

Administrative Office of Courts & Probation

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

District 4A

Agency Facility County: Douglas

Agency Name: 111 FREE, INC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|--------------------|
| 111 FREE, INC | 1941 South 42nd Street Suite 426 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | Alexis, Geraldine | 4027393300 | galexis007@msn.com |
| | | Adult Mental Health Evaluation | Alexis, Geraldine | 4027393300 | galexis007@msn.com |
| | | Adult Substance Use Evaluation | Alexis, Geraldine | 4027393300 | galexis007@msn.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Alexis, Geraldine | 4027393300 | galexis007@msn.com |

Agency Name: A Better You Counseling Services LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------------|--|--|---------------------------------|------------------|-------------------------------------|
| A Better You Counseling Services LLC | 11060 Oak Street Suite 6 Omaha, NEBRASKA 68144 | Adult Mental Health Outpatient Counseling (Individual) | Rush, Sherlonda | 4026699030 | sherlondarush@betterucounseling.com |

Agency Name: AC III Sober and Transitional Living, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| AC III Sober and Transitional Living, LLC | 1714 Sahler St Omaha, NEBRASKA 68110 | Transitional Living - Level 2 | | | |

Agency Name: Abbott Counseling Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|---|-------------------------------------|---------------------------------|------------------|-------------------------|
| Abbott Counseling Services | 7811 L Street Suite 104 Ralston, NEBRASKA 68127 | Adult Co-Occurring Evaluation | Abbott, Kara | 4027089389 | kara_brooke@hotmail.com |

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|----------------------------|---|--|---------------------------------|------------------|-------------------------|
| Abbott Counseling Services | 7811 L Street Suite 104 Ralston, NEBRASKA 68127 | Adult Mental Health Evaluation | Abbott, Kara | 4027089389 | kara_brooke@hotmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Abbott, Kara | 4027089389 | kara_brooke@hotmail.com |
| | | Adult Substance Use Addendum | Abbott, Kara | 4027089389 | kara_brooke@hotmail.com |
| | | Adult Substance Use Evaluation | Abbott, Kara | 4027089389 | kara_brooke@hotmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Abbott, Kara | 4027089389 | kara_brooke@hotmail.com |

Agency Name: Abishai Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|-------------------------------|
| Abishai Counseling | 4315 Frances St, Suite 100 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | | | |
| | | Adult Substance Use Addendum | Villa, Veronica | 4022131655 | abishaicounseling@outlook.com |
| | | Adult Substance Use Evaluation | Villa, Veronica | 4022131655 | abishaicounseling@outlook.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Villa, Veronica | 4022131655 | abishaicounseling@outlook.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Villa, Veronica | 4022131655 | abishaicounseling@outlook.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Villa, Veronica | 4022131655 | abishaicounseling@outlook.com |

Agency Name: Accomplished Recovery and Counseling LLC

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|--|---|---------------------------------|------------------|------------------|
| Accomplished Recovery and Counseling LLC | 2823 N 81 St Omaha, NEBRASKA 68111 | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | | | |
| | | Adult Substance Use Outpatient Treatment (Group) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Achievement Counseling Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|---|--|---------------------------------|------------------|---------------------------------|
| Achievement Counseling Services | 8031 West Center Road Suite 324 Omaha, NEBRASKA 68124 | Adult Co-Occurring Evaluation | Almquist, Keith | 4026693665 | AchievementCounseling@Gmail.com |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Almquist, Keith | 4026693665 | AchievementCounseling@Gmail.com |
| | | Adult Substance Use Addendum | Almquist, Keith | 4026693665 | AchievementCounseling@Gmail.com |
| | | Adult Substance Use Evaluation | Almquist, Keith | 4026693665 | AchievementCounseling@Gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Almquist, Keith | 4026693665 | AchievementCounseling@Gmail.com |

Agency Name: Affinity Counseling, LLC

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|--|---------------------------------|------------------|------------------|
| Affinity Counseling, LLC | 1941 S. 42nd Street Ste. 528 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Agape Counseling Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------|--|---|---------------------------------|------------------|----------------------|
| Agape Counseling Services | 1941 South 42nd Street Suite 426 Omaha, NEBRASKA 68105 | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | Austin, Willie | 4024520102 | williea244@gmail.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | | | |
| | | Adult Substance Use Outpatient Treatment (Group) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Along the Willowed Path, P.C.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|---------------------------------|
| Along the Willowed | 11635 Arbor Street STE 230 Omaha, | Adult Co-Occurring Evaluation | Wells, Amanda | 4026609687 | amanda@alongthewillowedpath.com |

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|----------------------|------------------|--|---------------------------------|------------------|---------------------------------|
| Path, P.C. | NEBRASKA 68144 | Adult Mental Health Evaluation | Wells, Amanda | 4026609687 | amanda@alongthewillowedpath.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Wells, Amanda | 4026609687 | amanda@alongthewillowedpath.com |
| | | Adult Substance Use Addendum | Wells, Amanda | 4026609687 | amanda@alongthewillowedpath.com |
| | | Adult Substance Use Evaluation | Wells, Amanda | 4026609687 | amanda@alongthewillowedpath.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Wells, Amanda | 4026609687 | amanda@alongthewillowedpath.com |

Agency Name: Ann's Couch

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|------------------|
| Ann's Couch | 4004 N 91st Street, null Omaha, NEBRASKA 68134 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |

Agency Name: Arch Inc.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|-------------------------------------|
| | 1502 north 58th street Omaha, NEBRASKA 68104 | Adult Substance Use Halfway House | Messerschmidt, Ean | 4023468898 | emesserschmidt@archhalfwayhouse.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|-------------------------------------|
| Arch Inc. | 604 south 37th street Omaha, NEBRASKA 68105 | Adult Substance Use Halfway House | Messerschmidt, Ean | 4023468898 | emesserschmidt@archhalfwayhouse.org |

Agency Name: Aspirations LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|---------------------------------|
| Ramanda Bruce | 1941 S 42nd st suite 528 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | Bruce, Ramanda | 4028805253 | aspirationscounseling@gmail.com |
| | | Adult Mental Health Evaluation | Bruce, Ramanda | 4028805253 | aspirationscounseling@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Bruce, Ramanda | 4028805253 | aspirationscounseling@gmail.com |
| | | Adult Substance Use Addendum | Bruce, Ramanda | 4028805253 | aspirationscounseling@gmail.com |
| | | Adult Substance Use Evaluation | Bruce, Ramanda | 4028805253 | aspirationscounseling@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Bruce, Ramanda | 4028805253 | aspirationscounseling@gmail.com |

Agency Name: At Peace Therapy, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------|--|--|---------------------------------|------------------|----------------------------|
| At Peace Therapy, LLC | 13513 Cottner Street Omaha, NEBRASKA 68137 | Adult Co-Occurring Evaluation | Ajlouny, Alestin | 4024139919 | alestinatpeace@outlook.com |
| | | Adult Mental Health Evaluation | Ajlouny, Alestin | 4024139919 | alestinatpeace@outlook.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Ajlouny, Alestin | 4024139919 | alestinatpeace@outlook.com |

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|-----------------------|--|-------------------------------------|---------------------------------|------------------|----------------------------|
| At Peace Therapy, LLC | 13513 Cottner Street Omaha, NEBRASKA 68137 | Adult Substance Use Addendum | Ajlouny, Alestin | 4024139919 | alestinatpeace@outlook.com |
| | | Adult Substance Use Evaluation | Ajlouny, Alestin | 4024139919 | alestinatpeace@outlook.com |

Agency Name: Auxiliary House

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|------------------|
| Auxiliary House | 2118 Grand Ave Omaha, NEBRASKA 68110 | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | | | |
| | | Adult Substance Use Outpatient Treatment (Group) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: BUOYANT FAMILY SERVICES COUNSELING AND CONSULTING LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---------------------------------|------------------|---------------------------------|
| BUOYANT FAMILY SERVICES COUNSELING AND CONSULTING LLC | 1941 S. 42ND ST. SUITE 106 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | KOLA, BETTY | 4029337577 | buoyantfamilyservices@gmail.com |
| | | Adult Mental Health Evaluation | KOLA, BETTY | 4029337577 | buoyantfamilyservices@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | KOLA, BETTY | 4029337577 | buoyantfamilyservices@gmail.com |
| | | Adult Sex Offense-Specific Evaluation | KOLA, BETTY | 4029337577 | buoyantfamilyservices@gmail.com |
| | | Adult Sex Offense-Specific Outpatient Counseling (Individual/Group) | KOLA, BETTY | 4029337577 | buoyantfamilyservices@gmail.com |

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|---|---|---|---------------------------------|------------------|---------------------------------|
| BUOYANT FAMILY SERVICES COUNSELING AND CONSULTING LLC | 1941 S. 42ND ST. SUITE 106 Omaha, NEBRASKA 68105 | Adult Substance Use Addendum | KOLA, BETTY | 4029337577 | buoyantfamilyservices@gmail.com |
| | | Adult Substance Use Evaluation | KOLA, BETTY | 4029337577 | buoyantfamilyservices@gmail.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | KOLA, BETTY | 4029337577 | buoyantfamilyservices@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | KOLA, BETTY | 4029337577 | buoyantfamilyservices@gmail.com |

Agency Name: Bailey Counseling Services, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|---|---|---------------------------------|------------------|---------------------------|
| Bailey Counseling Services, LLC | 4540 North 65th Ave Omaha, NEBRASKA 68104 | Adult Gambling Outpatient Counseling (Individual/Group) | | | |
| | | Adult Mental Health Outpatient Counseling (Group) | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Bailey III, Frank | 4025043242 | frankbailey6912@gmail.com |
| | | Adult Sex Offense-Specific Evaluation | Bailey III, Frank | 4025043242 | frankbailey6912@gmail.com |
| | | Adult Sex Offense-Specific Outpatient Counseling (Individual/Group) | Bailey III, Frank | 4025043242 | frankbailey6912@gmail.com |
| | | Adult Substance Use Addendum | Bailey III, Frank | 4025043242 | frankbailey6912@gmail.com |
| | | Adult Substance Use Evaluation | Bailey III, Frank | 4025043242 | frankbailey6912@gmail.com |

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|---------------------------------|---|---|---------------------------------|------------------|---------------------------|
| Bailey Counseling Services, LLC | 4540 North 65th Ave Omaha, NEBRASKA 68104 | Adult Substance Use Intensive Outpatient Counseling (IOP) | Bailey III, Frank | 4025043242 | frankbailey6912@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Bailey III, Frank | 4025043242 | frankbailey6912@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Be Kind LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|------------------|
| Be Kind LLC | 11837 Miracle Hills Drive Ste 102 Omaha, NEBRASKA 68154 | 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 Intensive Outpatient Counseling (IOP) | | | |
| | | Adult Substance Use Outpatient Treatment (Group) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Bear Company Counseling

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|-------------------------|--|--|---------------------------------|------------------|---|
| Bear Company Counseling | 5858 Wenninghoff Rd Ste 2 Omaha, NEBRASKA 68134 | Adult Co-Occurring Evaluation | Crayne, Laura | 4025123528 | laurie.crayne@bearcompanycounseling.com |
| | | | Hogan, Payton | 4022813892 | payton.hogan@bearcompanycounseling.com |
| | | | Jensen, Erica | 4022181467 | erica@bearcompanycounseling.com |
| | | Adult Mental Health Evaluation | Crayne, Laura | 4025123528 | laurie.crayne@bearcompanycounseling.com |
| | | | Hogan, Payton | 4022813892 | payton.hogan@bearcompanycounseling.com |
| | | | Jensen, Erica | 4022181467 | erica@bearcompanycounseling.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Crayne, Laura | 4025123528 | laurie.crayne@bearcompanycounseling.com |
| | | | Hogan, Payton | 4022813892 | payton.hogan@bearcompanycounseling.com |
| | | | Jensen, Erica | 4022181467 | erica@bearcompanycounseling.com |
| | | Adult Substance Use Evaluation | Crayne, Laura | 4025123528 | laurie.crayne@bearcompanycounseling.com |
| | | | Hogan, Payton | 4022813892 | payton.hogan@bearcompanycounseling.com |
| | | | Jensen, Erica | 4022181467 | erica@bearcompanycounseling.com |

Agency Name: Bell House, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Bell House, LLC | 2604 Fort Street Omaha, NEBRASKA 69111 | Transitional Living - Level 2 | | | |

Agency Name: Bill Thibodeau Counseling, LLC

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|--------------------------------|--|--|---------------------------------|------------------|------------------|
| Bill Thibodeau Counseling, LLC | 6910 Pacific St Ste 320 Omaha, NEBRASKA 68106 | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Evaluation | | | |

Agency Name: Boys Town

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|-------------------------------------|---------------------------------|------------------|--------------------------------|
| Boys Town Adolescent and Adult Chemical Use Program (CUP) | 13460 Walsh Drive Boys Town, NEBRASKA 68010 | Adult Co-Occurring Evaluation | Brown, Kari | 5313553039 | kari.brown@boystown.org |
| | | | Connelly, Carolyn | 5313553329 | carolyn.connelly@boystown.org |
| | | | Denton, Marlee | 5313553221 | Marlee.Denton@boystown.org |
| | | | Dibert, Brittany | 5313557912 | brittany.dibert@yahoo.com |
| | | | Hansen, Lyndsey | 5313557910 | lyndsey.hansen@boystown.org |
| | | | Pfeffer, Maria | 5313557913 | maria.pfeffer@boystown.org |
| | | | Robinson, Natasha | 5313553008 | Natasha.robinson@boystown.org |
| | | | Stoller, Christina | 5313553379 | christina.stoller@boystown.org |
| | | Adult Substance Use Addendum | Brown, Kari | 5313553039 | kari.brown@boystown.org |
| | | | Connelly, Carolyn | 5313553329 | carolyn.connelly@boystown.org |
| Denton, Marlee | 5313553221 | | Marlee.Denton@boystown.org | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|-------------------------------------|---|------------------|--------------------------------|
| Boys Town Adolescent and Adult Chemical Use Program (CUP) | 13460 Walsh Drive Boys Town, NEBRASKA 68010 | Adult Substance Use Addendum | Dibert, Brittany | 5313557912 | brittany.dibert@yahoo.com |
| | | | Hansen, Lyndsey | 5313557910 | lyndsey.hansen@boystown.org |
| | | | Robinson, Natasha | 5313553008 | Natasha.robinson@boystown.org |
| | | | Stoller, Christina | 5313553379 | christina.stoller@boystown.org |
| | | Adult Substance Use Evaluation | Brown, Kari | 5313553039 | kari.brown@boystown.org |
| | | | Connelly, Carolyn | 5313553329 | carolyn.connelly@boystown.org |
| | | | Denton, Marlee | 5313553221 | Marlee.Denton@boystown.org |
| | | | Dibert, Brittany | 5313557912 | brittany.dibert@yahoo.com |
| | | | Hansen, Lyndsey | 5313557910 | lyndsey.hansen@boystown.org |
| | | | Robinson, Natasha | 5313553008 | Natasha.robinson@boystown.org |
| | | | Stoller, Christina | 5313553379 | christina.stoller@boystown.org |
| | | | Adult Substance Use Outpatient Treatment (Individual) | Brown, Kari | 5313553039 |
| | | Connelly, Carolyn | | 5313553329 | carolyn.connelly@boystown.org |
| | | Denton, Marlee | | 5313553221 | Marlee.Denton@boystown.org |
| | | Dibert, Brittany | | 5313557912 | brittany.dibert@yahoo.com |
| | | Hansen, Lyndsey | | 5313557910 | lyndsey.hansen@boystown.org |
| | | Pfeffer, Maria | | 5313557913 | maria.pfeffer@boystown.org |

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| Boys Town Adolescent and Adult Chemical Use Program (CUP) | 13460 Walsh Drive Boys Town, NEBRASKA 68010 | Adult Substance Use Outpatient Treatment (Individual) | Maria | | |
| | | | Robinson, Natasha | 5313553008 | Natasha.robinson@boystown.org |
| | | | Stoller, Christina | 5313553379 | christina.stoller@boystown.org |
| Boys Town Eastern Nebraska In Home Family Services | 314 Sudkya Boys Town, NEBRASKA 68010 | In Home Family Service (IHFS) | Nelle, Sara | 5313553290 | sara.nelle@boystown.org |

Agency Name: Braun Counseling Services LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------|--|--|---------------------------------|------------------|----------------------------|
| Braun Counseling Services LLC | 8031 West Center Rd, Ste 322 Omaha, NEBRASKA 68124 | Adult Co-Occurring Evaluation | Braun, Diane | 4029807600 | dbrauncounseling@gmail.com |
| | | Adult Mental Health Evaluation | Braun, Diane | 4029807600 | dbrauncounseling@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Braun, Diane | 4029807600 | dbrauncounseling@gmail.com |
| | | Adult Substance Use Addendum | Braun, Diane | 4029807600 | dbrauncounseling@gmail.com |
| | | Adult Substance Use Evaluation | Braun, Diane | 4029807600 | dbrauncounseling@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Breaking Chains LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|-----------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Breaking | 1941 S 42nd St Omaha, | Adult Co-Occurring Evaluation | | | |

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|----------------------|------------------|---|---------------------------------|------------------|------------------|
| Chains LLC | NEBRASKA 68105 | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Breaking Sad, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|----------------------------|
| Breaking Sad, LLC | 7005 N 88th Street Omaha, NEBRASKA 68122 | Adult Co-Occurring Evaluation | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com |
| | | | Meckna, Shy | 4025175191 | smeckna@msn.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com |
| | | | Meckna, Shy | 4025175191 | smeckna@msn.com |
| | | Adult Substance Use Addendum | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com |
| | | | Meckna, Shy | 4025175191 | smeckna@msn.com |
| | | Adult Substance Use Evaluation | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com |
| | | | Meckna, Shy | 4025175191 | smeckna@msn.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com |
| | | | Meckna, Shy | 4025175191 | smeckna@msn.com |

Agency Name: Brenda Ticknor

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|----------------------|---|---|---------------------------------|------------------|-------------------------|
| Brenda Ticknor | 10846 Old Mill Road Suite 5 Omaha, NEBRASKA 68147 | Adult Substance Use Addendum | Ticknor, Brenda | 4026876449 | brendaticknor@gmail.com |
| | | Adult Substance Use Evaluation | Ticknor, Brenda | 4026876449 | brendaticknor@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Ticknor, Brenda | 4026876449 | brendaticknor@gmail.com |
| | | PRS-BIP | Ticknor, Brenda | 4026876449 | brendaticknor@gmail.com |

Agency Name: Brian P. Schnieder, LICSW, LADC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|---|--|---------------------------------|------------------|--------------------------|
| Brian P. Schnieder, LICSW, LADC | 8998 L Street, Suite #109 Omaha, NEBRASKA 68127 | Adult Co-Occurring Evaluation | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | Adult Mental Health Evaluation | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | Adult Substance Use Addendum | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | Adult Substance Use Evaluation | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |

Agency Name: CEDARS Youth Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|-------------------------------------|---------------------------------|------------------|-------------------------|
| CEDARS Youth Services- Omaha Office | 10840 Old Mill Rd, Suite 200 Omaha, NEBRASKA 68154 | In Home Family Service (IHFS) | Carlson, Shandy | 5315307630 | scarlson@cedarskids.org |
| | | | Fellers, Johana | 5318101590 | jfellers@cedarskids.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|-------------------------------------|---------------------------------|------------------|------------------------|
| CEDARS Youth Services- Omaha Office | 10840 Old Mill Rd, Suite 200 Omaha, NEBRASKA 68154 | In Home Family Service (IHFS) | Murphy, Shannon | 4028101069 | smurphy@cedarskids.org |
| | | | Utter, Daniel | 4028100590 | dutter@cedarskids.org |
| | | | Watts, Kayla | 4022017043 | kwatts@cedarskids.org |

Agency Name: Calm Minds LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------|--|---------------------------------|------------------|---------------------|
| Calm Minds LLC | 4911 Grand Ave Omaha, NEBRASKA 68104 | Adult Co-Occurring Evaluation | Luck, Jonnae | 5627465150 | jmreams@netzero.net |
| | | Adult Mental Health Evaluation | Luck, Jonnae | 5627465150 | jmreams@netzero.net |
| | | Adult Mental Health Outpatient Counseling (Individual) | Luck, Jonnae | 5627465150 | jmreams@netzero.net |
| | | Adult Substance Use Addendum | Luck, Jonnae | 5627465150 | jmreams@netzero.net |
| | | Adult Substance Use Evaluation | Luck, Jonnae | 5627465150 | jmreams@netzero.net |
| | | Adult Substance Use Outpatient Treatment (Individual) | Luck, Jonnae | 5627465150 | jmreams@netzero.net |

Agency Name: Carla Vista Sober Living, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Carla Vista Sober Living, LLC | 11648 Douglas St Omaha, NEBRASKA 68154 | Transitional Living - Level 1 | | | |

Agency Name: Carole's House of Hope

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Carole's House of | 7815 Harney St Omaha, NEBRASKA 68114 | 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 |
|----------------------|--------------------------------------|--|---------------------------------|------------------|------------------|
| Hope | 7815 Harney St Omaha, NEBRASKA 68114 | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Transitional Living - Level 2 | | | |

Agency Name: CenterPointe, Inc

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|--|---|---------------------------------|------------------|---------------------------|
| Campus for Hope - COR | 1490 N 16th Street Omaha, NEBRASKA 68102 | Adult Co-Occurring Capable Short-Term Residential | Goracke, Courtney | 4024758748 | cgoracke@centerpointe.org |
| | | | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Co-Occurring Evaluation | Goracke, Courtney | 4024758748 | cgoracke@centerpointe.org |
| | | | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Mental Health Evaluation | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Substance Use Addendum | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Substance Use Evaluation | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Substance Use Short-Term Residential | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| Campus for Hope - Short Term Residential | 1490 N 16th Omaha, NEBRASKA 68508 | Adult Co-Occurring Capable Short-Term Residential | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Co-Occurring Evaluation | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Initial Diagnostic Interview (Medication | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|-----------------------------------|--|---------------------------------|------------------|--------------------------|
| Campus for Hope - Short Term Residential | 1490 N 16th Omaha, NEBRASKA 68508 | Prescriber Only) | | | |
| | | Adult Mental Health Evaluation | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Substance Use Addendum | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Substance Use Evaluation | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |
| | | Adult Substance Use Short-Term Residential | Volnek, Ashley | 4024758717 | avolnek@centerpointe.org |

Agency Name: Chain Breaker, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|----------------------------------|
| | 3909 Cuming Street Suite 201 Omaha, NEBRASKA 68131 | Adult Substance Use Addendum | Goodrich, Cynthia | 4022377482 | crhouse4924@gmail.com |
| | | | Granillo, Jill | 4025043242 | jillggranillo@gmail.com |
| | | | Woods, Amy | 4024037709 | awoods@chainbreakerounseling.net |
| | | Adult Substance Use Evaluation | Goodrich, Cynthia | 4022377482 | crhouse4924@gmail.com |
| | | | Granillo, Jill | 4025043242 | jillggranillo@gmail.com |
| | | | Woods, Amy | 4024037709 | awoods@chainbreakerounseling.net |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Goodrich, Cynthia | 4022377482 | crhouse4924@gmail.com |
| | | | Granillo, Jill | 4025043242 | jillggranillo@gmail.com |
| | | | Woods, Amy | 4024037709 | awoods@chainbreakerounseling.net |
| | | Adult Substance Use Outpatient Treatment (Group) | Goodrich, Cynthia | 4022377482 | crhouse4924@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|----------------------------------|
| | 3909 Cuming Street Suite 201 Omaha, NEBRASKA 68131 | Adult Substance Use Outpatient Treatment (Group) | Granillo, Jill | 4025043242 | jillggranillo@gmail.com |
| | | | Woods, Amy | 4024037709 | awoods@chainbreakerounseling.net |
| | | Adult Substance Use Outpatient Treatment (Individual) | Goodrich, Cynthia | 4022377482 | crhouse4924@gmail.com |
| | | | Granillo, Jill | 4025043242 | jillggranillo@gmail.com |
| | 4924 Capitol Avenue Omaha, NEBRASKA 68132 | Transitional Living - Level 1 | Goodrich, Cynthia | 4022377482 | crhouse4924@gmail.com |
| | | | Woods, Amy | 4024037709 | awoods@chainbreakerounseling.net |
| | | Transitional Living - Level 2 | Goodrich, Cynthia | 4022377482 | crhouse4924@gmail.com |
| | | | Woods, Amy | 4024037709 | awoods@chainbreakerounseling.net |

Agency Name: Charles Drew Health Center

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|--------------------------------------|---------------------------------|------------------|--|
| Charles Drew Health Center | 2915 Grant Street Omaha, NEBRASKA 68111 | Adult Co- Occurring Evaluation | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |
| | | | Tarrant- Moore, Hope | 4024513553 | hope.tarrant- moore@charlesdrew.com |
| | | | Whitlow, LaNita | 4028815708 | lanita.whitlow@hotmail.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Mental Health | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|---|--|---------------------------------|------------------|------------------------------------|
| Charles Drew Health Center | 2915 Grant Street Omaha, NEBRASKA 68111 | Evaluation | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Whitlow, LaNita | 4028815708 | lanita.whitlow@hotmail.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |
| | | | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Whitlow, LaNita | 4028815708 | lanita.whitlow@hotmail.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Addendum | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |
| | | | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Whitlow, LaNita | 4028815708 | lanita.whitlow@hotmail.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Evaluation | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |
| | | | Marquez, Elvia | 4023590372 | elvia.marquez@charlesdrew.com |
| | | | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Whitlow, LaNita | 4028815708 | lanita.whitlow@hotmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email | | |
|----------------------------|---|---|---|--------------------------------|------------------------------------|------------|------------------------------------|
| Charles Drew Health Center | 2915 Grant Street Omaha, NEBRASKA 68111 | Adult Substance Use Evaluation | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com | | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com | | |
| | | | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com | | |
| | | | Whitlow, LaNita | 4028815708 | lanita.whitlow@hotmail.com | | |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com | | |
| | | Adult Substance Use Outpatient Treatment (Group) | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com | | |
| | | | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com | | |
| | | | Whitlow, LaNita | 4028815708 | lanita.whitlow@hotmail.com | | |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com | | |
| | | Charles Drew Health Center-TYAC | 5920 Maple Street Omaha, NEBRASKA 68104 | Adult Co-Occurring Evaluation | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | | | Adult Medication Management | | | |
| | | | | Adult Mental Health Evaluation | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |

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|---------------------------------|---|---|---------------------------------|------------------|------------------------------------|
| Charles Drew Health Center-TYAC | 5920 Maple Street Omaha, NEBRASKA 68104 | Adult Mental Health Outpatient Counseling (Group) | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Addendum | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Evaluation | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|---|--|---------------------------------|------------------|------------------------------------|
| Charles Drew Health Center-TYAC | 5920 Maple Street Omaha, NEBRASKA 68104 | Adult Substance Use Outpatient Treatment (Individual) | Shelina | | |
| | Charles Drew Health Center-Omaha Home for Boys 5190 Sprague Plaza Suite 201 Omaha, NEBRASKA 68104 | Adult Co-Occurring Evaluation | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Mental Health Evaluation | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Mental Health Outpatient Counseling (Group) | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Addendum | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Evaluation | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|------------------------------------|
| | Charles Drew Health Center- Omaha Home for Boys 5190 Sprague Plaza Suite 201 Omaha, NEBRASKA 68104 | Adult Substance Use Intensive Outpatient Counseling (IOP) | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Tarrant-Moore, Hope | 4024513553 | hope.tarrant-moore@charlesdrew.com |
| | | | Williams, Shelina | 4023201665 | shelina.williams@charlesdrew.com |

Agency Name: Child Saving Institute, Inc.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|---|---|---------------------------------|------------------|------------------|
| Child Saving Institute, Inc. | 4545 Dodge Street Omaha, NEBRASKA 68132 | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |

Agency Name: Christine Baccari

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|-----------------------|
| Christine Baccari | 12020 Shamrock Plaza, Suite 200 Omaha, NEBRASKA 68154 | Adult Substance Use Evaluation | Baccari, Christine | 4026805033 | christine@baccari.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Baccari, Christine | 4026805033 | christine@baccari.com |

Agency Name: Clearwater Counseling, PC

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|------------------|
| | 12127 Pacific Street Omaha, NEBRASKA 68154 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Community Alliance Rehabilitation Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|---|---------------------------------|------------------|------------------|
| Community Alliance Rehabilitation Services | 7150 Arbor Street Omaha, NEBRASKA 68106 | 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 Intensive Outpatient Counseling (IOP) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Complete Behavioral Health

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|---|--|---------------------------------|------------------|-------------------------|
| Complete Behavioral Health | 4565 S 133rd St Omaha, NEBRASKA 68137 | Adult Co-Occurring Evaluation | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Adult Mental Health Evaluation | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Adult Psychological Evaluation | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Adult Substance Use Addendum | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Adult Substance Use Evaluation | Tamayo, Kelly | 4025902947 | drkellytamayo@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Complete Family Treatment Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------------|--|--|---------------------------------|------------------|---------------------------------------|
| Complete Family Treatment Services | 10846 John Galt Blvd Omaha, NEBRASKA 68137 | Adult Co-Occurring Evaluation | Hall, John | 4027703764 | john.hall@completefamilytreatment.com |
| | | Adult Mental Health Evaluation | Hall, John | 4027703764 | john.hall@completefamilytreatment.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Hall, John | 4027703764 | john.hall@completefamilytreatment.com |
| | | Adult Substance Use Addendum | Hall, John | 4027703764 | john.hall@completefamilytreatment.com |
| | | | Hull, Brian | 4024323171 | bhull@joltnebraska.org |
| | | Adult Substance Use Evaluation | Hall, John | 4027703764 | john.hall@completefamilytreatment.com |
| Hull, | 4024323171 | | bhull@joltnebraska.org | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|---|---------------------------------------|------------------|---------------------------------------|
| Complete Family Treatment Services | 10846 John Galt Blvd Omaha, NEBRASKA 68137 | Adult Substance Use Evaluation | Brian | | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Hall, John | 4027703764 | john.hall@completefamilytreatment.com |
| | | | Hull, Brian | 4024323171 | bhull@joltnebraska.org |
| Adult Substance Use Outpatient Treatment (Individual) | Hall, John | 4027703764 | john.hall@completefamilytreatment.com | | |

Agency Name: Continuum Counseling & Consultants, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|--|---------------------------------|------------------|---------------------------------|
| Continuum Counseling & Consultants, LLC | 12020 Shamrock Plaza Suite 200 Omaha, NEBRASKA 68154 | Adult Co-Occurring Evaluation | Berry, Shane | 4025226570 | continuumcounseling@outlook.com |
| | | Adult Mental Health Evaluation | Berry, Shane | 4025226570 | continuumcounseling@outlook.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Berry, Shane | 4025226570 | continuumcounseling@outlook.com |
| | | Adult Substance Use Addendum | Berry, Shane | 4025226570 | continuumcounseling@outlook.com |
| | | Adult Substance Use Evaluation | Berry, Shane | 4025226570 | continuumcounseling@outlook.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Berry, Shane | 4025226570 | continuumcounseling@outlook.com |

Agency Name: Cornerstone Recovery House

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Cornerstone Recovery House | 1101 S 28th St Omaha, NEBRASKA 68105 | Transitional Living - Level 2 | | | |

Agency Name: Creative Counseling and Studio

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------|--|---|---------------------------------|------------------|------------------|
| Creative Counseling and Studio | 1941 S 42nd St Ste 542 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | | | |

Agency Name: Cultivating Paths Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email | |
|-----------------------------------|---|--|---------------------------------|------------------|----------------------------|--|
| Cultivating Paths Counseling, LLC | 1941 South 42nd Street, Suite 307 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | BAULPINSON, DORAINE | 4025147613 | doraineh@aol.com | |
| | | | Tucker, Mildred | 4029798350 | cultivatingpaths@gmail.com | |
| | | Adult Mental Health Outpatient Counseling (Group) | | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Tucker, Mildred | 4029798350 | cultivatingpaths@gmail.com | |
| | | Adult Substance Use Addendum | BAULPINSON, DORAINE | 4025147613 | doraineh@aol.com | |
| | | | Tucker, Mildred | 4029798350 | cultivatingpaths@gmail.com | |
| Adult Substance Use | BAULPINSON, | 4025147613 | doraineh@aol.com | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------------|--|---|---------------------------------|------------------|----------------------------|
| Cultivating Paths Counseling, LLC | 1941 South 42nd Street, Suite 307 Omaha, NEBRASKA 68105 | Evaluation | DORAINE | | |
| | | | Tucker, Mildred | 4029798350 | cultivatingpaths@gmail.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | BAULPINSON, DORAINE | 4025147613 | doraineh@aol.com |
| | | | Tucker, Mildred | 4029798350 | cultivatingpaths@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Tucker, Mildred | 4029798350 | cultivatingpaths@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | BAULPINSON, DORAINE | 4025147613 | doraineh@aol.com |
| Tucker, Mildred | 4029798350 | | cultivatingpaths@gmail.com | | |

Agency Name: David's House

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| David's House | 9161 Blondo St Omaha, NEBRASKA 68134 | Transitional Living - Level 2 | | | |

Agency Name: Douglas County Community Mental Health Center

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|---|---------------------------------|------------------|--------------------------------------|
| Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | Minturn, Tiffany | 4024444755 | tiffany.minturn@douglascounty-ne.gov |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Matrix Substance Use Intensive Outpatient Treatment (IOP) | | | |
| | | Adult Medication | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|--|----------------------------------|------------------|--------------------------------------|
| Douglas County Community Mental Health Center | 4102 Woolworth Ave Omaha, NEBRASKA 68105 | Management | | | |
| | | Adult Mental Health Evaluation | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com |
| | | | Minturn, Tiffany | 4024444755 | tiffany.minturn@douglascounty-ne.gov |
| | | | Newby, Emily | 4025592712 | emily.newby@douglascounty-ne.gov |
| | | Adult Mental Health Outpatient Counseling (Individual) | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com |
| | | | Newby, Emily | 4025592712 | emily.newby@douglascounty-ne.gov |
| | | Adult Substance Use Addendum | Carter, Evan | 4026587315 | ecarter@leadinglight-ne.com |
| | | | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com |
| | | | Newby, Emily | 4025592712 | emily.newby@douglascounty-ne.gov |
| | | | Sullivan, Robin | 4026866947 | rsullivan36@hotmail.com |
| | | Adult Substance Use Evaluation | Carter, Evan | 4026587315 | ecarter@leadinglight-ne.com |
| | | | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com |
| | | | Minturn, Tiffany | 4024444755 | tiffany.minturn@douglascounty-ne.gov |
| | | | Newby, Emily | 4025592712 | emily.newby@douglascounty-ne.gov |
| | | | Sullivan, Robin | 4026866947 | rsullivan36@hotmail.com |
| Adult Substance Use Intensive Outpatient Counseling (IOP) | Dombrowski, Lydia | 4023058881 | lydia.dombrowski@gmail.com | | |
| | Newby, Emily | 4025592712 | emily.newby@douglascounty-ne.gov | | |

Agency Name: Dr. Doraine Baul-Pinson

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|---|--|---------------------------------|------------------|------------------|
| Dr. Doraine Baul-Pinson | 1941 S. 42nd Street Ste Center Mall -- Ste# 426 Omaha, NEBRASKA 68105 | 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) | BAULPINSON, DORAINE | 4025147613 | doraineh@aol.com |
| | | Adult Substance Use Addendum | BAULPINSON, DORAINE | 4025147613 | doraineh@aol.com |
| | | Adult Substance Use Evaluation | BAULPINSON, DORAINE | 4025147613 | doraineh@aol.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Eden's Compass, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|--------------------------|
| Eden's Compass, LLC | 2909 Bristol Street Omaha, NEBRASKA 68111 | Adult Substance Use Evaluation | Price, Morghan | 9032935484 | edenscompass@outlook.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Price, Morghan | 9032935484 | edenscompass@outlook.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Price, Morghan | 9032935484 | edenscompass@outlook.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Price, Morghan | 9032935484 | edenscompass@outlook.com |

Agency Name: Eunoia- A Beautiful, Thinking Mind Company

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|----------------------|-------------------------------------|---------------------------------|------------------|-------------------------|
| Eunoia- A | 319 S. 17th St Suite | Adult Co-Occurring | Gaines, | 4024031367 | eunoiamindful@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------------|---------------------------|--|---------------------------------|------------------|-------------------------|
| Beautiful, Thinking Mind Company | 233 Omaha, NEBRASKA 68102 | Evaluation | Denise | | |
| | | Adult Mental Health Evaluation | Gaines, Denise | 4024031367 | eunoiamindful@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Group) | Gaines, Denise | 4024031367 | eunoiamindful@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Gaines, Denise | 4024031367 | eunoiamindful@gmail.com |
| | | Adult Substance Use Addendum | Gaines, Denise | 4024031367 | eunoiamindful@gmail.com |
| | | Adult Substance Use Evaluation | Gaines, Denise | 4024031367 | eunoiamindful@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Gaines, Denise | 4024031367 | eunoiamindful@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Gaines, Denise | 4024031367 | eunoiamindful@gmail.com |

Agency Name: EvalsOmaha, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|----------------------|
| EvalsOmaha, LLC | 8031 W Center Rd Suite 305 Omaha, NEBRASKA 68124 | Adult Substance Use Addendum | Johnson, Corey | 4022358341 | corey@evalsomaha.com |
| | | Adult Substance Use Evaluation | Johnson, Corey | 4022358341 | corey@evalsomaha.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Family Enrichment

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|------------------|
| Family Enrichment | 820 S 75th Street Omaha, NEBRASKA 68114 | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Medication Management | | | |
| | | Adult Mental Health Evaluation | | | |

Agency Name: Flourish Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|---|---|---------------------------------|------------------|-----------------------|
| Flourish Counseling LLC | 3677 North 129th Street Omaha, NEBRASKA 68164 | Adult Co-Occurring Evaluation | Ellis, Tara | 5737199655 | ellis.taral@gmail.com |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Mental Health Evaluation | Ellis, Tara | 5737199655 | ellis.taral@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Ellis, Tara | 5737199655 | ellis.taral@gmail.com |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |

Agency Name: Focus C3, PC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|-------------------|
| Focus C3, PC | 10748 Virginia Plaza Suite 107 Omaha, NEBRASKA 68128 | Adult Co-Occurring Evaluation | Akers, Anita | 4029334411 | anita@focusc3.com |
| | | Adult Mental Health Evaluation | Akers, Anita | 4029334411 | anita@focusc3.com |
| | | Adult Substance Use Evaluation | Akers, Anita | 4029334411 | anita@focusc3.com |
| | | Adult Substance Use | Akers, Anita | 4029334411 | anita@focusc3.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Focus C3, PC | 10748 Virginia Plaza Suite 107 Omaha, NEBRASKA 68128 | Outpatient Treatment (Individual) | | | |

Agency Name: GG Enterprise

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|----------------------|
| GG Enterprise | 10040 Regency Circle Suite 250 Omaha, NEBRASKA 68114 | Adult Mental Health Evaluation | Gard, Gary | 4023935432 | ggard@drgarygard.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Gard, Gary | 4023935432 | ggard@drgarygard.com |
| | | Adult Psychological Evaluation | Gard, Gary | 4023935432 | ggard@drgarygard.com |
| | | Adult Sex Offense-Specific Evaluation | Gard, Gary | 4023935432 | ggard@drgarygard.com |

Agency Name: Gateway Transitional Housing

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|--|-------------------------------------|---------------------------------|------------------|--------------------------------------|
| Gateway Transitional Housing | 6337 North 33rd Street Omaha, NEBRASKA 68111 | Adult Substance Use Evaluation | Polk, Marcus | 4023052811 | gatewaytransitionalhousing@gmail.com |
| | | Transitional Living - Level 2 | Polk, Marcus | 4023052811 | gatewaytransitionalhousing@gmail.com |

Agency Name: Generational Health LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Generational Health LLC | 2506 N. 72nd St Omaha, NEBRASKA | Adult Co-Occurring Evaluation | | | |
| | | Adult Initial Diagnostic Interview | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|------------------|--|---------------------------------|------------------|------------------|
| Generational Health LLC | 68134 | (Medication Prescriber Only) | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |

Agency Name: Grace365 ReEntry

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Grace365 ReEntry | 3316 N 45th Street Omaha, NEBRASKA 68104 | Transitional Living - Level 2 | | | |

Agency Name: Halo Counseling Center, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|---|-------------------------------------|---------------------------------|------------------|--------------------------------------|
| Halo Counseling Center, LLC | 8998 L St STE 110 Omaha, NEBRASKA 68127 | Adult Co-Occurring Evaluation | Czapenski, John | 4026515404 | halocounseling@outlook.com |
| | | | Lorenzen, Katie | 3602041888 | katies7@yahoo.com |
| | | | Pendley, Megan | 4022904042 | mpendley.Halo@gmail.com |
| | | | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | | Smith, Lauren | 5312226960 | laurensmith.halocounseling@gmail.com |
| | | Adult Mental Health Evaluation | Lorenzen, Katie | 3602041888 | katies7@yahoo.com |
| | | | Pendley, Megan | 4022904042 | mpendley.Halo@gmail.com |
| | | | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|---|--|---------------------------------|------------------|--------------------------------------|
| Halo Counseling Center, LLC | 8998 L St STE 110 Omaha, NEBRASKA 68127 | Adult Mental Health Outpatient Counseling (Individual) | Lorenzen, Katie | 3602041888 | katies7@yahoo.com |
| | | | Pendley, Megan | 4022904042 | mpendley.Halo@gmail.com |
| | | | Perkumas, Christine | 4023200785 | Clperkumas@gmail.com |
| | | | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | Adult Substance Use Addendum | Czapenski, John | 4026515404 | halocounseling@outlook.com |
| | | | Freeman, Faith | 4022109058 | faithfreemann@gmail.com |
| | | | Lorenzen, Katie | 3602041888 | katies7@yahoo.com |
| | | | Pendley, Megan | 4022904042 | mpendley.Halo@gmail.com |
| | | | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | | Smith, Lauren | 5312226960 | laurensmith.halocounseling@gmail.com |
| | | | Adult Substance Use Evaluation | Czapenski, John | 4026515404 |
| | | Freeman, Faith | | 4022109058 | faithfreemann@gmail.com |
| | | Lorenzen, Katie | | 3602041888 | katies7@yahoo.com |
| | | Pendley, Megan | | 4022904042 | mpendley.Halo@gmail.com |
| | | Schnieder, Brian | | 4028500054 | brianschnieder@yahoo.com |
| | | Smith, Lauren | | 5312226960 | laurensmith.halocounseling@gmail.com |
| | | Adult Substance Use | Czapenski, John | 4026515404 | halocounseling@outlook.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|---|---|---------------------------------|------------------|---------------------------------------|
| Halo Counseling Center, LLC | 8998 L St STE 110 Omaha, NEBRASKA 68127 | Intensive Outpatient Counseling (IOP) | John | | |
| | | | Freeman, Faith | 4022109058 | faithfreemann@gmail.com |
| | | | Lorenzen, Katie | 3602041888 | katies7@yahoo.com |
| | | | Pendley, Megan | 4022904042 | mpendley.Halo@gmail.com |
| | | | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | | Smith, Lauren | 5312226960 | laurenwsmith.halocounseling@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Czapenski, John | 4026515404 | halocounseling@outlook.com |
| | | | Freeman, Faith | 4022109058 | faithfreemann@gmail.com |
| | | | Lorenzen, Katie | 3602041888 | katies7@yahoo.com |
| | | | Pendley, Megan | 4022904042 | mpendley.Halo@gmail.com |
| | | | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |
| | | | Smith, Lauren | 5312226960 | laurenwsmith.halocounseling@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Czapenski, John | 4026515404 | halocounseling@outlook.com |
| | | | Freeman, Faith | 4022109058 | faithfreemann@gmail.com |
| | | | Lorenzen, Katie | 3602041888 | katies7@yahoo.com |
| | | | Pendley, Megan | 4022904042 | mpendley.Halo@gmail.com |
| | | | Schnieder, Brian | 4028500054 | brianschnieder@yahoo.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|---|---|---------------------------------|------------------|---------------------------------------|
| Halo Counseling Center, LLC | 8998 L St STE 110 Omaha, NEBRASKA 68127 | Adult Substance Use Outpatient Treatment (Individual) | Smith, Lauren | 5312226960 | laurenwsmith.halocounseling@gmail.com |

Agency Name: Healing Stone LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email | |
|----------------------|---|---|---------------------------------|------------------|----------------------|--|
| Healing Stone | 1819 Lothrop Street Omaha, NEBRASKA 68110 | Adult Substance Use Addendum | Austin, Willie | 4024520102 | williea244@gmail.com | |
| | | Adult Substance Use Evaluation | Austin, Willie | 4024520102 | williea244@gmail.com | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Austin, Willie | 4024520102 | williea244@gmail.com | |
| | | Adult Substance Use Outpatient Treatment (Group) | Austin, Willie | 4024520102 | williea244@gmail.com | |
| | | Adult Substance Use Outpatient Treatment (Individual) | Austin, Willie | 4024520102 | williea244@gmail.com | |
| | 4359 Hamilton St Omaha, NEBRASKA 68131 | Adult Substance Use Addendum | | | | |
| | | Adult Substance Use Evaluation | | | | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | | | | |
| | | Adult Substance Use Outpatient Treatment (Group) | | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Healing Stone | 4359 Hamilton St Omaha, NEBRASKA 68131 | Transitional Living - Level 2 | | | |

Agency Name: Healthy Rabbit Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|--|---------------------------------|------------------|------------------------------------|
| Healthy Rabbit Counseling, LLC | 750 S 68th Ave Omaha, NEBRASKA 68106 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Evaluation | Devney, Haley | 4026792408 | haley.devney@gmail.com |
| | | | Eggert, Krysti | 4029571709 | lookingforwardcounseling@gmail.com |
| Adult Substance Use Outpatient Treatment (Individual) | | | | | |

Agency Name: Heartland Family Service

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|--|-------------------------------------|---------------------------------|------------------|-------------------------------------|
| Heartland Family Service | 2101 S 42nd Street Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Fry, Sueretta | 4025527064 | Sfry@Heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|---|---------------------------------|------------------|---------------------------------------|
| Heartland Family Service | 2101 S 42nd Street Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Irwin, Erica | 4025547052 | eirwin@heartlandfamilyservice.org |
| | | | Jorgensen, Shannon | 4055527425 | sjorgensen@heartlandfamilyservice.org |
| | | | Olson, Rachael | 4025527059 | rolson@heartlandfamilyservice.org |
| | | | Royer, Mary | 4025527012 | mroyer@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 |
| | | | Fry, Sueretta | 4025527064 | Sfry@Heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Irwin, Erica | 4025547052 | eirwin@heartlandfamilyservice.org |
| | | | Jorgensen, Shannon | 4055527425 | sjorgensen@heartlandfamilyservice.org |
| | | | Olson, | 4025527059 | rolson@heartlandfamilyservice.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|---|--|-------------------|---------------------------------------|
| Heartland Family Service | 2101 S 42nd Street Omaha, NEBRASKA 68105 | Adult Mental Health Evaluation | Rachael | | |
| | | | Royer, Mary | 4025527012 | mroyer@heartlandfamilyservice.org |
| | | | Schult, Caitlin | 4025547204 | cschult@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Adult Mental Health Outpatient Counseling (Group) | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Fry, Sueretta | 4025527064 | Sfry@Heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Irwin, Erica | 4025547052 | eirwin@heartlandfamilyservice.org |
| | | | Olson, Rachael | 4025527059 | rolson@heartlandfamilyservice.org |
| | | | Royer, Mary | 4025527012 | mroyer@heartlandfamilyservice.org |
| | | | Schult, Caitlin | 4025547204 | cschult@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | | Adult Mental Health Outpatient Counseling (Individual) | Cassidy, Victoria | 4025527015 |
| | | Fry, Sueretta | | 4025527064 | Sfry@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 |
|--------------------------|---|--|---------------------------------|------------------|---------------------------------------|
| Heartland Family Service | 2101 S 42nd Street Omaha, NEBRASKA 68105 | Adult Mental Health Outpatient Counseling (Individual) | Irwin, Erica | 4025547052 | eirwin@heartlandfamilyservice.org |
| | | | Jorgensen, Shannon | 4055527425 | sjorgensen@heartlandfamilyservice.org |
| | | | Olson, Rachael | 4025527059 | rolson@heartlandfamilyservice.org |
| | | | Royer, Mary | 4025527012 | mroyer@heartlandfamilyservice.org |
| | | | Schult, Caitlin | 4025547204 | cschult@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Adult Substance Use Addendum | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Fry, Sueretta | 4025527064 | Sfry@Heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Irwin, Erica | 4025547052 | eirwin@heartlandfamilyservice.org |
| | | | Jorgensen, Shannon | 4055527425 | sjorgensen@heartlandfamilyservice.org |
| | | | Olson, Rachael | 4025527059 | rolson@heartlandfamilyservice.org |
| | | | Royer, Mary | 4025527012 | mroyer@heartlandfamilyservice.org |
| | | | Schult, Caitlin | 4025547204 | cschult@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Adult Substance | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|--|---------------------------------|------------------|---------------------------------------|
| Heartland Family Service | 2101 S 42nd Street Omaha, NEBRASKA 68105 | Use Evaluation | Victoria | | |
| | | | Fry, Sueretta | 4025527064 | Sfry@Heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Irwin, Erica | 4025547052 | eirwin@heartlandfamilyservice.org |
| | | | Jorgensen, Shannon | 4055527425 | sjorgensen@heartlandfamilyservice.org |
| | | | Olson, Rachael | 4025527059 | rolson@heartlandfamilyservice.org |
| | | | Royer, Mary | 4025527012 | mroyer@heartlandfamilyservice.org |
| | | | Schult, Caitlin | 4025547204 | cschult@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Adult Substance Use Outpatient Treatment (Group) | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Fry, Sueretta | 4025527064 | Sfry@Heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Olson, Rachael | 4025527059 | rolson@heartlandfamilyservice.org |
| | | | Royer, Mary | 4025527012 | mroyer@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 |
|--|---|---|---------------------------------|------------------|---------------------------------------|
| Heartland Family Service | 2101 S 42nd Street Omaha, NEBRASKA 68105 | Adult Substance Use Outpatient Treatment (Group) | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Cassidy, Victoria | 4025527015 | Vcassidy@heartlandfamilyservice.org |
| | | | Fry, Sueretta | 4025527064 | Sfry@Heartlandfamilyservice.org |
| | | | Hart, Michelle | 4025527407 | mhart@heartlandfamilyservice.org |
| | | | Heidvogel, Brian | 4025527004 | bheidvogel@heartlandfamilyservice.org |
| | | | Irwin, Erica | 4025547052 | eirwin@heartlandfamilyservice.org |
| | | | Jorgensen, Shannon | 4055527425 | sjorgensen@heartlandfamilyservice.org |
| | | | Olson, Rachael | 4025527059 | rolson@heartlandfamilyservice.org |
| | | | Royer, Mary | 4025527012 | mroyer@heartlandfamilyservice.org |
| | | | Schult, Caitlin | 4025547204 | cschult@heartlandfamilyservice.org |
| | | | Walsh, Natasha | 4025527499 | nwalsh@heartlandfamilyservice.org |
| | PRS-BIP | | | | |
| Nebraska Family Works - Heartland Family Service | 4847 Sahler Street Omaha, NEBRASKA 68104 | Adult Co-Occurring Capable Short-Term Residential | | | |

Agency Name: Heitmann Consulting Inc.

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|-------------------------------------|---------------------------------|------------------|-------------------------------|
| Heitmann Consulting Inc. | 16411 Grover St Omaha, NEBRASKA 68130 | Adult Substance Use Addendum | Heitmann, Ruth | 4028717541 | rheitmannconsulting@gmail.com |
| | | Adult Substance Use Evaluation | Heitmann, Ruth | 4028717541 | rheitmannconsulting@gmail.com |

Agency Name: Helen M. Gilroy

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------|--|---------------------------------|------------------|--------------------|
| Helen M. Gilroy | 7551 Main Ralston, NEBRASKA 68127 | Adult Co-Occurring Evaluation | Gilroy, Helen | 4027083127 | hmmg0928@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Gilroy, Helen | 4027083127 | hmmg0928@gmail.com |
| | | Adult Substance Use Addendum | Gilroy, Helen | 4027083127 | hmmg0928@gmail.com |
| | | Adult Substance Use Evaluation | Gilroy, Helen | 4027083127 | hmmg0928@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Gilroy, Helen | 4027083127 | hmmg0928@gmail.com |

Agency Name: Hope Healing & Wellness LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|---|--|---------------------------------|------------------|---------------------------------|
| Hope Healing & Wellness LLC | 7551 Main Street, Suite 259 Ralston, NEBRASKA 68127 | Adult Mental Health Outpatient Counseling (Individual) | Wiles, Lori | 4026993468 | lwiles@wilescoun.omhcoxmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Wiles, Lori | 4026993468 | lwiles@wilescoun.omhcoxmail.com |

Agency Name: Imagine by Northpoint

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|-----------------------------------|
| Northpoint Nebraska | 7215 Ontario Street Omaha, NEBRASKA 68124 | Adult Substance Use Short-Term Residential | Stevenson, Sandy | 2085799858 | sstevenson@northpointrecovery.com |
| Northpoint Omaha | 9623 M Street Omaha, NEBRASKA 68127 | Adult Substance Use Intensive Outpatient Counseling (IOP) | Stevenson, Sandy | 2085799858 | sstevenson@northpointrecovery.com |

Agency Name: Infinite Avenues Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------------|--------------------------------------|---|---------------------------------|------------------|--|
| Infinite Avenues Counseling, LLC | 5414 S 99th St Omaha, NEBRASKA 68127 | Adult Substance Use Addendum | Segoviano, Jessica | 5313017817 | jsegoviano@infiniteavenuescounseling.com |
| | | Adult Substance Use Evaluation | Segoviano, Jessica | 5313017817 | jsegoviano@infiniteavenuescounseling.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Segoviano, Jessica | 5313017817 | jsegoviano@infiniteavenuescounseling.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Segoviano, Jessica | 5313017817 | jsegoviano@infiniteavenuescounseling.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Segoviano, Jessica | 5313017817 | jsegoviano@infiniteavenuescounseling.com |

Agency Name: Innerwork Counseling and Consulting LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|-------------------------------------|---------------------------------|------------------|------------------|
| Innerwork Counseling and Consulting LLC | 7905 L Street Ste 430 Omaha, NEBRASKA 68127 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|--|---------------------------------|------------------|------------------|
| Innerwork Counseling and Consulting LLC | 7905 L Street Ste 430 Omaha, NEBRASKA 68127 | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |

Agency Name: Inroads To Recovery

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|----------------------------------|
| Inroads To Recovery | 2808 N 75th St Omaha, NEBRASKA 68134 | 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 | Chavez, Pedro | 4024501265 | PedroC@inroadstorecovery.com |
| | | | Corbin, Trinette | 4029322248 | trinettec@inroadstorecovery.com |
| | | | Ogden, David | 4027079718 | david@inroadstorecovery.com |
| | | | Thompson-Brown, Bridgette | 4029322248 | bridgetteT@inroadstorecovery.com |
| Titworth, Trenda | 4029322248 | trendat@inroadstorecovery.com | | | |
| kinnaman, mark | 4029322248 | markk@inroadstorecovery.com | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|----------------------------------|
| Inroads To Recovery | 2808 N 75th St Omaha, NEBRASKA 68134 | Adult Substance Use Evaluation | Chavez, Pedro | 4024501265 | PedroC@inroadstorecovery.com |
| | | | Corbin, Trinette | 4029322248 | trinettec@inroadstorecovery.com |
| | | | Ogden, David | 4027079718 | davido@inroadstorecovery.com |
| | | | Thompson-Brown, Bridgette | 4029322248 | bridgetteT@inroadstorecovery.com |
| | | | Titsworth, Trenda | 4029322248 | trendat@inroadstorecovery.com |
| | | | kinnaman, mark | 4029322248 | markk@inroadstorecovery.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Chavez, Pedro | 4024501265 | PedroC@inroadstorecovery.com |
| | | | Corbin, Trinette | 4029322248 | trinettec@inroadstorecovery.com |
| | | | Ogden, David | 4027079718 | davido@inroadstorecovery.com |
| | | | Thompson-Brown, Bridgette | 4029322248 | bridgetteT@inroadstorecovery.com |
| | | | Titsworth, Trenda | 4029322248 | trendat@inroadstorecovery.com |
| | | | kinnaman, mark | 4029322248 | markk@inroadstorecovery.com |
| | | Adult Substance Use Short-Term Residential | Chavez, Pedro | 4024501265 | PedroC@inroadstorecovery.com |
| | | | Corbin, Trinette | 4029322248 | trinettec@inroadstorecovery.com |
| | | | Ogden, David | 4027079718 | davido@inroadstorecovery.com |
| | | | Thompson-Brown, Bridgette | 4029322248 | bridgetteT@inroadstorecovery.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|-------------------------------|
| Inroads To Recovery | 2808 N 75th St Omaha, NEBRASKA 68134 | Adult Substance Use Short-Term Residential | Titsworth, Trenda | 4029322248 | trendat@inroadstorecovery.com |
| | | | kinnaman, mark | 4029322248 | markk@inroadstorecovery.com |

Agency Name: Intentional Healing Inc

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|---|--|---------------------------------|------------------|--------------------------------|
| Intentional Healing Inc | 5858 Wenninghoff Road Suite 3 Omaha, NEBRASKA 68134 | Adult Mental Health Evaluation | Faimon, Dr. Kristina | 4024329553 | kristinafaimon@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Faimon, Dr. Kristina | 4024329553 | kristinafaimon@gmail.com |
| | | | Suttles, Elisha | 4029151387 | intentionalhealingr3@gmail.com |

Agency Name: Introspection Consultation Mental Health Services LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|---|---------------------------------|------------------|------------------|
| Introspection Consultation Mental Health Services LLC | 4914 Glasgow Ave Omaha, NEBRASKA 68157 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: JS REACH IOP/OP

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|-----------------------------|
| JS REACH IOP/OP | 1941 S 42nd Street suite #416P Omaha, NEBRASKA 68105 | Adult Substance Use Addendum | Scott, Judi | 4025910871 | j.scottcounseling@gmail.com |
| | | Adult Substance Use Evaluation | Scott, Judi | 4025910871 | j.scottcounseling@gmail.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Scott, Judi | 4025910871 | j.scottcounseling@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Scott, Judi | 4025910871 | j.scottcounseling@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Scott, Judi | 4025910871 | j.scottcounseling@gmail.com |

Agency Name: Judi Biniamow

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|---------------------|
| Judi Biniamow | 3024 South 179 Plz #358 Omaha, NEBRASKA 68130 | Adult Mental Health Outpatient Counseling (Individual) | biniamow, judi | 4023211956 | judibomaha1@cox.net |
| | | Adult Substance Use Outpatient Treatment (Individual) | biniamow, judi | 4023211956 | judibomaha1@cox.net |

Agency Name: Julie Micek Counseling Services, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------------|--|--|---------------------------------|------------------|----------------------|
| Julie Micek Counseling Services, LLC | 11605 Douglas Street Omaha, NEBRASKA 68154 | Adult Mental Health Evaluation | Micek, Julie | 4022141021 | juliemicek@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Micek, Julie | 4022141021 | juliemicek@gmail.com |

Agency Name: KVC Nebraska

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|---------------------|
| KVC Nebraska | 11550 I St. Suite 100 Omaha, NEBRASKA 68137 | Adult Co-Occurring Evaluation | Prusia, Jade | 4025061008 | jprusia@KVC.org |
| | | Adult Mental Health Evaluation | Christian, Gloria | 7852598007 | gkchristian@kvc.org |
| | | | Prusia, Jade | 4025061008 | jprusia@KVC.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Christian, Gloria | 7852598007 | gkchristian@kvc.org |
| | | | Mapes, Kathleen | 4025470741 | kmapes@kvc.org |
| | | | Prusia, Jade | 4025061008 | jprusia@KVC.org |
| | | Adult Substance Use Addendum | Christian, Gloria | 7852598007 | gkchristian@kvc.org |
| | | | Prusia, Jade | 4025061008 | jprusia@KVC.org |
| | | | Rogers, Randall | 7127139655 | rrogers@kvc.org |
| | | Adult Substance Use Evaluation | Christian, Gloria | 7852598007 | gkchristian@kvc.org |
| | | | Prusia, Jade | 4025061008 | jprusia@KVC.org |
| | | | Rogers, Randall | 7127139655 | rrogers@kvc.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Prusia, Jade | 4025061008 | jprusia@KVC.org |
| | | | Rogers, Randall | 7127139655 | rrogers@kvc.org |

Agency Name: Keck Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|-------------------|
| Keck Counseling LLC | 5150 Nth 90th Omaha, NEBRASKA 68134 | Adult Substance Use Addendum | Keck, Amy | 5317729749 | Ajksm18@gmail.com |
| | | Adult Substance Use Evaluation | Keck, Amy | 5317729749 | Ajksm18@gmail.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Keck, Amy | 5317729749 | Ajksm18@gmail.com |
| | | Adult Substance Use Outpatient Treatment | Keck, Amy | 5317729749 | Ajksm18@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Keck Counseling LLC | 5150 Nth 90th Omaha, NEBRASKA 68134 | (Individual) | | | |

Agency Name: Kersten Borer LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|-------------------------|
| Kersten Borer LLC | 7602 Pacific Street Suite 304 Omaha, NEBRASKA 68114 | Adult Co-Occurring Evaluation | Borer, Kersten | 4025155383 | kerstenborerllc@cox.net |
| | | Adult Mental Health Evaluation | Borer, Kersten | 4025155383 | kerstenborerllc@cox.net |
| | | Adult Mental Health Outpatient Counseling (Individual) | Borer, Kersten | 4025155383 | kerstenborerllc@cox.net |
| | | Adult Substance Use Addendum | Borer, Kersten | 4025155383 | kerstenborerllc@cox.net |
| | | Adult Substance Use Evaluation | Borer, Kersten | 4025155383 | kerstenborerllc@cox.net |
| | | Adult Substance Use Outpatient Treatment (Individual) | Borer, Kersten | 4025155383 | kerstenborerllc@cox.net |

Agency Name: Kieso Polygraph Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|--|--|---------------------------------|------------------|--------------------------|
| Kieso Polygraph Services - Landmark Center | 1299 Farnam Street Suite 300 Omaha, NEBRASKA 68102 | Adult Sex Offense-Specific Polygraph Examination | Kieso, Christian | 6052548365 | kiesopolygraph@gmail.com |

Agency Name: LC Counselling DBA Healing Pathways

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| LC Counselling | 1299 Farnam St. Suite 300 | Adult Mental Health | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|-----------------------|--|---------------------------------|------------------|------------------|
| DBA Healing Pathways | Omaha, NEBRASKA 68102 | Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Lindsay Denker LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|----------------------------|
| Lindsay Denker LLC | 9239 W Center Rd, Suite 226 Omaha, NEBRASKA 68124 | Adult Co-Occurring Evaluation | Denker, Lindsay | 4029326643 | therapywithlinds@gmail.com |
| | | Adult Mental Health Evaluation | Denker, Lindsay | 4029326643 | therapywithlinds@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Denker, Lindsay | 4029326643 | therapywithlinds@gmail.com |
| | | Adult Psychological Evaluation | Denker, Lindsay | 4029326643 | therapywithlinds@gmail.com |
| | | Adult Substance Use Addendum | Denker, Lindsay | 4029326643 | therapywithlinds@gmail.com |
| | | Adult Substance Use Evaluation | Denker, Lindsay | 4029326643 | therapywithlinds@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Denker, Lindsay | 4029326643 | therapywithlinds@gmail.com |

Agency Name: Looking Forward Counseling Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------|-------------------------------------|---------------------------------|------------------|------------------------------------|
| Looking Forward | 13513 Cottner St. Omaha, | Adult Co-Occurring | Eggert, Krysti | 4029571709 | lookingforwardcounseling@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|------------------------------------|
| Counseling Services | NEBRASKA 68137 | Evaluation | | | |
| | | Adult Mental Health Evaluation | Eggert, Krysti | 4029571709 | lookingforwardcounseling@gmail.com |
| | | Adult Substance Use Addendum | Eggert, Krysti | 4029571709 | lookingforwardcounseling@gmail.com |
| | | Adult Substance Use Evaluation | Eggert, Krysti | 4029571709 | lookingforwardcounseling@gmail.com |

Agency Name: Lutheran Family Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|---|---------------------------------|------------------|------------------|
| Lutheran Family Services | 7929 W. Center Rd Omaha, NEBRASKA 68124 | Adult Co-Occurring Evaluation | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Medication Management | | | |
| | | Adult Mental Health Evaluation | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Mental Health Outpatient Counseling (Group) | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Substance Use Addendum | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Substance Use Evaluation | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Substance Use | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|---|---------------------------------|------------------|------------------|
| Lutheran Family Services | 7929 W. Center Rd Omaha, NEBRASKA 68124 | Outpatient Treatment (Group) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |

Agency Name: Maggett Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|-------------------------------|
| | 11907 Arbor St. Suite A Omaha, NEBRASKA 68144 | Adult Co-Occurring Evaluation | Maggett, Joseph | 4023126840 | joseph@maggett-counseling.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Maggett, Joseph | 4023126840 | joseph@maggett-counseling.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Maggett, Joseph | 4023126840 | joseph@maggett-counseling.com |

Agency Name: McCullough Counseling & Recovery LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------------|---|--|---------------------------------|------------------|------------------|
| McCullough Counseling & Recovery LLC | 1299 Farnam St Ste #357 Omaha, NEBRASKA 68102 | Adult Co-Occurring Evaluation | McCullough, Cynthia | 4022506153 | mcc3@cox.net |
| | | Adult Mental Health Evaluation | McCullough, Cynthia | 4022506153 | mcc3@cox.net |
| | | Adult Mental Health Outpatient Counseling (Individual) | McCullough, Cynthia | 4022506153 | mcc3@cox.net |
| | | Adult Substance Use Addendum | McCullough, Cynthia | 4022506153 | mcc3@cox.net |
| | | Adult Substance Use Evaluation | McCullough, Cynthia | 4022506153 | mcc3@cox.net |
| | | Adult Substance Use Outpatient Treatment (Individual) | McCullough, Cynthia | 4022506153 | mcc3@cox.net |

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Agency Name: Megan Wolff Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------|---|-------------------------------------|---------------------------------|------------------|--------------------------------|
| Megan Wolff Counseling | 8790 F Street Omaha, NEBRASKA 68127 | Adult Co-Occurring Evaluation | Wolff, Megan | 5312257017 | megan@meganwolffcounseling.com |
| | | Adult Mental Health Evaluation | Wolff, Megan | 5312257017 | megan@meganwolffcounseling.com |
| | | Adult Substance Use Addendum | Wolff, Megan | 5312257017 | megan@meganwolffcounseling.com |
| | | Adult Substance Use Evaluation | Wolff, Megan | 5312257017 | megan@meganwolffcounseling.com |

Agency Name: Michael House

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Michael House | 6607 Maple St. Omaha, NEBRASKA 68104 | Transitional Living - Level 2 | | | |
| | 4821 Ames Ave. Omaha, NEBRASKA 68104 | Transitional Living - Level 2 | | | |
| | 4825 Ames Ave. Omaha, NEBRASKA 68104 | Transitional Living - Level 2 | | | |

Agency Name: NOVA Treatment Community

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|---|---------------------------------|------------------|-----------------------|
| NOVA Treatment Community | 8502 Mormon Bridge Road Omaha, NEBRASKA 68152 | Adult Co-Occurring Capable Short-Term Residential | Henderson, Kimberly | 4029918558 | khenderson@novatc.org |

Agency Name: New Balance Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|-------------------------------|-------------------------------------|---------------------------------|------------------|--------------------------------|
| new balance | 6056 Ames Ave Omaha, NEBRASKA | Adult Co-Occurring | Bell, Antoinette | 4027099849 | newbalancecounseling@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|--------------------------------|
| counseling | 68104 | Evaluation | | | |
| | | Adult Mental Health Evaluation | Bell, Antoinette | 4027099849 | newbalancecounseling@gmail.com |
| | | Adult Substance Use Evaluation | Bell, Antoinette | 4027099849 | newbalancecounseling@gmail.com |

Agency Name: New Beginnings Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------|--|---|---------------------------------|------------------|-------------------------------|
| New Beginnings Counseling | 11414 W. Center Road Ste 247 Omaha, NEBRASKA 68144 | Adult Co-Occurring Evaluation | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | | Adult Mental Health Evaluation | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | | Adult Substance Use Addendum | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | | Adult Substance Use Evaluation | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | 10840 Old Mill Rd Ste 300 Omaha, NEBRASKA 68154 | Adult Co-Occurring Evaluation | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Mental Health Evaluation | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|-------------------------------|
| | 10840 Old Mill Rd Ste 300 Omaha, NEBRASKA 68154 | Adult Mental Health Outpatient Counseling (Individual) | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | | Adult Substance Use Addendum | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | | Adult Substance Use Evaluation | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Baumgart, Brandy | 4025989601 | brandy@newbeginningsomaha.com |

Agency Name: New Direction Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|---------------------|
| Brian Brown | 12020 Shamrock Plaza #200 PO Box 6195 Omaha NE 68106 Omaha, NEBRASKA 68154 | Adult Substance Use Addendum | Brown, Brian | 4029539180 | bcbrown51@gmail.com |
| | | Adult Substance Use Evaluation | Brown, Brian | 4029539180 | bcbrown51@gmail.com |

Agency Name: New Hope Agency, PC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| New Hope Agency, PC | 8790 F Street Studio 823 Omaha, NEBRASKA 68127 | Adult Mental Health Evaluation | | | |

Agency Name: New Journeys

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| New Journeys | 1210 South 25th Street Omaha, NEBRASKA 68105 | Transitional Living - Level 2 | | | |
| | 506 South 27th Street Omaha, | Transitional Living - | | | |

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District 4A

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|------------------|
| | NEBRASKA 68105 | Level 2 | | | |

Agency Name: Next Step Counseling Service

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|--|---|---------------------------------|------------------|------------------|
| Next Step Counseling Service | 6001 North 30th Street Omaha, NEBRASKA 68111 | Adult Substance Use Evaluation | Foxx, Karen | 4023121009 | foxxkd@aol.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Foxx, Karen | 4023121009 | foxxkd@aol.com |

Agency Name: OMNI Inventive Care

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|----------------------------|
| OMNI Inventive Care | 5115 F Street Omaha, NEBRASKA 68117 | Adult Co-Occurring Evaluation | Hernandez, Antonieta | 4022145343 | toni.hernandez@omniic.com |
| | | | Walker-Vinal, Kristin | 4025226212 | kwalkerv@gmail.com |
| | | Adult Mental Health Evaluation | Hernandez, Antonieta | 4022145343 | toni.hernandez@omniic.com |
| | | | Sorrell, Catherine | 4023979866 | kate.sorrell@omniic.com |
| | | | Walker-Vinal, Kristin | 4025226212 | kwalkerv@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Hernandez, Antonieta | 4022145343 | toni.hernandez@omniic.com |
| | | | Sorrell, Catherine | 4023979866 | kate.sorrell@omniic.com |
| | | | Walker-Vinal, Kristin | 4025226212 | kwalkerv@gmail.com |
| | | | Whiteley, Kelsey | 4022130877 | kelsey.whiteley@omniic.com |
| | | Adult Psychological Evaluation | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|---------------------------|
| OMNI Inventive Care | 5115 F Street Omaha, NEBRASKA 68117 | Adult Substance Use Evaluation | Andersen, Luke | 4028817740 | Luke.Andersen@omniic.com |
| | | | Bottom, Julie | 4029372115 | julie.bottom@doane.edu |
| | | | Hernandez, Antonieta | 4022145343 | toni.hernandez@omniic.com |
| | | | Walker-Vinal, Kristin | 4025226212 | kwalkerv@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Andersen, Luke | 4028817740 | Luke.Andersen@omniic.com |
| | | | Bottom, Julie | 4029372115 | julie.bottom@doane.edu |
| | | | Hernandez, Antonieta | 4022145343 | toni.hernandez@omniic.com |
| | | | Walker-Vinal, Kristin | 4025226212 | kwalkerv@gmail.com |

Agency Name: Omaha Home for Boys (OHB)

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------|--|--|---------------------------------|------------------|------------------|
| Omaha Home for Boys (OHB) | 4343 N 52nd Street Omaha, NEBRASKA 68104 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Omaha Trauma Therapy

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|-------------------------------|
| | 5410 S 99th Street Omaha, NEBRASKA 68127 | 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: OneWorld Community Health Center

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|---|---------------------------------|------------------|------------------|
| OneWorld Community Health Center | 4920 South 30th Street Omaha, NEBRASKA 68107 | 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 (Group) | | | |
| Adult Substance Use Outpatient Treatment (Individual) | | | | | |

Agency Name: Open Door Mission

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Open Door | 2828 N 23 St East Omaha, | Transitional Living - | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Mission | NEBRASKA 68110 | Level 2 | | | |

Agency Name: **Optum Behavioral Care of Ohio dba Capstone Behavioral Health of Nebraska**

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|--|---------------------------------|------------------|--|
| Capstone Behavioral Health of Nebraska | 1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | Chambers, Carolyn | 4022188270 | cchambers@capstonebehavioralhealth.com |
| | | | Engle, Christine | 4028146144 | cengle@capstonebehavioralhealth.com |
| | | | Escobar, Rocio | 4028199343 | rescobar@capstonebehavioralhealth.com |
| | | | Larson, Alee | 4024014387 | alee@unconventionalhealing.org |
| | | | Roth, Jessica | 4024998912 | jroth@capstonebehavioralhealth.com |
| | | | Stoeger, Anna | 4025219998 | atenillestoeger@capstonebehavioralhealth.com |
| | | | Thompson, Jacquelyn | 4026148444 | jthompson@capstonebehavioralhealth.com |
| | | Adult Mental Health Evaluation | Chambers, Carolyn | 4022188270 | cchambers@capstonebehavioralhealth.com |
| | | | Engle, Christine | 4028146144 | cengle@capstonebehavioralhealth.com |
| | | | Escobar, Rocio | 4028199343 | rescobar@capstonebehavioralhealth.com |
| | | | Jones, Kendra | 4025901735 | kwjones@capstonebehavioralhealth.com |
| | | | Larson, Alee | 4024014387 | alee@unconventionalhealing.org |
| | | | Needelman, Joshua | 4026148444 | jneedelman@capstonebehavioralhealth.com |
| | | | Roth, Jessica | 4024998912 | jroth@capstonebehavioralhealth.com |
| Stoeger, Anna | 4025219998 | atenillestoeger@capstonebehavioralhealth.com | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email | |
|--|---|--|---------------------------------|-------------------|--|--|
| Capstone Behavioral Health of Nebraska | 1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105 | Adult Mental Health Evaluation | Anna | | | |
| | | | Thompson, Jacquelyn | 4026148444 | jthompson@capstonebehavioralhealth.com | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Andersen, Brian | 4026148444 | bandersen@capstonebehavioralhealth.com | |
| | | | Chambers, Carolyn | 4022188270 | cchambers@capstonebehavioralhealth.com | |
| | | | Engle, Christine | 4028146144 | cengle@capstonebehavioralhealth.com | |
| | | | Escobar, Rocio | 4028199343 | rescobar@capstonebehavioralhealth.com | |
| | | | Jones, Kendra | 4025901735 | kwjones@capstonebehavioralhealth.com | |
| | | | Larson, Alee | 4024014387 | alee@unconventionalhealing.org | |
| | | | Lindner, Jennifer | 4025172948 | jlindner@capstonebehavioralhealth.com | |
| | | | Mills, Ruth | 4029578244 | rmills@capstonebehavioralhealth.com | |
| | | | Morell, Elizabeth | 4026148444 | emorell@capstonebehavioralhealth.com | |
| | | | Roth, Jessica | 4024998912 | jroth@capstonebehavioralhealth.com | |
| | | | Signorelli, Mary | 4026148444 | msignorelli@capstonebehavioralhealth.com | |
| | | | Stoeger, Anna | 4025219998 | atenillestoeger@capstonebehavioralhealth.com | |
| | | | Thompson, Jacquelyn | 4026148444 | jthompson@capstonebehavioralhealth.com | |
| | | | Titus, Aaron | 4022014765 | atitus@capstonebehavioralhealth.com | |
| | | | Adult Psychological Evaluation | Filcheck, Holly | 4023500771 | hfilcheck@capstonebehavioralhealth.com |
| | | | | Lindner, Jennifer | 4025172948 | jlindner@capstonebehavioralhealth.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|-------------------------------------|---------------------------------|------------------|--|
| Capstone Behavioral Health of Nebraska | 1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105 | Adult Psychological Evaluation | Morell, Elizabeth | 4026148444 | emorell@capstonebehavioralhealth.com |
| | | | Needelman, Joshua | 4026148444 | jneedelman@capstonebehavioralhealth.com |
| | | Adult Substance Use Addendum | Chambers, Carolyn | 4022188270 | cchambers@capstonebehavioralhealth.com |
| | | | Engle, Christine | 4028146144 | cengle@capstonebehavioralhealth.com |
| | | | Escobar, Rocio | 4028199343 | rescobar@capstonebehavioralhealth.com |
| | | | Larson, Alee | 4024014387 | alee@unconventionalhealing.org |
| | | | Roth, Jessica | 4024998912 | jrth@capstonebehavioralhealth.com |
| | | | Stoeger, Anna | 4025219998 | atenillestoeger@capstonebehavioralhealth.com |
| | | | Thompson, Jacquelyn | 4026148444 | jthompson@capstonebehavioralhealth.com |
| | | Adult Substance Use Evaluation | Chambers, Carolyn | 4022188270 | cchambers@capstonebehavioralhealth.com |
| | | | Engle, Christine | 4028146144 | cengle@capstonebehavioralhealth.com |
| | | | Escobar, Rocio | 4028199343 | rescobar@capstonebehavioralhealth.com |
| | | | Larson, Alee | 4024014387 | alee@unconventionalhealing.org |
| | | | Roth, Jessica | 4024998912 | jrth@capstonebehavioralhealth.com |
| | | | Stoeger, Anna | 4025219998 | atenillestoeger@capstonebehavioralhealth.com |
| | | | Thompson, Jacquelyn | 4026148444 | jthompson@capstonebehavioralhealth.com |
| | | Adult Substance Use | Chambers, Carolyn | 4022188270 | cchambers@capstonebehavioralhealth.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|--|---|---------------------------------|------------------|--|
| Capstone Behavioral Health of Nebraska | 1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105 | Outpatient Treatment (Group) | Engle, Christine | 4028146144 | cengle@capstonebehavioralhealth.com |
| | | | Escobar, Rocio | 4028199343 | rescobar@capstonebehavioralhealth.com |
| | | | Larson, Alee | 4024014387 | alee@unconventionalhealing.org |
| | | | Roth, Jessica | 4024998912 | jroth@capstonebehavioralhealth.com |
| | | | Stoeger, Anna | 4025219998 | atenillestoeger@capstonebehavioralhealth.com |
| | | | Thompson, Jacquelyn | 4026148444 | jthompson@capstonebehavioralhealth.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Chambers, Carolyn | 4022188270 | cchambers@capstonebehavioralhealth.com |
| | | | Engle, Christine | 4028146144 | cengle@capstonebehavioralhealth.com |
| | | | Escobar, Rocio | 4028199343 | rescobar@capstonebehavioralhealth.com |
| | | | Larson, Alee | 4024014387 | alee@unconventionalhealing.org |
| | | | Roth, Jessica | 4024998912 | jroth@capstonebehavioralhealth.com |
| | | | Stoeger, Anna | 4025219998 | atenillestoeger@capstonebehavioralhealth.com |
| | | | Thompson, Jacquelyn | 4026148444 | jthompson@capstonebehavioralhealth.com |

Agency Name: Our Square

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Our Square | 6120 Sprague Omaha, NEBRASKA 68104 | Transitional Living - Level 2 | | | |

Agency Name: Owens Educational Services, Inc.

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District 4A

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------------|--|-------------------------------------|---------------------------------|------------------|---|
| Owens Educational Services, Inc. | 7413 N 30th Street Omaha, NEBRASKA 68112 | Continuous Alcohol Monitoring (CAM) | Bothwell, Robin | 4026583796 | Robin.Bothwell@OwensEducationalServices.org |

Agency Name: Papa Josh House LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|-------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Papa Josh House LLC | 3348 Ames ave Omaha, NEBRASKA 68111 | Transitional Living - Level 1 | | | |

Agency Name: Pathways Therapy Solutions, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|--|--|---------------------------------|------------------|------------------|
| Pathways Therapy Solutions, LLC | 10842 John Galt Blvd Omaha, NEBRASKA 68137 | Adult Mental Health Outpatient Counseling (Individual) | | | |

Agency Name: Perceptions

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|-------------------------------------|
| Perceptions | 11819 Miracle Hills Drive Suite 203 Omaha, NEBRASKA 68154 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Andres, Sandra | 4024144131 | sandy-andres@perceptionstherapy.com |
| | | | Lohman, Alisha | 4028198970 | alohmancounseling@gmail.com |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

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Agency Name: Ponca Tribe of Nebraska

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email | |
|-------------------------|--|---|---------------------------------|------------------|---------------------------|--|
| Ponca Tribe of Nebraska | 2602 J St Omaha, NEBRASKA 68107 | Adult Co-Occurring Evaluation | Kenedy, Angela | 4027345275 | akenedy@poncatrIBE-ne.gov | |
| | | | O'Connell, Jo Ann | 4027383170 | joanno@poncatrIBE-ne.org | |
| | | | Stephens, Jasmine | 4023692714 | jasminepaige324@gmail.com | |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | | |
| | | Adult Medication Management | | | | |
| | | Adult Mental Health Evaluation | Kenedy, Angela | 4027345275 | akenedy@poncatrIBE-ne.gov | |
| | | | O'Connell, Jo Ann | 4027383170 | joanno@poncatrIBE-ne.org | |
| | | | Stephens, Jasmine | 4023692714 | jasminepaige324@gmail.com | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Kenedy, Angela | 4027345275 | akenedy@poncatrIBE-ne.gov | |
| | | | O'Connell, Jo Ann | 4027383170 | joanno@poncatrIBE-ne.org | |
| | | | Stephens, Jasmine | 4023692714 | jasminepaige324@gmail.com | |
| | | Adult Psychological Evaluation | | | | |
| | | Adult Substance Use Addendum | Kenedy, Angela | 4027345275 | akenedy@poncatrIBE-ne.gov | |
| | | | Stephens, Jasmine | 4023692714 | jasminepaige324@gmail.com | |
| | | Adult Substance Use Evaluation | Kenedy, Angela | 4027345275 | akenedy@poncatrIBE-ne.gov | |
| | | | O'Connell, Jo Ann | 4027383170 | joanno@poncatrIBE-ne.org | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|--|---|---------------------------------|------------------|----------------------------|
| Ponca Tribe of Nebraska | 2602 J St Omaha, NEBRASKA 68107 | Adult Substance Use Evaluation | Stephens, Jasmine | 4023692714 | jasminepaige324@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Kenedy, Angela | 4027345275 | akenedy@poncatribes-ne.gov |
| | | | O'Connell, Jo Ann | 4027383170 | joanno@poncatribes-ne.org |
| | | | Stephens, Jasmine | 4023692714 | jasminepaige324@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Kenedy, Angela | 4027345275 | akenedy@poncatribes-ne.gov |
| | | | O'Connell, Jo Ann | 4027383170 | joanno@poncatribes-ne.org |
| | | | Stephens, Jasmine | 4023692714 | jasminepaige324@gmail.com |

Agency Name: Programming Life 101

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Programming Life 101 | 7530/7532 Blondo Street Omaha, NEBRASKA 68134 | Transitional Living - Level 2 | | | |

Agency Name: Pursuing Balance Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|---|--|---------------------------------|------------------|------------------|
| Pursuing Balance Counseling LLC | 6818 Grover St Suite 102 Omaha, NEBRASKA 68106 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | 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 |
|---------------------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Pursuing Balance Counseling LLC | 6818 Grover St Suite 102 Omaha, NEBRASKA 68106 | Evaluation | | | |

Agency Name: R Squared Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|--|---------------------------------|------------------|------------------------------|
| R Squared Counseling LLC | 8790 F Street Suite 527 Omaha, NEBRASKA 68127 | Adult Mental Health Outpatient Counseling (Individual) | Ruhge, Randy | 4026601987 | rsquaredcounseling@gmail.com |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | Ruhge, Randy | 4026601987 | rsquaredcounseling@gmail.com |

Agency Name: RADIUS

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------------------|
| RADIUS | 5040 Grand Avenue Omaha, NEBRASKA 68104 | In Home Family Service (IHFS) | Parmer, Alisa | 5318950034 | alisa.parmer@radiusomaha.org |

Agency Name: Rainwood Healing Space-LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|--|--|---------------------------------|------------------|---------------------------------|
| Rainwood Healing space LLC | 6211 North 75th street Omaha, NEBRASKA 68134 | Adult Co-Occurring Evaluation | Goodwin-Daly, Tonya | 4028138244 | tonya@rainwoodhealingcenter.org |
| | | Adult Medication Management | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Goodwin-Daly, Tonya | 4028138244 | tonya@rainwoodhealingcenter.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|--|---|---------------------------------|------------------|---------------------------------|
| Rainwood Healing space LLC | 6211 North 75th street Omaha, NEBRASKA 68134 | Adult Substance Use Addendum | Goodwin-Daly, Tonya | 4028138244 | tonya@rainwoodhealingcenter.org |
| | | Adult Substance Use Evaluation | Goodwin-Daly, Tonya | 4028138244 | tonya@rainwoodhealingcenter.org |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Goodwin-Daly, Tonya | 4028138244 | tonya@rainwoodhealingcenter.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Goodwin-Daly, Tonya | 4028138244 | tonya@rainwoodhealingcenter.org |

Agency Name: Rapha Counseling & Consulting

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------|--|---------------------------------------|---------------------------------|------------------|------------------|
| Rapha Counseling & Consulting | 1941 South 42nd Street Ste 110 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Sex Offense-Specific Evaluation | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |

Agency Name: Real Talk Therapy Services LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------|---|---|---------------------------------|------------------|------------------|
| Real Talk Therapy Services LLC | 1055 North 115th Street Suite 105 Omaha, NEBRASKA 68154 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------|---|---|---------------------------------|------------------|------------------|
| Real Talk Therapy Services LLC | 1055 North 115th Street Suite 105 Omaha, NEBRASKA 68154 | (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Reed Campbell Counseling & Consulting, PC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|--|---------------------------------|------------------|---------------------------------|
| Reed Campbell Counseling & Consulting, PC | 319 S 17th St Suite 232 Omaha, NEBRASKA 68102 | Adult Co-Occurring Evaluation | Campbell, Reed | 4029152251 | reed@rccounselingconsulting.com |
| | | Adult Mental Health Evaluation | Campbell, Reed | 4029152251 | reed@rccounselingconsulting.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Campbell, Reed | 4029152251 | reed@rccounselingconsulting.com |
| | | Adult Substance Use Addendum | Campbell, Reed | 4029152251 | reed@rccounselingconsulting.com |
| | | Adult Substance Use Evaluation | Campbell, Reed | 4029152251 | reed@rccounselingconsulting.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Campbell, Reed | 4029152251 | reed@rccounselingconsulting.com |

Agency Name: Renewed Life Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|---------------------------------------|
| Renewed | 13520 Discovery | Adult Mental | Stroud, | 4029158344 | Haleystroud@renewedlifecounseling.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|---------------------------------------|
| Life Counseling, LLC | Drive Suite 202 Omaha, NEBRASKA 68137 | Health Evaluation | Haley | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Stroud, Haley | 4029158344 | Haleystroud@renewedlifecounseling.org |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | Stroud, Haley | 4029158344 | Haleystroud@renewedlifecounseling.org |

Agency Name: Renewed Vision Counseling and Developmental Disability Center

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|-------------------------------------|--|---------------------------------|------------------|------------------|
| | 8601 F. St Omaha, NEBRASKA 68130 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Restoration & Peace Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Restoration & Peace Counseling | 8790 F Street 201 Omaha, NEBRASKA 68127 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health 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 |
|--------------------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Restoration & Peace Counseling | 8790 F Street 201 Omaha, NEBRASKA 68127 | Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Evaluation | | | |

Agency Name: Restore Rebuild Reconnect Counseling Center LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|---|---------------------------------|------------------|---------------------------|
| Restore Rebuild Reconnect Counseling Center LLC | 1941 S. 42nd street Suite 402D Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Marshall, Christopher | 4026809216 | chris@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Medication Management | Dowling, Teresa | 4026418822 | teresaardowling@gmail.com |
| | | Adult Mental Health Evaluation | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Dowling, Teresa | 4026418822 | teresaardowling@gmail.com |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Marshall, Christopher | 4026809216 | chris@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|--|---------------------------------|------------------|--------------------------|
| Restore Rebuild Reconnect Counseling Center LLC | 1941 S. 42nd street Suite 402D Omaha, NEBRASKA 68105 | Adult Mental Health Outpatient Counseling (Group) | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Marshall, Christopher | 4026809216 | chris@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Mental Health Outpatient Counseling (Individual) | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Marshall, Christopher | 4026809216 | chris@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Substance Use Addendum | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Marshall, Christopher | 4026809216 | chris@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Substance Use Evaluation | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Marshall, Christopher | 4026809216 | chris@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|---|---------------------------------|------------------|--------------------------|
| Restore Rebuild Reconnect Counseling Center LLC | 1941 S. 42nd street Suite 402D Omaha, NEBRASKA 68105 | Adult Substance Use Intensive Outpatient Counseling (IOP) | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Marshall, Christopher | 4026809216 | chris@r3cc.net |
| | | Adult Substance Use Outpatient Treatment (Individual) | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Marshall, Christopher | 4026809216 | chris@r3cc.net |
| 1941 S. 42nd street Suite 538 Omaha, NEBRASKA 68105 | 1941 S. 42nd street Suite 538 Omaha, NEBRASKA 68105 | Adult Co-Occurring Evaluation | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Epps, Tracy | 4023123980 | tracy@r3cc.net |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Mental Health Evaluation | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Mental Health Outpatient Counseling (Group) | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Epps, Tracy | 4023123980 | tracy@r3cc.net |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|--------------------------|
| | 1941 S. 42nd street Suite 538 Omaha, NEBRASKA 68105 | Adult Mental Health Outpatient Counseling (Group) | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Mental Health Outpatient Counseling (Individual) | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Epps, Tracy | 4023123980 | tracy@r3cc.net |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Substance Use Addendum | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Epps, Tracy | 4023123980 | tracy@r3cc.net |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Substance Use Evaluation | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Epps, Tracy | 4023123980 | tracy@r3cc.net |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman-Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|--------------------------|
| | 1941 S. 42nd street Suite 538 Omaha, NEBRASKA 68105 | Adult Substance Use Intensive Outpatient Counseling (IOP) | Epps, Tracy | 4023123980 | tracy@r3cc.net |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman- Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | Adult Substance Use Outpatient Treatment (Individual) | Braggs, Danielle | 9512338044 | daniellebraggs@gmail.com |
| | | | Epps, Tracy | 4023123980 | tracy@r3cc.net |
| | | | Flowers, LaRhonda | 4027884846 | larhonda@r3cc.net |
| | | | Guzman- Corr, Paige | 4027884846 | paige@r3cc.net |
| | | | Sparks, Albert | 4027884846 | albert@r3cc.net |
| | | | | | |

Agency Name: Restored Life Therapy Services LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|---|---------------------------------|------------------|-------------------------------|
| Restored Life Therapy Services LLC | 1529 S 203 St Suite 103 Omaha, NEBRASKA 68130 | Adult Co-Occurring Evaluation | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |
| | | Adult Mental Health Evaluation | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |
| | | Adult Substance Use Addendum | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |
| | | Adult Substance Use Evaluation | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |
| | | Adult Substance Use Outpatient Treatment | Habrich, Carla | 4028855324 | carla.habrich@charlesdrew.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Restored Life Therapy Services LLC | 1529 S 203 St Suite 103 Omaha, NEBRASKA 68130 | (Individual) | | | |

Agency Name: Results Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------|---|--|---------------------------------|------------------|--|
| Results Counseling LLC | 8031 W. Center Rd. Ste. 324 Omaha, NEBRASKA 68124 | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Muhlbauer, Cynthia | 4025379628 | cmuhlbauer@resultscounselingservices.com |

Agency Name: Root of It LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|-----------------------|
| Root of It LLC | 5421 N 103rd St Suite 100 Omaha, NEBRASKA 68134 | Adult Co-Occurring Evaluation | Root, Perry | 4022157327 | perry@therootofit.net |
| | | Adult Mental Health Evaluation | Root, Perry | 4022157327 | perry@therootofit.net |
| | | Adult Mental Health Outpatient Counseling (Individual) | Root, Perry | 4022157327 | perry@therootofit.net |
| | | Adult Substance Use Addendum | Root, Perry | 4022157327 | perry@therootofit.net |
| | | Adult Substance Use Evaluation | Root, Perry | 4022157327 | perry@therootofit.net |
| | | Adult Substance Use Outpatient Treatment (Individual) | Root, Perry | 4022157327 | perry@therootofit.net |

Agency Name: Santa Monica, Inc.

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email | |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------------------|------------------------------|
| Santa Monica, Inc. | 401 S 39th Street Omaha, NEBRASKA 68131 | Adult Substance Use Addendum | Finnegan, Brenda | 4029833206 | brenda@santamonicahouse.org | |
| | | | Gagne, Amber | 4029559649 | amber@santamonicahouse.org | |
| | | | Jackson, Larissa | 4025100668 | SIRelations@yahoo.com | |
| | | | Motter , Shannon | 4025587088 | shannon@santamonicahouse.org | |
| | | Adult Substance Use Evaluation | Coffman, Cecilia | 4025587088 | cecilia@santamonicahouse.org | |
| | | | Finnegan, Brenda | 4029833206 | brenda@santamonicahouse.org | |
| | | | Gagne, Amber | 4029559649 | amber@santamonicahouse.org | |
| | | | Jackson, Larissa | 4025100668 | SIRelations@yahoo.com | |
| | | Adult Substance Use Halfway House | Motter , Shannon | 4025587088 | shannon@santamonicahouse.org | |
| | | | Coffman, Cecilia | 4025587088 | cecilia@santamonicahouse.org | |
| | | | Finnegan, Brenda | 4029833206 | brenda@santamonicahouse.org | |
| | | | Gagne, Amber | 4029559649 | amber@santamonicahouse.org | |
| | | | Jackson, Larissa | 4025100668 | SIRelations@yahoo.com | |
| | | | | Motter , Shannon | 4025587088 | shannon@santamonicahouse.org |

Agency Name: Season of Change Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|--|---|---------------------------------|------------------|------------------------------------|
| Season of Change Counseling LLC | 13513 Cottner Street Omaha, NEBRASKA 68137 | Adult Co-Occurring Evaluation | Mertes, Courtney | 4025908766 | seasonofchangecounseling@gmail.com |
| | | Adult Mental Health Evaluation | Mertes, Courtney | 4025908766 | seasonofchangecounseling@gmail.com |
| | | Adult Mental Health Outpatient Counseling | Mertes, Courtney | 4025908766 | seasonofchangecounseling@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|--|---|---------------------------------|------------------|------------------------------------|
| Season of Change Counseling LLC | 13513 Cottner Street Omaha, NEBRASKA 68137 | (Individual) | | | |
| | | Adult Substance Use Addendum | Mertes, Courtney | 4025908766 | seasonofchangecounseling@gmail.com |
| | | Adult Substance Use Evaluation | Mertes, Courtney | 4025908766 | seasonofchangecounseling@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Mertes, Courtney | 4025908766 | seasonofchangecounseling@gmail.com |

Agency Name: Serenity Matters Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|-------------------------------------|--|---------------------------------|------------------|---|
| Serenity Matters Counseling | 5620 Ames Ave Omaha, NEBRASKA 68104 | Adult Co-Occurring Evaluation | Prince, Reginald | 4028303877 | norwal2003@gmail.com |
| | | Adult Mental Health Evaluation | Prince, Reginald | 4028303877 | norwal2003@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Prince, Reginald | 4028303877 | norwal2003@gmail.com |
| | | Adult Substance Use Addendum | Browning-Prince, Crystal | 4028303890 | cbrowningprince@serenitymatterscounseling.com |
| | | | Prince, Reginald | 4028303877 | norwal2003@gmail.com |
| | | Adult Substance Use Evaluation | Prince, Reginald | 4028303877 | norwal2003@gmail.com |
| | | Adult Substance Use Intensive | Browning-Prince, Crystal | 4028303890 | cbrowningprince@serenitymatterscounseling.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|--|---|---------------------------------|------------------|---|
| Serenity Matters Counseling | 5620 Ames Ave Omaha, NEBRASKA 68104 | Outpatient Counseling (IOP) | Prince, Reginald | 4028303877 | norwal2003@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Prince, Reginald | 4028303877 | norwal2003@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Browning-Prince, Crystal | 4028303890 | cbrowningprince@serenitymatterscounseling.com |
| | | | Prince, Reginald | 4028303877 | norwal2003@gmail.com |

Agency Name: Siemer Counseling & Assessments LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|--|---------------------------------|------------------|-----------------------|
| Siemer Counseling & Assessments LLC | 12020 Shamrock Plaza Suite 200 Omaha, NEBRASKA 68154 | Adult Co-Occurring Evaluation | Siemer-Daisley, Kris | 4022105156 | kris.siemer@gmail.com |
| | | Adult Mental Health Evaluation | Siemer-Daisley, Kris | 4022105156 | kris.siemer@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Siemer-Daisley, Kris | 4022105156 | kris.siemer@gmail.com |
| | | Adult Substance Use Addendum | Siemer-Daisley, Kris | 4022105156 | kris.siemer@gmail.com |
| | | Adult Substance Use Evaluation | Siemer-Daisley, Kris | 4022105156 | kris.siemer@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Siemer-Daisley, Kris | 4022105156 | kris.siemer@gmail.com |

Agency Name: Siena Francis House

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Siena Francis House | 1111 Nth 17th st Omaha, NEBRASKA 68102 | Transitional Living - Level 2 | | | |

Agency Name: Solid as a Rock Transitional Living

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|---|---------------------------------|------------------|--|
| Solid as a Rock Transitional Living | 5002 n 22nd Street Omaha, NEBRASKA 68110 | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Austin, Willie | 4024520102 | williea244@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Austin, Willie | 4024520102 | williea244@gmail.com |
| | | Transitional Living - Level 1 | Austin, Willie | 4024520102 | williea244@gmail.com |
| | | | Harris, Laurie | 4022088551 | lharris1960@solidasarocktransitionalliving.com |
| Transitional Living - Level 2 | | | | | |

Agency Name: Solutions Sober Living, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|---------------------------------|
| Solutions - 60th St House | 2100 S 60th St Omaha, NEBRASKA 68106 | Transitional Living - Level 2 | Faulkner, John | 4025170249 | John@solutionssoberliving.org |
| | | | Faulkner, Michelle | 4023191718 | michelle@teensolutionsomaha.org |
| Solutions - Cuming House | 3423 Cuming St Omaha, NEBRASKA 68131 | Transitional Living - Level 2 | Faulkner, John | 4025170249 | John@solutionssoberliving.org |
| | | | Faulkner, Michelle | 4023191718 | michelle@teensolutionsomaha.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|---|-------------------------------------|---------------------------------|------------------|---------------------------------|
| Solutions - Maple House | 9508 Maple St Omaha, NEBRASKA 68134 | Transitional Living - Level 2 | | | |
| Solutions - Miami House | 7724 Miami St Omaha, NEBRASKA 68134 | Transitional Living - Level 2 | Faulkner, John | 4025170249 | John@solutionssoberliving.org |
| | | | Faulkner, Michelle | 4023191718 | michelle@teensolutionsomaha.org |

Agency Name: SoundMind Therapy Services LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------|--|--|---------------------------------|------------------|------------------------------------|
| SoundMind Therapy Services LLC | 13520 Discovery Dr. Ste 203 Omaha, NEBRASKA 68137 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Ajuoga , Lucy | 4029985619 | soundmindtherapyservices@gmail.com |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | Ajuoga , Lucy | 4029985619 | soundmindtherapyservices@gmail.com |
| | 13520 Discovery Dr. Ste 203 Omaha, NEBRASKA 68137 | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |

Agency Name: Spence Counseling Center

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|-------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Spence | 12035 Q St Omaha, | 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 |
|----------------------|------------------|--|---------------------------------|------------------|------------------|
| Counseling Center | NEBRASKA 68137 | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Stephen Center, Inc

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|-----------------------------------|
| Stephen Center, Inc | 5217 S 28th St Omaha, NEBRASKA 68107 | Adult Co-Occurring Capable Short-Term Residential | Kramer , Linnette | 4025903607 | linnette.kramer@stephencenter.org |
| | | | Krejci, Ann | 4027155497 | ann.krejci@stephencenter.org |
| | | Adult Substance Use Halfway House | Griffen, Sheila | 7123261960 | sheila.griffen@stephencenter.org |
| | | | Kramer , Linnette | 4025903607 | linnette.kramer@stephencenter.org |
| | | | Krejci, Ann | 4027155497 | ann.krejci@stephencenter.org |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Griffen, Sheila | 7123261960 | sheila.griffen@stephencenter.org |
| | | | Kramer , Linnette | 4025903607 | linnette.kramer@stephencenter.org |
| | | | Krejci, Ann | 4027155497 | ann.krejci@stephencenter.org |
| | | Adult Substance Use Outpatient Treatment (Group) | Griffen, Sheila | 7123261960 | sheila.griffen@stephencenter.org |
| | | | Kramer , Linnette | 4025903607 | linnette.kramer@stephencenter.org |
| | | | Krejci, Ann | 4027155497 | ann.krejci@stephencenter.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Griffen, Sheila | 7123261960 | sheila.griffen@stephencenter.org |
| | | | Kramer , | 4025903607 | linnette.kramer@stephencenter.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|-----------------------------------|
| Stephen Center, Inc | 5217 S 28th St Omaha, NEBRASKA 68107 | Adult Substance Use Outpatient Treatment (Individual) | Linnette | | |
| | | | Krejci, Ann | 4027155497 | ann.krejci@stephencenter.org |
| | | Adult Substance Use Short-Term Residential | Griffen, Sheila | 7123261960 | sheila.griffen@stephencenter.org |
| | | | Kramer , Linnette | 4025903607 | linnette.kramer@stephencenter.org |
| Krejci, Ann | 4027155497 | ann.krejci@stephencenter.org | | | |

Agency Name: Tama Healing LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|------------------|
| Tama Healing LLC | 4905 S 100 Avenue Omaha, NEBRASKA 68127 | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |

Agency Name: Terrell Therapy

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|---------------------|
| Terrell Therapy | 8790 F Street Omaha, NE 68127 Omaha, NEBRASKA 68127 | Adult Mental Health Outpatient Counseling (Individual) | Terrell, Timothy | 4025950780 | Tim.PRC11@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: The New Beginnings Transitional Living Home LLC - The Elm House

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| The Cedar House | 7515 Girard Street Omaha, NEBRASKA 68122 | Transitional Living - Level 2 | | | |
| The Maple House | 7395 N 89th Street | Transitional | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|-------------------------------------|---------------------------------|------------------|------------------|
| | Omaha, NEBRASKA 68122 | Living - Level 2 | | | |
| The New Beginnings Transitional Living Home LLC - The Elm House | 5008 N 60th Ave Omaha, NEBRASKA 68104 | Transitional Living - Level 2 | | | |

Agency Name: The Ogba Way

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|---------------------|
| | 3021 Sheffield St. Omaha, NEBRASKA 68112 | Transitional Living - Level 2 | | | |
| | 6916 N. 24th ST Omaha, NEBRASKA 68112 | Transitional Living - Level 1 | Ogba, Joe | 4027143520 | joeogba35@gmail.com |

Agency Name: The Salvation Army's Inflection Point

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------------|--|--|---------------------------------|------------------|------------------|
| The Salvation Army's Inflection Point | 2525 Dodge Street Omaha, NEBRASKA 68131 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Theodore J. DeLaet, Ph.D., P.C.

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|---|---|---------------------------------|------------------|--------------------------------|
| Theodore J. DeLaet, Ph.D., P.C. | 11414 West Center Road Suite 243 Omaha, NEBRASKA 68144 | Adult Co-Occurring Evaluation | DeLaet, Theodore | 4023338210 | ted.delaet@wcpp.omhcoxmail.com |
| | | Adult Psychological Evaluation | DeLaet, Theodore | 4023338210 | ted.delaet@wcpp.omhcoxmail.com |
| | | Adult Sex Offense-Specific Evaluation | DeLaet, Theodore | 4023338210 | ted.delaet@wcpp.omhcoxmail.com |
| | | Adult Sex Offense-Specific Outpatient Counseling (Individual/Group) | DeLaet, Theodore | 4023338210 | ted.delaet@wcpp.omhcoxmail.com |

Agency Name: Theraha, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|-----------------------|
| Theraha, LLC | 12020 Shamrock Plz. Suite 200 Omaha, NEBRASKA 68154 | Adult Mental Health Outpatient Counseling (Individual) | Talbott, Kira | 4029152064 | Kira@therapyomaha.com |
| | | Adult Substance Use Addendum | Talbott, Kira | 4029152064 | Kira@therapyomaha.com |
| | | Adult Substance Use Evaluation | Talbott, Kira | 4029152064 | Kira@therapyomaha.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Talbott, Kira | 4029152064 | Kira@therapyomaha.com |

Agency Name: Therapy Resource Associates, Inc.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------------|---|--|---------------------------------|------------------|------------------------|
| Therapy Resource Associates, Inc. | 10824 Old Mill Road Suite #21 Omaha, NEBRASKA 68154 | Adult Mental Health Evaluation | DeVries, Shawn | 4023306060 | sdevries0523@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | DeVries, Shawn | 4023306060 | sdevries0523@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------------|---|---|---------------------------------|------------------|------------------------|
| Therapy Resource Associates, Inc. | 10824 Old Mill Road Suite #21 Omaha, NEBRASKA 68154 | Adult Psychological Evaluation | | | |
| | | Adult Substance Use Evaluation | DeVries, Shawn | 4023306060 | sdevries0523@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | DeVries, Shawn | 4023306060 | sdevries0523@gmail.com |

Agency Name: Tim Privitera

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|----------------------|
| Tim Privitera | 11218 Elm St. Suite B Omaha, NEBRASKA 68144 | Adult Co-Occurring Evaluation | Privitera, Timothy | 4028131727 | tprivitera@gmail.com |
| | | Adult Medication Management | | | |
| | | Adult Mental Health Evaluation | Privitera, Timothy | 4028131727 | tprivitera@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Privitera, Timothy | 4028131727 | tprivitera@gmail.com |
| | | Adult Substance Use Addendum | Privitera, Timothy | 4028131727 | tprivitera@gmail.com |
| | | Adult Substance Use Evaluation | Privitera, Timothy | 4028131727 | tprivitera@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Privitera, Timothy | 4028131727 | tprivitera@gmail.com |

Agency Name: Trisha Troia Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|---|-------------------------------------|---------------------------------|------------------|----------------------|
| Trisha Troia Counseling | 1406 Veterans Drive Suite 206 Omaha, NEBRASKA 68022 | Adult Co-Occurring Evaluation | Troia, Trisha | 4022900543 | trishtroia@gmail.com |
| | | Adult Mental Health | Troia, Trisha | 4022900543 | trishtroia@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|---|--|---------------------------------|------------------|----------------------|
| Trisha Troia Counseling | 1406 Veterans Drive Suite 206 Omaha, NEBRASKA 68022 | Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Troia, Trisha | 4022900543 | trishtroia@gmail.com |
| | | Adult Substance Use Addendum | Troia, Trisha | 4022900543 | trishtroia@gmail.com |
| | | Adult Substance Use Evaluation | Troia, Trisha | 4022900543 | trishtroia@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Troia, Trisha | 4022900543 | trishtroia@gmail.com |

Agency Name: True Vine Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|--|
| True Vine Counseling | 15606 Elm Street Suite 100 Omaha, NEBRASKA 68134 | Adult Co-Occurring Evaluation | Hinojosa, Michael | 4028073761 | michael.hinojosa@truevinecounseling.net |
| | | | Key, Kristina | 4029991716 | kristina.key@truevinecounseling.net |
| | | | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net |
| | | Adult Mental Health Evaluation | Hinojosa, Michael | 4028073761 | michael.hinojosa@truevinecounseling.net |
| | | | Key, Kristina | 4029991716 | kristina.key@truevinecounseling.net |
| | | | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net |
| | | Adult Mental Health Outpatient Counseling (Individual) | Hinojosa, Michael | 4028073761 | michael.hinojosa@truevinecounseling.net |
| | | Adult Substance Use Addendum | Hinojosa, Michael | 4028073761 | michael.hinojosa@truevinecounseling.net |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|---|---------------------------------|--|--|
| True Vine Counseling | 15606 Elm Street Suite 100 Omaha, NEBRASKA 68134 | Adult Substance Use Addendum | Key, Kristina | 4029991716 | kristina.key@truevinecounseling.net |
| | | | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net |
| | | Adult Substance Use Evaluation | Hinojosa, Michael | 4028073761 | michael.hinojosa@truevinecounseling.net |
| | | | Key, Kristina | 4029991716 | kristina.key@truevinecounseling.net |
| | | | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | | | |
| | | Adult Substance Use Outpatient Treatment (Group) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | Hinojosa, Michael | 4028073761 | michael.hinojosa@truevinecounseling.net |
| 5425 N 103rd Street Omaha, NEBRASKA 68134 | Adult Co-Occurring Evaluation | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net | |
| | | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net | |
| | | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net | |
| | | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net | |
| | | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net | |
| | | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net | |
| Adult Substance Use Addendum | | | | | |
| Adult Substance Use Evaluation | | | | | |
| Adult Substance | | | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|--|
| | 5425 N 103rd Street Omaha, NEBRASKA 68134 | Use Intensive Outpatient Counseling (IOP) | | | |
| | | Adult Substance Use Outpatient Treatment (Group) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | Richards, Neshelle | 4026609136 | neshelle.richards@truevinecounseling.net |

Agency Name: Unconventional Healing LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|--------------------------------------|--|---------------------------------|------------------|------------------|
| Unconventional Healing LLC | 4214 N 64th St Omaha, NEBRASKA 68104 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Sex Offense-Specific Evaluation | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |

Agency Name: University of Nebraska at Omaha Counseling and Psychological Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|-------------------------------------|---------------------------------|------------------|------------------|
| University of Nebraska at Omaha Counseling and Psychological Services | 6001 Dodge Street H&K 101 Omaha, NEBRASKA 68182 | Adult Substance Use Evaluation | | | |

Agency Name: Unstuck Yourself LLC

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------|--|---------------------------------|------------------|------------------|
| Unstuck Yourself LLC | 750 S 68th Ave Omaha, NEBRASKA 68106 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Valley Hope

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email | |
|---|--|---|--|----------------------------|----------------------------------|----------------------------------|
| Valley Hope | 11815 M St Suite 100 Omaha, NEBRASKA 68137 | Adult Substance Use Evaluation | Allmendinger, Kayla | 4029835585 | kaylaallmendinger@valleyhope.org | |
| | | | Chavis , Joe | 4029918824 | joechavis@valleyhope.org | |
| | | | Kidd, Markie | 4029918824 | markiekidd@valleyhope.org | |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Allmendinger, Kayla | 4029835585 | kaylaallmendinger@valleyhope.org | |
| | | | Kidd, Markie | 4029918824 | markiekidd@valleyhope.org | |
| | | | Adult Substance Use Outpatient Treatment (Group) | Allmendinger, Kayla | 4029835585 | kaylaallmendinger@valleyhope.org |
| | Chavis , Joe | 4029918824 | | joechavis@valleyhope.org | | |
| | Kidd, Markie | 4029918824 | | markiekidd@valleyhope.org | | |
| | 7703 Serum Ave Ralston, NEBRASKA 68127 | Adult Co-Occurring Evaluation | | | | |
| | | | Adult Substance Use Evaluation | Chavis , Joe | 4029918824 | joechavis@valleyhope.org |
| | | Hansen, Jason | | 4029918824 | jasonhansen@valleyhope.org | |
| | | Remington, Michael | | 4024528001 | mikalrem79@gmail.com | |
| Adult Substance Use Intensive Outpatient Counseling (IOP) | | Chavis , Joe | 4029918824 | joechavis@valleyhope.org | | |
| | | Hansen, Jason | 4029918824 | jasonhansen@valleyhope.org | | |
| | Remington, | 4024528001 | mikalrem79@gmail.com | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|----------------------------|
| Valley Hope | 7703 Serum Ave Ralston, NEBRASKA 68127 | Adult Substance Use Intensive Outpatient Counseling (IOP) | Michael | | |
| | | Adult Substance Use Outpatient Treatment (Group) | Chavis , Joe | 4029918824 | joechavis@valleyhope.org |
| | | | Hansen, Jason | 4029918824 | jasonhansen@valleyhope.org |
| | | | Remington, Michael | 4024528001 | mikalrem79@gmail.com |

Agency Name: Vigilnet America LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|-----------------------|
| Vigilnet America LLC | 4862 S 96th Street Suite 2 Omaha, NEBRASKA 68127 | Continuous Alcohol Monitoring (CAM) | Musel, Hunter | 5312058118 | hmusel@vigilnet.com |
| | | | Sinnott, Dave | 4025379450 | dsinnott@vigilnet.com |
| | | Continuous Alcohol Monitoring (CAM) with EM | Musel, Hunter | 5312058118 | hmusel@vigilnet.com |
| | | | Sinnott, Dave | 4025379450 | dsinnott@vigilnet.com |
| | | Non-Monetary Continuous Alcohol Monitoring (CAM) | Musel, Hunter | 5312058118 | hmusel@vigilnet.com |
| | | | Sinnott, Dave | 4025379450 | dsinnott@vigilnet.com |

Agency Name: Washington Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|-----------------------------|
| New Visions | 1425 N 18th Street Omaha, NEBRASKA 68102 | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | Washington, Harry | 4027060267 | fresh_dougie_osky@yahoo.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Washington, Harry | 4027060267 | fresh_dougie_osky@yahoo.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Washington, Harry | 4027060267 | fresh_dougie_osky@yahoo.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|---|---|---------------------------------|------------------|-----------------------------|
| New Visions | 1425 N 18th Street Omaha, NEBRASKA 68102 | Adult Substance Use Outpatient Treatment (Individual) | Washington, Harry | 4027060267 | fresh_dougie_osky@yahoo.com |
| Washington Counseling | 7200 S. 84th Omaha NE., 68124 Omaha, NEBRASKA 68124 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Group) | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Wicks Psychological Services, Inc.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|--|---------------------------------|------------------|----------------------|
| Wicks Psychological Services, Inc. | 6550 S. 84th Street Suite 300 Omaha, NEBRASKA 68127 | Adult Mental Health Outpatient Counseling (Individual) | Burger, Rodney | 4023397991 | office@wickpsych.com |
| | | | Wicks, Chris | 4023397991 | cwicks@cox.net |

Agency Name: Wiles Counseling & Assessments, Inc.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|--|--|---------------------------------|------------------|------------------|
| Wiles Counseling & Assessments, Inc. | 7551 Main Street, Suite 259 Ralston, NEBRASKA 68127 | Adult Mental Health Outpatient Counseling (Individual) | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------------|--|---|---------------------------------|------------------|------------------|
| Wiles Counseling & Assessments, Inc. | 7551 Main Street, Suite 259 Ralston, NEBRASKA 68127 | Adult Substance Use Outpatient Treatment (Individual) | | | |

Agency Name: Wonderful Counselor

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|---------------------------|
| Wonderful Counselor | 1524 Cuming St Apt 215 Omaha, NEBRASKA 68102 | Adult Mental Health Outpatient Counseling (Individual) | Mitchell, Sheree | 4028121575 | mitchellsheree3@gmail.com |

Agency Name: Workman Counseling L.L.C.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------|--|--|---------------------------------|------------------|-----------------------------|
| Workman Counseling L.L.C. | 8031 W. Center Rd. Suite 322 Omaha, NEBRASKA 68124 | Adult Co-Occurring Evaluation | Workman, Jason | 4023203875 | Jason@Workmancounseling.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Workman, Jason | 4023203875 | Jason@Workmancounseling.com |
| | | Adult Substance Use Addendum | Workman, Jason | 4023203875 | Jason@Workmancounseling.com |
| | | Adult Substance Use Evaluation | Workman, Jason | 4023203875 | Jason@Workmancounseling.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Workman, Jason | 4023203875 | Jason@Workmancounseling.com |

Agency Name: community based services llc

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------------|-------------------------------------|---------------------------------|------------------|----------------------------------|
| community based | po box 34205 Omaha, | Continuous Alcohol | allen, matthew | 4025102732 | mallen@communitybasedservices.co |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|------------------|
| services llc | NEBRASKA 68134 | Monitoring (CAM) | | | |

Agency Name: diaz counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|--------------------------|
| diaz counseling | 4107 so 22nd street Omaha, NEBRASKA 68107 | Adult Substance Use Addendum | diaz, isabel | 4027061847 | diazisabel2007@yahoo.com |
| | | Adult Substance Use Evaluation | diaz, isabel | 4027061847 | diazisabel2007@yahoo.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | diaz, isabel | 4027061847 | diazisabel2007@yahoo.com |
| | | Adult Substance Use Outpatient Treatment (Group) | diaz, isabel | 4027061847 | diazisabel2007@yahoo.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | diaz, isabel | 4027061847 | diazisabel2007@yahoo.com |
| | | PRS-BIP | diaz, isabel | 4027061847 | diazisabel2007@yahoo.com |