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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 | Adult Mental Health Evaluation | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Juvenile Co-Occurring Evaluation | | | |
| | | Juvenile Mental Health Evaluation | | | |
| | | Juvenile Substance Use Evaluation | | | |

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 |

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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-Specific Evaluation | Yunker-Schiffers, Holli | 4029490943 | healingplacenebraska@gmail.com |
| | | Adult Sex Offense-Specific Outpatient Counseling (Individual/Group) | Yunker-Schiffers, 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 | Barry, Mustapha | 4025527425 | mbarry@heartlandfamilyservice.org |
| | | | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org | |
| | | Adult Initial Diagnostic Interview (Medication | | | |

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|----------------------|--|-------------------------------------|---|------------------|---------------------------------------|
| Sarpy Office | 302 American Parkway Papillion, NEBRASKA 68046 | Prescriber Only) | | | |
| | | Adult Medication Management | | | |
| | | Adult Mental Health Evaluation | Barry, Mustapha | 4025527425 | mbarry@heartlandfamilyservice.org |
| | | | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Hardin, Reese | 4025533000 | rhardin@heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | | Adult Mental Health Outpatient Counseling (Group) | Barry, Mustapha | 4025527425 |
| | | Carlson, Heather | | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | Cassidy, Victoria | | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | Hardin, Reese | | 4025533000 | rhardin@heartlandfamilyservice.org |
| | | Hart, Michelle | | 4025527407 | mhart@heartlandfamilyservice.org |
| | | Heidvogel, Brian | | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | Stephen, Caitlin | | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | Walsh, | | 4025527499 | nwalsh@heartlandfamilyservice.org |

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|----------------------|--|--|---------------------------------|------------------|---------------------------------------|
| Sarpy Office | 302 American Parkway Papillion, NEBRASKA 68046 | Adult Mental Health Outpatient Counseling (Group) | Natasha | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Barry, Mustapha | 4025527425 | mbarry@heartlandfamilyservice.org |
| | | | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | | Adult Substance Use Addendum | Barry, Mustapha | 4025527425 |
| | | Carlson, Heather | | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | Cassidy, Victoria | | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | Hart, Michelle | | 4025527407 | mhart@heartlandfamilyservice.org |
| | | Heidvogel, Brian | | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | Stephen, Caitlin | | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | Walsh, Natasha | | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Adult Substance Use Evaluation | | Barry, Mustapha | 4025527425 |
| | | | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |

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|----------------------|--|---|---------------------------------|------------------|---------------------------------------|
| Sarpy Office | 302 American Parkway Papillion, NEBRASKA 68046 | Adult Substance Use Evaluation | Heather | | |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Hardin, Reese | 4025533000 | rhardin@heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Adult Substance Use Outpatient Treatment (Group) | Barry, Mustapha | 4025527425 | mbarry@heartlandfamilyservice.org |
| | | | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Hardin, Reese | 4025533000 | rhardin@heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Barry, Mustapha | 4025527425 | mbarry@heartlandfamilyservice.org |
| | | | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |

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|----------------------|--|---|---------------------------------|------------------|---------------------------------------|
| Sarpy Office | 302 American Parkway Papillion, NEBRASKA 68046 | Adult Substance Use Outpatient Treatment (Individual) | Victoria | | |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Juvenile Co-Occurring Evaluation | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Juvenile Medication Management | | | |
| | | Juvenile Mental Health Evaluation | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Hardin, Reese | 4025533000 | rhardin@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Juvenile Mental Health Outpatient Counseling (Group) | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Stephen, | 4025547204 | cstephen@heartlandfamilyservice.org |

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| Sarpy Office | 302 American Parkway Papillion, NEBRASKA 68046 | Juvenile Mental Health Outpatient Counseling (Group) | Caitlin | | |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Hardin, Reese | 4025533000 | rhardin@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | | | | |
| | | Juvenile Psychiatric Evaluation | | | |
| | | Juvenile Psychiatric Evaluation Interview Only | | | |
| | | Juvenile Substance Use Addendum | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Juvenile Substance Use Evaluation | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Hardin, Reese | 4025533000 | rhardin@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |

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| Sarpy Office | 302 American Parkway Papillion, NEBRASKA 68046 | Juvenile Substance Use Evaluation | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Juvenile Substance Use Outpatient Treatment (Group) | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Carlson, Heather | 4025527062 | hcarlson@heartlandfamilyservice.org |
| | | | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Stephen, Caitlin | 4025547204 | cstephen@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | | PRS-BIP | | |

Agency Name: James Laufenberg LMHP LADC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|--|--|---------------------------------|------------------|------------------|
| James Laufenberg LMHP LADC | 10748 Virginia Plaza Sutie 107 La Vista, NEBRASKA 68128 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|---|---|---------------------------------|------------------|------------------|
| James Laufenberg LMHP LADC | 10748 Virginia Plaza Sutie 107 La Vista, NEBRASKA 68128 | Adult Substance Use Outpatient Treatment (Individual) | | | |
| | | Juvenile Co-Occurring Evaluation | | | |
| | | Juvenile Mental Health Evaluation | | | |
| | | Juvenile Substance Use Addendum | | | |
| | | Juvenile Substance Use Evaluation | | | |

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 (Individual) | Cappellano, Kimberly | 4022376415 | kcappellano88@outlook.com |
| | | 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

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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 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 | |
| | | 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 | Stanton, Taylor | 4022539192 | taylor.stanton@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 | Outpatient Treatment (Group) | | | | |
| | | 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 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

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| 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) | | | | | |

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 |
| | | | 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 |
| | | | Thompson, Lena | 4029816016 | Only1lenapearl@yahoo.com |
| Intensive Family | Campbell, | 4026309705 | mcampbell2k@hotmail.com | | |

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| 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 | Preservation | Mechere | | |
| | | | Maggett, Joseph | 4023126840 | joseph@maggett-counseling.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 Outpatient Treatment (Individual) | Schofield, Suzanne | 4026196077 | S2psychotherapy@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | | | |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | | | |

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 | Anger Management Class | | | |
| | | Day Reporting | | | |
| | | EM Sarpy CARE | | | |
| | | Evening Reporting | | | |

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| 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 | General Education Class | | | |

Agency Name: Rainbow of Hope

| 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 | | | | | |

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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 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: 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 | |
| | | | Manns, Erica | 5313297899 | ekeyes@thegwn.org | |
| | | Employment Placement | Lowery, Angel | 9105514998 | alowery@thegwn.org | |
| | | | Manns, Erica | 5313297899 | ekeyes@thegwn.org | |
| | | Evening Reporting | Lowery, Angel | 9105514998 | alowery@thegwn.org | |
| | | | Manns, Erica | 5313297899 | ekeyes@thegwn.org | |
| | | Family Partner | Lowery, Angel | 9105514998 | alowery@thegwn.org | |
| | | | Manns, Erica | 5313297899 | ekeyes@thegwn.org | |
| | | Family Support | Lowery, Angel | 9105514998 | alowery@thegwn.org | |
| | | | Manns, Erica | 5313297899 | ekeyes@thegwn.org | |
| | | General Education Class | | | | |

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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 | Relative/Kinship Home Study | Lowery, Angel | 9105514998 | alowery@thegwn.org |
| | | | Manns, Erica | 5313297899 | ekeyes@thegwn.org |
| | 1008 Lincoln Rd. Suite 4 Bellevue, NEBRASKA 68005 | Case Managed Tutoring | | | |
| | | Day Reporting | Lowery, Angel | 9105514998 | alowery@thegwn.org |
| | | Employment Placement | 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 |