

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: 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

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			

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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	(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 South Ste N Bellevue, 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: Alasso Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Alasso Counseling Services	620 N Hwy 6 Ste B Gretna, NEBRASKA 68202	Adult Co-Occurring Evaluation	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Adult Mental Health Evaluation	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Adult Mental Health Outpatient Counseling (Individual)	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Adult Substance Use Addendum	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Adult Substance Use	Stoeger,	4025219998	tenille@allassogretna.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Allasso Counseling Services	620 N Hwy 6 Ste B Gretna, NEBRASKA 68202	Evaluation	Anna		
		Adult Substance Use Outpatient Treatment (Individual)	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Juvenile Co-Occurring Evaluation	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Juvenile Mental Health Evaluation	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Juvenile Substance Use Addendum	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Juvenile Substance Use Evaluation	Stoeger, Anna	4025219998	tenille@allassogretna.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Stoeger, Anna	4025219998	tenille@allassogretna.com

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			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Intensive Outpatient Counseling (IOP)			

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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 Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)			
		General Education Class	Smith, Janee	4023121460	hooksjane@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: CME Therapy, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CME Therapy, LLC	10748 Virginia Plaza, Suite 107 Papillion, NEBRASKA 68128	Adult Co-Occurring Evaluation	Engle, Christine	4029334411	cme2911@gmail.com
		Adult Mental Health Evaluation	Engle, Christine	4029334411	cme2911@gmail.com
		Adult Mental Health Outpatient Counseling	Engle, Christine	4029334411	cme2911@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CME Therapy, LLC	10748 Virginia Plaza, Suite 107 Papillion, NEBRASKA 68128	(Individual)			
		Adult Substance Use Addendum	Engle, Christine	4029334411	cme2911@gmail.com
		Adult Substance Use Evaluation	Engle, Christine	4029334411	cme2911@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Co-Occurring Evaluation	Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Mental Health Evaluation	Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Substance Use Addendum	Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Substance Use Evaluation	Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Engle, Christine	4029334411	cme2911@gmail.com

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
		Family Support	Clemow, Jorge	5317779529	Jorge@cnwalliance.org
			McPherson, Donald	6123004227	donny@cnwalliance.org

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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	Adams, Michelle	4026714429	michelleadams@cbhomaha.com
			Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.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	Adams, Michelle	4026714429	michelleadams@cbhomaha.com
			Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use Evaluation	Adams, Michelle	4026714429	michelleadams@cbhomaha.com
			Marshall, Brittany	4026140175	drbrittanymarshall@cbhomaha.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Adams, Michelle	4026714429	michelleadams@cbhomaha.com
		Juvenile Co-Occurring	Marshall,	4026140175	drbrittanymarshall@cbhomaha.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	Evaluation	Brittany		
			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)			

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			

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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 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 Evaluation	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
		Adult Substance Use Outpatient Treatment (Individual)	Condon, Alison	4026450038	acondon@elliementalhealth.com
			Rosman, Chloe	4026451966	CRosman@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 Outpatient Treatment (Individual)	Rosman, Chloe	4026451966	CRosman@elliementalhealth.com
		Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		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	Condon,	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	Outpatient Treatment (Individual/Family)	Alison		

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 Behavioral Health Services	203 West 29th Avenue #6 Bellevue, NEBRASKA 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	3802 Raynor Pkwy	Adult Mental Health	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
Place Counseling, LLC	Suite 203 Bellevue, NEBRASKA 68123	Evaluation	Schiffers, Holli		
		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	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,	4025547204	cschult@heartlandfamilyservice.org

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

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Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	(Group)	Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Adult Substance Use Outpatient Treatment (Individual)	Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			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 Psychological Evaluation			

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Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	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 (Individual/Family)	Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		PRS-BIP	Conley, 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 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 Evaluation	Laufenberg, James	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	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-Specific 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	Adult Sex Offense-Specific Polygraph Examination			
		Adult Substance Use Addendum	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Substance Use Evaluation	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@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)	VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Substance Use Outpatient Treatment (Individual)	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@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			

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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	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 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)			

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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 null Bellevue, NEBRASKA 68005	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, NEBRASKA 68005	Family Partner	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
			Othow, Ajo	4027140678	ajonade@yahoo.com
			Wilson , Larry	2103475381	lwilson81@gmail.com
		Family Support	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
			Othow, Ajo	4027140678	ajonade@yahoo.com
		Intensive Family Preservation	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
			Othow, Ajo	4027140678	ajonade@yahoo.com
		Juvenile Transportation	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Sherrod, Tommy	4022082534	sherrodthommy@yahoo.com
			Wilson , Larry	2103475381	lwilson81@gmail.com

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	9701 Portal Road La Vista,	Day Reporting			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Juvenile Justice Center	NEBRASKA 68127	EM Sarpy CARE			
		Evening Reporting			
		General Education Class			

Agency Name: Priority Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Priority Family Services	2612 Bryan Avenue Bellevue, NEBRASKA 68005	Agency Supported Foster Care	Geelan, Sherrie	4028504577	sgeelan@priorityfamilyservices.org
			Scott, Amanda	4028504577	ascott@priorityfamilyservices.org
		Family Partner			
		Family Support			
		Independent Living			
		Intensive Family Preservation			
		Professional Foster Care	Geelan, Sherrie	4028504577	sgeelan@priorityfamilyservices.org
			Scott, Amanda	4028504577	ascott@priorityfamilyservices.org
		Relative/Kinship Home Study	Geelan, Sherrie	4028504577	sgeelan@priorityfamilyservices.org
			Scott, Amanda	4028504577	ascott@priorityfamilyservices.org

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,	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
Kathleen P. McIntyre	10018 South 14th Street Bellevue, NEBRASKA 68123		Kathleen		

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: Shared Solutions Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Shared Solutions Counseling LLC	205 Galvin Road North ste 4 Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation	Marquez, Longfellow	4022507810	sharedsolutionscounseling@gmail.com
		Adult Mental Health Evaluation	Marquez, Longfellow	4022507810	sharedsolutionscounseling@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Marquez, Longfellow	4022507810	sharedsolutionscounseling@gmail.com
		Adult Substance Use Addendum	Marquez, Longfellow	4022507810	sharedsolutionscounseling@gmail.com
		Adult Substance Use Evaluation	Marquez, Longfellow	4022507810	sharedsolutionscounseling@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Marquez, Longfellow	4022507810	sharedsolutionscounseling@gmail.com

Agency Name: Soulutions Therapy LLC

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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	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@soulutionstherapyllc.com
			Potter, Jane	4029407387	jane@soulutionstherapyllc.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Alfrey, Maria	4027046390	maria@soulutionstherapyllc.com
			Potter, Jane	4029407387	jane@soulutionstherapyllc.com

Agency Name: Success Keys Youth Services, LLC

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	George, Timothy	4028126849	skysnebraska@gmail.com
			Narducci, Erica	4026372719	erica.narducci5271@hotmail.com
			Zukaitis-George, Ian	4022010734	iangeorge.ays@gmail.com
		Evening Reporting	George, Timothy	4028126849	skysnebraska@gmail.com
		Family Support	George, Timothy	4028126849	skysnebraska@gmail.com
			Narducci, Erica	4026372719	erica.narducci5271@hotmail.com
			Zukaitis-	4022010734	iangeorge.ays@gmail.com

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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 Bellevue, NEBRASKA 68005	Family Support	George, Ian		

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 Papillion, 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