

# Administrative Office of Courts & Probation

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

## District 4J

### 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 | Juvenile Co-Occurring Evaluation    |                                 |                  |                    |
|                      |  | Juvenile Mental Health Evaluation   |                                 |                  |                    |
|                      |  | Juvenile Substance Use Evaluation   | Alexis, Geraldine               | 4027393300       | galexis007@msn.com |

#### Agency Name: 3Sisters Family Services

| Agency Facility Name     | Facility Address                                    | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email      |
|--------------------------|---|-------------------------------------|---------------------------------|------------------|-----------------------|
| 3Sisters Family Services | 1941 South 42nd St Suite 402F Omaha, NEBRASKA 68105 | Day Reporting                       | Birch, Ta'Lynn                  | 5312037349       | birchtalynn@gmail.com |
|                          |   |                                     | PARKER, CHANDA                  | 4027065516       | chandap405@gmail.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 | Juvenile Mental Health Outpatient Counseling (Individual/Family)     | Rush, Sherlonda                 | 4026699030       | sherlondarush@betterucounseling.com |
|                                      |  | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | Rush, Sherlonda                 | 4026699030       | sherlondarush@betterucounseling.com |

#### Agency Name: Abbott Counseling Services

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|----------------------------|---|--|---------------------------------|------------------|-------------------------|
| Abbott Counseling Services | 7811 L Street Suite 104 Ralston, NEBRASKA 68127 | Expedited Co-Occurring Evaluation                                | Abbott, Kara                    | 4027089389       | kara_brooke@hotmail.com |
|                            |   | Expedited Mental Health Evaluation                               | Abbott, Kara                    | 4027089389       | kara_brooke@hotmail.com |
|                            |   | Expedited Substance Use Evaluation                               | Abbott, Kara                    | 4027089389       | kara_brooke@hotmail.com |
|                            |   | Juvenile Co-Occurring Evaluation                                 | Abbott, Kara                    | 4027089389       | kara_brooke@hotmail.com |
|                            |   | Juvenile Mental Health Evaluation                                | Abbott, Kara                    | 4027089389       | kara_brooke@hotmail.com |
|                            |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Abbott, Kara                    | 4027089389       | kara_brooke@hotmail.com |
|                            |   | Juvenile Substance Use Addendum                                  | Abbott, Kara                    | 4027089389       | kara_brooke@hotmail.com |
|                            |   | Juvenile Substance Use Evaluation                                | Abbott, Kara                    | 4027089389       | kara_brooke@hotmail.com |
|                            |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | 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 | Family Support                                      | Villa, Veronica                 | 4022131655       | abishaicounseling@outlook.com |
|                      |  | General Education Class                             | Villa, Veronica                 | 4022131655       | abishaicounseling@outlook.com |
|                      |  | Juvenile Substance Use Intensive Outpatient (IOP)   | Villa, Veronica                 | 4022131655       | abishaicounseling@outlook.com |
|                      |  | Juvenile Substance Use Outpatient Treatment (Group) | Villa, Veronica                 | 4022131655       | abishaicounseling@outlook.com |

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|----------------------|--|---|---------------------------------|------------------|-------------------------------|
| Abishai Counseling   | 4315 Frances St, Suite 100 Omaha, NEBRASKA 68105 | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Villa, Veronica                 | 4022131655       | abishaicounseling@outlook.com |

### 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 | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### Agency Name: Adjudicated Youth Services

| Agency Facility Name       | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email          |
|----------------------------|--|-------------------------------------|---------------------------------|------------------|---------------------------|
| Adjudicated Youth Services | 1446 S 11th Street Omaha, NEBRASKA 68108 | Family Support                      | George, Timothy                 | 4028126849       | georgetimothy07@gmail.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 | Juvenile Co-Occurring Evaluation    |                                 |                  |                  |
|                      |  | Juvenile Mental Health Evaluation   |                                 |                  |                  |
|                      |  | Juvenile Substance Use Addendum     |                                 |                  |                  |
|                      |  | Juvenile Substance Use Evaluation   |                                 |                  |                  |

### Agency Name: Apex Family Care

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| Agency Facility Name | Facility Address                           | Agency Facility Service Description          | Approved Individual for Service | Individual Phone | Individual Email       |
|----------------------|--|--|---------------------------------|------------------|------------------------|
| Apex Family Care     | 4805 N 72nd St<br>Omaha, NEBRASKA<br>68134 | Agency Supported Foster Care                 |                                 |                  |                        |
|                      |  | Invoice - Day Reporting                      |                                 |                  |                        |
|                      |  | Invoice - Emergency Professional Foster Care |                                 |                  |                        |
|                      |  | Invoice - Group Home A                       |                                 |                  |                        |
|                      |  | Invoice - Professional Foster Care           |                                 |                  |                        |
|                      |  | Professional Foster Care                     |                                 |                  |                        |
|                      |  | Relative/Kinship Home Study                  | Stanley, Justine                | 4025715400       | justine@apexfamily.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<br>suite 528 Omaha,<br>NEBRASKA 68105 | Juvenile Co-Occurring Evaluation                                 | Bruce, Ramanda                  | 4028805253       | aspirationscounseling@gmail.com |
|                      |  | Juvenile Mental Health Evaluation                                | Bruce, Ramanda                  | 4028805253       | aspirationscounseling@gmail.com |
|                      |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Bruce, Ramanda                  | 4028805253       | aspirationscounseling@gmail.com |

### **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<br>Omaha,<br>NEBRASKA<br>68105 | Juvenile Co-Occurring Evaluation                                 | KOLA, BETTY                     | 4029337577       | buoyantfamilyservices@gmail.com |
|   |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | KOLA, BETTY                     | 4029337577       | buoyantfamilyservices@gmail.com |

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| 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<br>Omaha,<br>NEBRASKA<br>68105 | Juvenile Substance Use Addendum                                      | KOLA, BETTY                     | 4029337577       | buoyantfamilyservices@gmail.com |
|   |   | Juvenile Substance Use Evaluation                                    | KOLA, BETTY                     | 4029337577       | buoyantfamilyservices@gmail.com |
|   |   | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | KOLA, BETTY                     | 4029337577       | buoyantfamilyservices@gmail.com |
|   |   | Juveniles Who Sexually Harm Risk Evaluation                          | 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, Adolescent Services | 2417 Burdette Street<br>Omaha, NEBRASKA<br>68111 | Juvenile Mental Health Intensive Outpatient Counseling (IOP)     |                                 |                  |                  |
|   |  | Juvenile Mental Health Outpatient Counseling (Group)             |                                 |                  |                  |
|   |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|   |  | Juvenile Substance Use Addendum                                  |                                 |                  |                  |
|   |  | Juvenile Substance Use Intensive Outpatient (IOP)                |                                 |                  |                  |
|   |  | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                  |

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|---------------------------------|--|--|---------------------------------|------------------|---------------------------|
| Bailey Counseling Services, LLC | 1941 South 42nd Street Suite 224 Omaha, NEBRASKA 68105 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Bailey III, Frank               | 4025043242       | frankbailey6912@gmail.com |
|                                 |  | Juvenile Substance Use Addendum                                  | Bailey III, Frank               | 4025043242       | frankbailey6912@gmail.com |
|                                 |  | Juvenile Substance Use Evaluation                                | Bailey III, Frank               | 4025043242       | frankbailey6912@gmail.com |
|                                 |  | Juvenile Substance Use Intensive Outpatient (IOP)                | Bailey III, Frank               | 4025043242       | frankbailey6912@gmail.com |
|                                 |  | Juvenile Substance Use Outpatient Treatment (Group)              | Bailey III, Frank               | 4025043242       | frankbailey6912@gmail.com |
|                                 |  | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                           |

### 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 | Juvenile Co-Occurring Evaluation                  |                                 |                  |                         |
|                      |   | Juvenile Mental Health Evaluation                 |                                 |                  |                         |
|                      |   | Juvenile Substance Use Addendum                   | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com |
|                      |   | Juvenile Substance Use Evaluation                 | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com |
|                      |   | Juvenile Substance Use Intensive Outpatient (IOP) | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com |
|                      |   | Juvenile Substance Use Outpatient Treatment       | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com |

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|----------------------|---|---|---------------------------------|------------------|-------------------------|
| Be Kind LLC          | 11837 Miracle Hills Drive Ste 102 Omaha, NEBRASKA 68154 | (Group)   |                                 |                  |                         |
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com |

### Agency Name: Bear Company Counseling

| Agency Facility Name    | Facility Address                                | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                        |
|-------------------------|---|--|---------------------------------|------------------|---|
| Bear Company Counseling | 5858 Wenninghoff Rd Ste 2 Omaha, NEBRASKA 68134 | Juvenile Co-Occurring Evaluation                                 |                                 |                  |   |
|                         |   | Juvenile Mental Health Evaluation                                |                                 |                  |   |
|                         |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Crayne, Laura                   | 4025123528       | laurie.crayne@bearcompanycounseling.com |
|                         |   |  | Hogan, Payton                   | 4022813892       | payton.hogan@bearcompanycounseling.com  |
|                         |   | Juvenile Substance Use Evaluation                                |                                 |                  |   |

### Agency Name: Better Living Counseling Services, Inc.

| Agency Facility Name                              | Facility Address                        | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|-------------------------------------|---------------------------------|------------------|------------------|
| Better Living Foster Care & Family Services Omaha | 9945 Maple Street Omaha, NEBRASKA 68134 | Agency Supported Foster Care        |                                 |                  |                  |
|   |   | Relative/Kinship Home Study         |                                 |                  |                  |

### Agency Name: Bill's Heart

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| Agency Facility Name | Facility Address                        | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Bill's Heart         | 5402 Grand Avenue Omaha, NEBRASKA 68104 | Family Support                      |                                 |                  |                  |

### Agency Name: Boys Town

| Agency Facility Name   | Facility Address  | Agency Facility Service Description                  | Approved Individual for Service | Individual Phone | Individual Email              |
|--|---|--|---------------------------------|------------------|-------------------------------|
| Boys Town  | 13603 Flanagan Blvd Youth Care Building Boys Town, NEBRASKA 68010 | Group Home A   | Hernandez, Melina               | 5313553167       | melina.hernandez@boystown.org |
|  |   | Group Home B   | Hernandez, Melina               | 5313553167       | melina.hernandez@boystown.org |
|  |   | Invoice Group Home B                                 |                                 |                  |                               |
| Boys Town Adolescent Intensive Outpatient Chemical Use Treatment Program (IOP) | 13460 Walsh Drive Boys Town, NEBRASKA 68010                       | Juvenile 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   |
|  |   |  | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|  |   |  | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|  |   |  | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|  |   | Juvenile Mental Health Outpatient Counseling (Group) | 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     |



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|--|---|--|---------------------------------|------------------|-------------------------------|
| Boys Town Adolescent Intensive Outpatient Chemical Use Treatment Program (IOP) | 13460 Walsh Drive Boys Town, NEBRASKA 68010 | Juvenile Mental Health Outpatient Counseling (Group)             | Hansen, Lyndsey                 | 5313557910       | lyndsey.hansen@boystown.org   |
|  |   |  | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|  |   |  | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|  |   |  | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|  |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | 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   |
|  |   |  | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|  |   |  | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|  |   |  | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|  |   | Juvenile Substance Use Addendum                                  | 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    |

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|--|---|---|---------------------------------|------------------|-------------------------------|
| Boys Town Adolescent Intensive Outpatient Chemical Use Treatment Program (IOP) | 13460 Walsh Drive Boys Town, NEBRASKA 68010 | Juvenile Substance Use Addendum                   | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|  |   | Juvenile 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   |
|  |   |   | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|  |   |   | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|  |   |   | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|  |   | Juvenile Substance Use Intensive Outpatient (IOP) | 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   |
|  |   |   | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|  |   |   | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|  |   |   | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|  |   | Juvenile  | Brown, Kari                     | 5313553039       | kari.brown@boystown.org       |

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|--|---|---|---------------------------------|------------------|-------------------------------|
| Boys Town Adolescent Intensive Outpatient Chemical Use Treatment Program (IOP) | 13460 Walsh Drive Boys Town, NEBRASKA 68010   | Substance Use Outpatient Treatment (Group)                      | 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   |
|  |   |   | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|  |   |   | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|  |   |   | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|  |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) | 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   |
|  |   |   | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|  |   |   | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
| Robinson, Natasha  | 5313553008                                    | Natasha.robinson@boystown.org                                   |                                 |                  |                               |
| Boys Town Adolescent Psychiatric Services Program                              | 14092 Hospital Road Boys Town, NEBRASKA 68010 | Juvenile Medication Management                                  |                                 |                  |                               |

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|---|---|--|---------------------------------|------------------|-------------------------------|
| Boys Town Adolescent and Adult Chemical Use Program (CUP) | 13460 Walsh Drive Boys Town, NEBRASKA 68010 | Juvenile 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   |
|   |   |  | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|   |   |  | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|   |   |  | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|   |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | 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   |
|   |   |  | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|   |   |  | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|   |   |  | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|   |   | Juvenile Substance Use Addendum                                  | Brown, Kari                     | 5313553039       | kari.brown@boystown.org       |
|   |   |  | Connelly, Carolyn               | 5313553329       | carolyn.connelly@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 | Juvenile Substance Use Addendum                   | 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 |
|   |   | Juvenile 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   |
|   |   |   | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|   |   |   | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|   |   |   | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|   |   | Juvenile Substance Use Intensive Outpatient (IOP) | 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   |

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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 | Juvenile Substance Use Intensive Outpatient (IOP)               | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|   |   |   | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|   |   |   | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|   |   | Juvenile Substance Use Outpatient Treatment (Group)             | 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   |
|   |   |   | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|   |   |   | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |
|   |   |   | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org |
|   |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) | 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   |
|   |   |   | Pedersen, Melissa               | 5313557907       | melissa.pedersen@boystown.org |
|   |   |   | Pfeffer, Maria                  | 5313557913       | maria.pfeffer@boystown.org    |

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## District 4J

| 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<br>Boys Town, NEBRASKA 68010                       | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Robinson, Natasha               | 5313553008       | Natasha.robinson@boystown.org   |
| Boys Town Eastern Nebraska Foster Family Services         | 213 Maher Boys Town, NEBRASKA 68010                                  | Agency Supported Foster Care                                    | Crabbe, Rachael                 | 5313553018       | rachael.crabbe@boystown.org     |
|   |  | Professional Foster Care  |                                 |                  |                                 |
|   |  | Relative/Kinship Home Study                                     | Crabbe, Rachael                 | 5313553018       | rachael.crabbe@boystown.org     |
| Boys Town Family Home Program (Group Home A and B)        | 13603 Flanagan Blvd Youth Care Building<br>Boys Town, NEBRASKA 68010 | Group Home A  | Mercer, Erik                    | 5313553057       | erik.mercer@boystown.org        |
|   |  | Group Home B  | Mercer, Erik                    | 5313553057       | erik.mercer@boystown.org        |
| Boys Town Intervention and Assessment (Shelter) Services  | 13603 Flanagan Blvd Youth Care Building<br>Boys Town, NEBRASKA 68010 | Shelter Care  | Mercer, Erik                    | 5313553057       | erik.mercer@boystown.org        |
| Boys Town Multisystemic Therapy Services (MST)            | 5074 Ames Avenue<br>Omaha, NEBRASKA 68104                            | Multisystemic Therapy (MST)                                     | Alexander, Kimberly             | 4026184347       | kimberly.alexander@boystown.org |
|   |  |   | Alexander, Lesli                | 4022535690       | Lesli.Alexander@boystown.org    |
|   |  |   | Burgos, Claudia                 | 5312670065       | prissila.burgos@boystown.org    |
|   |  |   | Makalima, Bonginkosi            | 4025060144       | malusi.makalima@boystown.org    |
|   |  |   | Schwery, Jaimie                 | 7122160829       | jaimie.schwery@boystown.org     |
|   |  |   | Vipond,                         | 4022064309       | bradley.vipond@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 Multisystemic Therapy Services (MST)              | 5074 Ames Avenue Omaha, NEBRASKA 68104        | Multisystemic Therapy (MST)                                      | Bradley                         |                  |                                |
|   |   |  | Wyatt, Angela                   | 4026588127       | angela.wyatt@boystown.org      |
| Boys Town Psychiatric Residential Treatment Facility (PRTF) | 14092 Hospital Road Boys Town, NEBRASKA 68010 | Hospital Based Psychiatric Residential Treatment Facility (PRTF) | Cahill , Erin                   | 5313555456       | Erin.Cahill@boystown.org       |
|   |   |  | Ervin, Daley                    | 5313555220       | daley.ervin@boystown.org       |
|   |   |  | Greer, Angela                   | 4029807608       | angela.greer@boystown.org      |
|   |   |  | Gross, Tylore                   | 5313555429       | tylore.gross@boystown.org      |
|   |   |  | Hamlin, Noah                    | 5313555200       | noah.hamlin@boystown.org       |
|   |   |  | Hernbloom, Amy                  | 5313555420       | amy.hernbloom@boystown.org     |
|   |   |  | Johnson, Bridget                | 5313555424       | bridget.johnson@boystown.org   |
|   |   |  | Kula, Melissa                   | 5313555424       | melissa.kula@boystown.org      |
|   |   |  | Lichter, Emily                  | 5313555413       | emily.lichter@boystown.org     |
|   |   |  | Mackey, Kimberly                | 5313555409       | kimberly.mackey@boystown.org   |
|   |   |  | Maynard, Elizabeth              | 5313555458       | elizabeth.maynard@boystown.org |
|   |   |  | Maynard, Margaret               | 5313555476       | meg.maynard@boystown.org       |
|   |   |  | McGinnis, Anna                  | 5313555229       | anna.mcginnis@boystown.org     |
|   |   |  | Paljor, Nyawuor                 | 5313555225       | nyawuor.paljor@boystown.org    |
| Russ, Kaneja  | 5313555455                                    | kaneja.russ@boystown.org   |                                 |                  |                                |
| Sanders, Talisca  | 5313555228                                    | talisca.sanders@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 Psychiatric Residential Treatment Facility (PRTF) | 14092 Hospital Road Boys Town, NEBRASKA 68010 | Hospital Based Psychiatric Residential Treatment Facility (PRTF) | Sandquist, Jordan               | 5313555220       | jordan.sandquist@boystown.org |
|   |   |  | Thomas, Marissa                 | 4022104097       | marissa.thomas@boystown.org   |
|   |   |  | zerbe, Katherine                | 5313555415       | katherine.zerbe@boystown.org  |

### Agency Name: Breaking Chains LLC

| Agency Facility Name | Facility Address                     | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email    |
|----------------------|--------------------------------------|--|---------------------------------|------------------|---------------------|
| Breaking Chains LLC  | 1941 S 42nd St Omaha, NEBRASKA 68105 | General Education Class  | Smith, Janee                    | 4023121460       | hooksjane@gmail.com |
|                      |                                      | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                     |
|                      |                                      | Juvenile Mental Health Evaluation                                |                                 |                  |                     |
|                      |                                      | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                     |
|                      |                                      | Juvenile Substance Use Addendum                                  |                                 |                  |                     |
|                      |                                      | Juvenile Substance Use Evaluation                                |                                 |                  |                     |
|                      |                                      | Juvenile Substance Use Intensive Outpatient (IOP)                |                                 |                  |                     |
|                      |                                      | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                     |

### Agency Name: Brenda Ticknor

| Agency Facility Name | Facility Address                                  | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|---|-------------------------------------|---------------------------------|------------------|-------------------------|
| Brenda Ticknor       | 10846 Old Mill Road Suite 5 Omaha, NEBRASKA 68147 | Juvenile Substance Use Addendum     | Ticknor, Brenda                 | 4026876449       | brendaticknor@ymail.com |

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| Agency Facility Name | Facility Address  | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|---|---|---------------------------------|------------------|-------------------------|
| Brenda Ticknor       | 10846 Old Mill Road<br>Suite 5 Omaha,<br>NEBRASKA 68147 | Juvenile Substance Use Evaluation                               | Ticknor, Brenda                 | 4026876449       | brendaticknor@gmail.com |
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) |                                 |                  |                         |

### **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 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Schnieder, Brian                | 4028500054       | brianschnieder@yahoo.com |

### **Agency Name: Bridging the Gap Psychological Services LLC**

| Agency Facility Name                        | Facility Address                                    | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email             |
|---|---|-------------------------------------|---------------------------------|------------------|------------------------------|
| Bridging the Gap Psychological Services LLC | 7701 Pacific Street suite 012 Omaha, NEBRASKA 68124 | Juvenile Mental Health Evaluation   | White, Aaron                    | 2287318659       | drwhite@btgpsychservices.com |
|   |   | Juvenile Psychological Evaluation   | White, Aaron                    | 2287318659       | drwhite@btgpsychservices.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 | Agency Supported Foster Care        |                                 |                  |                         |
|                                     |  | Community Youth Coaching            | Carlson, Shandy                 | 5315307630       | scarlson@cedarskids.org |
|                                     |  |                                     | Carnes,                         | 4026176023       | jcarnes@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 | Community Youth Coaching            | Jennifer                        |                  |                          |
|                                     |  |                                     | Fellers, Johana                 | 5318101590       | jfellers@cedarskids.org  |
|                                     |  |                                     | Harmon, Grace                   | 4025107916       | gharmon@cedarskids.org   |
|                                     |  |                                     | Knutson, Peter                  | 5318933034       | pknutson@cedarskids.org  |
|                                     |  |                                     | Murphy, Shannon                 | 4028101069       | smurphy@cedarskids.org   |
|                                     |  |                                     | Nosbisch, Megan                 | 4027309783       | mnosbisch@cedarskids.org |
|                                     |  |                                     | Petrini, Shelby                 | 4024161956       | spetrini@cedarskids.org  |
|                                     |  |                                     | Utter, Daniel                   | 4028100590       | dutter@cedarskids.org    |
|                                     |  |                                     | Watts, Kayla                    | 4022017043       | kwatts@cedarskids.org    |
|                                     |  | Family Support                      | Carlson, Shandy                 | 5315307630       | scarlson@cedarskids.org  |
|                                     |  |                                     | Carnes, Jennifer                | 4026176023       | jcarnes@cedarskids.org   |
|                                     |  |                                     | Fellers, Johana                 | 5318101590       | jfellers@cedarskids.org  |
|                                     |  |                                     | Harmon, Grace                   | 4025107916       | gharmon@cedarskids.org   |
|                                     |  |                                     | Knutson, Peter                  | 5318933034       | pknutson@cedarskids.org  |
|                                     |  |                                     | Murphy, Shannon                 | 4028101069       | smurphy@cedarskids.org   |
|                                     |  |                                     | Nosbisch, Megan                 | 4027309783       | mnosbisch@cedarskids.org |
|                                     |  |                                     | Petrini, Shelby                 | 4024161956       | spetrini@cedarskids.org  |
|                                     |  |                                     | Utter, Daniel                   | 4028100590       | dutter@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 | Family Support   | Daniel                          |                  |                         |
|                                     |  |  | Watts, Kayla                    | 4022017043       | kwatts@cedarskids.org   |
|                                     |  | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                         |
|                                     |  | Juvenile Electronic Monitoring GPS                               | Fellers, Johana                 | 5318101590       | jfellers@cedarskids.org |
|                                     |  |  | Harmon, Grace                   | 4025107916       | gharmon@cedarskids.org  |
|                                     |  |  | Murphy, Shannon                 | 4028101069       | smurphy@cedarskids.org  |
|                                     |  |  | Pham, Adrianna                  | 4028908346       | apham@cedarskids.org    |
|                                     |  |  | Utter, Daniel                   | 4028100590       | dutter@cedarskids.org   |
|                                     |  | Juvenile Mental Health Evaluation                                |                                 |                  |                         |
|                                     |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                         |
| Professional Foster Care            |  |  |                                 |                  |                         |
| Relative/Kinship Home Study         |  |  |                                 |                  |                         |

### **Agency Name: CHI Immanuel PRTF**

| Agency Facility Name | Facility Address                       | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                    |
|----------------------|--|--|---------------------------------|------------------|-------------------------------------|
| CHI Immanuel PRTF    | 6845 N68th Plaza Omaha, NEBRASKA 68122 | Hospital Based Psychiatric Residential Treatment Facility (PRTF) | Edet, Cassandra                 | 4025722251       | cassie.edet@commonspirit.org        |
|                      |  |  | Oberndorfer, Summer             | 4025722816       | summer.oberndorfer@commonspirit.org |
|                      |  |  | Watson, Pamela                  | 4025723050       | pamela.watson@commonspirit.org      |

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### Agency Name: CISPE NE

| Agency Facility Name | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| CISPE NE             | 2417 Burdette Street Omaha, NEBRASKA 68111 | Case Managed Tutoring               |                                 |                  |                  |
|                      |  | Day Reporting                       |                                 |                  |                  |
|                      |  | Evening Reporting                   |                                 |                  |                  |
|                      |  | Intensive Family Preservation       |                                 |                  |                  |
|                      |  | Juvenile Anger Management Class     |                                 |                  |                  |

### Agency Name: CNW Alliance

| Agency Facility Name | Facility Address                | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|---------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------|
| CNW Alliance         | 3009 R St Omaha, NEBRASKA 68107 | Day Reporting                       | Rush Cardenas, Crystal          | 5317772567       | Crystal@cnwalliance.org |
|                      |                                 | Evening Reporting                   | Rush Cardenas, Crystal          | 5317772567       | Crystal@cnwalliance.org |
|                      |                                 | Family Partner                      | Clemow, Jorge                   | 5317779529       | Jorge@cnwalliance.org   |
|                      |                                 |                                     | Rush Cardenas, Crystal          | 5317772567       | Crystal@cnwalliance.org |
|                      |                                 |                                     | Rush Sr, William                | 5317779364       | william@cnwalliance.org |
|                      |                                 |                                     | Zermeno Santiago, Cynthia       | 5317772534       | cynthia@cnwalliance.org |
|                      |                                 | Family Support                      | Clemow, Jorge                   | 5317779529       | Jorge@cnwalliance.org   |
|                      |                                 |                                     | Rush Cardenas, Crystal          | 5317772567       | Crystal@cnwalliance.org |
|                      |                                 |                                     | Rush Sr, William                | 5317779364       | william@cnwalliance.org |
|                      |                                 |                                     | Zermeno Santiago, Cynthia       | 5317772534       | cynthia@cnwalliance.org |

### Agency Name: Capture Developmental and Community Services

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| Agency Facility Name                         | Facility Address                                    | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|-------------------------------------|---------------------------------|------------------|------------------|
| Capture Developmental and Community Services | 1905 Harney Street STE 210<br>Omaha, NEBRASKA 68102 | Day Reporting                       |                                 |                  |                  |
|  |   | Independent Living                  |                                 |                  |                  |

### **Agency Name: Care-RIE**

| Agency Facility Name | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Care-RIE             | 7805 N 86th Ave Omaha,<br>NEBRASKA 68122 | Day Reporting                       |                                 |                  |                  |
|                      |  | Shelter Care                        |                                 |                  |                  |

### **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<br>Omaha, NEBRASKA 68102 | Juvenile Medication Management      |                                 |                  |                  |
| Campus for Hope - Short Term Residential | 1490 N 16th Omaha,<br>NEBRASKA 68508        | Juvenile Medication Management      |                                 |                  |                  |

### **Agency Name: Change The Image**

| Agency Facility Name | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email            |
|----------------------|--|-------------------------------------|---------------------------------|------------------|-----------------------------|
| Change The Image     | 5404 S 112th Plaza #108<br>Omaha, NEBRASKA 68137 | Family Partner                      | Perry,<br>DeAngelo              | 4029831879       | perrystransport20@gmail.com |

### **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,<br>NEBRASKA 68111 | Juvenile Co-Occurring Evaluation    | Habrich, Carla                  | 4028855324       | carla.habrich@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 | Juvenile Co-Occurring Evaluation                                 | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                            |   | Juvenile Mental Health Evaluation                                | Habrich, Carla                  | 4028855324       | carla.habrich@charlesdrew.com    |
|                            |   |  | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                            |   |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                            |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Habrich, Carla                  | 4028855324       | carla.habrich@charlesdrew.com    |
|                            |   |  | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                            |   |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                            |   | Juvenile Substance Use Addendum                                  | Habrich, Carla                  | 4028855324       | carla.habrich@charlesdrew.com    |
|                            |   |  | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                            |   |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                            |   | Juvenile Substance Use Evaluation                                | Habrich, Carla                  | 4028855324       | carla.habrich@charlesdrew.com    |
|                            |   |  | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                            |   |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                            |   | Juvenile Substance Use Intensive Outpatient (IOP)                | Habrich, Carla                  | 4028855324       | carla.habrich@charlesdrew.com    |
|                            |   |  | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.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        | 2915 Grant Street Omaha, NEBRASKA 68111 | Juvenile Substance Use Outpatient Treatment (Group)             | Habrich, Carla                  | 4028855324       | carla.habrich@charlesdrew.com    |
|                                   |   |   | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                                   |   |   | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Habrich, Carla                  | 4028855324       | carla.habrich@charlesdrew.com    |
|                                   |   |   | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                                   |   |   | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
| Charles Drew Health Center-Radius | 5030 Grand Ave Omaha, NEBRASKA 68104    | Juvenile Co-Occurring Evaluation                                | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |   |   | Zoucha, Kenneth                 | 4024693923       | kenneth.zoucha@unmc.edu          |
|                                   |   | Juvenile Medication Management                                  | Zoucha, Kenneth                 | 4024693923       | kenneth.zoucha@unmc.edu          |
|                                   |   | Juvenile Mental Health Evaluation                               | Booker, Lucious                 | 4025171287       | lucious.booker@charlesdrew.com   |
|                                   |   |   | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                                   |   |   | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |   | Juvenile Mental Health Intensive Outpatient Counseling (IOP)    | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |   | Juvenile Mental Health Outpatient Counseling (Group)            | Booker, Lucious                 | 4025171287       | lucious.booker@charlesdrew.com   |
|                                   |   |   | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                                   |   |   | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |



# Administrative Office of Courts & Probation

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## District 4J

| Agency Facility Name              | Facility Address                     | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                 |
|-----------------------------------|--------------------------------------|--|---------------------------------|------------------|----------------------------------|
| Charles Drew Health Center-Radius | 5030 Grand Ave Omaha, NEBRASKA 68104 | Juvenile Mental Health Outpatient Counseling (Group)             | Shelina                         |                  |                                  |
|                                   |                                      | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Booker, Lucious                 | 4025171287       | lucious.booker@charlesdrew.com   |
|                                   |                                      |  | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                                   |                                      |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |                                      | Juvenile Substance Use Addendum                                  | Marquez, Elvia                  | 4023590372       | elvia.marquez@charlesdrew.com    |
|                                   |                                      |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |                                      |  | Zoucha, Kenneth                 | 4024693923       | kenneth.zoucha@unmc.edu          |
|                                   |                                      | Juvenile Substance Use Evaluation                                | Marquez, Elvia                  | 4023590372       | elvia.marquez@charlesdrew.com    |
|                                   |                                      |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |                                      |  | Zoucha, Kenneth                 | 4024693923       | kenneth.zoucha@unmc.edu          |
|                                   |                                      | Juvenile Substance Use Intensive Outpatient (IOP)                | Marquez, Elvia                  | 4023590372       | elvia.marquez@charlesdrew.com    |
|                                   |                                      |  | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                                   |                                      |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |                                      | Juvenile Substance Use Outpatient Treatment (Group)              | Booker, Lucious                 | 4025171287       | lucious.booker@charlesdrew.com   |
|                                   |                                      |  | Marquez, Elvia                  | 4023590372       | elvia.marquez@charlesdrew.com    |
|                                   |                                      |  | Whitlow,                        | 4028815708       | lanita.whitlow@hotmail.com       |

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## District 4J

| Agency Facility Name              | Facility Address                        | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                 |
|-----------------------------------|---|--|---------------------------------|------------------|----------------------------------|
| Charles Drew Health Center-Radius | 5030 Grand Ave Omaha, NEBRASKA 68104    | Juvenile Substance Use Outpatient Treatment (Group)              | LaNita                          |                  |                                  |
|                                   |   |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Booker, Lucious                 | 4025171287       | lucious.booker@charlesdrew.com   |
|                                   |   |  | Marquez, Elvia                  | 4023590372       | elvia.marquez@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 | Juvenile Co-Occurring Evaluation                                 | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |   | Juvenile Medication Management                                   |                                 |                  |                                  |
|                                   |   | Juvenile Mental Health Evaluation                                | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                                   |   |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |   | Juvenile Mental Health Outpatient Counseling (Group)             | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                                   |   |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                                   |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                                   |   |  | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
| Juvenile Substance Use            |   |  |                                 |                  |                                  |

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| Agency Facility Name  | Facility Address                        | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email                 |
|---|---|---|---------------------------------|------------------|----------------------------------|
| Charles Drew Health Center-TYAC   | 5920 Maple Street Omaha, NEBRASKA 68104 | Addendum  |                                 |                  |                                  |
|   |   | Juvenile Substance Use Evaluation                               |                                 |                  |                                  |
|   |   | Juvenile Substance Use Intensive Outpatient (IOP)               |                                 |                  |                                  |
|   |   | Juvenile Substance Use Outpatient Treatment (Group)             | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|   |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
| Charles Drew Health Center-Omaha Home for Boys 5190 Sprague Plaza Suite 201 Omaha, NEBRASKA 68104 |   | Juvenile Co-Occurring Evaluation                                | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|   |   | Juvenile Medication Management                                  |                                 |                  |                                  |
|   |   | Juvenile Mental Health Evaluation                               | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|   |   |   | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|   |   | Juvenile Mental Health Outpatient Counseling (Group)            | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|   |   |   | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
| Juvenile Mental Health  | 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-<br>Omaha Home for Boys 5190<br>Sprague Plaza Suite 201<br>Omaha, NEBRASKA 68104 | Outpatient Counseling (Individual/Family)                       | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                      |   | Juvenile Psychiatric Evaluation                                 |                                 |                  |                                  |
|                      |   | Juvenile Substance Use Addendum                                 | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                      |   | Juvenile Substance Use Evaluation                               | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                      |   | Juvenile Substance Use Intensive Outpatient (IOP)               | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.com       |
|                      |   |   | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                      |   | Juvenile Substance Use Outpatient Treatment (Group)             | Williams, Shelina               | 4023201665       | shelina.williams@charlesdrew.com |
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Whitlow, LaNita                 | 4028815708       | lanita.whitlow@hotmail.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<br>Omaha, NEBRASKA<br>68132 | Agency Supported Foster Care        |                                 |                  |                         |
|                              |   | Crisis Stabilization                | Ulrich, Teffany                 | 4026581210       | tulrich@childsaving.org |

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| Agency Facility Name         | Facility Address                              | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|------------------------------|---|-------------------------------------|---------------------------------|------------------|-------------------------|
| Child Saving Institute, Inc. | 4545 Dodge Street<br>Omaha, NEBRASKA<br>68132 | Family Support                      |                                 |                  |                         |
|                              |   | Shelter Care                        | Ulrich, Teffany                 | 4026581210       | tulrich@childsaving.org |

### Agency Name: Clearwater Counseling, PC

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

### Agency Name: Code Z Outreach

| Agency Facility Name | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|--|-------------------------------------|---------------------------------|------------------|-------------------------|
| Code Z Outreach      | 4136 Grand Ave<br>Omaha, NEBRASKA<br>68111 | Family Partner                      | Jones, Ron                      | 4029559500       | Jonesronjr402@gmail.com |
|                      |  |                                     | Louis, Latron                   | 4027145083       | codezoutreach@gmail.com |

### Agency Name: Colleen A Conoley PC

| Agency Facility Name | Facility Address                                  | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email     |
|----------------------|---|-------------------------------------|---------------------------------|------------------|----------------------|
| Colleen A Conoley PC | 11330 Q Street Suite 205<br>Omaha, NEBRASKA 68137 | Juvenile Mental Health Evaluation   | Conoley, Colleen                | 4026994769       | caconoley@luxsci.net |
|                      |   | Juvenile Psychological Evaluation   | Conoley, Colleen                | 4026994769       | caconoley@luxsci.net |

### Agency Name: Community Options Individual and Family Services

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| Agency Facility Name                             | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|--|-------------------------------------|---------------------------------|------------------|------------------|
| Community Options Individual and Family Services | 1941 S. 42nd St. Suite 134 Omaha, NEBRASKA 68105 | Family Support                      | Pierce, Duana                   | 4924908055       | deedee@coifs.org |
|  |  |                                     | Stock, Angela                   | 4026586468       | Angies@coifs.org |

### Agency Name: Compassion & Care Nebraska

| Agency Facility Name       | Facility Address                                   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email       |
|----------------------------|--|-------------------------------------|---------------------------------|------------------|------------------------|
| Compassion & Care Nebraska | 5310 N. 99th Street Suite #2 Omaha, NEBRASKA 68134 | Day Reporting                       | Lewis, Robert                   | 4025989048       | robert.ccneb@gmail.com |
|                            |  | Evening Reporting                   | Lewis, Robert                   | 4025989048       | robert.ccneb@gmail.com |

### Agency Name: Complete Behavioral Health

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

### Agency Name: Complete Family Treatment Services

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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<br>Omaha,<br>NEBRASKA<br>68137 | Expedited Co-Occurring Evaluation                                |                                 |                  |                                       |
|                                    |   | Expedited Mental Health Evaluation                               |                                 |                  |                                       |
|                                    |   | Expedited Substance Use Evaluation                               |                                 |                  |                                       |
|                                    |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Hall, John                      | 4027703764       | john.hall@completefamilytreatment.com |

### Agency Name: Concord Mediation Center

| Agency Facility Name     | Facility Address                                | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email             |
|--------------------------|---|-------------------------------------|---------------------------------|------------------|------------------------------|
| Concord Mediation Center | 2910 S. 84th Street<br>Omaha, NEBRASKA<br>68124 | Expedited Family Group Conference   | Overholt, Kathleen              | 4023451131       | koverholt@concord-center.com |
|                          |   | Mediation                           | Overholt, Kathleen              | 4023451131       | koverholt@concord-center.com |

### 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<br>Omaha, NEBRASKA<br>68105 | Juvenile Co-Occurring Evaluation                                 | BAULPINSON, DORAINE             | 4025147613       | doraineh@aol.com           |
|                                   |   |  | Tucker, Mildred                 | 4029798350       | cultivatingpaths@gmail.com |
|                                   |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | BAULPINSON, DORAINE             | 4025147613       | doraineh@aol.com           |
|                                   |   |  | Tucker, Mildred                 | 4029798350       | cultivatingpaths@gmail.com |
|                                   |   | Juvenile Substance Use Addendum                                  | BAULPINSON, DORAINE             | 4025147613       | doraineh@aol.com           |
|                                   |   |  | Tucker,                         | 4029798350       | cultivatingpaths@gmail.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<br>Omaha, NEBRASKA 68105 | Juvenile Substance Use Addendum     | Mildred                         |                  |                            |
|                                   |  | Juvenile Substance Use Evaluation   | BAULPINSON, DORAINE             | 4025147613       | doraineh@aol.com           |
|                                   |  |                                     | Tucker, Mildred                 | 4029798350       | cultivatingpaths@gmail.com |

### Agency Name: Developmental Disability Center of Nebraska, LLC

| Agency Facility Name                             | Facility Address                        | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|-------------------------------------|---------------------------------|------------------|------------------|
| Developmental Disability Center of Nebraska, LLC | 1805 N 73RD ST<br>Omaha, NEBRASKA 68114 | Invoice - Day Reporting             |                                 |                  |                  |
|  |   | Invoice - Group Home A              |                                 |                  |                  |

### Agency Name: Different World - New Beginnings

| Agency Facility Name             | Facility Address                             | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email       |
|----------------------------------|--|-------------------------------------|---------------------------------|------------------|------------------------|
| Different World - New Beginnings | 4609 N. 24th Street<br>Omaha, NEBRASKA 68111 | Day Reporting                       | Mackey, Terrence                | 4026126711       | Tmackeyomaha@aol.com   |
|                                  |  |                                     | Roper, Forrest                  | 4022539249       | forrestroper@gmail.com |
|                                  |  | Family Support                      | Mackey, Terrence                | 4026126711       | Tmackeyomaha@aol.com   |
|                                  |  |                                     | Roper, Forrest                  | 4022539249       | forrestroper@gmail.com |

### Agency Name: Douglas County Youth Center

| Agency Facility Name        | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Douglas County Youth Center | 1301 S 41st Street Omaha, NEBRASKA 68105 | Invoice - H.O.M.E.                  |                                 |                  |                  |
|                             |  | Invoice - Secure Detention          |                                 |                  |                  |
|                             |  | Invoice - Staff Detention           |                                 |                  |                  |



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### Agency Name: Dr. Doraine Baul-Pinson

| 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 | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                  |
|                         |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### Agency Name: Dukes Village Development

| Agency Facility Name      | Facility Address                          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Dukes Village Development | 1941 S 42nd St #107 Omaha, NEBRASKA 68105 | Evening Reporting                   |                                 |                  |                  |

### Agency Name: East African Development Association of Nebraska. (EADAN)

| Agency Facility Name                                      | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|-------------------------------------|---------------------------------|------------------|------------------|
| East African Development Association of Nebraska. (EADAN) | 4735 Nw Radial Hwy Omaha, NEBRASKA 68104 | Family Partner                      |                                 |                  |                  |

### Agency Name: Elevated Thinking LLC

| Agency Facility Name  | Facility Address                       | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Elevated Thinking LLC | 5027 S 162nd Ave Omaha, NEBRASKA 68135 | Day Reporting                       |                                 |                  |                  |
|                       |  | Evening Reporting                   |                                 |                  |                  |

### Agency Name: Embracing Heart Supportive Service

| Agency Facility Name               | Facility Address                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|------------------------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------|
| Embracing Heart Supportive Service | 11069 I Street Omaha, NEBRASKA 68137 | Day Reporting                       | Akue, Adoukoe                   | 4024520023       | floraakue@gmail.com     |
|                                    |                                      |                                     | Ezui, Tanya                     | 4022017719       | info@embracingheart.com |

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## District 4J

| Agency Facility Name               | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email               |
|------------------------------------|--|-------------------------------------|---------------------------------|------------------|--------------------------------|
| Embracing Heart Supportive Service | 11069 I Street<br>Omaha,<br>NEBRASKA 68137 | Day Reporting                       | Omar, Hamisi                    | 4022156557       | Omar@embracingheart.com        |
|                                    |  |                                     | Ouedraogo, Constant             | 3479209614       | konstente@gmail.com            |
|                                    |  |                                     | Pichardo, Sujey                 | 4025478039       | manager@embracingheart.com     |
|                                    |  |                                     | Poppe, Joey                     | 5312621294       | coordinator@embracingheart.com |
|                                    |  |                                     | summers, warren                 | 4022086735       | probation@embracingheart.com   |
|                                    |  | Employment Placement                | Akue, Adoukoe                   | 4024520023       | floraakue@gmail.com            |
|                                    |  |                                     | Ezui, Tanya                     | 4022017719       | info@embracingheart.com        |
|                                    |  |                                     | Omar, Hamisi                    | 4022156557       | Omar@embracingheart.com        |
|                                    |  |                                     | Ouedraogo, Constant             | 3479209614       | konstente@gmail.com            |
|                                    |  |                                     | Pichardo, Sujey                 | 4025478039       | manager@embracingheart.com     |
|                                    |  |                                     | Poppe, Joey                     | 5312621294       | coordinator@embracingheart.com |
|                                    |  |                                     | summers, warren                 | 4022086735       | probation@embracingheart.com   |
|                                    |  | Evening Reporting                   | Akue, Adoukoe                   | 4024520023       | floraakue@gmail.com            |
|                                    |  |                                     | Ezui, Tanya                     | 4022017719       | info@embracingheart.com        |
|                                    |  |                                     | Omar, Hamisi                    | 4022156557       | Omar@embracingheart.com        |
|                                    |  |                                     | Ouedraogo, Constant             | 3479209614       | konstente@gmail.com            |
|                                    |  |                                     | Pichardo, Sujey                 | 4025478039       | manager@embracingheart.com     |
|                                    |  |                                     | Poppe, Joey                     | 5312621294       | coordinator@embracingheart.com |
|                                    |  |                                     | summers, warren                 | 4022086735       | probation@embracingheart.com   |
|                                    |  | Family Partner                      | Pichardo, Sujey                 | 4025478039       | manager@embracingheart.com     |

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| Agency Facility Name               | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email               |
|------------------------------------|--|-------------------------------------|---------------------------------|------------------|--------------------------------|
| Embracing Heart Supportive Service | 11069 I Street<br>Omaha,<br>NEBRASKA 68137 | Family Support                      | Akue, Adoukoe                   | 4024520023       | floraakue@gmail.com            |
|                                    |  |                                     | Ezui, Tanya                     | 4022017719       | info@embracingheart.com        |
|                                    |  |                                     | Omar, Hamisi                    | 4022156557       | Omar@embracingheart.com        |
|                                    |  |                                     | Ouedraogo, Constant             | 3479209614       | konstente@gmail.com            |
|                                    |  |                                     | Pichardo, Sujey                 | 4025478039       | manager@embracingheart.com     |
|                                    |  |                                     | summers, warren                 | 4022086735       | probation@embracingheart.com   |
|                                    |  | Independent Living                  | Akue, Adoukoe                   | 4024520023       | floraakue@gmail.com            |
|                                    |  |                                     | Omar, Hamisi                    | 4022156557       | Omar@embracingheart.com        |
|                                    |  |                                     | Ouedraogo, Constant             | 3479209614       | konstente@gmail.com            |
|                                    |  |                                     | Pichardo, Sujey                 | 4025478039       | manager@embracingheart.com     |
|                                    |  |                                     | Poppe, Joey                     | 5312621294       | coordinator@embracingheart.com |

### 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<br>Omaha, NEBRASKA 68164 | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                  |
|                         |  | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|                         |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                         |  | Juvenile Substance Use Addendum                                  |                                 |                  |                  |
|                         |  | Juvenile Substance Use Evaluation                                |                                 |                  |                  |

### Agency Name: Focus C3, PC

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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 | Juvenile Co-Occurring Evaluation                                 | Akers, Anita                    | 4029334411       | anita@focusc3.com |
|                      |  | Juvenile Mental Health Evaluation                                | Akers, Anita                    | 4029334411       | anita@focusc3.com |
|                      |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Akers, Anita                    | 4029334411       | anita@focusc3.com |
|                      |  | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Akers, Anita                    | 4029334411       | anita@focusc3.com |

### **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 | Juvenile Mental Health Evaluation                                    | Gard, Gary                      | 4023935432       | ggard@drgarygard.com |
|                      |  | Juvenile Psychological Evaluation                                    | Gard, Gary                      | 4023935432       | ggard@drgarygard.com |
|                      |  | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | Gard, Gary                      | 4023935432       | ggard@drgarygard.com |
|                      |  | Juveniles Who Sexually Harm Risk Evaluation                          | Gard, Gary                      | 4023935432       | ggard@drgarygard.com |

### **Agency Name: Getting Over Adversity Together, LLC**

| Agency Facility Name                 | Facility Address                                   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email               |
|--------------------------------------|--|-------------------------------------|---------------------------------|------------------|--------------------------------|
| Getting Over Adversity Together, LLC | 4601 S 50th Street Suite 302 Omaha, NEBRASKA 68117 | Case Managed Tutoring               |                                 |                  |                                |
|                                      |  | Day Reporting                       | McCroy, Shanice                 | 4027186936       | shanicemccroy@p-31services.com |
|                                      |  | Employment                          | McCroy,                         | 4027186936       | shanicemccroy@p-31services.com |

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| Agency Facility Name                 | Facility Address                                   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email               |  |
|--------------------------------------|--|-------------------------------------|---------------------------------|------------------|--------------------------------|--|
| Getting Over Adversity Together, LLC | 4601 S 50th Street Suite 302 Omaha, NEBRASKA 68117 | Placement                           | Shanice                         |                  |                                |  |
|                                      |  | Evening Reporting                   | McCroy, Shanice                 | 4027186936       | shanicemccroy@p-31services.com |  |
|                                      |  | Family Partner                      | McCroy, Shanice                 | 4027186936       | shanicemccroy@p-31services.com |  |
|                                      |  | Family Support                      | McCroy, Shanice                 | 4027186936       | shanicemccroy@p-31services.com |  |
|                                      |  | General Education Class             | McCroy, Shanice                 | 4027186936       | shanicemccroy@p-31services.com |  |
|                                      |  | Intensive Family Preservation       | McCroy, Shanice                 | 4027186936       | shanicemccroy@p-31services.com |  |
|                                      |  | Relative/ Kinship Home Study        | McCroy, Shanice                 | 4027186936       | shanicemccroy@p-31services.com |  |
|                                      | 4601 S 50th Street suite 302 Omaha, NEBRASKA 68117 | Case Managed Tutoring               |                                 |                  |                                |  |
|                                      |  | Day Reporting                       |                                 |                  |                                |  |
|                                      |  | Employment Placement                |                                 |                  |                                |  |
|                                      |  | Evening Reporting                   |                                 |                  |                                |  |
|                                      |  | Family Partner                      |                                 |                  |                                |  |
|                                      |  | Family Support                      |                                 |                  |                                |  |
|                                      |  | Intensive Family Preservation       |                                 |                  |                                |  |

**Agency Name: Golden Rule Living LLC**

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| Agency Facility Name   | Facility Address                    | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|------------------------|-------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------|
| Golden Rule Living LLC | 2616 Maple St Omaha, NEBRASKA 68111 | Day Reporting                       | Stewart, Golden                 | 4028136559       | stewartgolden@yahoo.com |
|                        |                                     | Evening Reporting                   |                                 |                  |                         |

### **Agency Name: Goshen Developmental Disability Center, LLC**

| Agency Facility Name                        | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|-------------------------------------|---------------------------------|------------------|------------------|
| Goshen Developmental Disability Center, LLC | 3306 N 190th Plaza Elkhorn, NEBRASKA 68022 | Invoice - Day Reporting             |                                 |                  |                  |
|   |  | Invoice - Group Home A              |                                 |                  |                  |

### **Agency Name: HLJ Care Home, LLC**

| Agency Facility Name | Facility Address                        | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| HLJ Care Home, LLC   | 4302 Maple Street Omaha, NEBRASKA 68111 | Agency Supported Foster Care        |                                 |                  |                  |

### **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 | Juvenile Mental Health Outpatient Counseling (Group) | Schnieder, Brian                | 4028500054       | brianschnieder@yahoo.com |
|                             |   | Juvenile Substance Use Outpatient Treatment (Group)  |                                 |                  |                          |

### **Agency Name: Heartland Family Service**

| Agency Facility Name | Facility Address          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                     |
|----------------------|---------------------------|-------------------------------------|---------------------------------|------------------|--------------------------------------|
| Heartland Family     | 2101 S 42nd Street Omaha, | Community Youth Coaching            | Andersen, Valeria               | 4029795833       | vandersen@heartlandfamilyservice.org |

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| Agency Facility Name | Facility Address  | Agency Facility Service Description | Approved Individual for Service | Individual Phone   | Individual Email                     |                                       |
|----------------------|-------------------|-------------------------------------|---------------------------------|--------------------|--------------------------------------|---------------------------------------|
| Service              | NEBRASKA<br>68105 | Community Youth Coaching            | Burton, JaNisha                 | 4026713344         | jburton@heartlandfamilyservice.org   |                                       |
|                      |                   |                                     | Burton, KeNesha                 | 4029907376         | kburton@heartlandfamilyservice.org   |                                       |
|                      |                   |                                     | Haynes, Cager                   | 4024577767         | chaynes@heartlandfamilyservice.org   |                                       |
|                      |                   |                                     | Mcgee, Justin                   | 4023509391         | jmcgee@heartlandfamilyservice.org    |                                       |
|                      |                   |                                     | Rolfzen, Bailey                 | 4029793549         | brolfzen@heartlandfamilyservice.org  |                                       |
|                      |                   |                                     | Soe, Eh                         | 4026594171         | esoe@heartlandfamilyservice.org      |                                       |
|                      |                   | Family Partner                      | Soe, Eh                         | 4026594171         | esoe@heartlandfamilyservice.org      |                                       |
|                      |                   | Family Support                      | Andersen, Valeria               | 4029795833         | vandersen@heartlandfamilyservice.org |                                       |
|                      |                   |                                     | Burton, JaNisha                 | 4026713344         | jburton@heartlandfamilyservice.org   |                                       |
|                      |                   |                                     | Burton, KeNesha                 | 4029907376         | kburton@heartlandfamilyservice.org   |                                       |
|                      |                   |                                     | Haynes, Cager                   | 4024577767         | chaynes@heartlandfamilyservice.org   |                                       |
|                      |                   |                                     | Mcgee, Justin                   | 4023509391         | jmcgee@heartlandfamilyservice.org    |                                       |
|                      |                   |                                     | Rolfzen, Bailey                 | 4029793549         | brolfzen@heartlandfamilyservice.org  |                                       |
|                      |                   |                                     | Soe, Eh                         | 4026594171         | esoe@heartlandfamilyservice.org      |                                       |
|                      |                   |                                     | General Education Class         | Burton, KeNesha    | 4029907376                           | kburton@heartlandfamilyservice.org    |
|                      |                   |                                     |                                 | Jorgensen, Shannon | 4055527425                           | sjorgensen@heartlandfamilyservice.org |
|                      |                   | Juvenile Co-Occurring Evaluation    | Cassidy, Victoria               | 4025527015         | Vcassidy@heartlandfamilyservice.org  |                                       |
|                      |                   |                                     | Fry, Sueretta                   | 4025527064         | Sfry@Heartlandfamilyservice.org      |                                       |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service                      | Individual Phone  | Individual Email                    |                                     |
|----------------------|------------------|-------------------------------------|--|-------------------|-------------------------------------|-------------------------------------|
|                      |                  | Juvenile Co-Occurring Evaluation    | Irwin, Erica   | 4025547052        | eirwin@heartlandfamilyservice.org   |                                     |
|                      |                  |                                     | Olson, Rachael                                       | 4025527059        | rolson@heartlandfamilyservice.org   |                                     |
|                      |                  |                                     | Schult, Caitlin                                      | 4025547204        | cschult@heartlandfamilyservice.org  |                                     |
|                      |                  |                                     | Walsh, Natasha                                       | 4025527499        | nwalsh@heartlandfamilyservice.org   |                                     |
|                      |                  | Juvenile Medication Management      |  |                   |                                     |                                     |
|                      |                  | Juvenile Mental Health Evaluation   | Cassidy, Victoria                                    | 4025527015        | Vcassidy@heartlandfamilyservice.org |                                     |
|                      |                  |                                     | Fry, Sueretta  | 4025527064        | Sfry@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   |                                     |
|                      |                  |                                     | Juvenile Mental Health Outpatient Counseling (Group) | Cassidy, Victoria | 4025527015                          | Vcassidy@heartlandfamilyservice.org |
|                      |                  | Fry, Sueretta                       |  | 4025527064        | Sfry@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                    |
|----------------------|------------------|--|---------------------------------|------------------|-------------------------------------|
|                      |                  | Juvenile Mental Health Outpatient Counseling (Group)             | Caitlin                         |                  |                                     |
|                      |                  |  | Walsh, Natasha                  | 4025527499       | nwalsh@heartlandfamilyservice.org   |
|                      |                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Cassidy, Victoria               | 4025527015       | Vcassidy@heartlandfamilyservice.org |
|                      |                  |  | Fry, Sueretta                   | 4025527064       | Sfry@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   |
|                      |                  |  | Juvenile Psychiatric Evaluation |                  |                                     |
|                      |                  | Juvenile Substance Use Addendum                                  | Cassidy, Victoria               | 4025527015       | Vcassidy@heartlandfamilyservice.org |
|                      |                  |  | Fry, Sueretta                   | 4025527064       | Sfry@Heartlandfamilyservice.org     |
|                      |                  |  | Irwin, Erica                    | 4025547052       | eirwin@heartlandfamilyservice.org   |
|                      |                  |  | Olson, Rachael                  | 4025527059       | rolson@heartlandfamilyservice.org   |
|                      |                  |  | Schult, Caitlin                 | 4025547204       | cschult@heartlandfamilyservice.org  |
|                      |                  |  | Walsh, Natasha                  | 4025527499       | nwalsh@heartlandfamilyservice.org   |
|                      |                  | Juvenile Substance Use Evaluation                                | 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                    |
|----------------------|------------------|---|---------------------------------|------------------|-------------------------------------|
|                      |                  | Juvenile Substance Use Evaluation                               | Fry, Sueretta                   | 4025527064       | Sfry@Heartlandfamilyservice.org     |
|                      |                  |   | Irwin, Erica                    | 4025547052       | eirwin@heartlandfamilyservice.org   |
|                      |                  |   | Olson, Rachael                  | 4025527059       | rolson@heartlandfamilyservice.org   |
|                      |                  |   | Schult, Caitlin                 | 4025547204       | cschult@heartlandfamilyservice.org  |
|                      |                  |   | Walsh, Natasha                  | 4025527499       | nwalsh@heartlandfamilyservice.org   |
|                      |                  | Juvenile Substance Use Outpatient Treatment (Group)             | Cassidy, Victoria               | 4025527015       | Vcassidy@heartlandfamilyservice.org |
|                      |                  |   | Fry, Sueretta                   | 4025527064       | Sfry@Heartlandfamilyservice.org     |
|                      |                  |   | Olson, Rachael                  | 4025527059       | rolson@heartlandfamilyservice.org   |
|                      |                  |   | Schult, Caitlin                 | 4025547204       | cschult@heartlandfamilyservice.org  |
|                      |                  |   | Walsh, Natasha                  | 4025527499       | nwalsh@heartlandfamilyservice.org   |
|                      |                  | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Cassidy, Victoria               | 4025527015       | Vcassidy@heartlandfamilyservice.org |
|                      |                  |   | Fry, Sueretta                   | 4025527064       | Sfry@Heartlandfamilyservice.org     |
|                      |                  |   | Irwin, Erica                    | 4025547052       | eirwin@heartlandfamilyservice.org   |
|                      |                  |   | Olson, Rachael                  | 4025527059       | rolson@heartlandfamilyservice.org   |
|                      |                  |   | Schult, Caitlin                 | 4025547204       | cschult@heartlandfamilyservice.org  |
|                      |                  |   | Walsh, Natasha                  | 4025527499       | nwalsh@heartlandfamilyservice.org   |

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| Agency Facility Name                 | Facility Address                              | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email            |
|--------------------------------------|---|-------------------------------------|---------------------------------|------------------|-----------------------------|
| Hearts That Heal Family Services LLC | 2115 N 75th St 10<br>Omaha, NEBRASKA<br>68134 | Family Support                      | McNeil,<br>Amanda               | 4026899559       | heartsthathealfsw@gmail.com |

### Agency Name: Holistic Healing Mind, Body, & Soul, LLC

| Agency Facility Name                     | Facility Address                                      | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|--|---------------------------------|------------------|------------------|
| Holistic Healing Mind, Body, & Soul, LLC | 1111 N 13th St. Suite 418<br>Omaha, NEBRASKA<br>68102 | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                  |
|  |   | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|  |   | Juvenile Mental Health Outpatient Counseling (Group)             |                                 |                  |                  |
|  |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|  |   | Juvenile Substance Use Evaluation                                |                                 |                  |                  |
|  |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                  |

### Agency Name: Holmes2Inspire

| Agency Facility Name | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email         |
|----------------------|--|-------------------------------------|---------------------------------|------------------|--------------------------|
| Holmes2Inspire       | 4326 Grand Ave<br>Omaha, NEBRASKA<br>68111 | Family Partner                      | Holmes Jr, Mr.<br>Rob           | 4026127518       | Holmes2inspire@gmail.com |
|                      |  | Family Support                      | Holmes Jr, Mr.<br>Rob           | 4026127518       | Holmes2inspire@gmail.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                  |
|-----------------------|--|--|---------------------------------|------------------|-----------------------------------|
| Imagine by Northpoint | 8710 Frederick St.<br>#100 Omaha, NE<br>68124 Omaha,<br>NEBRASKA 68124 | Juvenile Mental Health Day Treatment                         | Stevenson, Sandy                | 2085799858       | sstevenson@northpointrecovery.com |
|                       |  | Juvenile Mental Health 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 | Expedited Co-Occurring Evaluation                               |                                 |                  |  |
|                                  |                                      | Expedited Mental Health Evaluation                              |                                 |                  |  |
|                                  |                                      | Expedited Substance Use Evaluation                              | Segoviano, Jessica              | 5313017817       | jsegoviano@infiniteavenuescounseling.com |
|                                  |                                      | Juvenile Substance Use Addendum                                 | Segoviano, Jessica              | 5313017817       | jsegoviano@infiniteavenuescounseling.com |
|                                  |                                      | Juvenile Substance Use Evaluation                               | Segoviano, Jessica              | 5313017817       | jsegoviano@infiniteavenuescounseling.com |
|                                  |                                      | Juvenile Substance Use Intensive Outpatient (IOP)               | Segoviano, Jessica              | 5313017817       | jsegoviano@infiniteavenuescounseling.com |
|                                  |                                      | Juvenile Substance Use Outpatient Treatment (Group)             | Segoviano, Jessica              | 5313017817       | jsegoviano@infiniteavenuescounseling.com |
|                                  |                                      | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Segoviano, Jessica              | 5313017817       | jsegoviano@infiniteavenuescounseling.com |

### Agency Name: Innerwork Counseling and Consulting LLC

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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<br>Omaha, NEBRASKA 68127 | Juvenile Psychiatric 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,<br>NEBRASKA 68134 | Juvenile Medication Management      |                                 |                  |                  |
|                      |   | Juvenile Psychiatric Evaluation     |                                 |                  |                  |

### 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<br>Suite 3 Omaha, NEBRASKA<br>68134 | Juvenile Anger Management Class     |                                 |                  |                          |
|                         |   | Juvenile Mental Health Evaluation   | Faimon, Dr. Kristina            | 4024329553       | kristinafaimon@gmail.com |

### Agency Name: JS REACH IOP/OP

| 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<br>suite #416P Omaha,<br>NEBRASKA 68105 | Juvenile Substance Use Addendum                                 | Scott, Judi                     | 4025910871       | j.scottcounseling@gmail.com |
|                      |  | Juvenile Substance Use Evaluation                               | Scott, Judi                     | 4025910871       | j.scottcounseling@gmail.com |
|                      |  | Juvenile Substance Use Outpatient Treatment (Group)             | Scott, Judi                     | 4025910871       | j.scottcounseling@gmail.com |
|                      |  | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Scott, Judi                     | 4025910871       | j.scottcounseling@gmail.com |

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### Agency Name: KVC Nebraska

| 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 | Agency Supported Foster Care        | Aguirre Placke, Fannye          | 4023262928       | fanaguirreplacke@kvc.org |
|                      |   |                                     | Chandler, Travis                | 4026194125       | tchandler@kvc.org        |
|                      |   |                                     | Graves, Natalie                 | 4029996751       | ngraves@kvc.org          |
|                      |   |                                     | Jarmin, Samantha                | 4025785086       | sjarmin@kvc.org          |
|                      |   |                                     | Parks, Lauren                   | 4023205944       | Lparks@kvc.org           |
|                      |   |                                     | Sprakel, Liza                   | 4029801188       | lsprakel@kvc.org         |
|                      |   |                                     | Sutherland, Maizy               | 4026178873       | mlsutherland@kvc.org     |
|                      |   |                                     | Swanson, Megan                  | 4022388531       | mswanson@kvc.org         |
|                      |   | Expedited Co-Occurring Evaluation   | Christian, Gloria               | 7852598007       | gkchristian@kvc.org      |
|                      |   |                                     | Prusia, Jade                    | 4025061008       | jprusia@KVC.org          |
|                      |   | Expedited Mental Health Evaluation  | Christian, Gloria               | 7852598007       | gkchristian@kvc.org      |
|                      |   |                                     | Prusia, Jade                    | 4025061008       | jprusia@KVC.org          |
|                      |   | Expedited Substance Use Evaluation  | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com  |
|                      |   |                                     | Christian, Gloria               | 7852598007       | gkchristian@kvc.org      |
|                      |   |                                     | Prusia, Jade                    | 4025061008       | jprusia@KVC.org          |
|                      |   |                                     | Rogers, Randall                 | 7127139655       | rrogers@kvc.org          |
|                      |   | Family Support                      | Barber, Rakeesha                | 4028890946       | rbarber@kvc.org          |
|                      |   |                                     | Bolter,                         | 4028042093       | shannon@bekindomaha.com  |

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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 | Family Support   | Shannon                         |                  |                         |
|                      |   |  | Christian, Gloria               | 7852598007       | gkchristian@kvc.org     |
|                      |   |  | Mapes, Kathleen                 | 4025470741       | kmapes@kvc.org          |
|                      |   |  | Thompson, Michaela              | 4029570252       | mithompson@kvc.org      |
|                      |   | Intensive Family Preservation                                    | Barber, Rakeesha                | 4028890946       | rbarber@kvc.org         |
|                      |   |  | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com |
|                      |   |  | Christian, Gloria               | 7852598007       | gkchristian@kvc.org     |
|                      |   |  | Mapes, Kathleen                 | 4025470741       | kmapes@kvc.org          |
|                      |   | Invoice - Professional Foster Care                               |                                 |                  |                         |
|                      |   | Juvenile Co-Occurring Evaluation                                 | Prusia, Jade                    | 4025061008       | jprusia@KVC.org         |
|                      |   | Juvenile Mental Health Evaluation                                | Prusia, Jade                    | 4025061008       | jprusia@KVC.org         |
|                      |   | Juvenile Mental Health Outpatient Counseling (Group)             | Christian, Gloria               | 7852598007       | gkchristian@kvc.org     |
|                      |   |  | Prusia, Jade                    | 4025061008       | jprusia@KVC.org         |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Prusia, Jade                    | 4025061008       | jprusia@KVC.org         |
|                      |   | Juvenile Substance Use Addendum                                  | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com |
|                      |   |  | Christian, Gloria               | 7852598007       | gkchristian@kvc.org     |
| Prusia, Jade         | 4025061008                                  |  | jprusia@KVC.org                 |                  |                         |
| Rogers, Randall      | 7127139655                                  |  | rrogers@kvc.org                 |                  |                         |

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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 | Juvenile Substance Use Evaluation                               | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com  |
|                      |   |   | Christian, Gloria               | 7852598007       | gkchristian@kvc.org      |
|                      |   |   | Prusia, Jade                    | 4025061008       | jprusia@KVC.org          |
|                      |   |   | Rogers, Randall                 | 7127139655       | rrogers@kvc.org          |
|                      |   | Juvenile Substance Use Intensive Outpatient (IOP)               | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com  |
|                      |   |   | Christian, Gloria               | 7852598007       | gkchristian@kvc.org      |
|                      |   |   | Prusia, Jade                    | 4025061008       | jprusia@KVC.org          |
|                      |   |   | Rogers, Randall                 | 7127139655       | rrogers@kvc.org          |
|                      |   | Juvenile Substance Use Outpatient Treatment (Group)             | Bolter, Shannon                 | 4028042093       | shannon@bekindomaha.com  |
|                      |   |   | Christian, Gloria               | 7852598007       | gkchristian@kvc.org      |
|                      |   |   | Prusia, Jade                    | 4025061008       | jprusia@KVC.org          |
|                      |   |   | Rogers, Randall                 | 7127139655       | rrogers@kvc.org          |
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Prusia, Jade                    | 4025061008       | jprusia@KVC.org          |
|                      |   |   | Rogers, Randall                 | 7127139655       | rrogers@kvc.org          |
|                      |   | Professional Foster Care  | Aguirre Placke, Fannye          | 4023262928       | fanaguirreplacke@kvc.org |
|                      |   |   | Chandler, Travis                | 4026194125       | tchandler@kvc.org        |
| Graves, Natalie      | 4029996751                                  |   | ngraves@kvc.org                 |                  |                          |
| Jarmin, Samantha     | 4025785086                                  |   | sjarmin@kvc.org                 |                  |                          |



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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 | Professional Foster Care            | Parks, Lauren                   | 4023205944       | Lparks@kvc.org       |
|                      |   |                                     | Sprakel, Liza                   | 4029801188       | lsprakel@kvc.org     |
|                      |   |                                     | Sutherland, Maizy               | 4026178873       | mlsutherland@kvc.org |
|                      |   | Relative/Kinship Home Study         | Griess-Johnston, Cynthia        | 4023206690       | cgriess@kvc.org      |
|                      |   |                                     | Padilla, Taylor                 | 4026186318       | tpadilla@kvc.org     |
|                      |   |                                     | Parks, Lauren                   | 4023205944       | Lparks@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 | Juvenile Substance Use Addendum     | Keck, Amy                       | 5317729749       | Ajksm18@gmail.com |
|                      |                                     | Juvenile Substance Use Evaluation   | Keck, Amy                       | 5317729749       | Ajksm18@gmail.com |

### Agency Name: Kenesha Sides

| Agency Facility Name | Facility Address                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Kenesha Sides        | 3929 Blondo St Omaha, NEBRASKA 68111 | Day Reporting                       |                                 |                  |                  |

### 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 | Juvenile Co-Occurring Evaluation    | Borer, Kersten                  | 4025155383       | kerstenborerllc@cox.net |
|                      |   | Juvenile Mental Health Evaluation   | Borer, Kersten                  | 4025155383       | kerstenborerllc@cox.net |

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| 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 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Borer, Kersten                  | 4025155383       | kerstenborerllc@cox.net |
|                      |   | Juvenile Substance Use Addendum                                  | Borer, Kersten                  | 4025155383       | kerstenborerllc@cox.net |
|                      |   | Juvenile Substance Use Evaluation                                | Borer, Kersten                  | 4025155383       | kerstenborerllc@cox.net |
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Borer, Kersten                  | 4025155383       | kerstenborerllc@cox.net |

### 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 DBA Healing Pathways | 1299 Farnam St. Suite 300 Omaha, NEBRASKA 68102 | Juvenile Mental Health Evaluation                                    |                                 |                  |                  |
|                                     |   | Juvenile Mental Health Outpatient Counseling (Individual/Family)     |                                 |                  |                  |
|                                     |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)      |                                 |                  |                  |
|                                     |   | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) |                                 |                  |                  |

### Agency Name: LNR SafePlace LNR Services LLC

| Agency Facility Name           | Facility Address                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email          |
|--------------------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|---------------------------|
| LNR SafePlace LNR Services LLC | 2325 n 70th st Omaha, NEBRASKA 68104 | Family Partner                      | Parker, Mohogany                | 4023168813       | Mohoganyparker3@gmail.com |

### Agency Name: LifeForge Counseling

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| Agency Facility Name | Facility Address                                     | Agency Facility Service Description                                  | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------|--|--|---------------------------------|------------------|----------------------------|
| LifeForge Counseling | 11218 Elm Street<br>Suite B Omaha,<br>NEBRASKA 68144 | Juveniles Who Sexually Harm Intensive Outpatient Counseling (IOP)    | Ihle, Christopher               | 5313755126       | ihle.christopher@gmail.com |
|                      |  | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | Ihle, Christopher               | 5313755126       | ihle.christopher@gmail.com |

### 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,<br>Suite 226 Omaha,<br>NEBRASKA 68124 | Juvenile Co-Occurring Evaluation                                 | Denker, Lindsay                 | 4029326643       | therapywithlinds@gmail.com |
|                      |   | Juvenile Mental Health Evaluation                                | Denker, Lindsay                 | 4029326643       | therapywithlinds@gmail.com |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Denker, Lindsay                 | 4029326643       | therapywithlinds@gmail.com |
|                      |   | Juvenile Psychological Evaluation                                | Denker, Lindsay                 | 4029326643       | therapywithlinds@gmail.com |
|                      |   | Juvenile Substance Use Addendum                                  | Denker, Lindsay                 | 4029326643       | therapywithlinds@gmail.com |
|                      |   | Juvenile Substance Use Evaluation                                | Denker, Lindsay                 | 4029326643       | therapywithlinds@gmail.com |
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | 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 Counseling | 13513 Cottner St. Omaha,<br>NEBRASKA | Expedited Co-Occurring Evaluation   | 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                   |
|----------------------|------------------|--|---------------------------------|------------------|------------------------------------|
| Services             | 68137            | Expedited Mental Health Evaluation                               | Eggert, Krysti                  | 4029571709       | lookingforwardcounseling@gmail.com |
|                      |                  | Expedited Substance Use Evaluation                               | Eggert, Krysti                  | 4029571709       | lookingforwardcounseling@gmail.com |
|                      |                  | Juvenile Co-Occurring Evaluation                                 | Eggert, Krysti                  | 4029571709       | lookingforwardcounseling@gmail.com |
|                      |                  | Juvenile Mental Health Evaluation                                | Eggert, Krysti                  | 4029571709       | lookingforwardcounseling@gmail.com |
|                      |                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Eggert, Krysti                  | 4029571709       | lookingforwardcounseling@gmail.com |
|                      |                  | Juvenile Substance Use Addendum                                  | Eggert, Krysti                  | 4029571709       | lookingforwardcounseling@gmail.com |
|                      |                  | Juvenile 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<br>Omaha, NEBRASKA<br>68124 | Agency Supported Foster Care                         |                                 |                  |                  |
|                                |   | Family Partner                                       |                                 |                  |                  |
|                                |   | Family Support                                       |                                 |                  |                  |
|                                |   | Invoice - Professional Foster Care                   |                                 |                  |                  |
|                                |   | Juvenile Medication Management                       |                                 |                  |                  |
|                                |   | Juvenile Psychiatric Evaluation                      |                                 |                  |                  |
|                                |   | Juvenile Substance Use Outpatient Treatment (Group)  |                                 |                  |                  |
|                                |   | Professional Foster Care                             |                                 |                  |                  |
| Lutheran Family Services of NE | 11807 Q Street<br>Omaha, NEBRASKA<br>68137    | Juvenile Mental Health Evaluation                    |                                 |                  |                  |
|                                |   | Juvenile Mental Health Outpatient Counseling (Group) |                                 |                  |                  |

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| Agency Facility Name           | Facility Address                           | Agency Facility Service Description                                  | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------------|--|--|---------------------------------|------------------|------------------|
| Lutheran Family Services of NE | 11807 Q Street<br>Omaha, NEBRASKA<br>68137 | Juvenile Mental Health Outpatient Counseling (Individual/Family)     |                                 |                  |                  |
|                                |  | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) |                                 |                  |                  |

### **Agency Name: Lyfe Changes Resource Center, INC. c/o Project Safe Space- Nebraska**

| Agency Facility Name  | Facility Address                          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email      |
|---|---|-------------------------------------|---------------------------------|------------------|-----------------------|
| Lyfe Changes Resource Center, INC. c/o Project Safe Space- Nebraska | 2509 Decatur Street Omaha, NEBRASKA 68111 | Community Treatment Aide (CTA)      |                                 |                  |                       |
|   |   | Day Reporting                       |                                 |                  |                       |
|   |   | Family Partner                      |                                 |                  |                       |
|   |   | Family Support                      | Worthington, Brea               | 4028809925       | bgross2015@icloud.com |
|   |   | Intensive Family Preservation       | Worthington, Brea               | 4028809925       | bgross2015@icloud.com |
|   |   | Juvenile Anger Management Class     |                                 |                  |                       |
|   |   | Relative/ Kinship Home Study        | Worthington, Brea               | 4028809925       | bgross2015@icloud.com |

### **Agency Name: MAHANAIM**

| Agency Facility Name | Facility Address                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email   |
|----------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|--------------------|
| MAHANAIM             | 9510 Binney st Omaha, NEBRASKA 68134 | Day Reporting                       | YAMEOGO, SERGE                  | 9179824958       | sergiop4x@yahoo.fr |

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| Agency Facility Name | Facility Address                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email   |
|----------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|--------------------|
| MAHANAIM             | 9510 Binney st Omaha, NEBRASKA 68134 | Evening Reporting                   | YAMEOGO, SERGE                  | 9179824958       | sergiop4x@yahoo.fr |
|                      |                                      | Family Partner                      | YAMEOGO, SERGE                  | 9179824958       | sergiop4x@yahoo.fr |
|                      |                                      | Family Support                      | YAMEOGO, SERGE                  | 9179824958       | sergiop4x@yahoo.fr |
|                      |                                      | Independent Living                  | YAMEOGO, SERGE                  | 9179824958       | sergiop4x@yahoo.fr |

### Agency Name: Maddelyn Bal

| Agency Facility Name | Facility Address                          | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email       |
|----------------------|---|--|---------------------------------|------------------|------------------------|
| Maddelyn Bal         | 7701 Pacific St 208 Omaha, NEBRASKA 68124 | Juvenile Co-Occurring Evaluation                                 | Bal, Maddelyn                   | 4026168607       | Maddelyn.bal@gmail.com |
|                      |   | Juvenile Mental Health Evaluation                                | Bal, Maddelyn                   | 4026168607       | Maddelyn.bal@gmail.com |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Bal, Maddelyn                   | 4026168607       | Maddelyn.bal@gmail.com |
|                      |   | Juvenile Substance Use Addendum                                  | Bal, Maddelyn                   | 4026168607       | Maddelyn.bal@gmail.com |
|                      |   | Juvenile Substance Use Evaluation                                | Bal, Maddelyn                   | 4026168607       | Maddelyn.bal@gmail.com |
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Bal, Maddelyn                   | 4026168607       | Maddelyn.bal@gmail.com |

### 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 | Juvenile Co-Occurring Evaluation                                 | Maggett, Joseph                 | 4023126840       | joseph@maggett-counseling.com |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Maggett, Joseph                 | 4023126840       | joseph@maggett-counseling.com |
|                      |   | Juvenile Substance Use Outpatient Treatment                      | Maggett, Joseph                 | 4023126840       | joseph@maggett-counseling.com |

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| Agency Facility Name | Facility Address                                    | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
|                      | 11907 Arbor St. Suite A<br>Omaha, NEBRASKA<br>68144 | (Individual/Family)                 |                                 |                  |                  |

### 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<br>Omaha, NEBRASKA<br>68127 | Juvenile Co-Occurring Evaluation    | Wolff, Megan                    | 5312257017       | megan@meganwolffcounseling.com |
|                        |   | Juvenile Mental Health Evaluation   | Wolff, Megan                    | 5312257017       | megan@meganwolffcounseling.com |
|                        |   | Juvenile Substance Use Addendum     | Wolff, Megan                    | 5312257017       | megan@meganwolffcounseling.com |
|                        |   | Juvenile Substance Use Evaluation   | Wolff, Megan                    | 5312257017       | megan@meganwolffcounseling.com |

### Agency Name: Munroe Meyer Institute at the University of Nebraska Medical Center

| Agency Facility Name  | Facility Address                             | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|---|--|-------------------------------------|---------------------------------|------------------|-------------------------|
| Munroe Meyer Institute at the University of Nebraska Medical Center | 6902 Pine Street<br>Omaha, NEBRASKA<br>68106 | Juvenile Co-Occurring Evaluation    | Franta Bretscher, Erika         | 6364842972       | erika.franta@unmc.edu   |
|   |  |                                     | Rangel-Pacheco, Abril           | 4027140713       | arangelpacheco@unmc.edu |
|   |  | Juvenile Mental Health Evaluation   | Franta Bretscher, Erika         | 6364842972       | erika.franta@unmc.edu   |
|   |  |                                     | Rangel-Pacheco,                 | 4027140713       | arangelpacheco@unmc.edu |

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| Agency Facility Name  | Facility Address                                | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email      |
|---|---|-------------------------------------|---------------------------------|------------------|-----------------------|
| Munroe Meyer Institute at the University of Nebraska Medical Center | 6902 Pine Street<br>Omaha,<br>NEBRASKA<br>68106 | Juvenile Mental Health Evaluation   | Abril                           |                  |                       |
|   |   | Juvenile Psychological Evaluation   | Franta Bretscher, Erika         | 6364842972       | erika.franta@unmc.edu |

### **Agency Name: NEBRASKA NEUROBEHAVIORAL SERVICES, INC**

| Agency Facility Name                   | Facility Address                              | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|-------------------------------------|---------------------------------|------------------|------------------|
| NEBRASKA NEUROBEHAVIORAL SERVICES, INC | 10306 Ellison Circle<br>Omaha, NEBRASKA 68132 | Invoice - Day Reporting             |                                 |                  |                  |
|  |   | Invoice - Group Home A              |                                 |                  |                  |
|  |   | Professional Foster Care            |                                 |                  |                  |

### **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<br>Omaha, NEBRASKA 68152 | Agency Supported Foster Care                                |                                 |                  |                       |
|                          |  | Family Support  |                                 |                  |                       |
|                          |  | Professional Foster Care                                    |                                 |                  |                       |
|                          |  | Relative/Kinship Home Study                                 |                                 |                  |                       |
|                          |  | Specialty Psychiatric Residential Treatment Facility (PRTF) | Henderson, Kimberly             | 4029918558       | khenderson@novatc.org |
|                          | Renner, Mikaela                                  | 4026773586  | mrenner@novatc.org              |                  |                       |

### **Agency Name: Neter Enterprise LLC**



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| Agency Facility Name | Facility Address                                | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                |
|----------------------|---|-------------------------------------|---------------------------------|------------------|---------------------------------|
| Neter Enterprise LLC | 5326 Hanover Circle<br>Omaha, NEBRASKA<br>68152 | Day Reporting                       | Penn, Robert                    | 4027392069       | neter.enterprisellc@outlook.com |
|                      |   | Evening Reporting                   | Penn, Robert                    | 4027392069       | neter.enterprisellc@outlook.com |
|                      |   | Family Partner                      | Penn, Robert                    | 4027392069       | neter.enterprisellc@outlook.com |
|                      |   | General Education Class             | Penn, Robert                    | 4027392069       | neter.enterprisellc@outlook.com |

### Agency Name: New Balance Counseling

| Agency Facility Name   | Facility Address                          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email               |
|------------------------|---|-------------------------------------|---------------------------------|------------------|--------------------------------|
| new balance counseling | 6056 Ames Ave<br>Omaha, NEBRASKA<br>68104 | Juvenile Co-Occurring Evaluation    | Bell, Antoinette                | 4027099849       | newbalancecounseling@gmail.com |
|                        |   | Juvenile Mental Health Evaluation   | Bell, Antoinette                | 4027099849       | newbalancecounseling@gmail.com |
|                        |   | Juvenile Substance Use Addendum     | Bell, Antoinette                | 4027099849       | newbalancecounseling@gmail.com |
|                        |   | Juvenile 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<br>Omaha, NEBRASKA<br>68144 | Juvenile Co-Occurring Evaluation             | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           |  | Juvenile Mental Health Evaluation            | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           |  | Juvenile Mental Health Outpatient Counseling | 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              |
|---------------------------|---|--|---------------------------------|------------------|-------------------------------|
| New Beginnings Counseling | 11414 W. Center Road Ste 247<br>Omaha, NEBRASKA 68144 | (Individual/Family)  |                                 |                  |                               |
|                           |   | Juvenile Substance Use Addendum                                  | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           |   | Juvenile Substance Use Evaluation                                | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           | 10840 Old Mill Rd Ste 300 Omaha, NEBRASKA 68154       | Juvenile Co-Occurring Evaluation                                 | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           |   | Juvenile Mental Health Evaluation                                | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           |   | Juvenile Substance Use Addendum                                  | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           |   | Juvenile Substance Use Evaluation                                | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.com |
|                           |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Baumgart, Brandy                | 4025989601       | brandy@newbeginningsomaha.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<br>Omaha, NEBRASKA 68127 | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### Agency Name: New Life Family Alliance

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|--------------------------|--|-------------------------------------|---------------------------------|------------------|--------------------|
| New Life Family Alliance | 3610 Dodge Street, Ste204<br>Omaha, NEBRASKA 68131 | Family Partner                      | Laa, Aban                       | 4023158189       | alaa@nlfaomaha.org |
|                          |  | Family Support                      | Laa, Aban                       | 4023158189       | alaa@nlfaomaha.org |

### Agency Name: North Omaha Learning Academy

| Agency Facility Name         | Facility Address                               | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| North Omaha Learning Academy | 4407 Fontenelle BLVD.<br>Omaha, NEBRASKA 68104 | Day Reporting                       |                                 |                  |                  |
|                              |  | Evening Reporting                   |                                 |                  |                  |
|                              |  | Family Support                      |                                 |                  |                  |

### 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<br>Omaha,<br>NEBRASKA 68117 | Agency Supported Foster Care        | Bottom, Julie                   | 4029372115       | julie.bottom@doane.edu     |
|                      |   |                                     | Whiteley, Kelsey                | 4022130877       | kelsey.whiteley@omniic.com |
|                      |   | Expedited Co-Occurring Evaluation   | Hernandez, Antonieta            | 4022145343       | toni.hernandez@omniic.com  |
|                      |   |                                     | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com         |
|                      |   | Expedited Mental Health Evaluation  | Hernandez, Antonieta            | 4022145343       | toni.hernandez@omniic.com  |
|                      |   |                                     | Sorrell, Catherine              | 4023979866       | kate.sorrell@omniic.com    |
|                      |   |                                     | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com         |
|                      |   | Expedited Substance Use Evaluation  | Andersen, Luke                  | 4028817740       | Luke.Andersen@omniic.com   |
|                      |   |                                     | Bottom, Julie                   | 4029372115       | julie.bottom@doane.edu     |
|                      |   |                                     | Hernandez, Antonieta            | 4022145343       | toni.hernandez@omniic.com  |

# Administrative Office of Courts & Probation

P.O. Box 98910  
Lincoln, NE 68509  
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## District 4J

| Agency Facility Name | Facility Address                          | Agency Facility Service Description               | Approved Individual for Service | Individual Phone | Individual Email          |
|----------------------|---|---|---------------------------------|------------------|---------------------------|
| OMNI Inventive Care  | 5115 F Street<br>Omaha,<br>NEBRASKA 68117 | Expedited Substance Use Evaluation                | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com        |
|                      |   | Family Support                                    | Andersen, Luke                  | 4028817740       | Luke.Andersen@omniic.com  |
|                      |   |   | Forrest, Eric                   | 4023018890       | eric.forrest@omniic.com   |
|                      |   |   | Wiehe, Benjamin                 | 4026703015       | benjamin.wiehe@omniic.com |
|                      |   | Intensive Family Preservation                     | Andersen, Luke                  | 4028817740       | Luke.Andersen@omniic.com  |
|                      |   |   | Forrest, Eric                   | 4023018890       | eric.forrest@omniic.com   |
|                      |   |   | Hernandez, Antonieta            | 4022145343       | toni.hernandez@omniic.com |
|                      |   |   | Sorrell, Catherine              | 4023979866       | kate.sorrell@omniic.com   |
|                      |   |   | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com        |
|                      |   | Invoice - Community Based Alternative Residential | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com        |
|                      |   | Invoice - Day Reporting                           |                                 |                  |                           |
|                      |   | Invoice - Group Home A                            |                                 |                  |                           |
|                      |   | Invoice - Professional Foster Care                |                                 |                  |                           |
|                      |   | Juvenile Co-Occurring Evaluation                  | Hernandez, Antonieta            | 4022145343       | toni.hernandez@omniic.com |
|                      |   |   | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com        |
|                      |   | Juvenile Mental Health Evaluation                 | Hernandez, Antonieta            | 4022145343       | toni.hernandez@omniic.com |
|                      |   |   | Sorrell, Catherine              | 4023979866       | kate.sorrell@omniic.com   |
|                      |   |   | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com        |
|                      |   | Juvenile Mental Health                            | Hernandez,                      | 4022145343       | toni.hernandez@omniic.com |

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## District 4J

| Agency Facility Name        | Facility Address                            | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email           |
|-----------------------------|---|---|---------------------------------|------------------|----------------------------|
| OMNI Inventive Care         | 5115 F Street<br>Omaha,<br>NEBRASKA 68117   | Outpatient Counseling (Individual/Family)                       | Antonietta                      |                  |                            |
|                             |   |   | Sorrell, Catherine              | 4023979866       | kate.sorrell@omniic.com    |
|                             |   |   | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com         |
|                             |   |   | Whiteley, Kelsey                | 4022130877       | kelsey.whiteley@omniic.com |
|                             |   | Juvenile Psychological Evaluation                               |                                 |                  |                            |
|                             |   | Juvenile Substance Use Evaluation                               | Andersen, Luke                  | 4028817740       | Luke.Andersen@omniic.com   |
|                             |   |   | Bottom, Julie                   | 4029372115       | julie.bottom@doane.edu     |
|                             |   |   | Hernandez, Antonietta           | 4022145343       | toni.hernandez@omniic.com  |
|                             |   |   | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com         |
|                             |   | Juvenile Substance Use Outpatient Treatment (Group)             | Andersen, Luke                  | 4028817740       | Luke.Andersen@omniic.com   |
|                             |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Andersen, Luke                  | 4028817740       | Luke.Andersen@omniic.com   |
|                             |   |   | Bottom, Julie                   | 4029372115       | julie.bottom@doane.edu     |
|                             |   |   | Hernandez, Antonietta           | 4022145343       | toni.hernandez@omniic.com  |
|                             |   |   | Walker-Vinal, Kristin           | 4025226212       | kwalkerv@gmail.com         |
|                             |   | Juveniles Who Sexually Harm Risk Evaluation                     |                                 |                  |                            |
|                             |   | Professional Foster Care  |                                 |                  |                            |
| Relative/Kinship Home Study | Whiteley, Kelsey                            | 4022130877  | kelsey.whiteley@omniic.com      |                  |                            |
|                             | 8715 Oak Street<br>Omaha,<br>NEBRASKA 68124 | Expedited Co-Occurring Evaluation                               |                                 |                  |                            |

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| Agency Facility Name | Facility Address                            | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|---|-------------------------------------|---------------------------------|------------------|-------------------------|
|                      | 8715 Oak Street<br>Omaha,<br>NEBRASKA 68124 | Expedited Mental Health Evaluation  | Fisher, Laura                   | 4024273857       | fisherlaura77@gmail.com |
|                      |   |                                     | Jones, Katie                    | 4027402343       | katie.jones@omniic.com  |
|                      |   | Expedited Substance Use Evaluation  |                                 |                  |                         |

### **Agency Name: Omaha Center for Refugee and Immigrant Services INC**

| Agency Facility Name                                | Facility Address                                      | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email            |
|---|---|-------------------------------------|---------------------------------|------------------|-----------------------------|
| Omaha Center for Refugee and Immigrant Services INC | 628 N. Saddle Creek Road, Ste B Omaha, NEBRASKA 68132 | Family Partner                      | Aden, Abdifatah                 | 5318677543       | abdifatah.aden@ocrisi.org   |
|   |   |                                     | Ajongo, Elizabeth               | 5318677543       | elizabeth.ajongo@ocrisi.org |
|   |   |                                     | Mohamed, Abdi                   | 5318677543       | abdi.mohamed@ocrisi.org     |

### **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 | Crisis Stabilization   |                                 |                  |                            |
|                           |  | Day Reporting  | Krause, Katie                   | 4023502574       | kkrause@ohb.org            |
|                           |  | Evening Reporting  | Krause, Katie                   | 4023502574       | kkrause@ohb.org            |
|                           |  | Family Support   | Koppes, Brittany                | 5635439033       | bkoppes@ohb.org            |
|                           |  | Group Home A   |                                 |                  |                            |
|                           |  | Independent Living   |                                 |                  |                            |
|                           |  | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                            |
|                           |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Oiler, Jennifer                 | 4024577086       | jenna@flourishingminds.net |

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| 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 | Juvenile Substance Use Addendum                                 |                                 |                  |                  |
|                           |  | Juvenile Substance Use Evaluation                               |                                 |                  |                  |
|                           |  | Juvenile Substance Use Outpatient Treatment (Individual/Family) |                                 |                  |                  |

### Agency Name: Omaha Rebels AIMS

| Agency Facility Name | Facility Address                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email       |
|----------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|------------------------|
| Omaha Rebels AIMS    | 1824 N 16th St Omaha, NEBRASKA 68110 | Family Support                      | Smiley, Andrea                  | 4029681684       | asmileyomaha@yahoo.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 | Juvenile Medication Management                                   |                                 |                  |                  |
|                                  |  | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|                                  |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                                  |  | Juvenile Psychiatric Evaluation                                  |                                 |                  |                  |
|                                  |  | Juvenile Psychiatric Evaluation Interview Only                   |                                 |                  |                  |

### 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             | 1941 S 42nd      | Expedited Co-                       | Chambers,                       | 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                             |
|-------------------------------|---|-------------------------------------|---------------------------------|------------------|--|
| Behavioral Health of Nebraska | St Suite 328<br>Omaha,<br>NEBRASKA<br>68105 | Occurring Evaluation                | Carolyn                         |                  |  |
|                               |   |                                     | 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       |
|                               |   | Expedited Mental Health 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       |
|                               |   | Expedited 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               |



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|----------------------|------------------|-------------------------------------|---------------------------------|------------------|--|
|                      |                  | Expedited Substance Use Evaluation  | Alee                            |                  |  |
|                      |                  |                                     | Roth, Jessica                   | 4024998912       | jroth@capstonebehavioralhealth.com           |
|                      |                  |                                     | Stoeger, Anna                   | 4025219998       | atenillestoeger@capstonebehavioralhealth.com |
|                      |                  |                                     | Thompson, Jacquelyn             | 4026148444       | jthompson@capstonebehavioralhealth.com       |
|                      |                  | Juvenile Co-Occurring Evaluation    | Andersen, Brian                 | 4026148444       | bandersen@capstonebehavioralhealth.com       |
|                      |                  |                                     | 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       |
|                      |                  | Juvenile Mental Health 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               |
|                      |                  |                                     | Needelman, Joshua               | 4026148444       | jneedelman@capstonebehavioralhealth.com      |
|                      |                  |                                     | Roth, Jessica                   | 4024998912       | jroth@capstonebehavioralhealth.com           |

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| Agency Facility Name | Facility Address | Agency Facility Service Description                              | Approved Individual for Service        | Individual Phone | Individual Email                             |
|----------------------|------------------|--|--|------------------|--|
|                      |                  | Juvenile Mental Health Evaluation                                | Jessica                                |                  |  |
|                      |                  |  | Stoeger, Anna                          | 4025219998       | atenillestoeger@capstonebehavioralhealth.com |
|                      |                  |  | Thompson, Jacquelyn                    | 4026148444       | jthompson@capstonebehavioralhealth.com       |
|                      |                  | Juvenile Mental Health Outpatient Counseling (Group)             | 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               |
|                      |                  |  | Roth, Jessica                          | 4024998912       | jroth@capstonebehavioralhealth.com           |
|                      |                  |  | Signorelli, Mary                       | 4026148444       | msignorelli@capstonebehavioralhealth.com     |
|                      |                  |  | Stoeger, Anna                          | 4025219998       | atenillestoeger@capstonebehavioralhealth.com |
|                      |                  |  | Thompson, Jacquelyn                    | 4026148444       | jthompson@capstonebehavioralhealth.com       |
|                      |                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Andersen, Brian                        | 4026148444       | bandersen@capstonebehavioralhealth.com       |
|                      |                  |  | Chambers, Carolyn                      | 4022188270       | cchambers@capstonebehavioralhealth.com       |
| Engle, Christine     | 4028146144       |  | cengle@capstonebehavioralhealth.com    |                  |  |
| Escobar, Rocio       | 4028199343       |  | rescobar@capstonebehavioralhealth.com  |                  |  |
| Filcheck,            | 4023500771       |  | hfilcheck@capstonebehavioralhealth.com |                  |  |

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## District 4J

| Agency Facility Name | Facility Address | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone                    | Individual Email                             |
|----------------------|------------------|--|---------------------------------|-------------------------------------|--|
|                      |                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Holly                           |                                     |  |
|                      |                  |  | 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 |  |
|                      |                  | Juvenile Psychological Evaluation                                | Filcheck, Holly                 | 4023500771                          | hfilcheck@capstonebehavioralhealth.com       |
|                      |                  |  | Lindner, Jennifer               | 4025172948                          | jlindner@capstonebehavioralhealth.com        |
|                      |                  |  | Morell, Elizabeth               | 4026148444                          | emorell@capstonebehavioralhealth.com         |
|                      |                  |  | Needelman, Joshua               | 4026148444                          | jneedelman@capstonebehavioralhealth.com      |
|                      |                  | Juvenile Substance Use Addendum                                  | Chambers, Carolyn               | 4022188270                          | cchambers@capstonebehavioralhealth.com       |
|                      |                  |  | Engle, Christine                | 4028146144                          | cengle@capstonebehavioralhealth.com          |
|                      |                  |  | Escobar, Rocio                  | 4028199343                          | rescobar@capstonebehavioralhealth.com        |

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| Agency Facility Name | Facility Address | Agency Facility Service Description                 | Approved Individual for Service              | Individual Phone | Individual Email                             |
|----------------------|------------------|---|--|------------------|--|
|                      |                  | Juvenile Substance Use Addendum                     | Larson, Alee                                 | 4024014387       | alee@unconventionalhealing.org               |
|                      |                  |   | Roth, Jessica                                | 4024998912       | jroth@capstonebehavioralhealth.com           |
|                      |                  |   | Stoeger, Anna                                | 4025219998       | atenillestoeger@capstonebehavioralhealth.com |
|                      |                  |   | Thompson, Jacquelyn                          | 4026148444       | jthompson@capstonebehavioralhealth.com       |
|                      |                  | Juvenile 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       | jroth@capstonebehavioralhealth.com           |
|                      |                  |   | Stoeger, Anna                                | 4025219998       | atenillestoeger@capstonebehavioralhealth.com |
|                      |                  |   | Thompson, Jacquelyn                          | 4026148444       | jthompson@capstonebehavioralhealth.com       |
|                      |                  | Juvenile Substance Use Outpatient Treatment (Group) | 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 |                  |  |

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| Agency Facility Name | Facility Address | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email                             |
|----------------------|------------------|---|---------------------------------|------------------|--|
|                      |                  | Juvenile Substance Use Outpatient Treatment (Group)             | Thompson, Jacquelyn             | 4026148444       | jthompson@capstonebehavioralhealth.com       |
|                      |                  | Juvenile Substance Use Outpatient Treatment (Individual/Family) | 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 House Youth Services

| Agency Facility Name     | Facility Address                             | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--------------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Our House Youth Services | 1941 South 42nd Street Omaha, NEBRASKA 68105 | Evening Reporting                   |                                 |                  |                  |
|                          |  | Family Partner                      |                                 |                  |                  |

### Agency Name: Owens Educational Services, Inc.

| 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 | Continuous Alcohol Monitoring (CAM) | Bothwell, Robin                 | 4026583796       | Robin.Bothwell@OwensEducationalServices.org |
|                                  |                                    |                                     | MARCANTEL, CANDI                | 4023179941       | candi.marcantel@theowenscompanies.com       |

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| Agency Facility Name             | Facility Address | Agency Facility Service Description       | Approved Individual for Service | Individual Phone | Individual Email                             |  |
|----------------------------------|------------------|---|---------------------------------|------------------|--|--|
| Owens Educational Services, Inc. | 68112            | Day Reporting                             | MARCANTEL, CANDI                | 4023179941       | candi.marcantel@theowenscompanies.com        |  |
|                                  |                  | Evening Reporting                         | MARCANTEL, CANDI                | 4023179941       | candi.marcantel@theowenscompanies.com        |  |
|                                  |                  | Family Support                            | Guerrero, Joaquin               | 4024518404       | joaquin.guerrero@theowenscompanies.com       |  |
|                                  |                  |   | Larson, Kimberly                | 4026899228       | Kimberly.Larson@OwensEducationalServices.org |  |
|                                  |                  |   | MARCANTEL, CANDI                | 4023179941       | candi.marcantel@theowenscompanies.com        |  |
|                                  |                  | General Education Class                   | MARCANTEL, CANDI                | 4023179941       | candi.marcantel@theowenscompanies.com        |  |
|                                  |                  |   | Wilkins, James                  | 4024640784       | james.wilkins@theowenscompanies.com          |  |
|                                  |                  | Invoice - Mileage                         |                                 |                  |  |  |
|                                  |                  | Juvenile Anger Management Class           |                                 |                  |  |  |
|                                  |                  | Juvenile Electronic Monitoring Cell Phone | Bothwell, Robin                 | 4026583796       | Robin.Bothwell@OwensEducationalServices.org  |  |
|                                  |                  | Juvenile Electronic Monitoring GPS        | Bothwell, Robin                 | 4026583796       | Robin.Bothwell@OwensEducationalServices.org  |  |
|                                  |                  | Juvenile Electronic Monitoring Land Line  | Bothwell, Robin                 | 4026583796       | Robin.Bothwell@OwensEducationalServices.org  |  |

**Agency Name: Paradigm, Inc.**

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| Agency Facility Name | Facility Address                                | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|--|---------------------------------|------------------|------------------|
| Paradigm, Inc.       | 809 South 174th Street<br>Omaha, NEBRASKA 68118 | Family Support   |                                 |                  |                  |
|                      |   | Intensive Family Preservation                                    |                                 |                  |                  |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### 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<br>Omaha, NEBRASKA 68137 | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### 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<br>Omaha, NEBRASKA 68154 | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                                     |
|                      |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Andres, Sandra                  | 4024144131       | sandy-andres@perceptionstherapy.com |
|                      |  |  | Lohman, Alisha                  | 4028198970       | alohmancounseling@gmail.com         |
|                      |  | Juvenile Substance Use Evaluation                                |                                 |                  |                                     |
|                      |  | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                                     |

### 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          | 2602 J St Omaha, | Juvenile Medication Management      |                                 |                  |                  |

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| Agency Facility Name | Facility Address | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|--|---------------------------------|------------------|------------------|
| of Nebraska          | NEBRASKA 68107   | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|                      |                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                      |                  | Juvenile Psychiatric Evaluation                                  |                                 |                  |                  |
|                      |                  | Juvenile Psychiatric Evaluation Interview Only                   |                                 |                  |                  |
|                      |                  | Juvenile Psychological Evaluation                                |                                 |                  |                  |
|                      |                  | Juvenile Substance Use Addendum                                  |                                 |                  |                  |
|                      |                  | Juvenile Substance Use Evaluation                                |                                 |                  |                  |

### Agency Name: Prolific Innovative Care LLC

| Agency Facility Name         | Facility Address                             | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                   |
|------------------------------|--|-------------------------------------|---------------------------------|------------------|------------------------------------|
| Prolific Innovative Care LLC | 5404 Ames Avenue<br>Omaha, NEBRASKA<br>68104 | Day Reporting                       | Grixby, Cortney                 | 4022103966       | cgrixby@prolificinnovativecare.com |
|                              |  |                                     | Hill, Benford                   | 4023201357       | bjhill3510@gmail.com               |
|                              |  | Evening Reporting                   | Grixby, Cortney                 | 4022103966       | cgrixby@prolificinnovativecare.com |
|                              |  |                                     | Hill, Benford                   | 4023201357       | bjhill3510@gmail.com               |
|                              |  | Family Support                      | Grixby, Cortney                 | 4022103966       | cgrixby@prolificinnovativecare.com |
|                              |  |                                     | Hill, Benford                   | 4023201357       | bjhill3510@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<br>Omaha, NEBRASKA 68104 | Family Partner  |                                 |                  |                  |
|                      |  | Specialized Restorative Residential Program (RESTORE) |                                 |                  |                  |

### Agency Name: Rainwood Healing Space-LLC



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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 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | 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 | Juvenile Co-Occurring Evaluation            |                                 |                  |                  |
|                               |  | Juvenile Mental Health Evaluation           |                                 |                  |                  |
|                               |  | Juvenile Substance Use Addendum             |                                 |                  |                  |
|                               |  | Juvenile Substance Use Evaluation           |                                 |                  |                  |
|                               |  | Juveniles Who Sexually Harm Risk Evaluation |                                 |                  |                  |

### Agency Name: ReConnect, Inc.

| Agency Facility Name | Facility Address                                   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| ReConnect, Inc.      | 1941 So. 42nd St., Suite 502 Omaha, NEBRASKA 68105 | Day Reporting                       |                                 |                  |                  |
|                      |  | Family Support                      |                                 |                  |                  |

### Agency Name: ReGang LLC

| Agency Facility Name | Facility Address                       | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email    |
|----------------------|--|-------------------------------------|---------------------------------|------------------|---------------------|
| ReGang LLC           | 3845 Franklin St Omaha, NEBRASKA 68111 | Family Support                      | Harbour, Tylon                  | 4029173797       | Regangllc@gmail.com |

### Agency Name: Reed Campbell Counseling & Consulting, PC

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| 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 | Juvenile Co-Occurring Evaluation                                 | Campbell, Reed                  | 4029152251       | reed@rccounselingconsulting.com |
|   |   | Juvenile Mental Health Evaluation                                | Campbell, Reed                  | 4029152251       | reed@rccounselingconsulting.com |
|   |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Campbell, Reed                  | 4029152251       | reed@rccounselingconsulting.com |
|   |   | Juvenile Substance Use Addendum                                  | Campbell, Reed                  | 4029152251       | reed@rccounselingconsulting.com |
|   |   | Juvenile Substance Use Evaluation                                | Campbell, Reed                  | 4029152251       | reed@rccounselingconsulting.com |
|   |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Campbell, Reed                  | 4029152251       | reed@rccounselingconsulting.com |

### Agency Name: Remedy Road LLC

| Agency Facility Name | Facility Address                              | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Remedy Road LLC      | 5103 south 111th street Omaha, NEBRASKA 68137 | Agency Supported Foster Care        |                                 |                  |                  |
|                      |   | Group Home A                        |                                 |                  |                  |
|                      |   | Group Home B                        |                                 |                  |                  |
|                      |   | Invoice - Day Reporting             |                                 |                  |                  |
|                      |   | Invoice - Group Home A              |                                 |                  |                  |

### 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  | Juvenile Co-                        | 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<br>Omaha,<br>NEBRASKA<br>68137 | Occurring Evaluation   | Haley                           |                  |                                       |
|                      |  | Juvenile Mental Health Evaluation                                | Stroud, Haley                   | 4029158344       | Haleystroud@renewedlifecounseling.org |
|                      |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Stroud, Haley                   | 4029158344       | Haleystroud@renewedlifecounseling.org |
|                      |  | Juvenile Substance Use Evaluation                                | Stroud, Haley                   | 4029158344       | Haleystroud@renewedlifecounseling.org |
|                      |  | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | 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,<br>NEBRASKA 68130 | Invoice - Day Reporting  |                                 |                  |                  |
|                      |                                     | Invoice - Group Home A   |                                 |                  |                  |
|                      |                                     | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                  |
|                      |                                     | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                      |                                     | Juvenile Substance Use Addendum                                  |                                 |                  |                  |
|                      |                                     | Juvenile Substance Use Evaluation                                |                                 |                  |                  |
|                      |                                     | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                  |

### 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      | 1941 S. 42nd street | Juvenile Co-Occurring               | Braggs,                         | 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         |
|---------------------------------|----------------------------------|--|---------------------------------|------------------|--------------------------|
| Reconnect Counseling Center LLC | Suite 402D Omaha, NEBRASKA 68105 | Evaluation   | Danielle                        |                  |                          |
|                                 |                                  |  | Flowers, LaRhonda               | 4027884846       | larhonda@r3cc.net        |
|                                 |                                  |  | Sparks, Albert                  | 4027884846       | albert@r3cc.net          |
|                                 |                                  | Juvenile Medication Management                                   |                                 |                  |                          |
|                                 |                                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Braggs, Danielle                | 9512338044       | daniellebraggs@gmail.com |
|                                 |                                  |  | Flowers, LaRhonda               | 4027884846       | larhonda@r3cc.net        |
|                                 |                                  |  | Marshall, Christopher           | 4026809216       | chris@r3cc.net           |
|                                 |                                  |  | Sparks, Albert                  | 4027884846       | albert@r3cc.net          |
|                                 |                                  | Juvenile Substance Use Addendum                                  | 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          |
|                                 |                                  | Juvenile Substance Use 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          |
|                                 |                                  | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Braggs, Danielle                | 9512338044       | daniellebraggs@gmail.com |
|                                 |                                  |  | 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 |
|----------------------|---|--|---------------------------------|------------------|------------------|
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | LaRhonda                        |                  |                  |
|                      |   |  | Guzman-Corr, Paige              | 4027884846       | paige@r3cc.net   |
|                      |   |  | Marshall, Christopher           | 4026809216       | chris@r3cc.net   |
|                      |   |  | Sparks, Albert                  | 4027884846       | albert@r3cc.net  |
|                      | 1941 S. 42nd street Suite 538 Omaha, NEBRASKA 68105 | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                  |

### 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 | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|                        |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### Agency Name: Revive Community Services

| Agency Facility Name      | Facility Address                          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email       |
|---------------------------|---|-------------------------------------|---------------------------------|------------------|------------------------|
| Revive Community Services | 18930 Grover Street Omaha, NEBRASKA 68130 | Day Reporting                       | Danner, LaTicia                 | 5317722727       | ticia.danner@gmail.com |
|                           |   | Evening Reporting                   | Danner, LaTicia                 | 5317722727       | ticia.danner@gmail.com |

### Agency Name: Rite of Passage, Inc.

| Agency Facility Name | Facility Address                       | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Uta Halee Academy    | 10625 Calhoun Rd Omaha, NEBRASKA 68112 | Crisis Stabilization                |                                 |                  |                  |
|                      |  | Group Home A                        |                                 |                  |                  |

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| Agency Facility Name | Facility Address                       | Agency Facility Service Description           | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|------------------|
| Uta Halee Academy    | 10625 Calhoun Rd Omaha, NEBRASKA 68112 | Juvenile Mental Health Therapeutic Group Home |                                 |                  |                  |
|                      |  | Juvenile Substance Use Therapeutic Group Home |                                 |                  |                  |

### Agency Name: Robinson's Family Advocacy Center

| Agency Facility Name              | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Robinson's Family Advocacy Center | 3223 N. 45th Street Bldg T Omaha, NEBRASKA 68104 | Family Partner                      |                                 |                  |                  |

### Agency Name: Ronald Smith

| Agency Facility Name | Facility Address                          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email   |
|----------------------|---|-------------------------------------|---------------------------------|------------------|--------------------|
| Ronald Smith         | 3841 Decatur Street Omaha, NEBRASKA 68111 | Family Partner                      | Smith, Ronald                   | 4028409820       | cprsmith@yahoo.com |

### Agency Name: SAVE OUR KIDS AND YOUTH LLC

| Agency Facility Name        | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email             |
|-----------------------------|--|-------------------------------------|---------------------------------|------------------|------------------------------|
| SAVE OUR KIDS AND YOUTH LLC | 4430 FLORENCE BLVD Omaha, NEBRASKA 68102 | Family Partner                      | SMITH, SHANDELL                 | 4028802762       | shandellshreesmith@gmail.com |
|                             |  | Family Support                      | SMITH, SHANDELL                 | 4028802762       | shandellshreesmith@gmail.com |
|                             |  | Independent Living                  | SMITH, SHANDELL                 | 4028802762       | shandellshreesmith@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             | 5620             | Juvenile Co-                        | Prince,                         | 4028303877       | norwal2003@gmail.com |

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| Agency Facility Name | Facility Address                        | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                              |
|----------------------|---|--|---------------------------------|------------------|---|
| Matters Counseling   | Ames Ave<br>Omaha,<br>NEBRASKA<br>68104 | Occurring Evaluation   | Reginald                        |                  |   |
|                      |   | Juvenile Mental Health Evaluation                                | Prince, Reginald                | 4028303877       | norwal2003@gmail.com                          |
|                      |   | Juvenile Mental Health Intensive Outpatient Counseling (IOP)     | Prince, Reginald                | 4028303877       | norwal2003@gmail.com                          |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Prince, Reginald                | 4028303877       | norwal2003@gmail.com                          |
|                      |   | Juvenile Substance Use Addendum                                  | Browning-Prince, Crystal        | 4028303890       | cbrowningprince@serenitymatterscounseling.com |
|                      |   |  | Prince, Reginald                | 4028303877       | norwal2003@gmail.com                          |
|                      |   | Juvenile Substance Use Evaluation                                | Prince, Reginald                | 4028303877       | norwal2003@gmail.com                          |
|                      |   | Juvenile Substance Use Intensive Outpatient (IOP)                | Browning-Prince, Crystal        | 4028303890       | cbrowningprince@serenitymatterscounseling.com |
|                      |   |  | Prince, Reginald                | 4028303877       | norwal2003@gmail.com                          |
|                      |   | Juvenile Substance Use Outpatient Treatment (Group)              | Browning-Prince, Crystal        | 4028303890       | cbrowningprince@serenitymatterscounseling.com |
|                      |   |  | Prince, Reginald                | 4028303877       | norwal2003@gmail.com                          |
|                      |   | Juvenile Substance Use   | Prince, Reginald                | 4028303877       | norwal2003@gmail.com                          |

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| Agency Facility Name | Facility Address | Agency Facility Service Description      | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|--|---------------------------------|------------------|------------------|
|                      |                  | Outpatient Treatment (Individual/Family) |                                 |                  |                  |

### **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 | Juvenile Mental Health Evaluation                                    | Ajuoga , Lucy                   | 4029985619       | soundmindtherapyservices@gmail.com |
|                                |   | Juvenile Mental Health Outpatient Counseling (Individual/Family)     | Ajuoga , Lucy                   | 4029985619       | soundmindtherapyservices@gmail.com |
|                                |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)      | Ajuoga , Lucy                   | 4029985619       | soundmindtherapyservices@gmail.com |
|                                |   | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) |                                 |                  |                                    |
|                                | 13520 Discovery Dr. Ste 203 Omaha, NEBRASKA 68137 | Juvenile Mental Health Evaluation                                    |                                 |                  |                                    |
|                                |   | Juvenile Mental Health Outpatient Counseling (Individual/Family)     |                                 |                  |                                    |

### **Agency Name: Stay In School Stop The Violence**

| Agency Facility Name | Facility Address         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Stay In School       | 1310 North 29th St Suite | Family Partner                      |                                 |                  |                  |



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| Agency Facility Name | Facility Address        | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email      |
|----------------------|-------------------------|-------------------------------------|---------------------------------|------------------|-----------------------|
| Stop The Violence    | 2 Omaha, NEBRASKA 68131 | Family Support                      | Almonte, Danitalynn             | 4028713122       | ms.dezires@gmail.com  |
|                      |                         |                                     | Davis, Jerry                    | 4027085597       | edu@staystopfound.org |

### Agency Name: Successful Principles

| Agency Facility Name  | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Successful Principles | 4407 Fontenelle Blvd Omaha, NEBRASKA 68104 | Family Support                      |                                 |                  |                  |

### 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 | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### Agency Name: Teen Solutions LLC

| Agency Facility Name | Facility Address                    | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                |
|----------------------|-------------------------------------|-------------------------------------|---------------------------------|------------------|---------------------------------|
| Teen Solutions LLC   | 9508 Maple St Omaha, NEBRASKA 68134 | Day Reporting                       | Bradley, Chris                  | 4026595406       | chris@teensolutionsomaha.org    |
|                      |                                     |                                     | Faulkner, John                  | 4025170249       | John@solutionssoberliving.org   |
|                      |                                     |                                     | Faulkner, Michelle              | 4023191718       | michelle@teensolutionsomaha.org |
|                      |                                     |                                     | Knight, Julie                   | 4029608729       | Julie@solutionssoberliving.org  |
|                      |                                     | Evening Reporting                   | Anscomb, David                  | 4022103767       | david@teensolutionsomaha.org    |
|                      |                                     |                                     | Bradley, Chris                  | 4026595406       | chris@teensolutionsomaha.org    |
|                      |                                     |                                     | Faulkner, John                  | 4025170249       | John@solutionssoberliving.org   |
|                      |                                     |                                     | Faulkner, Michelle              | 4023191718       | michelle@teensolutionsomaha.org |
| Knight, Julie        | 4029608729                          | Julie@solutionssoberliving.org      |                                 |                  |                                 |

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### 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 | Family Partner   | Terrell, Timothy                | 4025950780       | Tim.PRC11@gmail.com |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family)     | Terrell, Timothy                | 4025950780       | Tim.PRC11@gmail.com |
|                      |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)      | Terrell, Timothy                | 4025950780       | Tim.PRC11@gmail.com |
|                      |   | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) |                                 |                  |                     |

### Agency Name: The Cornell Knight Center

| Agency Facility Name      | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                 |
|---------------------------|--|-------------------------------------|---------------------------------|------------------|----------------------------------|
| The Cornell Knight Center | 1601 N 73rd Street Unit #6 Omaha, NEBRASKA 68114 | Day Reporting                       | Edwards-Epperson, Jarious       | 4022666400       | CornellKnightCenter@gmail.com    |
|                           |  |                                     | Knight, Jonelle                 | 4027089587       | Knight40204@gmail.com            |
|                           |  |                                     | Knight, Mary                    | 4022666400       | Thecornellknightcenter@gmail.com |
|                           |  | Evening Reporting                   | Edwards-Epperson, Jarious       | 4022666400       | CornellKnightCenter@gmail.com    |
|                           |  |                                     | Knight, Jonelle                 | 4027089587       | Knight40204@gmail.com            |
|                           |  |                                     | Knight, Mary                    | 4022666400       | Thecornellknightcenter@gmail.com |

### Agency Name: The Ogba Way

| Agency Facility Name | Facility Address   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email      |
|----------------------|--------------------|-------------------------------------|---------------------------------|------------------|-----------------------|
| The Ogba             | 20901 Appaloosa Dr | Case Managed                        | Allen, Brandon                  | 4029068874       | brandon.allen@ops.org |

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| Agency Facility Name | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email    |
|----------------------|--|-------------------------------------|---------------------------------|------------------|---------------------|
| Way                  | Elkhorn, NEBRASKA 68022                  | Tutoring                            |                                 |                  |                     |
|                      |  | Family Partner                      | Ogba, Joe                       | 4027143520       | joeogba35@gmail.com |
|                      | 3021 Sheffield St. Omaha, NEBRASKA 68112 | Case Managed Tutoring               |                                 |                  |                     |
|                      | 6916 N. 24th ST Omaha, NEBRASKA 68112    | Case Managed Tutoring               |                                 |                  |                     |

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

| 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 | Invoice - Competency Evaluation             | DeLaet, Theodore                | 4023338210       | ted.delaet@wcpp.omhcoxmail.com |
|                                 |  | Juvenile Psychological Evaluation           | DeLaet, Theodore                | 4023338210       | ted.delaet@wcpp.omhcoxmail.com |
|                                 |  | Juveniles Who Sexually Harm Risk Evaluation | DeLaet, Theodore                | 4023338210       | ted.delaet@wcpp.omhcoxmail.com |

**Agency Name: Together Everyone Achieves More (TEAM), LLC**

| Agency Facility Name | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| TEAM-LLC DAY CENTER  | 2121 N 120 TH STREET Omaha, NEBRASKA 68164 | Day Reporting                       |                                 |                  |                  |
|                      |  | Evening Reporting                   |                                 |                  |                  |

**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 | Juvenile Co-Occurring Evaluation    |                                 |                  |                  |
|                         |   | Juvenile Mental Health Evaluation   |                                 |                  |                  |

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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<br>Omaha, NEBRASKA 68022 | Juvenile Substance Use Addendum     | Troia, Trisha                   | 4022900543       | trishtroia@gmail.com |
|                         |  | Juvenile Substance Use Evaluation   | Troia, Trisha                   | 4022900543       | trishtroia@gmail.com |

### Agency Name: UNMC Physicians Corporation

| Agency Facility Name              | Facility Address  | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email               |
|-----------------------------------|---|--|---------------------------------|------------------|--------------------------------|
| University of Nebraska Physicians | 988101 Nebraska Medical Center<br>Omaha, NEBRASKA 68198 | Juvenile Co-Occurring Evaluation                                 | Schutte-Lundy, Laura            | 4028073045       | lschutte-lundy@nebraskamed.com |
|                                   |   |  | Sharma, Varun                   | 4025526007       | varsharma@unmc.edu             |
|                                   |   |  | Zoucha, Kenneth                 | 4024693923       | kenneth.zoucha@unmc.edu        |
|                                   |   | Juvenile Medication Management                                   | Sharma, Varun                   | 4025526007       | varsharma@unmc.edu             |
|                                   |   |  | Zoucha, Kenneth                 | 4024693923       | kenneth.zoucha@unmc.edu        |
|                                   |   | Juvenile Mental Health Evaluation                                | Schutte-Lundy, Laura            | 4028073045       | lschutte-lundy@nebraskamed.com |
|                                   |   |  | Sharma, Varun                   | 4025526007       | varsharma@unmc.edu             |
|                                   |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Schutte-Lundy, Laura            | 4028073045       | lschutte-lundy@nebraskamed.com |
|                                   |   | Juvenile Psychiatric Evaluation                                  | Sharma, Varun                   | 4025526007       | varsharma@unmc.edu             |
|                                   |   | Juvenile Psychiatric Evaluation Interview Only                   | Sharma, Varun                   | 4025526007       | varsharma@unmc.edu             |
| Juvenile Substance Use            | Schutte-  | 4028073045   | lschutte-                       |                  |                                |

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| Agency Facility Name              | Facility Address  | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email               |
|-----------------------------------|---|---|---------------------------------|------------------|--------------------------------|
| University of Nebraska Physicians | 988101 Nebraska Medical Center<br>Omaha, NEBRASKA 68198 | Evaluation  | Lundy, Laura                    |                  | lundy@nebraskamed.com          |
|                                   |   |   | Zoucha, Kenneth                 | 4024693923       | kenneth.zoucha@unmc.edu        |
|                                   |   | Juvenile Substance Use Outpatient Treatment (Group)             | Schutte-Lundy, Laura            | 4028073045       | lschutte-lundy@nebraskamed.com |
|                                   |   | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Schutte-Lundy, Laura            | 4028073045       | lschutte-lundy@nebraskamed.com |
|                                   |   |   | Zoucha, Kenneth                 | 4024693923       | kenneth.zoucha@unmc.edu        |

### 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<br>Omaha, NEBRASKA 68104 | Expedited Co-Occurring Evaluation                                | Larson, Alee                    | 4024014387       | alee@unconventionalhealing.org |
|                            |   | Expedited Mental Health Evaluation                               | Larson, Alee                    | 4024014387       | alee@unconventionalhealing.org |
|                            |   | Expedited Substance Use Evaluation                               | Larson, Alee                    | 4024014387       | alee@unconventionalhealing.org |
|                            |   | Juvenile Co-Occurring Evaluation                                 | Larson, Alee                    | 4024014387       | alee@unconventionalhealing.org |
|                            |   | Juvenile Mental Health Evaluation                                | Larson, Alee                    | 4024014387       | alee@unconventionalhealing.org |
|                            |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Larson, Alee                    | 4024014387       | alee@unconventionalhealing.org |
|                            |   | Juvenile Substance Use Addendum                                  | Larson, Alee                    | 4024014387       | alee@unconventionalhealing.org |
|                            |   | Juvenile Substance Use Evaluation                                | Larson, Alee                    | 4024014387       | alee@unconventionalhealing.org |
|                            |   | Juvenile Substance Use   | Larson,                         | 4024014387       | alee@unconventionalhealing.org |

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| Agency Facility Name       | Facility Address                              | Agency Facility Service Description         | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|---|---|---------------------------------|------------------|------------------|
| Unconventional Healing LLC | 4214 N 64th St<br>Omaha,<br>NEBRASKA<br>68104 | Outpatient Treatment (Individual/Family)    | Alee                            |                  |                  |
|                            |   | Juveniles Who Sexually Harm Risk Evaluation |                                 |                  |                  |

### Agency Name: Viable Healing

| Agency Facility Name | Facility Address                               | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                 |
|----------------------|--|-------------------------------------|---------------------------------|------------------|----------------------------------|
| Viable Healing       | 2403 n 18th street<br>Omaha, NEBRASKA<br>68111 | Day Reporting                       |                                 |                  |                                  |
|                      |  | Evening Reporting                   |                                 |                  |                                  |
|                      |  | Family Partner                      | Conway, Richard                 | 4022376722       | Najja1973@yahoo.com              |
|                      |  |                                     | Harris, Walter                  | 5313295103       | walterdionharris73@gmail.com     |
|                      |  |                                     | Hogue, Travis                   | 4027071859       | Tchogue1975@gmail.com            |
|                      |  |                                     | Manning, Tabatha                | 4028134703       | manning.tabatha@yahoo.com        |
|                      |  |                                     | Peak, Stacie                    | 7122048216       | peakwallacem@gmail.com           |
|                      |  |                                     | Wallace, Roscoe                 | 7122047436       | roscoe.wallace@viablehealing.org |
|                      |  | Family Support                      | Manning, Tabatha                | 4028134703       | manning.tabatha@yahoo.com        |
|                      |  |                                     | Wallace, Roscoe                 | 7122047436       | roscoe.wallace@viablehealing.org |
|                      |  | Juvenile Anger Management Class     | Conway, Richard                 | 4022376722       | Najja1973@yahoo.com              |
|                      |  |                                     | Peak, Stacie                    | 7122048216       | peakwallacem@gmail.com           |
|                      |  |                                     | Wallace, Roscoe                 | 7122047436       | roscoe.wallace@viablehealing.org |

### Agency Name: Vigilnet America LLC

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| 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<br>Omaha, NEBRASKA 68127 | Continuous Alcohol Monitoring (CAM)       | Musel, Hunter                   | 5312058118       | hmusel@vigilnet.com   |
|                      |   |   | Sinnott, Dave                   | 4025379450       | dsinnott@vigilnet.com |
|                      |   | Juvenile Electronic Monitoring Cell Phone | Musel, Hunter                   | 5312058118       | hmusel@vigilnet.com   |
|                      |   |   | Richey, Cassandra               | 5312725144       | crichey@vigilnet.com  |
|                      |   |   | Sinnott, Dave                   | 4025379450       | dsinnott@vigilnet.com |
|                      |   | Juvenile Electronic Monitoring GPS        | Musel, Hunter                   | 5312058118       | hmusel@vigilnet.com   |
|                      |   |   | Richey, Cassandra               | 5312725144       | crichey@vigilnet.com  |
|                      |   |   | Sinnott, Dave                   | 4025379450       | dsinnott@vigilnet.com |
|                      |   | Juvenile Electronic Monitoring Land Line  | Musel, Hunter                   | 5312058118       | hmusel@vigilnet.com   |
|                      |   |   | Richey, Cassandra               | 5312725144       | crichey@vigilnet.com  |
|                      |   |   | Sinnott, Dave                   | 4025379450       | dsinnott@vigilnet.com |

### Agency Name: Water2Spirit LLC

| Agency Facility Name | Facility Address  | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email         |
|----------------------|---|-------------------------------------|---------------------------------|------------------|--------------------------|
|                      | Olive Crest United Methodist Church 7180 N 60th St, Omaha, NEBRASKA 68152 | Day Reporting                       | Howard, Stevie                  | 4027186267       | stevie@water2spirit.com  |
|                      |   |                                     | Seals, Denisha                  | 5313338421       | denisha@water2spirit.com |
|                      |   | Evening Reporting                   | Howard, Stevie                  | 4027186267       | stevie@water2spirit.com  |
|                      |   |                                     | Seals, Denisha                  | 5313338421       | denisha@water2spirit.com |
|                      |   | Family Support                      | Howard, Stevie                  | 4027186267       | stevie@water2spirit.com  |
|                      |   |                                     | Seals, Denisha                  | 5313338421       | denisha@water2spirit.com |

### Agency Name: Wicks Psychological Services, Inc.

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| 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 | Juvenile Mental Health Outpatient Counseling (Individual/Family)     | Burger, Rodney                  | 4023397991       | office@wickspych.com |
|                                    |   |  | Wicks, Chris                    | 4023397991       | cwicks@cox.net       |
|                                    |   | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | Burger, Rodney                  | 4023397991       | office@wickspych.com |
|                                    |   |  | Wicks, Chris                    | 4023397991       | cwicks@cox.net       |

### Agency Name: Wilson Counseling Services

| Agency Facility Name       | Facility Address                               | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Wilson Counseling Services | 105 N 31st Ave suite 212 Omaha, NEBRASKA 68131 | Day Reporting                       |                                 |                  |                  |
|                            |  | Evening Reporting                   |                                 |                  |                  |
|                            |  | Family Support                      |                                 |                  |                  |

### 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 | Family Partner   | Harris, Walter                  | 5313295103       | walterdionharris73@gmail.com |
|                      |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Mitchell, Sheree                | 4028121575       | mitchellsheree3@gmail.com    |

### Agency Name: YouTurn

| Agency Facility Name | Facility Address                       | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email         |
|----------------------|--|-------------------------------------|---------------------------------|------------------|--------------------------|
| YouTurn              | 4344 N. 34th Ave Omaha, NEBRASKA 68111 | Family Support                      | Holmes Jr, Mr. Rob              | 4026127518       | Holmes2inspire@gmail.com |
|                      |  |                                     | Zelasney, Brooke                | 4029821224       | Brooke@youturnomaha.org  |



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**Agency Name: Young Hope**

| Agency Facility Name | Facility Address                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Young Hope           | 2311 N 71st St Omaha, NEBRASKA 68144 | Day Reporting                       |                                 |                  |                  |
|                      |                                      | Evening Reporting                   |                                 |                  |                  |

**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 services llc | po box 34205 Omaha, NEBRASKA 68134 | Community Youth Coaching            | Brown, Lamar                      | 4025102732       | lamar@communitybasedservices.co    |
|                              |                                    |                                     | Ellis, Latasha                    | 4022377993       | Latasha@communitybasedservices.co  |
|                              |                                    |                                     | Huerta-Martinez, Alma             | 4022067545       | alma@communitybasedservices.co     |
|                              |                                    |                                     | Jones, Diante                     | 4027060136       | diante@communitybasedservices.co   |
|                              |                                    |                                     | Russell, Jennifer                 | 4027535078       | jrussell@communitybasedservices.co |
|                              |                                    |                                     | Strong, LaDonna                   | 4027182182       | ladonna@communitybasedservices.co  |
|                              |                                    |                                     | Williams, Nia                     | 5312679751       | nia@communitybasedservices.co      |
|                              |                                    |                                     | allen, matthew                    | 4025102732       | mallen@communitybasedservices.co   |
|                              |                                    |                                     | lewis, dwight                     | 4027079437       | dwight@communitybasedservices.co   |
|                              |                                    |                                     | loya, ana                         | 4025102732       | ana@communitybasedservices.co      |
|                              |                                    | Continuous Alcohol Monitoring (CAM) | allen, matthew                    | 4025102732       | mallen@communitybasedservices.co   |
|                              |                                    | Employment Placement                | Ellis, Latasha                    | 4022377993       | Latasha@communitybasedservices.co  |
|                              |                                    |                                     | Jones, Diante                     | 4027060136       | diante@communitybasedservices.co   |
| allen, matthew               | 4025102732                         |                                     | mallen@communitybasedservices.co  |                  |                                    |
| Family Partner               | Ellis, Latasha                     | 4022377993                          | Latasha@communitybasedservices.co |                  |                                    |

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| Agency Facility Name         | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                  |
|------------------------------|--|-------------------------------------|---------------------------------|------------------|-----------------------------------|
| community based services llc | po box 34205<br>Omaha,<br>NEBRASKA 68134 | Family Partner                      | Jones, Diante                   | 4027060136       | diante@communitybasedservices.co  |
|                              |  |                                     | allen, matthew                  | 4025102732       | mallen@communitybasedservices.co  |
|                              |  | Family Support                      | Brown, Lamar                    | 4025102732       | lamar@communitybasedservices.co   |
|                              |  |                                     | Ellis, Latasha                  | 4022377993       | Latasha@communitybasedservices.co |
|                              |  |                                     | Huerta-Martinez, Alma           | 4022067545       | alma@communitybasedservices.co    |
|                              |  |                                     | Jones, Diante                   | 4027060136       | diante@communitybasedservices.co  |
|                              |  |                                     | Strong, LaDonna                 | 4027182182       | ladonna@communitybasedservices.co |
|                              |  |                                     | Williams, Nia                   | 5312679751       | nia@communitybasedservices.co     |
|                              |  |                                     | allen, matthew                  | 4025102732       | mallen@communitybasedservices.co  |
|                              |  |                                     | lewis, dwight                   | 4027079437       | dwight@communitybasedservices.co  |
|                              |  |                                     | loya, ana                       | 4025102732       | ana@communitybasedservices.co     |