

# Administrative Office of Courts & Probation

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

## District 6

### Agency Facility County: Burt

#### 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 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 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   | Duffy,                          | 4026401542       | terry.duffy@cortherapeutic.com |

# Administrative Office of Courts & Probation

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

## District 6

| Agency Facility Name | Facility Address  | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone                 | Individual Email                      |
|----------------------|---|--|---------------------------------|----------------------------------|---------------------------------------|
|                      | 104 N Broadway Avenue<br>Hartington,<br>NEBRASKA<br>68739 | Outpatient Treatment (Individual)                                | Terry                           |                                  |                                       |
|                      |   |  | 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 |
|                      |   |  | Williams, Tina                  | 4023582047                       | tina.williams@cortherapeutic.com      |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | warner, roland                  | 4023854597                       | roland.warner@cortherapeutic.com      |
|                      |   |  | 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,  | 4023854597                      | roland.warner@cortherapeutic.com |                                       |

# Administrative Office of Courts & Probation

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

## District 6

| Agency Facility Name | Facility Address  | Agency Facility Service Description                                  | Approved Individual for Service | Individual Phone | Individual Email                      |
|----------------------|---|--|---------------------------------|------------------|---------------------------------------|
|                      | 104 N Broadway Avenue<br>Hartington,<br>NEBRASKA<br>68739 | Juvenile Mental Health Outpatient Counseling (Individual/Family)     | roland                          |                  |                                       |
|                      |   | 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 Treatment (Individual/Family)      | Davies, Paul                    | 4023166570       | p.a.davies15@gmail.com                |
|                      |   |  | 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**

# Administrative Office of Courts & Probation

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

## District 6

**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<br>Sioux City,<br>NEBRASKA<br>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       | fehrringer@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 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       | fehrringer@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      |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Adult Gambling Outpatient Counseling (Individual/ Group) | Aaron   |                               |  |
|                                     |  | 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                    | fehrringer@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 Outpatient Counseling (Group) | Bowens Kissi Afare, Charlette | 4024943337                                 |
|                                     |  | Brostad, Greg  |   | 4024943337                    | greg@heartlandcounselingservices.com       |
|                                     |  | Cochran, Virginia  |   | 4024943337                    | virginia@heartlandcounselingservices.com   |
|                                     |  | Fehringer, Diane   |   | 4024943337                    | fehrringer@heartlandcounselingservices.com |
|                                     |  | Halladay, Michelle                                       |   | 4024943337                    | michelle@heartlandcounselingservices.com   |
|                                     |  | Mackling, Jamie  |   | 4024943337                    | jamiem@heartlandcounselingservices.com     |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Adult Mental Health Outpatient Counseling (Group)             | 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       | fehrringer@heartlandcounselingservices.com |
|                                     |  |   | Halladay, Michelle              | 4024943337       | michelle@heartlandcounselingservices.com   |
|                                     |  |   | 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/ | Brostad, Greg                   | 4024943337       | greg@heartlandcounselingservices.com       |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Group)                              |                                 |                  |  |
|                                     |  | 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, 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 Evaluation      | 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   |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Adult Substance Use Evaluation                            | Michelle                        |                  |  |
|                                     |  |   | 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       |
|                                     |  |   | 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, Jessica                 | 4025082137       | jortega013@gmail.com                       |
|                                     |  |   | Peters, Martinique              | 4024943337       | marti@heartlandcounselingservices.com      |
|                                     |  |   | Shanahan, Sarah                 | 4024943337       | sarah@heartlandcounselingservices.com      |



# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Adult Substance Use Intensive Outpatient Counseling (IOP) | 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       | fehrringer@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      |
|                                     |  | 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       | fehrringer@heartlandcounselingservices.com |
|                                     |  |   | Halladay, Michelle              | 4024943337       | michelle@heartlandcounselingservices.com   |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Adult Substance Use Outpatient Treatment (Individual) | Michelle                          |                               |  |
|                                     |  |   | 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       |
|                                     |  |   | Cochran, Virginia                 | 4024943337                    | virginia@heartlandcounselingservices.com   |
|                                     |  |   | Fehringer, Diane                  | 4024943337                    | fehrringer@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                                 |
|                                     |  | Brostad, Greg   |                                   | 4024943337                    | greg@heartlandcounselingservices.com       |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Juvenile Mental Health Evaluation                                | Greg                            |                  |   |
|                                     |  |  | 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      |
|                                     |  |  | 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     |
|                                     |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Bowens Kissi Afare, Charlette   | 4024943337       | charlette@heartlandcounselingservices.com |
|                                     |  |  | Brostad, Greg                   | 4024943337       | greg@heartlandcounselingservices.com      |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Greg                            |                  |  |
|                                     |  |  | Cochran, Virginia               | 4024943337       | virginia@heartlandcounselingservices.com   |
|                                     |  |  | Fehringer, Diane                | 4024943337       | fehrringer@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  |
|                                     |  |  | 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, Jessica                 | 4025082137       | jortega013@gmail.com                       |
|                                     |  |  | Peters, Martinique              | 4024943337       | marti@heartlandcounselingservices.com      |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Juvenile Substance Use Addendum                     | 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                            | fehrringer@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 Outpatient Treatment (Group) | Bowens Kissi Afare, Charlette   | 4024943337                            | charlette@heartlandcounselingservices.com  |
|                                     |  |   | Brostad, Greg                   | 4024943337                            | greg@heartlandcounselingservices.com       |
|                                     |  |   | Cochran, Virginia               | 4024943337                            | virginia@heartlandcounselingservices.com   |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Juvenile Substance Use Outpatient Treatment (Group)             | Fehringer, Diane                | 4024943337       | fehrringer@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   |                                      |
|                                     |  |   | Fehringer, Diane                | 4024943337       | fehrringer@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                   | Brostad, Greg    | 4024943337                                 | greg@heartlandcounselingservices.com |

# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Sioux City,<br>NEBRASKA<br>68776 | Sexually Harm Outpatient Treatment (Group)  | Greg                            |                  |                                      |
|                                     |  | 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<br>South Sioux City,<br>NEBRASKA<br>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        |
|                      |   | 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

# Administrative Office of Courts & Probation

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

## District 6

| Agency Facility Name     | Facility Address                                      | Agency Facility Service Description                                  | Approved Individual for Service | Individual Phone | Individual Email         |
|--------------------------|---|--|---------------------------------|------------------|--------------------------|
| Awareness Counseling LLC | 2170 N Platte Ave.<br>null Fremont,<br>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 |
|                          |   | 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**



# Administrative Office of Courts & Probation

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

## District 6

| 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

| 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      |                                 |                  |                  |

# Administrative Office of Courts & Probation

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

## District 6

| Agency Facility Name | Facility Address                   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
|                      | 515 N D ST Fremont, NEBRASKA 68025 | 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 Evaluation                         | Hallstrom, Debra                | 4027208220       | djhallstrom@aol.com |
|                              |   | Adult Substance Use Outpatient Treatment (Individual)  | Hallstrom, Debra                | 4027208220       | djhallstrom@aol.com |

### **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   |
|                              |  |                                     | Groebli, Skyler                 | 4023664754       | sgroebli@lotusbh.net |
|                              |  |                                     | Osborn, Katlynn                 | 4027271592       | kosborn@lotusbh.net  |
|                              |  |                                     | Rezac, Jacqueline               | 4027201741       | jrezac@lotusbh.net   |

# Administrative Office of Courts & Probation

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

## District 6

| 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       |
|                              |  |                                     | Adult Mental Health Outpatient Counseling (Individual) | Birkland, Jordan | 3193834595                 |
|                              |  | 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       |
|                              |  | Adult Substance Use Addendum        | Bruce, Jessica   | 4025339518       | jbruce@lotusbh.net         |

# Administrative Office of Courts & Probation

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

## District 6

| 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 Addendum                          | Groebli, Skyler                 | 4023664754       | sgroebli@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         |
|                              |  |   | Groebli, Skyler                 | 4023664754       | sgroebli@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 |
|                              |  |   | Groebli, Skyler                 | 4023664754       | sgroebli@lotusbh.net       |
|                              |  |   | Osborn, Katlynn                 | 4027271592       | kosborn@lotusbh.net        |
|                              |  |   | Rezac, Jacqueline               | 4027201741       | jrezac@lotusbh.net         |

# Administrative Office of Courts & Probation

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

## District 6

| 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)            | Roberts, Markie                   | 5317211732       | mroberts@lotusbh.net       |
|                              |  | Juvenile Co-Occurring Evaluation                                 | Bruce, Jessica                    | 4025339518       | jbruce@lotusbh.net         |
|                              |  |  | Groebli, Skyler                   | 4023664754       | sgroebli@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                 |
|                              |  | Falcone, Alicia  |                                   | 4026580654       | aliciafalcone521@gmail.com |
|                              |  | Groebli, Skyler  |                                   | 4023664754       | sgroebli@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          |
|                              |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                   | Birkland, Jordan | 3193834595                 |
|                              |  |  | Bruce, Jessica                    | 4025339518       | jbruce@lotusbh.net         |
|                              |  |  | Falcone, Alicia                   | 4026580654       | aliciafalcone521@gmail.com |

# Administrative Office of Courts & Probation

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

## District 6

| 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 Outpatient Counseling (Individual/Family) | Alicia                          |                  |                            |
|                              |  |  | 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          |
|                              |  | 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       |
|                              |  |  | 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 ,                         | 4027201741       | jrezac@lotusbh.net         |

# Administrative Office of Courts & Probation

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

## District 6

| 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 Outpatient Treatment (Group)             | Jacqueline                      |                  |                            |
|                              |  | 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 Outpatient Counseling (Individual) | Rich, Jamie                     | 4023173269       | Jrich@lfsneb.org            |
|                      |   | 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,                       | 4027211774       | rachael.stawniak@onelfs.org |

# Administrative Office of Courts & Probation

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

## District 6

| Agency Facility Name                                | Facility Address                                  | Agency Facility Service Description                       | Approved Individual for Service | Individual Phone | Individual Email            |  |
|---|---|---|---------------------------------|------------------|-----------------------------|--|
|   | 1420 E Military Ave<br>Fremont, NEBRASKA<br>68025 | Adult Substance Use Evaluation                            | Rachael                         |                  |                             |  |
|   |   | 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 Medication Management                            |                                 |                  |                             |  |
|   |   | Juvenile Mental Health Outpatient Counseling (Group)      |                                 |                  |                             |  |
| Juvenile Psychiatric Evaluation Interview Only      |   |   |                                 |                  |                             |  |
| Juvenile Substance Use Outpatient Treatment (Group) |   |   |                                 |                  |                             |  |

### **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<br>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                 | Porter,                         | 4027200943       | mainstreetcounseling@outlook.com |



# Administrative Office of Courts & Probation

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

## District 6

| 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<br>Fremont, NEBRASKA 68025 | Intensive Outpatient Counseling (IOP)                           | Holly                           |                  |                                  |
|                        |  | 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 |
|                        |  | 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<br>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

# Administrative Office of Courts & Probation

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

## District 6

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

### **Agency Name: Nichole Gregory Counseling**

| Agency Facility Name       | Facility Address                                    | Agency Facility Service Description                   | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|---|---|---------------------------------|------------------|------------------|
| Nichole Gregory Counseling | 2170 North Platte Avenue<br>Fremont, NEBRASKA 68025 | Adult Substance Use Addendum                          |                                 |                  |                  |
|                            |   | Adult Substance Use Evaluation                        |                                 |                  |                  |
|                            |   | Adult Substance Use Outpatient Treatment (Individual) |                                 |                  |                  |
|                            |   | Juvenile Substance Use Addendum                       |                                 |                  |                  |
|                            |   | Juvenile Substance Use Evaluation                     |                                 |                  |                  |

### **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<br>Suite 105 Fremont,<br>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 |

# Administrative Office of Courts & Probation

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

## District 6

| Agency Facility Name | Facility Address  | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|---|--|---------------------------------|------------------|-------------------------|
|                      | 1835 E. Military Avenue<br>Suite 105 Fremont,<br>NEBRASKA 68025 | 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 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                                    | Needelman, Joshua               | 4026148444       | jneedelman@capstonebehavioralhealth.com |

# Administrative Office of Courts & Probation

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

## District 6

| 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 | Evaluation  |                                 |                  |                    |
|  |   | 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 (Group)      | Bruce, Jessica                  | 4025339518       | jbruce@lotusbh.net |
|  |   |   | 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                                       | Bruce,                          | 4025339518       | jbruce@lotusbh.net |

# Administrative Office of Courts & Probation

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

## District 6

| 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 | Health Evaluation   | Jessica                         |                  |   |
|  |   |   | 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 Outpatient Counseling (Individual/ Family) | Bruce, Jessica                  | 4025339518       | jbruce@lotusbh.net                      |
|  |   |   | 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/          | Bruce, Jessica                  | 4025339518       | jbruce@lotusbh.net                      |
|  |   |   | Rezac , Jacqueline              | 4027201741       | jrezac@lotusbh.net                      |

# Administrative Office of Courts & Probation

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

## District 6

| 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 | Family)                             |                                 |                  |                  |

### 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

| 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                |                                 |                  |                                  |

# Administrative Office of Courts & Probation

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

## District 6

| Agency Facility Name | Facility Address                             | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                 |
|----------------------|--|--|---------------------------------|------------------|----------------------------------|
|                      | 2951 N. Clarkson St. Fremont, NEBRASKA 68025 | (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) |                                 |                  |                                  |
|                      |  | 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                           |                                 |                  |                                  |

# Administrative Office of Courts & Probation

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

## District 6

| Agency Facility Name | Facility Address                             | Agency Facility Service Description         | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|------------------|
|                      | 2951 N. Clarkson St. Fremont, NEBRASKA 68025 | Treatment (Individual/Family)               |                                 |                  |                  |
|                      |  | Juveniles Who Sexually Harm Risk Evaluation |                                 |                  |                  |
|                      |  | PRS-BIP                                     |                                 |                  |                  |

### **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                             |                                 |                  |                  |
|                      |  | Adult Mental Health Evaluation                            |                                 |                  |                  |
|                      |  | Adult Mental Health Outpatient Counseling (Individual)    |                                 |                  |                  |
|                      |  | Adult Substance Use Addendum                              |                                 |                  |                  |
|                      |  | Adult Substance Use Evaluation                            |                                 |                  |                  |
|                      |  | Adult Substance Use Intensive Outpatient Counseling (IOP) |                                 |                  |                  |
|                      |  | Adult Substance Use Outpatient Treatment (Group)          |                                 |                  |                  |
|                      |  | Adult Substance Use Outpatient Treatment (Individual)     |                                 |                  |                  |

### **Agency Facility County: Washington**

### **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                 | Schrum ,                        | 4026199686       | akschrum@hush.com |



# Administrative Office of Courts & Probation

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

## District 6

| 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 | Evaluation  | Amanda                          |                  |                   |
|                        |                                  | Adult Substance Use Outpatient Treatment (Individual) | Schrum , Amanda                 | 4026199686       | akschrum@hush.com |