

Administrative Office of Courts & Probation

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

District 6

Agency Facility County: Burt

Agency Name: Healing Minds Therapy pc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	212 1/2 Oakland ave Oakland, NEBRASKA 68045	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Northeast Nebraska Psychologist Services, PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Northeast Nebraska Psychologist Services, PC	408 N. Oakland Avenue Oakland, NEBRASKA 68045	Adult Mental Health Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Adult Mental Health Outpatient Counseling (Individual)	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Adult Psychological Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Adult Substance Use Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Adult Substance Use Outpatient Treatment (Individual)	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Juvenile Mental Health	Hunter,	4026854130	drlindahunter@nenps.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Northeast Nebraska Psychologist Services, PC	408 N. Oakland Avenue Oakland, NEBRASKA 68045	Evaluation	Linda		
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Juvenile Psychological Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Juvenile Substance Use Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com

Agency Facility County: Cedar

Agency Name: COR Therapeutic Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	104 N Broadway Avenue Hartington, NEBRASKA 68739	Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)			
		Adult Substance Use Outpatient Treatment (Individual)	Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Williams, Tina	4023582047	tina.williams@cortherapeutic.com
			warner, roland	4023854597	roland.warner@cortherapeutic.com
		Juvenile Co-Occurring Evaluation	Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juvenile Mental Health Evaluation	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Davies, Paul	4023166570	p.a.davies15@gmail.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	104 N Broadway Avenue Hartington, NEBRASKA 68739	Juvenile Mental Health Evaluation	Williams, Tina	4023582047	tina.williams@cortherapeutic.com
			warner, roland	4023854597	roland.warner@cortherapeutic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Brugger , Siera	4025006870	siera.brugger@cortherapeutic.com
			Davies, Paul	4023166570	p.a.davies15@gmail.com
			Green, Caleb	4022904634	caleb.green@cortherapeutic.com
			Reyes, Connie	4029200524	connie.reyes@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Williams, Tina	4023582047	tina.williams@cortherapeutic.com
			warner, roland	4023854597	roland.warner@cortherapeutic.com
		Juvenile Substance Use Addendum	Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			warner, roland	4023854597	roland.warner@cortherapeutic.com
		Juvenile Substance Use Evaluation	Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			warner, roland	4023854597	roland.warner@cortherapeutic.com
		Juvenile Substance Use Outpatient	Davies, Paul	4023166570	p.a.davies15@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	104 N Broadway Avenue Hartington, NEBRASKA 68739	Treatment (Individual/Family)	Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Williams, Tina	4023582047	tina.williams@cortherapeutic.com
			warner, roland	4023854597	roland.warner@cortherapeutic.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			
		PRS-BIP			

Agency Facility County: Dakota

Agency Name: Heartland Counseling Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Co-Occurring Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Co-Occurring Evaluation	Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Gambling Outpatient Counseling (Individual/Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Mental Health Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Mental Health Evaluation	Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Individual)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Mental Health Outpatient Counseling (Individual)	Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Sex Offense-Specific Evaluation	Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/ Group)	Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
		Adult Substance Use Addendum	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Ortega,	4025082137	jortega013@gmail.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Substance Use Addendum	Jessica		
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Substance Use Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Substance Use Intensive Outpatient Counseling (IOP)	Greg		
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Substance Use Outpatient Treatment (Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Substance Use Outpatient Treatment (Group)	Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Substance Use Outpatient Treatment (Individual)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		General Education Class			
		Juvenile Co-Occurring Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Juvenile Co-Occurring Evaluation	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Outpatient Counseling (Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Juvenile Mental Health Outpatient Counseling (Group)	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Addendum	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Juvenile Substance Use Addendum	Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Juvenile Substance Use Evaluation	Jamie		
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Outpatient Treatment (Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Virginia		
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
		Juveniles Who Sexually Harm Risk Evaluation	Brostad, Greg	4024943337	greg@heartlandcounselingservices.com

Agency Name: Owens Educational Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OWENS-S SIOUX CITY	115 E 28th Street South Sioux City, NEBRASKA 68776	Continuous Alcohol Monitoring (CAM) with EM	Parks, McKenzie	7123393222	mckenzie.parks@owenseducationalservices.org
			Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com
		Family Support	Parks, McKenzie	7123393222	mckenzie.parks@owenseducationalservices.org
			Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OWENS-S SIOUX CITY	115 E 28th Street South Sioux City, NEBRASKA 68776	Family Support	Jamie		
		Juvenile Electronic Monitoring Cell Phone	Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com
		Juvenile Electronic Monitoring GPS	Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com
		Juvenile Electronic Monitoring Land Line	Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com

Agency Facility County: Dodge

Agency Name: Awareness Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Awareness Counseling LLC	2170 N Platte Ave. null Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Matrix Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Mental Health Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Substance Use Addendum	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Substance Use Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Awareness Counseling LLC	2170 N Platte Ave. null Fremont, NEBRASKA 68025	Juvenile Co-Occurring Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Mental Health Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Substance Use Addendum	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Substance Use Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com

Agency Name: Braun Counseling Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	301 East 6th Street, Ste 103 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Mental Health Evaluation	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Substance Use Addendum	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Substance Use Evaluation	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Braun, Diane	4029807600	dbrauncounseling@gmail.com

Agency Name: CITY OF FREMONT POLICE DEPT

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CITY OF FREMONT POLICE DEPT	725 N Park Ave Fremont, NEBRASKA 68025	Invoice - Law Enforcement Transportation			

Agency Name: Care Corps' LifeHouse

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Care Corps' LifeHouse	723 North Broad Street Fremont, NEBRASKA 68025	Transitional Living - Level 2			

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	515 N D ST Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Substance Use Evaluation			

Agency Name: Debra J Hallstrom Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Debra J Hallstrom Counseling	2170 North Platte Ave PO Box 1696 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Hallstrom, Debra	4027208220	djhallstrom@aol.com
		Adult Mental Health Evaluation	Hallstrom, Debra	4027208220	djhallstrom@aol.com
		Adult Mental Health Outpatient Counseling (Individual)	Hallstrom, Debra	4027208220	djhallstrom@aol.com
		Adult Substance Use Addendum	Hallstrom, Debra	4027208220	djhallstrom@aol.com
		Adult Substance Use	Hallstrom,	4027208220	djhallstrom@aol.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Debra J Hallstrom Counseling	2170 North Platte Ave PO Box 1696 Fremont, NEBRASKA 68025	Evaluation	Debra		
		Adult Substance Use Outpatient Treatment (Individual)	Hallstrom, Debra	4027208220	djhallstrom@aol.com

Agency Name: Healing Minds Therapy pc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Minds Therapy pc	1835 E MILITARY AVE ste 111 Fremont, NEBRASKA 68025	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			

Agency Name: Lotus Behavioral Health, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac, Jacqueline	4027201741	jrezac@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Roberts, Markie	5317211732	mroberts@lotusbh.net
		Adult Mental Health Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groeble, Skyler	4023664754	sgroeble@lotusbh.net
			Knight , Raven	4025120049	ravenknight.4360@gmail.com
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
			Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net
		Adult Mental Health Outpatient Counseling (Individual)	Birkland, Jordan	3193834595	jbirkland@lotusbh.net
			Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groeble, Skyler	4023664754	sgroeble@lotusbh.net
			Knight , Raven	4025120049	ravenknight.4360@gmail.com
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Adult Mental Health Outpatient Counseling (Individual)	Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net
		Adult Substance Use Addendum	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
		Adult Substance Use Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
		Adult Substance Use Outpatient Treatment (Group)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Adult Substance Use Outpatient Treatment (Individual)	Skyler		
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
		Juvenile Co-Occurring Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
		Juvenile Mental Health Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net
			Knight , Raven	4025120049	ravenknight.4360@gmail.com
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
			Semerad, MaLeaha	4023807062	mhays@lotusbh.net
			Watchorn,	4026692043	jwatchorn@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Juvenile Mental Health Evaluation	Jessica		
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Birkland, Jordan	3193834595	jbirkland@lotusbh.net
			Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groeble, Skyler	4023664754	sgroeble@lotusbh.net
			Knight , Raven	4025120049	ravenknight.4360@gmail.com
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Semerad, MaLeaha	4023807062	mhays@lotusbh.net
			Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net
		Juvenile Substance Use Addendum	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groeble, Skyler	4023664754	sgroeble@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
		Juvenile Substance Use Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groeble, Skyler	4023664754	sgroeble@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Juvenile Substance Use Evaluation	Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
		Juvenile Substance Use Outpatient Treatment (Group)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net

Agency Name: Lutheran Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1420 E Military Ave Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Mental Health Evaluation	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Mental Health	Rich, Jamie	4023173269	Jrich@lfsneb.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1420 E Military Ave Fremont, NEBRASKA 68025	Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Substance Use Evaluation	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Rich, Jamie	4023173269	Jrich@lfsneb.org
		Adult Substance Use Outpatient Treatment (Group)	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
		Adult Substance Use Outpatient Treatment (Individual)	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Agency Supported Foster Care			
		Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Strong, Anisa	4027142878	anisastrong@gmail.com
			Thompson, Jessie	4023695406	jessie.thompson@onelfs.org
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1420 E Military Ave Fremont, NEBRASKA 68025	Evaluation Interview Only			
		Juvenile Substance Use Addendum	Strong, Anisa	4027142878	anisastrong@gmail.com
			Thompson, Jessie	4023695406	jessie.thompson@onelfs.org
		Juvenile Substance Use Evaluation	Strong, Anisa	4027142878	anisastrong@gmail.com
			Thompson, Jessie	4023695406	jessie.thompson@onelfs.org
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Main Street Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Main Street Counseling	1735 E Military Ave Suite 4 Fremont, NEBRASKA 68025	Adult Substance Use Addendum	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Adult Substance Use Evaluation	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Adult Substance Use Outpatient Treatment (Group)	Gregory, Nichole	4027201621	ngregory1621@gmail.com
			Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Adult Substance Use Outpatient Treatment (Individual)	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Juvenile Substance Use Evaluation	Porter, Holly	4027200943	mainstreetcounseling@outlook.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Main Street Counseling	1735 E Military Ave Suite 4 Fremont, NEBRASKA 68025	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Porter, Holly	4027200943	mainstreetcounseling@outlook.com

Agency Name: Mindful Self Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mindful Self Counseling, LLC	152 E. 6th Street Suite 110 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			

Agency Name: Nebraska Mediation Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nebraska Mediation Center	435 N. Park Avenue 4th Floor Fremont, NEBRASKA 68025	Expedited Family Group Conference	Basque Malloy, Christine	4027539415	ChristineBM@nebraskamediationcenter.com
		Mediation	Basque Malloy, Christine	4027539415	ChristineBM@nebraskamediationcenter.com

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Agency Name: Northeast Nebraska Psychologist Services, PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1835 E. Military Avenue Suite 105 Fremont, NEBRASKA 68025	Adult Mental Health Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Adult Mental Health Outpatient Counseling (Individual)	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Adult Psychological Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Adult Substance Use Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Adult Substance Use Outpatient Treatment (Individual)	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Juvenile Mental Health Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Juvenile Psychological Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com
		Juvenile Substance Use Evaluation	Hunter, Linda	4026854130	drlindahunter@nenps.com

Agency Name: Optum Behavioral Care of Ohio DBA A Better Way Therapy of Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	230 E. 22nd Street, Suite 5 Fremont, NEBRASKA 68025	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	230 E. 22nd Street, Suite 5 Fremont, NEBRASKA 68025	Treatment (Individual/Family)			

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

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capstone Behavioral Health of Nebraska-Fremont	230 E. 22nd Street, #4 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Mental Health Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Mental Health Outpatient Counseling (Individual)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Psychological Evaluation	Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
		Adult Substance Use Addendum	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Substance Use Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Substance Use Outpatient Treatment	Bruce, Jessica	4025339518	jbruce@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capstone Behavioral Health of Nebraska-Fremont	230 E. 22nd Street,#4 Fremont, NEBRASKA 68025	(Group)	Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Expedited Co-Occurring Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Expedited Mental Health Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Expedited Substance Use Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Co-Occurring Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Mental Health Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Mental Health Outpatient Counseling (Group)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Mental Health	Bruce, Jessica	4025339518	jbruce@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capstone Behavioral Health of Nebraska-Fremont	230 E. 22nd Street,#4 Fremont, NEBRASKA 68025	Outpatient Counseling (Individual/Family)	Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Psychological Evaluation	Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
		Juvenile Substance Use Addendum	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Substance Use Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Substance Use Outpatient Treatment (Group)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net

Agency Name: Pathfinder Support Services Home Office

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pathfinder Support Services - Fremont	212 N. 8th Street, Suite C Fremont, NEBRASKA 68025	Day Reporting			
		Evening Reporting			
		Family Support			

Agency Name: Silver Sun Mental Health DBA Nebraska Mental Health Centers

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2951 N. Clarkson St. Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Psychological Evaluation			
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

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	2951 N. Clarkson St. Fremont, NEBRASKA 68025	Juvenile Psychiatric Evaluation	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Risk Evaluation			
		PRS-BIP			

Agency Name: Strengthen Mental Health Therapy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Strengthen Mental Health Therapy	1835 E Military Ave Ste 107 Fremont, NEBRASKA 68025	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Strengthen Mental Health Therapy	1835 E Military Ave Ste 107 Fremont, NEBRASKA 68025	(Individual/Family)			

Agency Name: The Healing Path LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Healing Path LLC	1835 East Military Ave Suite 105 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Mental Health Evaluation	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Mental Health Outpatient Counseling (Individual)	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Substance Use Addendum	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Substance Use Evaluation	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Substance Use Outpatient Treatment (Group)	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Healing Path LLC	1835 East Military Ave Suite 105 Fremont, NEBRASKA 68025	Adult Substance Use Outpatient Treatment (Group)	Kayla		
		Adult Substance Use Outpatient Treatment (Individual)	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org

Agency Facility County: Washington

Agency Name: Carlson Counseling Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Carlson Counseling Services LLC	24590 Stork Lane Arlington, NEBRASKA 68002	Adult Co-Occurring Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Mental Health Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Sex Offense-Specific Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Substance Use Addendum	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Substance Use Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Co-Occurring Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Mental Health	Carlson,	4026164859	stan.carlson@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Carlson Counseling Services LLC	24590 Stork Lane Arlington, NEBRASKA 68002	Evaluation	Stanley		
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Substance Use Addendum	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Substance Use Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juveniles Who Sexually Harm Risk Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com

Agency Name: Schrum Associates, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Schrum Associates, LLC	PO Box 588 Blair, NEBRASKA 68008	Adult Substance Use Addendum	Schrum , Amanda	4026199686	akschrum@hush.com
		Adult Substance Use Evaluation	Schrum , Amanda	4026199686	akschrum@hush.com
		Adult Substance Use Outpatient Treatment (Individual)	Schrum , Amanda	4026199686	akschrum@hush.com