Administrative Office of Courts & Probation

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# 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

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Reflections Therapy, LLC | 2380 8th Avenue Suite 7 Plattsmouth, NEBRASKA 68048 | Adult Co-Occurring Evaluation | Christensen, Samantha | 4028048424 | reflectionstherapyne@gmail.com |
| | | 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 | | | |

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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 | Alvarez, Evette | 4028075117 | evette@amcounseling.org |
| | | | 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 |

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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 | Sanchez, Laura | 4028075117 | laura@amcounseling.org |
| | | 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 | | | |

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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 | Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | Austin, Willie | 4024520102 | williea244@gmail.com |
| | | | Cornelius, Dawn | 4022571122 | d.cornelius@allcommunitiesos.org |
| | | Adult Substance Use Evaluation | Austin, Willie | 4024520102 | williea244@gmail.com |
| | | | 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 | Cornelius, | 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 | Education Class | Dawn | | |
| | | 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: Allasso Counseling Services**

| 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 | Adult Co-Occurring Evaluation | Stoeger, Anna | 4025219998 | tenille@allassogretna.com |
| | | Adult Mental Health | 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 | 68202 | Evaluation | Anna | | |
| | | 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 Evaluation | Stoeger, Anna | 4025219998 | tenille@allassogretna.com |
| | | 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) | | | |

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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 Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | 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: CME Therapy, LLC**

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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 | 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 (Individual) | Engle, Christine | 4029334411 | cme2911@gmail.com |
| | | 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 | 1028 Bruin Blvd Bellevue Library Ste. 456 Bellevue, NEBRASKA 68005 | Family Partner | Clemow, Jorge | 5317779529 | Jorge@cnwalliance.org |
| | | | McPherson, | 6123004227 | donny@cnwalliance.org |

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|---|---|---|---|---|---|
| Office | 1028 Bruin Blvd Bellevue Library Ste. 456 Bellevue, NEBRASKA 68005 | Family Partner | Donald | | |
| | | 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 | 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 |

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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 | 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 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, | 4025902947 | drkellytamayo@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Complete Behavioral Health | 1237 Golden Gate Dr Papillion, NEBRASKA 68046 | Juvenile Substance Use Evaluation | Kelly | | |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | | | |

**Agency Name: Dandelion Grove Behavioral Health and Wellness**

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Dandelion Grove Behavioral Health and Wellness | 11515 S 39th St Ste 302 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 Outpatient Treatment (Individual) | | | |
| | | Expedited Co-Occurring Evaluation | | | |
| | | Expedited Mental Health Evaluation | | | |
| | | Expedited Substance Use Evaluation | | | |
| | | Juvenile Co-Occurring Evaluation | | | |
| | | Juvenile Mental Health Evaluation | | | |
| | | Juvenile Mental Health | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Dandelion Grove Behavioral Health and Wellness | 11515 S 39th St Ste 302 Bellevue, NEBRASKA 68123 | Outpatient Counseling (Individual/Family) | | | |
| | | Juvenile Substance Use Addendum | | | |
| | | Juvenile Substance Use Evaluation | | | |
| | | 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 | | | |
| | | 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 | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use | | | |

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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 | Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |
| | | Expedited Co-Occurring Evaluation | | | |
| | | Expedited Mental Health Evaluation | | | |
| | | Expedited Substance Use Evaluation | | | |
| | | General Education Class | | | |
| | | Juvenile Co-Occurring Evaluation | | | |
| | | Juvenile Mental Health Evaluation | | | |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | | | |
| | | Juvenile Substance Use Evaluation | | | |
| | | Juvenile Substance Use Intensive Outpatient (IOP) | | | |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | | | |

**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 | Newring, | 4025576027 | newring@fbhnebraska.com |

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| 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 | Offense-Specific Evaluation | Kirk | | |
| | | 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 Place Counseling, LLC | 3802 Raynor Pkwy Suite 200B Bellevue, NEBRASKA 68123 | Adult Mental Health Evaluation | Younker-Schifferns, Holli | 4029490943 | healingplacenebraska@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Younker-Schifferns, Holli | 4029490943 | healingplacenebraska@gmail.com |
| | | Adult Sex Offense-Specific Evaluation | Younker-Schifferns, Holli | 4029490943 | healingplacenebraska@gmail.com |
| | | Adult Sex Offense-Specific | Younker-Schifferns, | 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 200B Bellevue, NEBRASKA 68123 | Outpatient Counseling (Individual/Group) | Holli | | |

**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 Papillion, NEBRASKA 68046 | Adult Mental Health Outpatient Counseling (Group) | 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 (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 |

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# District 2

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Sarpy Office | 302 American Parkway Papillion, NEBRASKA 68046 | Adult Substance Use Outpatient Treatment (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 | | | |
| | | Juvenile Substance Use | Schult, Caitlin | 4025547204 | cschult@heartlandfamilyservice.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Sarpy Office | 302 American Parkway Papillion, NEBRASKA 68046 | Addendum | | | |
| | | 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 Sutie 107 La Vista, NEBRASKA 68128 | Adult Co-Occurring Evaluation | Laufenberg, James | 4022902602 | james@focusc3.com |
| | | Adult Mental Health Evaluation | Laufenberg, James | 4022902602 | james@focusc3.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Laufenberg, James | 4022902602 | james@focusc3.com |
| | | Adult Substance Use Addendum | Laufenberg, James | 4022902602 | james@focusc3.com |
| | | Adult Substance Use Evaluation | Laufenberg, James | 4022902602 | james@focusc3.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Laufenberg, James | 4022902602 | james@focusc3.com |
| | | Juvenile Co-Occurring | Laufenberg, | 4022902602 | james@focusc3.com |

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

**Agency Name: Lutheran Family Services**

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

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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 Evaluation | | | |
| | | 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) | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| | 11513 S 37th Street Bellevue, NEBRASKA 68123 | Juvenile 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 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 | | | |

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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 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, 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 |
| | | | Wilson , Larry | 2103475381 | lwilsontx81@gmail.com |

## Agency Name: Patrick J. Thomas Juvenile Justice Center

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

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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 | Adult Substance Use Addendum | McIntyre-Moore, Kathleen | 4022136884 | Godfirst3_2000@yahoo.com |
| | | Adult Substance Use Evaluation | McIntyre-Moore, Kathleen | 4022136884 | Godfirst3_2000@yahoo.com |

## Agency Name: Sarpy County Juvenile Justice Center

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

## Agency Name: 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 | Marquez, | 4022507810 | sharedsolutionscounseling@gmail.com |

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| 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 | Substance Use Outpatient Treatment (Individual) | Longfellow | | |

## 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 | Potter, Jane | 4029407387 | jane@soulutionstherapyllc.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | 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- | 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 | Day Reporting | George, Ian | | |
| | | Evening Reporting | George, Timothy | 4028126849 | skysnebraska@gmail.com |
| | | Family Support | George, Timothy | 4028126849 | skysnebraska@gmail.com |
| | | | Narducci, Erica | 4026372719 | erica.narducci5271@hotmail.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 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 |