

# 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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|----------------------|-------------------------------------|--|---------------------------------|------------------|--------------------------------|
| 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<br>Bellevue,<br>NEBRASKA 68005 | Adult Mental Health Evaluation                            | Sanchez,<br>Laura               | 4028075117       | laura@amcounseling.org  |
|                      |  | Adult Mental Health Outpatient Counseling (Individual)    | Alvarez,<br>Evette              | 4028075117       | evette@amcounseling.org |
|                      |  |   | Sanchez,<br>Laura               | 4028075117       | laura@amcounseling.org  |
|                      |  | Adult Substance Use Addendum                              | Alvarez,<br>Evette              | 4028075117       | evette@amcounseling.org |
|                      |  |   | Sanchez,<br>Laura               | 4028075117       | laura@amcounseling.org  |
|                      |  | Adult Substance Use Evaluation                            | Alvarez,<br>Evette              | 4028075117       | evette@amcounseling.org |
|                      |  |   | Sanchez,<br>Laura               | 4028075117       | laura@amcounseling.org  |
|                      |  | Adult Substance Use Intensive Outpatient Counseling (IOP) | Sanchez,<br>Laura               | 4028075117       | laura@amcounseling.org  |
|                      |  | Adult Substance Use Outpatient Treatment (Individual)     | Alvarez,<br>Evette              | 4028075117       | evette@amcounseling.org |
|                      |  |   | Sanchez,<br>Laura               | 4028075117       | laura@amcounseling.org  |
|                      |  | Family Partner  | Sanchez,<br>Laura               | 4028075117       | laura@amcounseling.org  |
|                      |  | Family Support  | Sanchez,<br>Laura               | 4028075117       | laura@amcounseling.org  |
|                      |  | Intensive Family Preservation                             |                                 |                  |                         |
|                      |  | Juvenile Co-Occurring Evaluation                          | Alvarez,<br>Evette              | 4028075117       | evette@amcounseling.org |
|                      |  |   | Sanchez,<br>Laura               | 4028075117       | laura@amcounseling.org  |
|                      |  | Juvenile Mental Health Evaluation                         | Alvarez,<br>Evette              | 4028075117       | evette@amcounseling.org |
|                      |  |   | Sanchez,<br>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<br>Bellevue,<br>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: 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.<br>5C Papillion,<br>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

| Agency Facility Name            | Facility Address   | Agency Facility Service Description               | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|--|---|---------------------------------|------------------|------------------|
| All Communities Family Services | 1103 Galvin Rd<br>South Ste N<br>Bellevue,<br>NEBRASKA 68005 | Adult Co-Occurring Evaluation                     |                                 |                  |                  |
|                                 |  | Adult Mental Health Outpatient Counseling (Group) |                                 |                  |                  |
|                                 |  | Adult Mental Health Outpatient Counseling         |                                 |                  |                  |

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| Agency Facility Name            | Facility Address   | Agency Facility Service Description                       | Approved Individual for Service  | Individual Phone | Individual Email                 |
|---------------------------------|--|---|----------------------------------|------------------|----------------------------------|
| All Communities Family Services | 1103 Galvin Rd<br>South Ste N<br>Bellevue,<br>NEBRASKA 68005 | (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             |
|                                 |  |   | 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 |
|                                 |  | 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 |                  |                                  |

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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<br>South Ste N<br>Bellevue,<br>NEBRASKA 68005 | 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<br>Bellevue,<br>NEBRASKA 68123 | 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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|----------------------|--|--|---------------------------------|------------------|----------------------|
| Breaking Chains LLC  | 12213 S 33rd st<br>Bellevue,<br>NEBRASKA 68123 | Adult Substance Use Intensive Outpatient Counseling (IOP)        |                                 |                  |                      |
|                      |  | Adult Substance Use Outpatient Treatment (Group)                 |                                 |                  |                      |
|                      |  | Adult Substance Use Outpatient Treatment (Individual)            |                                 |                  |                      |
|                      |  | General Education Class  | Smith, Janee                    | 4023121460       | hooksjanee@gmail.com |
|                      |  | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                      |
|                      |  | Juvenile Mental Health Evaluation                                |                                 |                  |                      |
|                      |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                      |
|                      |  | Juvenile Substance Use Addendum                                  |                                 |                  |                      |
|                      |  | Juvenile Substance Use Evaluation                                |                                 |                  |                      |
|                      |  | Juvenile Substance Use Intensive Outpatient (IOP)                |                                 |                  |                      |
|                      |  | Juvenile Substance Use Outpatient Treatment (Group)              |                                 |                  |                      |
|                      |  | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                      |

### Agency Name: CNW Alliance

| Agency Facility Name         | Facility Address   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email      |
|------------------------------|--|-------------------------------------|---------------------------------|------------------|-----------------------|
| CNW Alliance-Bellevue Office | 1028 Bruin Blvd Bellevue Library Ste. 456 Bellevue, NEBRASKA 68005 | Family Partner                      | Clemow, Jorge                   | 5317779529       | Jorge@cnwalliance.org |
|                              |  |                                     | McPherson, Donald               | 6123004227       | donny@cnwalliance.org |

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| Agency Facility Name         | Facility Address   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email      |
|------------------------------|--|-------------------------------------|---------------------------------|------------------|-----------------------|
| CNW Alliance-Bellevue Office | 1028 Bruin Blvd Bellevue Library Ste. 456 Bellevue, NEBRASKA 68005 | Family Support                      | Clemow, Jorge                   | 5317779529       | Jorge@cnwalliance.org |
|                              |  |                                     | McPherson, Donald               | 6123004227       | donny@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 |
|                            |   |  | Tamayo, Kelly                   | 4025902947       | drkellytamayo@gmail.com         |
|                            |   | Adult Mental Health Outpatient Counseling (Individual) | 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         |
|                            |   | Adult Substance Use Evaluation                         | Marshall, Brittany              | 4026140175       | drbrittanymarshall@cbhomaha.com |
|                            |   |  | Powell, Michelle                | 4026714429       | Powell.Michelle.a@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                                   | Michelle                        |                  |                                 |
|                            |   |  | 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 |
|                            |   |  | Tamayo, Kelly                   | 4025902947       | drkellytamayo@gmail.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 |
|                      |  | Adult Substance Use                                    | Condon,                         | 4026450038       | acondon@elliementalhealth.com |

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|---|--|--|---------------------------------|------------------|-------------------------------|
| Ellie mental health   | 12110 port grace blvd<br>Suite 101 La Vista,<br>NEBRASKA 68128 | Evaluation   | Alison                          |                  |                               |
|   |  |  | Rosman, Chloe                   | 4026451966       | CRosman@elliementalhealth.com |
|   |  | Adult Substance Use Outpatient Treatment (Individual)            | Condon, Alison                  | 4026450038       | acondon@elliementalhealth.com |
|   |  |  | Rosman, Chloe                   | 4026451966       | CRosman@elliementalhealth.com |
|   |  | General Education Class  | Condon, Alison                  | 4026450038       | acondon@elliementalhealth.com |
|   |  |  | Rosman, Chloe                   | 4026451966       | CRosman@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 |
|   |  |  | Rosman, Chloe                   | 4026451966       | CRosman@elliementalhealth.com |
| Juvenile Substance Use Intensive Outpatient (IOP)               | Condon, Alison   | 4026450038   | acondon@elliementalhealth.com   |                  |                               |
|   | Rosman, Chloe  | 4026451966   | CRosman@elliementalhealth.com   |                  |                               |
| Juvenile Substance Use Outpatient Treatment (Individual/Family) | Condon, Alison   | 4026450038   | acondon@elliementalhealth.com   |                  |                               |

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### 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<br>Ste 300 Papillion,<br>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 Behavioral Health Services | 203 West 29th Avenue<br>#6 Bellevue, NEBRASKA<br>68005 | Adult Co-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<br>Suite 203 Bellevue,<br>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-                                     | Yunker-                         | 4029490943       | healingplacenebraska@gmail.com |

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| 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 | Specific Evaluation   | Schiffers, Holli                |                  |                                |
|                               |   | 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                                   | Hart, Michelle                   | 4025527407       | mhart@heartlandfamilyservice.org      |  |
|                      |  |   | Heidvogel, Brian                 | 4025527004       | bheidvogel@heartlandfamilyservice.org |  |
|                      |  |   | Schult, Caitlin                  | 4025547204       | cschult@heartlandfamilyservice.org    |  |
|                      |  | Adult Initial Diagnostic Interview (Medication Prescriber Only) |                                  |                  |                                       |  |
|                      |  | Adult Medication Management                                     |                                  |                  |                                       |  |
|                      |  | Adult Mental Health Evaluation                                  | Hardin, Reese                    | 4025533000       | rhardin@heartlandfamilyservice.org    |  |
|                      |  |   | Hart, Michelle                   | 4025527407       | mhart@heartlandfamilyservice.org      |  |
|                      |  |   | Heidvogel, Brian                 | 4025527004       | bheidvogel@heartlandfamilyservice.org |  |
|                      |  |   | Schult, Caitlin                  | 4025547204       | cschult@heartlandfamilyservice.org    |  |
|                      |  | Adult Mental Health Outpatient Counseling (Group)               | Hardin, Reese                    | 4025533000       | rhardin@heartlandfamilyservice.org    |  |
| Hart, Michelle       | 4025527407                                     |   | mhart@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<br>Papillion,<br>NEBRASKA 68046 | Adult Mental Health<br>Outpatient Counseling<br>(Group)      | Heidvogel, Brian                | 4025527004       | bheidvogel@heartlandfamilyservice.org |
|                      |  |  | Schult, Caitlin                 | 4025547204       | cschult@heartlandfamilyservice.org    |
|                      |  | Adult Mental Health<br>Outpatient Counseling<br>(Individual) | Hart, Michelle                  | 4025527407       | mhart@heartlandfamilyservice.org      |
|                      |  |  | Heidvogel, Brian                | 4025527004       | bheidvogel@heartlandfamilyservice.org |
|                      |  |  | Schult, Caitlin                 | 4025547204       | cschult@heartlandfamilyservice.org    |
|                      |  | Adult Substance Use<br>Addendum                              | Hart, Michelle                  | 4025527407       | mhart@heartlandfamilyservice.org      |
|                      |  |  | Heidvogel, Brian                | 4025527004       | bheidvogel@heartlandfamilyservice.org |
|                      |  |  | Schult, Caitlin                 | 4025547204       | cschult@heartlandfamilyservice.org    |
|                      |  | Adult Substance Use<br>Evaluation                            | Hardin, Reese                   | 4025533000       | rhardin@heartlandfamilyservice.org    |
|                      |  |  | Hart, Michelle                  | 4025527407       | mhart@heartlandfamilyservice.org      |
|                      |  |  | Heidvogel, Brian                | 4025527004       | bheidvogel@heartlandfamilyservice.org |
|                      |  |  | Schult, Caitlin                 | 4025547204       | cschult@heartlandfamilyservice.org    |
|                      |  | Adult Substance Use<br>Outpatient Treatment<br>(Group)       | Hardin, Reese                   | 4025533000       | rhardin@heartlandfamilyservice.org    |
|                      |  |  | Hart, Michelle                  | 4025527407       | mhart@heartlandfamilyservice.org      |
|                      |  |  | Heidvogel, Brian                | 4025527004       | bheidvogel@heartlandfamilyservice.org |
|                      |  |  | Schult, Caitlin                 | 4025547204       | cschult@heartlandfamilyservice.org    |
|                      |  | Adult Substance Use<br>Outpatient Treatment                  | Hart, Michelle                  | 4025527407       | mhart@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<br>Papillion,<br>NEBRASKA 68046 | (Individual)   | Heidvogel, Brian                   | 4025527004       | bheidvogel@heartlandfamilyservice.org |
|   |  |  | Schult, Caitlin                    | 4025547204       | cschult@heartlandfamilyservice.org    |
|   |  | Juvenile Co-Occurring Evaluation                                 | Schult, Caitlin                    | 4025547204       | cschult@heartlandfamilyservice.org    |
|   |  | Juvenile Medication Management                                   |                                    |                  |                                       |
|   |  | Juvenile Mental Health Evaluation                                | Hardin, Reese                      | 4025533000       | rhardin@heartlandfamilyservice.org    |
|   |  |  | Schult, Caitlin                    | 4025547204       | cschult@heartlandfamilyservice.org    |
|   |  | Juvenile Mental Health Outpatient Counseling (Group)             | Schult, Caitlin                    | 4025547204       | cschult@heartlandfamilyservice.org    |
|   |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Hardin, Reese                      | 4025533000       | rhardin@heartlandfamilyservice.org    |
|   |  |  | Schult, Caitlin                    | 4025547204       | cschult@heartlandfamilyservice.org    |
|   |  | Juvenile Psychiatric Evaluation                                  |                                    |                  |                                       |
|   |  | Juvenile Psychiatric Evaluation Interview Only                   |                                    |                  |                                       |
|   |  | Juvenile Substance Use Addendum                                  | Schult, Caitlin                    | 4025547204       | cschult@heartlandfamilyservice.org    |
|   |  | Juvenile Substance Use Evaluation                                | Hardin, Reese                      | 4025533000       | rhardin@heartlandfamilyservice.org    |
|   |  |  | Schult, Caitlin                    | 4025547204       | cschult@heartlandfamilyservice.org    |
|   |  | Juvenile Substance Use Outpatient Treatment (Group)              | Schult, Caitlin                    | 4025547204       | cschult@heartlandfamilyservice.org    |
| Juvenile Substance Use Outpatient Treatment | 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<br>Papillion,<br>NEBRASKA 68046 | (Individual/Family)                 |                                 |                  |                                    |
|                      |  | PRS-BIP                             | Conley,<br>Dawn                 | 4025527066       | DConley@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<br>Sutie 107 La Vista,<br>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 Evaluation                                 | Laufenberg, James               | 4022902602       | james@focusc3.com |
|                            |   | 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**

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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<br>Bellevue,<br>NEBRASKA 68123 | Adult Co-Occurring Evaluation                                   | McCollister, Suzanne            | 4025025132       | suzanne.mccollister@onelfs.org |
|                                     |  | Adult Initial Diagnostic Interview (Medication Prescriber Only) |                                 |                  |                                |
|                                     |  | Adult Matrix Evaluation   |                                 |                  |                                |
|                                     |  | Adult Mental Health Evaluation                                  | McCollister, Suzanne            | 4025025132       | suzanne.mccollister@onelfs.org |
|                                     |  | Adult Mental Health Outpatient Counseling (Individual)          | McCollister, Suzanne            | 4025025132       | suzanne.mccollister@onelfs.org |
|                                     |  | Adult Psychological Evaluation                                  |                                 |                  |                                |
|                                     |  | Adult Sex Offense-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 |
|                                     |  | 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) |  |   |                                 |                  |                                |

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|----------------------|--|--|---------------------------------|------------------|------------------|
|                      | 11513 S 37th Street<br>Bellevue,<br>NEBRASKA 68123 | Family Partner   |                                 |                  |                  |
|                      |  | Family Support   |                                 |                  |                  |
|                      |  | Juvenile Medication Management                               |                                 |                  |                  |
|                      |  | Juvenile Mental Health Intensive Outpatient Counseling (IOP) |                                 |                  |                  |
|                      |  | Juvenile Mental Health Outpatient Counseling (Group)         |                                 |                  |                  |
|                      |  | Juvenile Psychiatric Evaluation                              |                                 |                  |                  |
|                      |  | 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<br>null Bellevue, NEBRASKA<br>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                                  |                                 |                  |                  |

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| 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<br>null Bellevue, NEBRASKA<br>68005 | 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

| Agency Facility Name | Facility Address                        | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email              |
|----------------------|---|-------------------------------------|---------------------------------|------------------|-------------------------------|
| Mechere Campbell     | PO Box 1735 Bellevue,<br>NEBRASKA 68005 | Family Partner                      | Campbell, Mechere               | 4026309705       | mcampbell2k@hotmail.com       |
|                      |   |                                     | Maggett, Joseph                 | 4023126840       | joseph@maggett-counseling.com |
|                      |   |                                     | Othow, Ajo                      | 4027140678       | ajoanade@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       | ajoanade@yahoo.com            |
|                      |   | Intensive Family Preservation       | Campbell, Mechere               | 4026309705       | mcampbell2k@hotmail.com       |
|                      |   |                                     | Maggett, Joseph                 | 4023126840       | joseph@maggett-counseling.com |
|                      |   |                                     | Othow, Ajo                      | 4027140678       | ajoanade@yahoo.com            |
|                      |   | Juvenile Transportation             | Campbell, Mechere               | 4026309705       | mcampbell2k@hotmail.com       |
|                      |   |                                     | Sherrod, Tommy                  | 4022082534       | sherrodtommy@yahoo.com        |

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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 | Juvenile Transportation             | 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 Evaluation           |                                 |                  |                  |
|                      |   | Juvenile Substance Use Addendum             |                                 |                  |                  |
|                      |   | Juvenile Substance Use Evaluation           |                                 |                  |                  |
|                      |   | Juveniles Who Sexually Harm Risk Evaluation |                                 |                  |                  |

### 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                       |                                 |                  |                  |
|   |   | 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             | 10018 South 14th Street | Adult Substance                     | McIntyre-                       | 4022136884       | Godfirst3_2000@yahoo.com |

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| Agency Facility Name | Facility Address         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email         |
|----------------------|--------------------------|-------------------------------------|---------------------------------|------------------|--------------------------|
| P. McIntyre          | Bellevue, NEBRASKA 68123 | Use Addendum                        | Moore, Kathleen                 |                  |                          |
|                      |                          | 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 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: Success Keys Youth Services, LLC

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| 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<br>Bellevue, NEBRASKA<br>68005 | Day Reporting                       | George, Timothy                 | 4028126849       | skysnebraska@gmail.com  |
|                                    |  |                                     | Zukaitis-George, Ian            | 4022010734       | iangeorge.ays@gmail.com |
|                                    |  | Family Support                      | George, Timothy                 | 4028126849       | skysnebraska@gmail.com  |
|                                    |  |                                     | Zukaitis-George, Ian            | 4022010734       | iangeorge.ays@gmail.com |

### Agency Name: Waves of Change

| Agency Facility Name | Facility Address                                | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------|---|--|---------------------------------|------------------|----------------------------|
| Waves of Change      | 2006 Corn drive<br>Papillion,<br>NEBRASKA 68046 | Adult Co-Occurring Evaluation                                    | Hunt, Jennifer                  | 4027089346       | jenni.hunt@waveschange.com |
|                      |   | Adult Mental Health Evaluation                                   | Hunt, Jennifer                  | 4027089346       | jenni.hunt@waveschange.com |
|                      |   | Adult Mental Health Outpatient Counseling (Individual)           | Hunt, Jennifer                  | 4027089346       | jenni.hunt@waveschange.com |
|                      |   | Expedited Mental Health Evaluation                               | Hunt, Jennifer                  | 4027089346       | jenni.hunt@waveschange.com |
|                      |   | Juvenile Co-Occurring Evaluation                                 | Hunt, Jennifer                  | 4027089346       | jenni.hunt@waveschange.com |
|                      |   | Juvenile Mental Health Evaluation                                | Hunt, Jennifer                  | 4027089346       | jenni.hunt@waveschange.com |
|                      |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Hunt, Jennifer                  | 4027089346       | jenni.hunt@waveschange.com |