

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

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

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

Agency Facility County: Dakota

Agency Name: Heartland Counseling Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland	1201 Arbor	Adult Co-	Bowens	4024943337	charlette@heartlandcounselingservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Counseling Services, Inc.	Drive South Sioux City, NEBRASKA 68776	Occurring Evaluation	Kissi Afare, Charlette		
			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
		Adult Mental	Bowens	4024943337	charlette@heartlandcounselingservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Health Evaluation	Kissi Afare, Charlette		
			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	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
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
		Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com	

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Adult Mental Health Outpatient Counseling (Group)	Aaron		
		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/ Group)	Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
		Adult Substance Use Addendum	Bowens Kissi Afare,	4024943337	charlette@heartlandcounselingservices.com

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		Adult Substance Use Addendum	Charlette		
			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
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com

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		Adult Substance Use Evaluation	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	fehringer@heartlandcounselingservices.com	
					Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com	
					Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com	
					Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com	
					Ortega, Jessica	4025082137	jortega013@gmail.com	
					Peters, Martinique	4024943337	marti@heartlandcounselingservices.com	
					Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com	
					Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com	
					Adult Substance	Bowens	4024943337	charlette@heartlandcounselingservices.com

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		Use Outpatient Treatment (Group)	Kissi Afare, Charlette		
			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
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com

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		Adult Substance Use Outpatient Treatment (Individual)	Jessica		
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Anger Management Class	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
		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		fehringer@heartlandcounselingservices.com		
Halladay, Michelle	4024943337		michelle@heartlandcounselingservices.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Juvenile Co-Occurring Evaluation	Michelle		
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Outpatient Counseling (Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
Fehringer, Diane	4024943337		fehringer@heartlandcounselingservices.com		
Halladay, Michelle	4024943337		michelle@heartlandcounselingservices.com		

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Juvenile Substance Use Addendum	Diane		
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Halladay, Michelle	4024943337	michelle@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com

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		Juvenile Substance Use Evaluation	Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Outpatient Treatment (Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
			Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	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		

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		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Ortega, Jessica	4025082137	jortega013@gmail.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Shanahan, Sarah	4024943337	sarah@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Brostad, Greg	4024943337	greg@heartlandcounselingservices.com
		Juveniles Who Sexually Harm Risk Evaluation	Brostad, Greg	4024943337	greg@heartlandcounselingservices.com

Agency Name: Owens Educational Services, Inc.

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

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

Agency Facility County: Dodge

Agency Name: Awareness Counseling

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

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

Agency Name: Braun Counseling Services LLC

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

Agency Name: CITY OF FREMONT POLICE DEPT

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			

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Agency Name: Care Corps' LifeHouse

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

Agency Name: Center For Independent Living of Central Nebraska

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

Agency Name: Debra J Hallstrom Counseling

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	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 Mental Health Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			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
		Adult Mental Health Outpatient Counseling (Individual)	Birkland, Jordan	3193834595	jbirkland@lotusbh.net
			Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Knight , Raven	4025120049	ravenknight.4360@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Adult Mental Health Outpatient Counseling (Individual)	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
			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
		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	Bruce, Jessica	4025339518	jbruce@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	(Individual)	Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			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 Co-Occurring Evaluation	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 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

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Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Juvenile Mental Health Evaluation	Semerad, MaLeaha	4023807062	mhays@lotusbh.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Birkland, Jordan	3193834595	jbirkland@lotusbh.net
			Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			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
			Semerad, MaLeaha	4023807062	mhays@lotusbh.net
			Juvenile Substance Use Addendum	Bruce, Jessica	4025339518
		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 Substance Use Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1420 E Military Ave Fremont, NEBRASKA 68025	Adult Substance Use Addendum	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Substance Use Evaluation	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Rich, Jamie	4023173269	Jrich@lfsneb.org
		Adult Substance Use Outpatient Treatment (Group)	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
		Adult Substance Use Outpatient Treatment (Individual)	Luers, Janelle	5314443536	Janelle.luers@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Agency Supported Foster Care			
		Juvenile 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	1735 E Military	Adult Substance Use	Porter,	4027200943	mainstreetcounseling@outlook.com

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

Agency Name: Mindful Self Counseling, LLC

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

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

Agency Name: Nebraska Mediation Center

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

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 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

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

Agency Name: Optum Behavioral Care of Ohio dba 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 ,	4027201741	jrezac@lotusbh.net

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

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

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

Agency Name: Pathfinder Support Services Home Office

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

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

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)			

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

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/Family)			
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Risk Evaluation			
		PRS-BIP			

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