

Administrative Office of Courts & Probation

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

District 2

Agency Facility County: Cass

Agency Name: Educate 2 Eliminate,LLC.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Educate 2 Eliminate,LLC.	2380 W. 8th Avenue, Suite 7 Plattsmouth, NEBRASKA 68048	Adult Co-Occurring Evaluation	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Mental Health Evaluation	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Mental Health Outpatient Counseling (Individual)	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Addendum	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Evaluation	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Outpatient Treatment (Group)	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org
		Adult Substance Use Outpatient Treatment (Individual)	Hicks Kalvinek, Joyce	4024905759	joycehicks@educate2eliminate.org

Agency Name: Reflections Therapy, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Reflections	2380 8th Avenue	Adult Co-Occurring	Christensen,	4028048424	reflectionstherapyne@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Therapy, LLC	Suite 7 Plattsmouth, NEBRASKA 68048	Evaluation	Samantha		
		Adult Mental Health Evaluation	Christensen, Samantha	4028048424	reflectionstherapyne@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Christensen, Samantha	4028048424	reflectionstherapyne@gmail.com
		Adult Substance Use Addendum	Christensen, Samantha	4028048424	reflectionstherapyne@gmail.com
		Adult Substance Use Evaluation	Christensen, Samantha	4028048424	reflectionstherapyne@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Christensen, Samantha	4028048424	reflectionstherapyne@gmail.com

Agency Facility County: Sarpy

Agency Name: AM Counseling and Consulting

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	207 Galvin Rd N Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Adult Gambling Outpatient Counseling (Individual/Group)			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Alvarez, Evette	4028075117	evette@amcounseling.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	207 Galvin Rd N Bellevue, NEBRASKA 68005	Adult Mental Health Evaluation	Sanchez, Laura	4028075117	laura@amcounseling.org
		Adult Mental Health Outpatient Counseling (Individual)	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Adult Substance Use Addendum	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Adult Substance Use Evaluation	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Sanchez, Laura	4028075117	laura@amcounseling.org
		Adult Substance Use Outpatient Treatment (Individual)	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Family Partner	Sanchez, Laura	4028075117	laura@amcounseling.org
		Family Support	Sanchez, Laura	4028075117	laura@amcounseling.org
		Intensive Family Preservation			
		Juvenile Co-Occurring Evaluation	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Mental Health Evaluation	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	207 Galvin Rd N Bellevue, NEBRASKA 68005	Juvenile Mental Health Evaluation	Laura		
		Juvenile Substance Use Addendum	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Substance Use Evaluation	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org

Agency Name: Adjudicated Youth Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Success Keys Youth Services (SKYS)	1305 Thomas Drive Bellevue, NEBRASKA 68005	Day Reporting			
		Family Support	George, Timothy	4028126849	georgetimothy07@gmail.com
			Ranson, Hazel	4028125509	ranshazel329@gmail.com
			Zukaitis-George, Ian	4022010734	iangeorge.ays@gmail.com

Agency Name: Affinity Comprehensive Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Affinity Comprehensive Counseling	1120 Delmar Dr. 5C Papillion, NEBRASKA 68046	Adult Substance Use Addendum	Kennedy, Sheila	4027069657	sheilawarner54@yahoo.com
		Adult Substance Use Evaluation	Kennedy, Sheila	4027069657	sheilawarner54@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Kennedy, Sheila	4027069657	sheilawarner54@yahoo.com

Agency Name: All Communities Family Services

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
All Communities Family Services	1103 Galvin Rd South Ste N Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation			
		Adult Mental Health Outpatient Counseling (Group)			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Evaluation	Austin, Willie	4024520102	williea244@gmail.com
			BAULPINSON, DORAINE	4025147613	doraineh@aol.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Outpatient Treatment (Group)	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Outpatient Treatment (Individual)	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Community Treatment Aide (CTA)			
		Day Reporting	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Evening Reporting	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org

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All Communities Family Services	1103 Galvin Rd South Ste N Bellevue, NEBRASKA 68005	Family Partner	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Family Support	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		General Education Class	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Evaluation	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Outpatient Treatment (Group)	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org

Agency Name: Breaking Chains LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Breaking Chains LLC	12213 S 33rd st Bellevue, NEBRASKA 68123	Adult Co-Occurring Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Adult Mental Health Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com

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Breaking Chains LLC	12213 S 33rd st Bellevue, NEBRASKA 68123	Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Intensive Outpatient Counseling (IOP)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		General Education Class	Smith, Janee	4023121460	hooksjane@gmail.com
		Juvenile Co-Occurring Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Juvenile Mental Health Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Intensive Outpatient (IOP)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com

Agency Name: CNW Alliance

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CNW Alliance-Bellevue Office	1028 Bruin Blvd Bellevue Library Ste. 456 Bellevue, NEBRASKA 68005	Family Partner	Clemow, Jorge	5317779529	Jorge@cnwalliance.org
		Family Support	Clemow, Jorge	5317779529	Jorge@cnwalliance.org

Agency Name: Complete Behavioral Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Behavioral Health	1237 Golden Gate Dr Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Mental Health Evaluation	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			McGann, Trisha	4024159015	tmcgann99@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	McGann, Trisha	4024159015	tmcgann99@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Psychological Evaluation	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use Addendum	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Behavioral Health	1237 Golden Gate Dr Papillion, NEBRASKA 68046	Adult Substance Use Evaluation	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
		Juvenile Co-Occurring Evaluation	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Competency Evaluation	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
		Juvenile Mental Health Evaluation	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Psychological Evaluation	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Addendum	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Evaluation	Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

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Agency Name: Define U LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Define U LLC	2208 Lucille Drive Bellevue, NEBRASKA 68147	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			

Agency Name: Ellie Mental Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ellie mental health	12110 port grace blvd Suite 101 La Vista, NEBRASKA 68128	Adult Co-Occurring Evaluation	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
		Adult Mental Health Evaluation	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
		Adult Mental Health Outpatient Counseling (Individual)	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
		Adult Substance Use Addendum	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
			Snoddy,	4063046620	jsnoddy@elliementalhealth.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ellie mental health	12110 port grace blvd Suite 101 La Vista, NEBRASKA 68128	Adult Substance Use Addendum	Jasmine		
		Adult Substance Use Evaluation	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
			Snoddy, Jasmine	4063046620	jsnoddy@elliementalhealth.com
		Adult Substance Use Outpatient Treatment (Individual)	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
			Snoddy, Jasmine	4063046620	jsnoddy@elliementalhealth.com
		General Education Class	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
			Snoddy, Jasmine	4063046620	jsnoddy@elliementalhealth.com
		Juvenile Co-Occurring Evaluation	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
		Juvenile Mental Health Evaluation	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
		Juvenile Substance Use Evaluation	Condon, Alison	4026450038	acondon@elliementalhealth.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ellie mental health	12110 port grace blvd Suite 101 La Vista, NEBRASKA 68128	Juvenile Substance Use Evaluation	Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
			Snoddy, Jasmine	4063046620	jsnoddy@elliementalhealth.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
			Snoddy, Jasmine	4063046620	jsnoddy@elliementalhealth.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Snoddy, Jasmine	4063046620	jsnoddy@elliementalhealth.com

Agency Name: Forensic Behavioral Health Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Forensic Behavioral Health Inc.	1410 East Gold Coast Rd Ste 300 Papillion, NEBRASKA 68046	Adult Psychological Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com
		Adult Sex Offense-Specific Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com
		Juvenile Psychological Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com
		Juveniles Who Sexually Harm Risk Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com

Agency Name: Hamilton Behavioral Health Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Hamilton	203 West 29th Avenue	Adult Co-			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Behavioral Health Services	#6 Bellevue, NEBRASKA 68005	Occurring Evaluation			
		Adult Substance Use Evaluation	McIntyre-Moore, Kathleen	4022136884	Godfirst3_2000@yahoo.com

Agency Name: Healing Place Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Place Counseling, LLC	3802 Raynor Pkwy Suite 203 Bellevue, NEBRASKA 68123	Adult Mental Health Evaluation	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com
		Adult Sex Offense-Specific Evaluation	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com

Agency Name: Heartland Family Service

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Mental Health Outpatient Counseling (Group)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Mental Health Outpatient Counseling (Individual)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org

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Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Mental Health Outpatient Counseling (Individual)	Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Substance Use Addendum	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Substance Use Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Substance Use Outpatient Treatment (Group)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Substance Use Outpatient Treatment (Group)	Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Substance Use Outpatient Treatment (Individual)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Co-Occurring Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Juvenile Mental Health Outpatient Counseling (Group)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Substance Use Addendum	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Substance Use Evaluation	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hardin, Reese	4025533000	rhardin@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Substance	Cassidy,	4025527015	Vcassidy@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Use Outpatient Treatment (Group)	Victoria		
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		PRS-BIP	Conley, Dawn	4025527066	DConley@heartlandfamilyservice.org
			Sewall, Christopher	4025527072	csewall@heartlandfamilyservice.org

Agency Name: James Laufenberg LMHP LADC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
James Laufenberg LMHP LADC	10748 Virginia Plaza Suite 107 La Vista, NEBRASKA 68128	Adult Co-Occurring Evaluation	Laufenberg, James	4022902602	james@focusc3.com
		Adult Mental Health Evaluation	Laufenberg, James	4022902602	james@focusc3.com
		Adult Mental Health Outpatient Counseling (Individual)	Laufenberg, James	4022902602	james@focusc3.com
		Adult Substance Use Addendum	Laufenberg, James	4022902602	james@focusc3.com
		Adult Substance Use Evaluation	Laufenberg, James	4022902602	james@focusc3.com
		Adult Substance Use Outpatient Treatment (Individual)	Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Co-Occurring	Laufenberg,	4022902602	james@focusc3.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
James Laufenberg LMHP LADC	10748 Virginia Plaza Suite 107 La Vista, NEBRASKA 68128	Evaluation	James		
		Juvenile Mental Health Evaluation	Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Substance Use Addendum	Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Substance Use Evaluation	Laufenberg, James	4022902602	james@focusc3.com

Agency Name: Lutheran Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	11513 S 37th Street Bellevue, NEBRASKA 68123	Adult Co-Occurring Evaluation	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Matrix Evaluation	VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Mental Health Evaluation	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Mental Health Outpatient Counseling (Individual)	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Psychological Evaluation			
		Adult Sex Offense-			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	11513 S 37th Street Bellevue, NEBRASKA 68123	Specific Evaluation			
		Adult Sex Offense-Specific Polygraph Examination			
		Adult Substance Use Addendum	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
		Adult Substance Use Evaluation	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
		Agency Supported Foster Care			
		Continuous Alcohol Monitoring (CAM)			
		Family Partner			
		Family Support			
		Juvenile Medication Management			
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Psychiatric Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	11513 S 37th Street Bellevue, NEBRASKA 68123	Juvenile Psychiatric Evaluation Interview Only			
		Juvenile SUD Medical Detox			
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juveniles Who Sexually Harm Risk Evaluation			
		Relative/Kinship Home Study			

Agency Name: Maggett Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Maggett Counseling LLC	1620 Willshire Dr. Suite 222 null Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Mechere Campbell

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mechere Campbell	PO Box 1735 Bellevue, NEBRASKA 68005	Family Partner	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
			Othow, Ajo	4027140678	ajoadade@yahoo.com
			Thompson, Lena	4029816016	Only1lenapearl@yahoo.com
			Wilson , Larry	2103475381	lwilsontx81@gmail.com
		Family Support	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
			Othow, Ajo	4027140678	ajoadade@yahoo.com
			Thompson, Lena	4029816016	Only1lenapearl@yahoo.com
		Intensive Family Preservation	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
			Othow, Ajo	4027140678	ajoadade@yahoo.com
			Thompson, Lena	4029816016	Only1lenapearl@yahoo.com
		Juvenile Transportation	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Sherrod, Tommy	4022082534	sherrodtommy@yahoo.com
			Wilson , Larry	2103475381	lwilsontx81@gmail.com

Agency Name: Midwest Community Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Group home location	8301 S 39th street Bellevue, NEBRASKA 68147	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Psychological			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Group home location	8301 S 39th street Bellevue, NEBRASKA 68147	Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: New Path Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Path Counseling	916 Village Sq Gretna, NEBRASKA 68028	Adult Co-Occurring Evaluation	Schofield, Suzanne	4026196077	suzanne@newpathnebraska.com
		Adult Mental Health Outpatient Counseling (Individual)	Schofield, Suzanne	4026196077	suzanne@newpathnebraska.com
		Adult Substance Use Evaluation	Schofield, Suzanne	4026196077	suzanne@newpathnebraska.com
		Adult Substance Use Outpatient Treatment (Individual)	Schofield, Suzanne	4026196077	suzanne@newpathnebraska.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Patrick J. Thomas Juvenile Justice Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Patrick J. Thomas Juvenile Justice Center	9701 Portal Road La Vista, NEBRASKA 68127	Day Reporting			
		EM Sarpy CARE			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Patrick J. Thomas Juvenile Justice Center	9701 Portal Road La Vista, NEBRASKA 68127	Evening Reporting			
		General Education Class			

Agency Name: Rainbow of Hope

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kathleen P. McIntyre	10018 South 14th Street Bellevue, NEBRASKA 68123	Adult Substance Use Addendum	McIntyre-Moore, Kathleen	4022136884	Godfirst3_2000@yahoo.com
		Adult Substance Use Evaluation	McIntyre-Moore, Kathleen	4022136884	Godfirst3_2000@yahoo.com

Agency Name: Sarpy County Juvenile Justice Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Patrick J. Thomas Juvenile Justice Center	9701 Portal Road La Vista, NEBRASKA 68128	Invoice - Secure Detention			
		Invoice - Staff Detention			

Agency Name: Soulutions Therapy LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Soulutions Therapy LLC	207 Galvin Road North Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Co-Occurring			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Soulutions Therapy LLC	207 Galvin Road North Bellevue, NEBRASKA 68005	Evaluation			
		Juvenile Mental Health Evaluation	Alfrey, Maria	4027046390	Maria@steadfasttherapy.org
			Potter, Jane	4029407387	jane@soulutionstherapyllc.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Alfrey, Maria	4027046390	Maria@steadfasttherapy.org
			Potter, Jane	4029407387	jane@soulutionstherapyllc.com

Agency Name: The Greater Works Networks

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Greater Works Networks	1103 Galvin Road S Ste L 1/2 Bellevue, NEBRASKA 68005	Case Managed Tutoring			
		Day Reporting	Lowery, Angel	9105514998	alowery@thegwn.org
			Manns, Erica	5313297899	rica.manns@gmail.com
		Evening Reporting	Lowery, Angel	9105514998	alowery@thegwn.org
			Manns, Erica	5313297899	rica.manns@gmail.com
		Family Partner	Lowery, Angel	9105514998	alowery@thegwn.org
			Manns, Erica	5313297899	rica.manns@gmail.com
		Family Support	Lowery, Angel	9105514998	alowery@thegwn.org
			Manns, Erica	5313297899	rica.manns@gmail.com
		General Education Class			
		Relative/Kinship Home Study	Lowery, Angel	9105514998	alowery@thegwn.org
			Manns, Erica	5313297899	rica.manns@gmail.com
	1008 Lincoln Rd. Suite 4 Bellevue, NEBRASKA 68005	Case Managed Tutoring			
		Day Reporting	Lowery, Angel	9105514998	alowery@thegwn.org
		Evening Reporting	Lowery, Angel	9105514998	alowery@thegwn.org
		Family Partner	Lowery, Angel	9105514998	alowery@thegwn.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1008 Lincoln Rd. Suite 4 Bellevue, NEBRASKA 68005	Family Support	Lowery, Angel	9105514998	alowery@thegwn.org
		General Education Class	Lowery, Angel	9105514998	alowery@thegwn.org