

# Administrative Office of Courts & Probation

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

## District 3J

### Agency Facility County: Lancaster

#### Agency Name: A Blessing of Hope

| Agency Facility Name | Facility Address                                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email              |
|----------------------|------------------------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------------|
| TREY<br>MCGRUDER     | 7160 S 29th St, STE 10<br>Lincoln, NEBRASKA<br>68516 | Day Reporting                       |                                 |                  |                               |
|                      |                                                      | Family Support                      | McGruder, Trey                  | 8063467649       | tmcgruder@ablessingofhope.org |
|                      |                                                      | Intensive Family Preservation       | McGruder, Trey                  | 8063467649       | tmcgruder@ablessingofhope.org |

#### Agency Name: Adolescent Ally Therapy

| Agency Facility Name    | Facility Address                                  | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                    |
|-------------------------|---------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|-------------------------------------|
| Adolescent Ally Therapy | 3350 Crestridge Rd.<br>Lincoln, NEBRASKA<br>68506 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Boyd, Sarah                     | 4023708010       | sarah@adolescentally.com            |
|                         |                                                   |                                                                  | Rokeby-Mayeux, Jennifer         | 4024054815       | Jennifer@meadowlarkcounselingne.com |

#### Agency Name: Alivation Health

| Agency Facility Name | Facility Address                                 | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email    |
|----------------------|--------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|---------------------|
| Alivation Health     | 8550 Cuthills Cir.<br>Lincoln, NEBRASKA<br>68526 | Juvenile Co-Occurring Evaluation                                 | Lile, Melissa (Missy)           | 4024766060       | mlile@alivation.com |
|                      |                                                  | Juvenile Mental Health Evaluation                                | Lile, Melissa (Missy)           | 4024766060       | mlile@alivation.com |
|                      |                                                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Lile, Melissa (Missy)           | 4024766060       | mlile@alivation.com |
|                      |                                                  | Juvenile Psychiatric Evaluation                                  |                                 |                  |                     |
|                      |                                                  | Juvenile Psychological Evaluation                                |                                 |                  |                     |
|                      |                                                  | Juvenile Substance Use Evaluation                                | Lile, Melissa (Missy)           | 4024766060       | mlile@alivation.com |

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|----------------------|-----------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|---------------------|
| Alivation Health     | 8550 Cuthills Cir.<br>Lincoln, NEBRASKA 68526 | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Lile, Melissa (Missy)           | 4024766060       | mlile@alivation.com |

### Agency Name: Associates in Counseling & Treatment

| Agency Facility Name                 | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email              |
|--------------------------------------|------------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------------|
| Associates in Counseling & Treatment | 5600 P Street<br>Lincoln, NEBRASKA 68505 | Juvenile Substance Use Addendum     | Cramer, Angela                  | 4022616667       | angela.cramer@actnebraska.org |
|                                      |                                          |                                     | Karas, Alice                    | 4029757007       | akaras1263@gmail.com          |
|                                      |                                          |                                     | Leikam, Megan                   | 4022616667       | megan.leikam@actnebraska.org  |
|                                      |                                          | Juvenile Substance Use Evaluation   | Cramer, Angela                  | 4022616667       | angela.cramer@actnebraska.org |
|                                      |                                          |                                     | Karas, Alice                    | 4029757007       | akaras1263@gmail.com          |
|                                      |                                          |                                     | Leikam, Megan                   | 4022616667       | megan.leikam@actnebraska.org  |

### Agency Name: Better Living Counseling Services, Inc.

| Agency Facility Name                    | Facility Address                                          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email               |
|-----------------------------------------|-----------------------------------------------------------|-------------------------------------|---------------------------------|------------------|--------------------------------|
| Better Living Counseling Services, Inc. | 7100 South 29th Street<br>Suite A Lincoln, NEBRASKA 68516 | Agency Supported Foster Care        | Shaw, Taylor                    | 4028218847       | taylor.shaw@betterlivingne.com |
|                                         |                                                           |                                     | Todd, Jacquelyn                 | 4027071792       | jacque.todd@betterlivingne.com |
|                                         |                                                           | Intensive Family Preservation       |                                 |                  |                                |
|                                         |                                                           | Relative/ Kinship Home Study        | Shaw, Taylor                    | 4028218847       | taylor.shaw@betterlivingne.com |

### Agency Name: Bloom Counseling LLC

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|----------------------|----------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|-------------------------------------|
| Bloom Counseling LLC | 315 S 9th street Suite 122 Lincoln, NEBRASKA 68508 | Expedited Co-Occurring Evaluation                                | Kirkwood, Sarah                 | 5315003759       | sarahkirkwood@counselingatbloom.com |
|                      |                                                    |                                                                  | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com       |
|                      |                                                    | Expedited Mental Health Evaluation                               | Kirkwood, Sarah                 | 5315003759       | sarahkirkwood@counselingatbloom.com |
|                      |                                                    |                                                                  | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com       |
|                      |                                                    | Expedited Substance Use Evaluation                               | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com       |
|                      |                                                    | Juvenile Co-Occurring Evaluation                                 | Kirkwood, Sarah                 | 5315003759       | sarahkirkwood@counselingatbloom.com |
|                      |                                                    |                                                                  | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com       |
|                      |                                                    | Juvenile Mental Health Evaluation                                | Kirkwood, Sarah                 | 5315003759       | sarahkirkwood@counselingatbloom.com |
|                      |                                                    |                                                                  | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com       |
|                      |                                                    | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Kirkwood, Sarah                 | 5315003759       | sarahkirkwood@counselingatbloom.com |
|                      |                                                    |                                                                  | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com       |
|                      |                                                    | Juvenile Substance Use Addendum                                  | Kirkwood, Sarah                 | 5315003759       | sarahkirkwood@counselingatbloom.com |
|                      |                                                    |                                                                  | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com       |
|                      |                                                    | Juvenile Substance Use Evaluation                                | Kirkwood, Sarah                 | 5315003759       | sarahkirkwood@counselingatbloom.com |
|                      |                                                    |                                                                  | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com       |
|                      |                                                    | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com       |

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|----------------------|----------------------------------------------------|----------------------------------------------------------------------|---------------------------------|------------------|-------------------------------|
| Bloom Counseling LLC | 315 S 9th street Suite 122 Lincoln, NEBRASKA 68508 | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | Rine, Jennifer                  | 5315003549       | jenrine@counselingatbloom.com |

### Agency Name: Blue Valley Behavioral Health, Inc

| Agency Facility Name | Facility Address                                    | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|-----------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|-------------------------|
|                      | 3901 Normal Blvd, Suite 201 Lincoln, NEBRASKA 68506 | Expedited Substance Use Evaluation                              | Campbell, Peyton                | 4028010292       | pcampbell@bvbh.net      |
|                      |                                                     |                                                                 | Thomalla, Eric                  | 4024434414       | ethomalla@bvbh.net      |
|                      |                                                     |                                                                 | Vandenberg, Laura               | 4026433343       | lvandenberg@bvbh.net    |
|                      |                                                     |                                                                 | Vonderschmidt, Rebecca          | 4022454458       | rvonderschmidt@bvbh.net |
|                      |                                                     |                                                                 | White, Nichole                  | 4022283386       | nwhite@bvbh.net         |
|                      |                                                     | Juvenile Substance Use Evaluation                               | Campbell, Peyton                | 4028010292       | pcampbell@bvbh.net      |
|                      |                                                     |                                                                 | Dietz, Kate                     | 4028735505       | kdietz@bvbh.net         |
|                      |                                                     |                                                                 | Thomalla, Eric                  | 4024434414       | ethomalla@bvbh.net      |
|                      |                                                     |                                                                 | VanLaningham, Amanda            | 4028262000       | avanlaningham@bvbh.net  |
|                      |                                                     |                                                                 | Vandenberg, Laura               | 4026433343       | lvandenberg@bvbh.net    |
|                      |                                                     |                                                                 | Vonderschmidt, Rebecca          | 4022454458       | rvonderschmidt@bvbh.net |
|                      |                                                     |                                                                 | White, Nichole                  | 4022283386       | nwhite@bvbh.net         |
|                      |                                                     | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Campbell, Peyton                | 4028010292       | pcampbell@bvbh.net      |
|                      |                                                     |                                                                 | Thomalla, Eric                  | 4024434414       | ethomalla@bvbh.net      |
|                      |                                                     |                                                                 | VanLaningham,                   | 4028262000       | avanlaningham@bvbh.net  |

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|----------------------|-----------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|-------------------------|
|                      | 3901 Normal Blvd, Suite 201 Lincoln, NEBRASKA 68506 | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Amanda                          |                  |                         |
|                      |                                                     |                                                                 | Vandenberg, Laura               | 4026433343       | lvandenberg@bvbh.net    |
|                      |                                                     |                                                                 | Vonderschmidt, Rebecca          | 4022454458       | rvonderschmidt@bvbh.net |
|                      |                                                     |                                                                 | White, Nichole                  | 4022283386       | nwhite@bvbh.net         |

### Agency Name: Brookhaven Therapy, LLC

| Agency Facility Name    | Facility Address                             | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|----------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------|
| Brookhaven Therapy, LLC | 3201 S 33rd St Ste C Lincoln, NEBRASKA 68506 | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|                         |                                              | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### Agency Name: Bryan Health Independence Center

| Agency Facility Name             | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                          |
|----------------------------------|------------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------------------------|
| Bryan Health Independence Center | 1640 Lake Street Lincoln, NEBRASKA 68502 | Juvenile SUD Medical Detox          |                                 |                  |                                           |
|                                  |                                          | Juvenile Substance Use Addendum     | Bianco, Stephanie               | 5312053084       | steph.bianco810@gmail.com                 |
|                                  |                                          |                                     | Johnson, Jill                   | 4024815392       | jill.johnson@bryanhealth.org              |
|                                  |                                          |                                     | McLeese-Griffin, Stephanie      | 4024815684       | stephanie.mcleese-griffin@bryanhealth.org |
|                                  |                                          |                                     | Popple, Lisa                    | 4024815268       | lisa.popple@bryanhealth.org               |
|                                  |                                          | Juvenile Substance Use Evaluation   | Bianco, Stephanie               | 5312053084       | steph.bianco810@gmail.com                 |
|                                  |                                          |                                     | Holmquist, Larry                | 4024815494       | jim.holmquist@bryanhealth.org             |
|                                  |                                          |                                     | Johnson,                        | 4024815392       | jill.johnson@bryanhealth.org              |

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|----------------------------------|------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|-------------------------------------------|
| Bryan Health Independence Center | 1640 Lake Street Lincoln, NEBRASKA 68502 | Juvenile Substance Use Evaluation                               | Jill                            |                  |                                           |
|                                  |                                          |                                                                 | Popple, Lisa                    | 4024815268       | lisa.popple@bryanhealth.org               |
|                                  |                                          | Juvenile Substance Use Intensive Outpatient (IOP)               | Bianco, Stephanie               | 5312053084       | steph.bianco810@gmail.com                 |
|                                  |                                          |                                                                 | Johnson, Jill                   | 4024815392       | jill.johnson@bryanhealth.org              |
|                                  |                                          |                                                                 | Marvin, Annette                 | 4025703555       | annette.marvin@bryanhealth.org            |
|                                  |                                          |                                                                 | McLeese-Griffin, Stephanie      | 4024815684       | stephanie.mcleese-griffin@bryanhealth.org |
|                                  |                                          |                                                                 |                                 |                  |                                           |
|                                  |                                          | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Bianco, Stephanie               | 5312053084       | steph.bianco810@gmail.com                 |
|                                  |                                          |                                                                 | Holmquist, Larry                | 4024815494       | jim.holmquist@bryanhealth.org             |
|                                  |                                          |                                                                 | Johnson, Jill                   | 4024815392       | jill.johnson@bryanhealth.org              |
|                                  |                                          |                                                                 | Marvin, Annette                 | 4025703555       | annette.marvin@bryanhealth.org            |
|                                  |                                          |                                                                 | McLeese-Griffin, Stephanie      | 4024815684       | stephanie.mcleese-griffin@bryanhealth.org |
|                                  |                                          |                                                                 | Popple, Lisa                    | 4024815268       | lisa.popple@bryanhealth.org               |
|                                  |                                          |                                                                 | Sarafian, Michelle              | 4024815875       | michelle.sarafian@bryanhealth.org         |
|                                  |                                          |                                                                 |                                 |                  |                                           |
|                                  |                                          | Specialty Psychiatric Residential Treatment Facility (PRTF)     | Johnson, Jill                   | 4024815392       | jill.johnson@bryanhealth.org              |
|                                  |                                          |                                                                 | Marvin, Annette                 | 4025703555       | annette.marvin@bryanhealth.org            |
|                                  |                                          |                                                                 | McLeese-Griffin, Stephanie      | 4024815684       | stephanie.mcleese-griffin@bryanhealth.org |

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|----------------------------------|------------------------------------------|-------------------------------------------------------------|---------------------------------|------------------|-----------------------------------|
| Bryan Health Independence Center | 1640 Lake Street Lincoln, NEBRASKA 68502 | Specialty Psychiatric Residential Treatment Facility (PRTF) | Popple, Lisa                    | 4024815268       | lisa.popple@bryanhealth.org       |
|                                  |                                          |                                                             | Sarafian, Michelle              | 4024815875       | michelle.sarafian@bryanhealth.org |

### Agency Name: CEDARS Youth Services

| Agency Facility Name                | Facility Address                       | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email           |
|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------------|
| CEDARS Northbridge Community Center | 1533 N 27th St Lincoln, NEBRASKA 68503 | Agency Supported Foster Care        |                                 |                  |                            |
|                                     |                                        | Community Youth Coaching            | Atem, Mary                      | 4028905625       | matem@cedarskids.org       |
|                                     |                                        |                                     | Fitzgerald, Jessalynn           | 5312470987       | jfitzgerald@cedarskids.org |
|                                     |                                        |                                     | Haas, Steffen                   | 4026130957       | shaas@cedarskids.org       |
|                                     |                                        |                                     | Halferty, Samantha              | 4022021824       | shalferty@cedarskids.org   |
|                                     |                                        |                                     | Hillman, Olyvia                 | 4028909268       | ohillman@cedarskids.org    |
|                                     |                                        |                                     | Jones, Christopher              | 4022021248       | cjones@cedarskids.org      |
|                                     |                                        |                                     | Koso, Virginia                  | 4024378999       | nbfrontdesk@cedarskids.org |
|                                     |                                        |                                     | Little, Tamra                   | 4028482095       | tlittle@cedarskids.org     |
|                                     |                                        |                                     | Murphy, Shannon                 | 4028101069       | smurphy@cedarskids.org     |
|                                     |                                        |                                     | Robben, Sarah                   | 3195611212       | Srobben@cedarskids.org     |
|                                     |                                        |                                     | Thompson, Shayla                | 5315009976       | sthompson@cedarskids.org   |
|                                     |                                        |                                     | Utter, Daniel                   | 4028100590       | dutter@cedarskids.org      |

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| Agency Facility Name                | Facility Address                             | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email           |
|-------------------------------------|----------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------------|
| CEDARS Northbridge Community Center | 1533 N 27th St<br>Lincoln,<br>NEBRASKA 68503 | Family Support                                                   | Atem, Mary                      | 4028905625       | matem@cedarskids.org       |
|                                     |                                              |                                                                  | Fitzgerald, Jessalynn           | 5312470987       | jfitzgerald@cedarskids.org |
|                                     |                                              |                                                                  | Haas, Steffen                   | 4026130957       | shaas@cedarskids.org       |
|                                     |                                              |                                                                  | Halferty, Samantha              | 4022021824       | shalferty@cedarskids.org   |
|                                     |                                              |                                                                  | Hillman, Olyvia                 | 4028909268       | ohillman@cedarskids.org    |
|                                     |                                              |                                                                  | Koso, Virginia                  | 4024378999       | nbfrontdesk@cedarskids.org |
|                                     |                                              |                                                                  | Murphy, Shannon                 | 4028101069       | smurphy@cedarskids.org     |
|                                     |                                              |                                                                  | Utter, Daniel                   | 4028100590       | dutter@cedarskids.org      |
|                                     |                                              | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                            |
|                                     |                                              | Juvenile Electronic Monitoring Cell Phone                        |                                 |                  |                            |
|                                     |                                              | Juvenile Electronic Monitoring GPS                               | Murphy, Shannon                 | 4028101069       | smurphy@cedarskids.org     |
|                                     |                                              |                                                                  | Robben, Sarah                   | 3195611212       | Srobben@cedarskids.org     |
|                                     |                                              |                                                                  | Utter, Daniel                   | 4028100590       | dutter@cedarskids.org      |
|                                     |                                              | Juvenile Electronic Monitoring Land Line                         |                                 |                  |                            |
|                                     |                                              | Juvenile Mental Health Evaluation                                |                                 |                  |                            |
|                                     |                                              | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                            |
|                                     |                                              | Professional Foster Care                                         |                                 |                  |                            |
|                                     |                                              | Relative/Kinship Home                                            | Little,                         | 4028482095       | tlittle@cedarskids.org     |

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|-------------------------------------|------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------------|
| CEDARS Northbridge Community Center | 1533 N 27th St<br>Lincoln,<br>NEBRASKA 68503         | Study                                                            | Tamra                           |                  |                            |
| CEDARS Youth Opportunity Center     | 1620 N Street<br>Lincoln,<br>NEBRASKA 68508          | Independent Living                                               |                                 |                  |                            |
| CEDARS Youth Services               | 6601 Pioneers Blvd, Ste 1 Lincoln,<br>NEBRASKA 68506 | Crisis Stabilization                                             | Rickertsen, Allyson             | 4028909241       | arickertsen@cedarskids.org |
|                                     |                                                      | Invoice - Mileage                                                |                                 |                  |                            |
|                                     |                                                      | Invoice - Professional Foster Care                               |                                 |                  |                            |
|                                     |                                                      | Juvenile Co-Occurring Evaluation                                 | Rickertsen, Allyson             | 4028909241       | arickertsen@cedarskids.org |
|                                     |                                                      | Juvenile Mental Health Evaluation                                | Rickertsen, Allyson             | 4028909241       | arickertsen@cedarskids.org |
|                                     |                                                      | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Rickertsen, Allyson             | 4028909241       | arickertsen@cedarskids.org |
|                                     |                                                      | Juvenile Substance Use Evaluation                                | Rickertsen, Allyson             | 4028909241       | arickertsen@cedarskids.org |

### Agency Name: Center For Independent Living of Central Nebraska

| Agency Facility Name | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email      |
|----------------------|--------------------------------------------------|-------------------------------------|---------------------------------|------------------|-----------------------|
|                      | 140 S 27TH ST SUITE B<br>Lincoln, NEBRASKA 68510 | Juvenile Co-Occurring Evaluation    | Anson, Vicki                    | 4023215435       | vanson@irnebraska.org |
|                      |                                                  | Juvenile Mental Health Evaluation   | Anson, Vicki                    | 4023215435       | vanson@irnebraska.org |
|                      |                                                  | Juvenile Substance Use Evaluation   | Anson, Vicki                    | 4023215435       | vanson@irnebraska.org |
|                      |                                                  |                                     |                                 |                  |                       |

### Agency Name: CenterPointe, Inc

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|-------------------------|------------------------------------------------|------------------------------------------------------|---------------------------------|------------------|----------------------------|
| Adult Residential       | 2220 S 10th<br>Lincoln,<br>NEBRASKA 68502      | Juvenile Medication Management                       |                                 |                  |                            |
| CenterPointe Outpatient | 2202 S. 11th St.<br>Lincoln,<br>NEBRASKA 68503 | Family Support                                       |                                 |                  |                            |
|                         |                                                | Juvenile Medication Management                       |                                 |                  |                            |
|                         |                                                | Juvenile Mental Health Outpatient Counseling (Group) | Borchers, Amy                   | 3033710925       | aborchers@centerpointe.org |
|                         |                                                | Juvenile Substance Use Outpatient Treatment (Group)  | Borchers, Amy                   | 3033710925       | aborchers@centerpointe.org |

### Agency Name: Choices Treatment Center, Inc.

| Agency Facility Name           | Facility Address                                    | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email         |
|--------------------------------|-----------------------------------------------------|-------------------------------------|---------------------------------|------------------|--------------------------|
| Choices Treatment Center, Inc. | 127 S. 37th St., Suite B<br>Lincoln, NEBRASKA 68510 | Juvenile Co-Occurring Evaluation    | Stabler, Sheree                 | 4027306499       | sheree.stabler@gmail.com |
|                                |                                                     | Juvenile Mental Health Evaluation   |                                 |                  |                          |
|                                |                                                     | Juvenile Substance Use Addendum     | Stabler, Sheree                 | 4027306499       | sheree.stabler@gmail.com |
|                                |                                                     | Juvenile Substance Use Evaluation   |                                 |                  |                          |

### Agency Name: Christian Heritage

| Agency Facility Name | Facility Address                                | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|-------------------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Christian Heritage   | 14880 Old Cheney Road<br>Walton, NEBRASKA 68461 | Agency Supported Foster Care        |                                 |                  |                  |

### Agency Name: Committing to Change Counseling and Recovery

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|----------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|---------------------------------|
| Committing to Change Counseling and Recovery | 1701 Windhoek Dr Suite 140<br>Lincoln, NEBRASKA 68512 | Juvenile Substance Use Outpatient Treatment (Individual/Family) | McNichols, Stephanie            | 4022358568       | stephanie.j.mcnichols@gmail.com |

### **Agency Name: Complete Family Treatment Services**

| Agency Facility Name                   | Facility Address                                      | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------------------|-------------------------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Complete Family Treatment Services LNK | 4600 Valley Road Suite 425<br>Lincoln, NEBRASKA 68510 | Expedited Co-Occurring Evaluation   |                                 |                  |                  |
|                                        |                                                       | Expedited Mental Health Evaluation  |                                 |                  |                  |
|                                        |                                                       | Expedited Substance Use Evaluation  |                                 |                  |                  |

### **Agency Name: Diana Arpan**

| Agency Facility Name | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Diana Arpan          | 3801 Castle Circle Lincoln, NEBRASKA 68524 | Invoice - Foster Care               |                                 |                  |                  |

### **Agency Name: Dwight Brown Counseling**

| Agency Facility Name    | Facility Address                              | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------|-----------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------|
| Dwight Brown Counseling | 2233 Grainger Pkwy<br>Lincoln, NEBRASKA 68512 | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### **Agency Name: Engrained Counseling LLC**

| Agency Facility Name | Facility Address  | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email  |
|----------------------|-------------------|-------------------------------------|---------------------------------|------------------|-------------------|
| Engrained            | 9100 Andermatt Dr | Juvenile Co-Occurring               | Schottel,                       | 7855410370       | ronicka@gmail.com |

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|----------------------|-------------------------------|----------------------------------------------------------------------|---------------------------------|------------------|-------------------|
| Counseling LLC       | ste 1 Lincoln, NEBRASKA 68526 | Evaluation                                                           | Ronicka                         |                  |                   |
|                      |                               | Juvenile Mental Health Evaluation                                    | Schottel, Ronicka               | 7855410370       | ronicka@gmail.com |
|                      |                               | Juvenile Mental Health Outpatient Counseling (Individual/Family)     | Schottel, Ronicka               | 7855410370       | ronicka@gmail.com |
|                      |                               | Juvenile Substance Use Addendum                                      | Schottel, Ronicka               | 7855410370       | ronicka@gmail.com |
|                      |                               | Juvenile Substance Use Evaluation                                    | Schottel, Ronicka               | 7855410370       | ronicka@gmail.com |
|                      |                               | Juvenile Substance Use Outpatient Treatment (Individual/Family)      | Schottel, Ronicka               | 7855410370       | ronicka@gmail.com |
|                      |                               | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) |                                 |                  |                   |
|                      |                               | Juveniles Who Sexually Harm Risk Evaluation                          |                                 |                  |                   |

### Agency Name: Harmony Health Center LLC

| Agency Facility Name               | Facility Address                             | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email            |
|------------------------------------|----------------------------------------------|-------------------------------------|---------------------------------|------------------|-----------------------------|
| College View Harmony Health Center | 4719 Prescott Avenue Lincoln, NEBRASKA 68506 | General Education Class             | Allen, Siobhan                  | 4024139147       | siobhan@cvharmonyhealth.org |
|                                    |                                              |                                     | Marcey-Fleming, Kathleen        | 4026946445       | kathyf@cvharmonyhealth.org  |
|                                    |                                              |                                     | Threats, Debra                  | 4024054617       | DEb@cvharmonyhealth.org     |
|                                    |                                              | Juvenile Co-Occurring Evaluation    | Allen, Siobhan                  | 4024139147       | siobhan@cvharmonyhealth.org |
|                                    |                                              |                                     | Shay, Bradly                    | 4024139147       | Brad@cvharmonyhealth.org    |
|                                    |                                              | Juvenile Mental Health              | Allen,                          | 4024139147       | siobhan@cvharmonyhealth.org |

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| Agency Facility Name               | Facility Address                             | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email            |
|------------------------------------|----------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|-----------------------------|
| College View Harmony Health Center | 4719 Prescott Avenue Lincoln, NEBRASKA 68506 | Evaluation                                                       | Siobhan                         |                  |                             |
|                                    |                                              |                                                                  | Marcey-Fleming, Kathleen        | 4026946445       | kathyf@cvharmonyhealth.org  |
|                                    |                                              |                                                                  | Shay, Bradly                    | 4024139147       | Brad@cvharmonyhealth.org    |
|                                    |                                              | Juvenile Mental Health Outpatient Counseling (Group)             | Allen, Siobhan                  | 4024139147       | siobhan@cvharmonyhealth.org |
|                                    |                                              |                                                                  | Marcey-Fleming, Kathleen        | 4026946445       | kathyf@cvharmonyhealth.org  |
|                                    |                                              |                                                                  | Shay, Bradly                    | 4024139147       | Brad@cvharmonyhealth.org    |
|                                    |                                              | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Allen, Siobhan                  | 4024139147       | siobhan@cvharmonyhealth.org |
|                                    |                                              |                                                                  | Marcey-Fleming, Kathleen        | 4026946445       | kathyf@cvharmonyhealth.org  |
|                                    |                                              |                                                                  | Shay, Bradly                    | 4024139147       | Brad@cvharmonyhealth.org    |
|                                    |                                              | Juvenile Substance Use Addendum                                  | Allen, Siobhan                  | 4024139147       | siobhan@cvharmonyhealth.org |
|                                    |                                              |                                                                  | Shay, Bradly                    | 4024139147       | Brad@cvharmonyhealth.org    |
|                                    |                                              |                                                                  | Threats, Debra                  | 4024054617       | DEb@cvharmonyhealth.org     |
|                                    |                                              | Juvenile Substance Use Evaluation                                | Allen, Siobhan                  | 4024139147       | siobhan@cvharmonyhealth.org |
|                                    |                                              |                                                                  | Shay, Bradly                    | 4024139147       | Brad@cvharmonyhealth.org    |
|                                    |                                              |                                                                  | Threats, Debra                  | 4024054617       | DEb@cvharmonyhealth.org     |
|                                    |                                              | Juvenile Substance Use Outpatient Treatment (Group)              | Allen, Siobhan                  | 4024139147       | siobhan@cvharmonyhealth.org |

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| Agency Facility Name               | Facility Address                             | Agency Facility Service Description                 | Approved Individual for Service | Individual Phone | Individual Email         |
|------------------------------------|----------------------------------------------|-----------------------------------------------------|---------------------------------|------------------|--------------------------|
| College View Harmony Health Center | 4719 Prescott Avenue Lincoln, NEBRASKA 68506 | Juvenile Substance Use Outpatient Treatment (Group) | Shay, Bradly                    | 4024139147       | Brad@cvharmonyhealth.org |
|                                    |                                              |                                                     | Threats, Debra                  | 4024054617       | DEb@cvharmonyhealth.org  |

### Agency Name: HopeSpoke

| Agency Facility Name | Facility Address                      | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email         |
|----------------------|---------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|--------------------------|
| HopeSpoke            | 2444 O Street Lincoln, NEBRASKA 68510 | Juvenile Medication Management                                   |                                 |                  |                          |
|                      |                                       | Juvenile Mental Health Outpatient Counseling (Group)             | Barrett, Amanda                 | 3198991514       | abarrett@hopespoke.org   |
|                      |                                       |                                                                  | Benesch, Kevin                  | 4024757666       | kbenesch@hopespoke.org   |
|                      |                                       |                                                                  | Wellman, Carrie                 | 4024757666       | cwellman@hopespoke.org   |
|                      |                                       | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Barrett, Amanda                 | 3198991514       | abarrett@hopespoke.org   |
|                      |                                       |                                                                  | Benesch, Kevin                  | 4024757666       | kbenesch@hopespoke.org   |
|                      |                                       |                                                                  | Brooks, Tony                    | 4024342670       | tbrooks@hopespoke.org    |
|                      |                                       |                                                                  | Esquivel, Jessica               | 4024757666       | jesquivel@hopespoke.org  |
|                      |                                       |                                                                  | Kuhlman, Alexandra              | 3083905465       | lexeekuhlman@outlook.com |
|                      |                                       |                                                                  | Neal, Ann                       | 4024163928       | aneal@hopespoke.org      |
|                      |                                       |                                                                  | Pickel, Katy                    | 4023108375       | kpickel@hopespoke.org    |
|                      |                                       |                                                                  | Posvar, Christina               | 4024342670       | cposvar@hopespoke.org    |
|                      |                                       |                                                                  | Trofholz, Chad                  | 4026069262       | ctrofholz@gmail.com      |
|                      |                                       |                                                                  | Waltman,                        | 4024757666       | awaltman@hopespoke.org   |

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| Agency Facility Name | Facility Address                            | Agency Facility Service Description                                  | Approved Individual for Service | Individual Phone | Individual Email         |
|----------------------|---------------------------------------------|----------------------------------------------------------------------|---------------------------------|------------------|--------------------------|
| HopeSpoke            | 2444 O Street<br>Lincoln,<br>NEBRASKA 68510 | Juvenile Mental Health Outpatient Counseling (Individual/Family)     | Alicia                          |                  |                          |
|                      |                                             | Juvenile Psychiatric Evaluation                                      |                                 |                  |                          |
|                      |                                             | Juveniles Who Sexually Harm Outpatient Treatment (Group)             | Barrett, Amanda                 | 3198991514       | abarrett@hopespoke.org   |
|                      |                                             |                                                                      | Benesch, Kevin                  | 4024757666       | kbenesch@hopespoke.org   |
|                      |                                             |                                                                      | Brooks, Tony                    | 4024342670       | tbrooks@hopespoke.org    |
|                      |                                             |                                                                      | Esquivel, Jessica               | 4024757666       | jesquivel@hopespoke.org  |
|                      |                                             |                                                                      | Kuhlman, Alexandra              | 3083905465       | lexeekuhlman@outlook.com |
|                      |                                             |                                                                      | Neal, Ann                       | 4024163928       | aneal@hopespoke.org      |
|                      |                                             |                                                                      | Pickel, Katy                    | 4023108375       | kpickel@hopespoke.org    |
|                      |                                             |                                                                      | Posvar, Christina               | 4024342670       | cposvar@hopespoke.org    |
|                      |                                             | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | Brooks, Tony                    | 4024342670       | tbrooks@hopespoke.org    |
|                      |                                             |                                                                      | Esquivel, Jessica               | 4024757666       | jesquivel@hopespoke.org  |
|                      |                                             |                                                                      | Kuhlman, Alexandra              | 3083905465       | lexeekuhlman@outlook.com |
|                      |                                             |                                                                      | Pickel, Katy                    | 4023108375       | kpickel@hopespoke.org    |
|                      |                                             | Juveniles Who Sexually Harm Risk Evaluation                          | Barrett, Amanda                 | 3198991514       | abarrett@hopespoke.org   |
|                      |                                             |                                                                      | Benesch, Kevin                  | 4024757666       | kbenesch@hopespoke.org   |
|                      |                                             |                                                                      | Neal, Ann                       | 4024163928       | aneal@hopespoke.org      |
|                      |                                             |                                                                      | Pickel, Katy                    | 4023108375       | kpickel@hopespoke.org    |
| HopeSpoke            | 904 Sumner                                  | Juvenile Medication                                                  |                                 |                  |                          |

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|----------------------|--------------------------------|-------------------------------------------------------------------|---------------------------------|------------------|-------------------------|
| ThGH                 | Street Lincoln, NEBRASKA 68502 | Management                                                        |                                 |                  |                         |
|                      |                                | Juvenile Psychological Evaluation                                 |                                 |                  |                         |
|                      |                                | Juveniles Who Sexually Harm Intensive Outpatient Counseling (IOP) | Benesch, Kevin                  | 4024757666       | kbenesch@hopespoke.org  |
|                      |                                |                                                                   | Brooks, Tony                    | 4024342670       | tbrooks@hopespoke.org   |
|                      |                                |                                                                   | Esquivel, Jessica               | 4024757666       | jesquivel@hopespoke.org |
|                      |                                |                                                                   | Pickel, Katy                    | 4023108375       | kpickel@hopespoke.org   |
|                      |                                |                                                                   | Posvar, Christina               | 4024342670       | cposvar@hopespoke.org   |
|                      |                                | Juveniles Who Sexually Harm Therapeutic Group Home                | Benesch, Kevin                  | 4024757666       | kbenesch@hopespoke.org  |
|                      |                                |                                                                   | Brooks, Tony                    | 4024342670       | tbrooks@hopespoke.org   |
|                      |                                |                                                                   | Esquivel, Jessica               | 4024757666       | jesquivel@hopespoke.org |
|                      |                                |                                                                   | Pickel, Katy                    | 4023108375       | kpickel@hopespoke.org   |
|                      |                                |                                                                   | Posvar, Christina               | 4024342670       | cposvar@hopespoke.org   |
|                      |                                | Juveniles Who Sexually Harm Therapeutic Group Home - Room & Board | Brooks, Tony                    | 4024342670       | tbrooks@hopespoke.org   |
|                      |                                |                                                                   | Esquivel, Jessica               | 4024757666       | jesquivel@hopespoke.org |
|                      |                                |                                                                   | Pickel, Katy                    | 4023108375       | kpickel@hopespoke.org   |
|                      |                                |                                                                   | Posvar, Christina               | 4024342670       | cposvar@hopespoke.org   |

### Agency Name: Imagine by Northpoint

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                  |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|-----------------------------------|
| Northpoint           | 3801 Union       | Juvenile Mental                     | Stevenson,                      | 2085799858       | sstevenson@northpointrecovery.com |

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| Agency Facility Name | Facility Address              | Agency Facility Service Description                          | Approved Individual for Service | Individual Phone | Individual Email                  |
|----------------------|-------------------------------|--------------------------------------------------------------|---------------------------------|------------------|-----------------------------------|
| Lincoln              | Drive Lincoln, NEBRASKA 68516 | Health Day Treatment                                         | Sandy                           |                  |                                   |
|                      |                               | Juvenile Mental Health Intensive Outpatient Counseling (IOP) | Stevenson, Sandy                | 2085799858       | sstevenson@northpointrecovery.com |
|                      |                               | Juvenile Substance Use Intensive Outpatient (IOP)            | Stevenson, Sandy                | 2085799858       | sstevenson@northpointrecovery.com |

### Agency Name: Inner Clarity Counseling

| Agency Facility Name     | Facility Address                               | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                       |
|--------------------------|------------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------------------------|
| Inner Clarity Counseling | 610 J Street Suite 320 Lincoln, NEBRASKA 68508 | Expedited Co-Occurring Evaluation   | Barrow, Denise                  | 5315003080       | denisebarrow@iclaritycounseling.com    |
|                          |                                                |                                     | Chrisman, Whitney               | 4026415909       | whitneychrisman@iclaritycounseling.com |
|                          |                                                | Expedited Mental Health Evaluation  | Barrow, Denise                  | 5315003080       | denisebarrow@iclaritycounseling.com    |
|                          |                                                |                                     | Chrisman, Whitney               | 4026415909       | whitneychrisman@iclaritycounseling.com |
|                          |                                                | Expedited Substance Use Evaluation  | Barrow, Denise                  | 5315003080       | denisebarrow@iclaritycounseling.com    |
|                          |                                                |                                     | Chrisman, Whitney               | 4026415909       | whitneychrisman@iclaritycounseling.com |
|                          |                                                | Juvenile Co-Occurring Evaluation    | Barrow, Denise                  | 5315003080       | denisebarrow@iclaritycounseling.com    |
|                          |                                                |                                     | Chrisman, Whitney               | 4026415909       | whitneychrisman@iclaritycounseling.com |
|                          |                                                | Juvenile Mental Health Evaluation   | Barrow, Denise                  | 5315003080       | denisebarrow@iclaritycounseling.com    |
|                          |                                                |                                     | Chrisman, Whitney               | 4026415909       | whitneychrisman@iclaritycounseling.com |
|                          |                                                | Juvenile Mental                     | Barrow,                         | 5315003080       | denisebarrow@iclaritycounseling.com    |

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| Agency Facility Name     | Facility Address                               | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email                       |
|--------------------------|------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|----------------------------------------|
| Inner Clarity Counseling | 610 J Street Suite 320 Lincoln, NEBRASKA 68508 | Health Outpatient Counseling (Individual/Family)                | Denise                          |                  |                                        |
|                          |                                                |                                                                 | Chrisman, Whitney               | 4026415909       | whitneychrisman@iclaritycounseling.com |
|                          |                                                | Juvenile Substance Use Addendum                                 | Barrow, Denise                  | 5315003080       | denisebarrow@iclaritycounseling.com    |
|                          |                                                |                                                                 | Chrisman, Whitney               | 4026415909       | whitneychrisman@iclaritycounseling.com |
|                          |                                                | Juvenile Substance Use Evaluation                               | Barrow, Denise                  | 5315003080       | denisebarrow@iclaritycounseling.com    |
|                          |                                                |                                                                 | Chrisman, Whitney               | 4026415909       | whitneychrisman@iclaritycounseling.com |
|                          |                                                | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Barrow, Denise                  | 5315003080       | denisebarrow@iclaritycounseling.com    |
|                          |                                                |                                                                 | Chrisman, Whitney               | 4026415909       | whitneychrisman@iclaritycounseling.com |

### Agency Name: Integrated Roots Support Services

| Agency Facility Name              | Facility Address                                   | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                     |
|-----------------------------------|----------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|--------------------------------------|
| Integrated Roots Support Services | 4535 Normal Blvd Suite 235 Lincoln, NEBRASKA 68506 | Family Support                                                   | Moreno Izaguirre, Raquel        | 4023099978       | rmorenoizaguirre@integratedroots.org |
|                                   |                                                    | Intensive Family Preservation                                    | Moreno Izaguirre, Raquel        | 4023099978       | rmorenoizaguirre@integratedroots.org |
|                                   |                                                    | Juvenile Mental Health Evaluation                                |                                 |                  |                                      |
|                                   |                                                    | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                                      |

### Agency Name: Jenda Family Services

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| Agency Facility Name  | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                        |
|-----------------------|--------------------------------------------------|-------------------------------------|---------------------------------|------------------|-----------------------------------------|
| Jenda Family Services | 4701 Innovation Drive<br>Lincoln, NEBRASKA 68521 | Agency Supported Foster Care        | Lerma, Rome                     | 3086727449       | romelerma@jendafamilyservices.com       |
|                       |                                                  |                                     | Marsh, Lexi                     | 4027207246       | leximarsh@jendafamilyservices.com       |
|                       |                                                  |                                     | Sullivan, Aspen                 | 3085305206       | aspensullivan@jendafamilyservices.com   |
|                       |                                                  | Expedited Co-Occurring Evaluation   |                                 |                  |                                         |
|                       |                                                  | Expedited Mental Health Evaluation  |                                 |                  |                                         |
|                       |                                                  | Expedited Substance Use Evaluation  |                                 |                  |                                         |
|                       |                                                  | Family Support                      | Brown, Coreena                  | 4024740011       | coreenabrown@jendafamilyservices.com    |
|                       |                                                  |                                     | Cabrera, Isabel                 | 4024740011       | isabelcabrera@jendafamilyservices.com   |
|                       |                                                  |                                     | Cardona, Jennifer               | 4024188984       | jennifercardona@jendafamilyservices.com |
|                       |                                                  |                                     | Clark, Courtney                 | 4026691314       | courtneyclark@jendafamilyservices.com   |
|                       |                                                  |                                     | Keck, Noah                      | 4023818159       | Noahkeck@jendafamilyservices.com        |
|                       |                                                  |                                     | Lerma, Rome                     | 3086727449       | romelerma@jendafamilyservices.com       |
|                       |                                                  |                                     | Munger, Chelsea                 | 4028603110       | chelseamunger@jendafamilyservices.com   |
|                       |                                                  |                                     | Rios, Brisa                     | 3086726533       | brisarios@jendafamilyservices.com       |
|                       |                                                  |                                     | Sullivan, Aspen                 | 3085305206       | aspensullivan@jendafamilyservices.com   |
|                       |                                                  |                                     | Svatos, Scott                   | 4024740011       | scottsvatos@jendafamilyservices.com     |
|                       |                                                  |                                     | Uglow,                          | 4028024821       | kelliuglow@jendafamilyservices.com      |

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| Agency Facility Name     | Facility Address                                 | Agency Facility Service Description                                  | Approved Individual for Service | Individual Phone | Individual Email                        |
|--------------------------|--------------------------------------------------|----------------------------------------------------------------------|---------------------------------|------------------|-----------------------------------------|
| Jenda Family Services    | 4701 Innovation Drive<br>Lincoln, NEBRASKA 68521 | Family Support                                                       | Kelli                           |                  |                                         |
|                          |                                                  |                                                                      | Wheeler, Harmony                | 4028057033       | harmonywheeler@jendafamilyservices.com  |
|                          |                                                  | Intensive Family Preservation                                        | Cottle, Montana                 | 4028381145       | montanacottle@jendafamilyservices.com   |
|                          |                                                  |                                                                      | Ehlers, Nancy                   | 4029371820       | nancyehlers@jendafamilyservices.com     |
|                          |                                                  |                                                                      | Nieveen, Hazey                  | 4022178503       | Hazeynieveen@jendafamilyservices.com    |
|                          |                                                  |                                                                      | Prater, Rachel                  | 4023000114       | Rachelprater@jendafamilyservices.com    |
|                          |                                                  |                                                                      | Radtke, Nicole                  | 4028752047       | nicoleradtke@jendafamilyservices.com    |
|                          |                                                  |                                                                      | Wheeler, Harmony                | 4028057033       | harmonywheeler@jendafamilyservices.com  |
|                          |                                                  |                                                                      | Williams, Kristin               | 3164613669       | kristinwilliams@jendafamilyservices.com |
|                          |                                                  |                                                                      | Zach, Jessica                   | 3083676872       | jessicazach@jendafamilyservices.com     |
|                          |                                                  | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) |                                 |                  |                                         |
|                          |                                                  | Professional Foster Care                                             | Lerma, Rome                     | 3086727449       | romelerma@jendafamilyservices.com       |
|                          |                                                  |                                                                      | Sullivan, Aspen                 | 3085305206       | aspensullivan@jendafamilyservices.com   |
|                          |                                                  | Relative/Kinship Home Study                                          | Stallworth, Ray                 | 5312898458       | raystallworth@jendafamilyservices.com   |
| Jenda Independent Living | 770 Cotner Blvd Suite 100 Lincoln, NEBRASKA      | Independent Living                                                   | Svatos, Scott                   | 4024740011       | scottsvatos@jendafamilyservices.com     |

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| Agency Facility Name    | Facility Address                                   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                        |
|-------------------------|----------------------------------------------------|-------------------------------------|---------------------------------|------------------|-----------------------------------------|
|                         | 68505                                              |                                     |                                 |                  |                                         |
| Jenda Outpatient Clinic | 4600 Valley Road Suite 350 Lincoln, NEBRASKA 68510 | Expedited Co-Occurring Evaluation   | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                     | Ellis, Tara                     | 5737199655       | ellis.taral@gmail.com                   |
|                         |                                                    |                                     | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Expedited Mental Health Evaluation  | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                     | Ellis, Tara                     | 5737199655       | ellis.taral@gmail.com                   |
|                         |                                                    |                                     | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Expedited Substance Use Evaluation  | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                     | Ellis, Tara                     | 5737199655       | ellis.taral@gmail.com                   |
|                         |                                                    |                                     | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | General Education Class             | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                     | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Intensive Family Preservation       |                                 |                  |                                         |
|                         |                                                    | Juvenile Co-Occurring Evaluation    | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                     | Brundege, Lindsay               | 4024740011       | lindsaybrundege@jendafamilyservices.com |
|                         |                                                    |                                     | Ellis, Tara                     | 5737199655       | ellis.taral@gmail.com                   |
|                         |                                                    |                                     | Mason, Amanda                   | 5315005729       | amandamason@jendafamilyservices.com     |
|                         |                                                    |                                     | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Juvenile Mental Health Evaluation   | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |

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| Agency Facility Name    | Facility Address                                   | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                        |
|-------------------------|----------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|-----------------------------------------|
| Jenda Outpatient Clinic | 4600 Valley Road Suite 350 Lincoln, NEBRASKA 68510 | Juvenile Mental Health Evaluation                                | Brundege, Lindsay               | 4024740011       | lindsaybrundege@jendafamilyservices.com |
|                         |                                                    |                                                                  | Ellis, Tara                     | 5737199655       | ellis.taral@gmail.com                   |
|                         |                                                    |                                                                  | Mason, Amanda                   | 5315005729       | amandamason@jendafamilyservices.com     |
|                         |                                                    |                                                                  | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Juvenile Mental Health Outpatient Counseling (Group)             | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                                                  | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                                                  | Brundege, Lindsay               | 4024740011       | lindsaybrundege@jendafamilyservices.com |
|                         |                                                    |                                                                  | Ellis, Tara                     | 5737199655       | ellis.taral@gmail.com                   |
|                         |                                                    |                                                                  | Mason, Amanda                   | 5315005729       | amandamason@jendafamilyservices.com     |
|                         |                                                    |                                                                  | Radtke, Nicole                  | 4028752047       | nicoleradtke@jendafamilyservices.com    |
|                         |                                                    |                                                                  | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Juvenile Substance Use Addendum                                  | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                                                  | Brundege, Lindsay               | 4024740011       | lindsaybrundege@jendafamilyservices.com |
|                         |                                                    |                                                                  | Ellis, Tara                     | 5737199655       | ellis.taral@gmail.com                   |
|                         |                                                    |                                                                  | Mason, Amanda                   | 5315005729       | amandamason@jendafamilyservices.com     |
|                         |                                                    |                                                                  | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Juvenile Substance Use                                           | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |

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## District 3J

| Agency Facility Name    | Facility Address                                   | Agency Facility Service Description                                  | Approved Individual for Service | Individual Phone | Individual Email                        |
|-------------------------|----------------------------------------------------|----------------------------------------------------------------------|---------------------------------|------------------|-----------------------------------------|
| Jenda Outpatient Clinic | 4600 Valley Road Suite 350 Lincoln, NEBRASKA 68510 | Evaluation                                                           | Brundege, Lindsay               | 4024740011       | lindsaybrundege@jendafamilyservices.com |
|                         |                                                    |                                                                      | Ellis, Tara                     | 5737199655       | ellis.taral@gmail.com                   |
|                         |                                                    |                                                                      | Mason, Amanda                   | 5315005729       | amandamason@jendafamilyservices.com     |
|                         |                                                    |                                                                      | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Juvenile Substance Use Outpatient Treatment (Group)                  | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                                                      | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Juvenile Substance Use Outpatient Treatment (Individual/Family)      | Borgmann, Maggie                | 5315004556       | maggieborgmann@jendafamilyservices.com  |
|                         |                                                    |                                                                      | Brundege, Lindsay               | 4024740011       | lindsaybrundege@jendafamilyservices.com |
|                         |                                                    |                                                                      | Ellis, Tara                     | 5737199655       | ellis.taral@gmail.com                   |
|                         |                                                    |                                                                      | Mason, Amanda                   | 5315005729       | amandamason@jendafamilyservices.com     |
|                         |                                                    |                                                                      | Reutter, Erica                  | 4024740011       | ericareutter@jendafamilyservices.com    |
|                         |                                                    | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) |                                 |                  |                                         |

### Agency Name: Julia Doss

| Agency Facility Name | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Julia Doss           | 5018 W Superior St Lincoln, NEBRASKA 68524 | Invoice - Kinship Foster Care       |                                 |                  |                  |

### Agency Name: KVC Nebraska

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| Agency Facility Name | Facility Address                                              | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email     |
|----------------------|---------------------------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------|
| KVC Nebraska Lincoln | 5001 Central Park Dr.<br>Suite 100 Lincoln,<br>NEBRASKA 68516 | Agency Supported Foster Care        | Ahmann , Lisa                   | 4025705559       | lahmann@kvc.org      |
|                      |                                                               |                                     | Crook, Becca                    | 4027305203       | rcrook@kvc.org       |
|                      |                                                               |                                     | Hall, Andrea                    | 4023095459       | anhall@kvc.org       |
|                      |                                                               |                                     | Heinzerling, Erica              | 5154193578       | eheinzerling@kvc.org |
|                      |                                                               |                                     | Klahn, Tanner                   | 4028907269       | tklahn@kvc.org       |
|                      |                                                               |                                     | Marino, Faith                   | 5315309257       | fmarino@kvc.org      |
|                      |                                                               |                                     | Meister, Elizabeth              | 4024500509       | emeister@kvc.org     |
|                      |                                                               |                                     | Schuler, Jessica                | 4027304743       | jlschuler@kvc.org    |
|                      |                                                               |                                     | Thompson, Kaitlyn               | 5317396725       | kathompson@kvc.org   |
|                      |                                                               | Expedited Co-Occurring Evaluation   | Christian, Gloria               | 7852598007       | gkchristian@kvc.org  |
|                      |                                                               | Expedited Mental Health Evaluation  | Christian, Gloria               | 7852598007       | gkchristian@kvc.org  |
|                      |                                                               | Expedited Substance Use Evaluation  | Christian, Gloria               | 7852598007       | gkchristian@kvc.org  |
|                      |                                                               | Family Support                      | Christian, Gloria               | 7852598007       | gkchristian@kvc.org  |
|                      |                                                               |                                     | Grayson, Patrick                | 4029402766       | Pgrayson@kvc.org     |
|                      |                                                               |                                     | Jurgens, Riley                  | 4026496219       | rjurgens@kvc.org     |
|                      |                                                               |                                     | Roybal, Maggie                  | 5313010835       | mroybal@kvc.org      |
|                      |                                                               | Intensive Family Preservation       | Christian, Gloria               | 7852598007       | gkchristian@kvc.org  |
|                      |                                                               |                                     | Jurgens, Riley                  | 4026496219       | rjurgens@kvc.org     |
|                      |                                                               |                                     | Roybal, Maggie                  | 5313010835       | mroybal@kvc.org      |

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| Agency Facility Name | Facility Address                                           | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email     |
|----------------------|------------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------|
| KVC Nebraska Lincoln | 5001 Central Park Dr.<br>Suite 100 Lincoln, NEBRASKA 68516 | Invoice - Emergency Professional Foster Care                     |                                 |                  |                      |
|                      |                                                            | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                      |
|                      |                                                            | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                      |
|                      |                                                            | Juvenile Substance Use Addendum                                  | Christian, Gloria               | 7852598007       | gkchristian@kvc.org  |
|                      |                                                            | Juvenile Substance Use Evaluation                                | Christian, Gloria               | 7852598007       | gkchristian@kvc.org  |
|                      |                                                            | Juvenile Substance Use Outpatient Treatment (Group)              | Christian, Gloria               | 7852598007       | gkchristian@kvc.org  |
|                      |                                                            | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                      |
|                      |                                                            | Professional Foster Care                                         | Ahmann , Lisa                   | 4025705559       | lahmann@kvc.org      |
|                      |                                                            |                                                                  | Crook, Becca                    | 4027305203       | rcrook@kvc.org       |
|                      |                                                            |                                                                  | Hall, Andrea                    | 4023095459       | anhall@kvc.org       |
|                      |                                                            |                                                                  | Heinzerling, Erica              | 5154193578       | eheinzerling@kvc.org |
|                      |                                                            |                                                                  | Klahn, Tanner                   | 4028907269       | tklahn@kvc.org       |
|                      |                                                            |                                                                  | Marino, Faith                   | 5315309257       | fmarino@kvc.org      |
|                      |                                                            |                                                                  | Meister, Elizabeth              | 4024500509       | emeister@kvc.org     |
|                      |                                                            |                                                                  | Schuler, Jessica                | 4027304743       | jlschuler@kvc.org    |
|                      |                                                            |                                                                  | Thompson, Kaitlyn               | 5317396725       | kathompson@kvc.org   |
|                      |                                                            | Relative/Kinship Home Study                                      | Bequette, Jason                 | 4027308892       | jbequette@kvc.org    |

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| Agency Facility Name | Facility Address                                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email  |
|----------------------|------------------------------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------|
| KVC Nebraska Lincoln | 5001 Central Park Dr.<br>Suite 100 Lincoln, NEBRASKA 68516 | Relative/Kinship Home Study         | Bonney-Heermann, Elizabeth      | 4025700688       | ebonney@kvc.org   |
|                      |                                                            |                                     | Crook, Becca                    | 4027305203       | rcrook@kvc.org    |
|                      |                                                            |                                     | Hall, Andrea                    | 4023095459       | anhall@kvc.org    |
|                      |                                                            |                                     | Lindsay, Whitney                | 5315107258       | wlindsay@kvc.org  |
|                      |                                                            |                                     | Meister, Elizabeth              | 4024500509       | emeister@kvc.org  |
|                      |                                                            |                                     | Schuler, Jessica                | 4027304743       | jlschuler@kvc.org |

### Agency Name: Lancaster County Youth Services Center

| Agency Facility Name                   | Facility Address                                | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------------------|-------------------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Lancaster County Youth Services Center | 1200 Radcliff Street<br>Lincoln, NEBRASKA 68512 | Invoice - Secure Detention          |                                 |                  |                  |
|                                        |                                                 | Invoice - Staff Detention           |                                 |                  |                  |

### Agency Name: Lincoln Regional Center

| Agency Facility Name    | Facility Address                                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email            |
|-------------------------|------------------------------------------------------|-------------------------------------|---------------------------------|------------------|-----------------------------|
| Lincoln Regional Center | 801 West Prospector Place<br>Lincoln, NEBRASKA 68522 | Invoice - Competency Evaluation     | Hartmann, Klaus                 | 4024795419       | klaus.hartmann@nebraska.gov |
|                         |                                                      | Juvenile Mental Health Evaluation   | Hartmann, Klaus                 | 4024795419       | klaus.hartmann@nebraska.gov |
|                         |                                                      | Juvenile Psychological Evaluation   | Hartmann, Klaus                 | 4024795419       | klaus.hartmann@nebraska.gov |

### Agency Name: Lumos Mental Health Services

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## District 3J

| Agency Facility Name         | Facility Address                                            | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email     |
|------------------------------|-------------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------|
| Lumos Mental Health Services | 5715 South 34th Street Suite 500<br>Lincoln, NEBRASKA 68516 | Juvenile Mental Health Evaluation                                | Hollister, Michelina            | 4022055677       | miki@lumosmhs.com    |
|                              |                                                             |                                                                  | Schlichenmaier, Kayla           | 4022055677       | kayla@lumosmhs.com   |
|                              |                                                             |                                                                  | Trauernicht, Joellyn            | 4022055677       | joey@lumosmhs.com    |
|                              |                                                             | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Dorant, Ami                     | 4022055677       | Ami@LumosMHS.com     |
|                              |                                                             |                                                                  | Hollister, Michelina            | 4022055677       | miki@lumosmhs.com    |
|                              |                                                             |                                                                  | Kovar, Kaitlyn                  | 4028040203       | kaitlyn@lumosmhs.com |
|                              |                                                             |                                                                  | Schlichenmaier, Kayla           | 4022055677       | kayla@lumosmhs.com   |
|                              |                                                             |                                                                  | Trauernicht, Joellyn            | 4022055677       | joey@lumosmhs.com    |

### Agency Name: Lutheran Family Services

| Agency Facility Name           | Facility Address                                 | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email           |
|--------------------------------|--------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------------|
| Lutheran Family Services of NE | 5025 Garland<br>Lincoln, NEBRASKA 68504          | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                            |
|                                |                                                  | Juvenile Mental Health Evaluation                                |                                 |                  |                            |
|                                |                                                  | Juvenile Mental Health Outpatient Counseling (Group)             |                                 |                  |                            |
|                                |                                                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                            |
|                                | 1311 South Folsom Street Lincoln, NEBRASKA 68522 | Juvenile Co-Occurring Evaluation                                 | Riggins, Nicole                 | 4025806141       | nicole.riggins@onelfs.org  |
|                                |                                                  | Juvenile Mental Health Evaluation                                | Riggins, Nicole                 | 4025806141       | nicole.riggins@onelfs.org  |
|                                |                                                  |                                                                  | Thompson, Jessie                | 4023695406       | jessie.thompson@onelfs.org |

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| Agency Facility Name | Facility Address                                 | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------|--------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------------|
|                      | 1311 South Folsom Street Lincoln, NEBRASKA 68522 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Riggins, Nicole                 | 4025806141       | nicole.riggins@onelfs.org  |
|                      |                                                  | Juvenile Substance Use Addendum                                  | Riggins, Nicole                 | 4025806141       | nicole.riggins@onelfs.org  |
|                      |                                                  |                                                                  | Thompson, Jessie                | 4023695406       | jessie.thompson@onelfs.org |
|                      |                                                  | Juvenile Substance Use Evaluation                                | Riggins, Nicole                 | 4025806141       | nicole.riggins@onelfs.org  |
|                      |                                                  |                                                                  | Thompson, Jessie                | 4023695406       | jessie.thompson@onelfs.org |
|                      |                                                  | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Riggins, Nicole                 | 4025806141       | nicole.riggins@onelfs.org  |
|                      | 2301 O Street, Ste 1 Lincoln, NEBRASKA 68510     | Juvenile Medication Management                                   |                                 |                  |                            |
|                      |                                                  | Juvenile Mental Health Outpatient Counseling (Group)             |                                 |                  |                            |
|                      |                                                  | Juvenile Psychiatric Evaluation Interview Only                   |                                 |                  |                            |
|                      |                                                  | Juvenile Substance Use Outpatient Treatment (Group)              |                                 |                  |                            |

### Agency Name: Lynn Beideck Recovery/Behavioral Health Services

| Agency Facility Name                              | Facility Address                        | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email       |
|---------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------------|
| Lynn Beideck Recovery/ Behavioral Health Services | 3119 S. 33rd St Lincoln, NEBRASKA 68506 | Juvenile Co-Occurring Evaluation                                 | Beideck, Lynn                   | 4025609558       | lynnbeideck3@gmail.com |
|                                                   |                                         | Juvenile Mental Health Evaluation                                | Beideck, Lynn                   | 4025609558       | lynnbeideck3@gmail.com |
|                                                   |                                         | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Beideck, Lynn                   | 4025609558       | lynnbeideck3@gmail.com |

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### Agency Name: Meadowlark Counseling, LLC

| Agency Facility Name       | Facility Address                          | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------|-------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------|
| Meadowlark Counseling, LLC | 4344 N 62nd St<br>Lincoln, NEBRASKA 68507 | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### Agency Name: Mid-Plains Center for Behavioral Healthcare Services, Inc.

| Agency Facility Name | Facility Address                                | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone           | Individual Email              |
|----------------------|-------------------------------------------------|------------------------------------------------------------------|---------------------------------|----------------------------|-------------------------------|
|                      | 620 N 48th St Suite 303 Lincoln, NEBRASKA 68504 | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                            |                               |
|                      |                                                 | Multisystemic Therapy (MST)                                      | Bailey, Autumn                  | 4025252214                 | abailey@midplainscenter.org   |
|                      |                                                 |                                                                  | Bernadt, Jay                    | 4024056615                 | jbernadt@midplainscenter.org  |
|                      |                                                 |                                                                  | Boko, Dramane                   | 4023271285                 | dboko@midplainscenter.org     |
|                      |                                                 |                                                                  | Clark, Vernon                   | 4028408204                 | vclark@midplainscenter.org    |
|                      |                                                 |                                                                  | Diaz, Mark                      | 4027399416                 | mdiaz@midplainscenter.org     |
|                      |                                                 |                                                                  | Epperson, Pamela                | 4027079839                 | pepperson@midplainscenter.org |
|                      |                                                 |                                                                  | Nichols, Kayla                  | 4028170352                 | knichols@midplainscenter.org  |
|                      |                                                 | Super, Trudy                                                     | 4028031731                      | tsuper@midplainscenter.org |                               |

### Agency Name: New Beginnings Psychological Services

| Agency Facility Name                  | Facility Address                            | Agency Facility Service Description                  | Approved Individual for Service | Individual Phone | Individual Email         |
|---------------------------------------|---------------------------------------------|------------------------------------------------------|---------------------------------|------------------|--------------------------|
| New Beginnings Psychological Services | 140 N. 8th St. #430 Lincoln, NEBRASKA 68508 | Juvenile Mental Health Outpatient Counseling (Group) | Schutz, Antoni                  | 4029378570       | drschutz@remedypsych.com |
|                                       |                                             | Juvenile Psychological                               | Schutz,                         | 4029378570       | drschutz@remedypsych.com |

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| Agency Facility Name                  | Facility Address                                  | Agency Facility Service Description         | Approved Individual for Service | Individual Phone | Individual Email         |
|---------------------------------------|---------------------------------------------------|---------------------------------------------|---------------------------------|------------------|--------------------------|
| New Beginnings Psychological Services | 140 N. 8th St.<br>#430 Lincoln,<br>NEBRASKA 68508 | Evaluation                                  | Antoni                          |                  |                          |
|                                       |                                                   | Juvenile Substance Use Evaluation           | Schutz, Antoni                  | 4029378570       | drschutz@remedypsych.com |
|                                       |                                                   | Juveniles Who Sexually Harm Risk Evaluation | Schutz, Antoni                  | 4029378570       | drschutz@remedypsych.com |

### Agency Name: New Hope Counseling

| Agency Facility Name     | Facility Address                                            | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                    |
|--------------------------|-------------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|-------------------------------------|
| New Hope Counseling, LLC | 7130 South 29th Street, Suite D7<br>Lincoln, NEBRASKA 68516 | Juvenile Co-Occurring Evaluation                                 | Pawlowski, Kristi               | 4024057922       | kristi@newhopecounselinglincoln.com |
|                          |                                                             | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Pawlowski, Kristi               | 4024057922       | kristi@newhopecounselinglincoln.com |
|                          |                                                             | Juvenile Substance Use Addendum                                  | Pawlowski, Kristi               | 4024057922       | kristi@newhopecounselinglincoln.com |
|                          |                                                             | Juvenile Substance Use Evaluation                                | Pawlowski, Kristi               | 4024057922       | kristi@newhopecounselinglincoln.com |
|                          |                                                             | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Pawlowski, Kristi               | 4024057922       | kristi@newhopecounselinglincoln.com |

### Agency Name: New Possibilities Counseling, LLC

| Agency Facility Name              | Facility Address                                        | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email           |
|-----------------------------------|---------------------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------------|
| New Possibilities Counseling, LLC | 770 N. Cotner Blvd<br>Suite 402 Lincoln, NEBRASKA 68505 | Juvenile Co-Occurring Evaluation    | Carville, Misty                 | 4023107867       | mistycarville313@gmail.com |
|                                   |                                                         | Juvenile Mental Health Evaluation   | Carville, Misty                 | 4023107867       | mistycarville313@gmail.com |

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| Agency Facility Name              | Facility Address                                     | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email           |
|-----------------------------------|------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------------|
| New Possibilities Counseling, LLC | 770 N. Cotner Blvd Suite 402 Lincoln, NEBRASKA 68505 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Carville, Misty                 | 4023107867       | mistycarville313@gmail.com |
|                                   |                                                      | Juvenile Substance Use Addendum                                  | Carville, Misty                 | 4023107867       | mistycarville313@gmail.com |
|                                   |                                                      | Juvenile Substance Use Evaluation                                | Carville, Misty                 | 4023107867       | mistycarville313@gmail.com |
|                                   |                                                      | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Carville, Misty                 | 4023107867       | mistycarville313@gmail.com |

### Agency Name: New Way Counseling, LLC

| Agency Facility Name    | Facility Address                                     | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email             |
|-------------------------|------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------------------|
| New Way Counseling, LLC | 1701 Windhoek Dr. Suite 200A Lincoln, NEBRASKA 68512 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Martin, Kelly                   | 4022646716       | newwaycounselingne@gmail.com |

### Agency Name: Northside Behavioral Health Group

| Agency Facility Name              | Facility Address                                  | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------------|---------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------|
| Northside Behavioral Health Group | 2100 Fletcher Ave STE 103 Lincoln, NEBRASKA 68521 | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|                                   |                                                   | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                                   |                                                   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                  |

### Agency Name: OMNI Inventive Care

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| Agency Facility Name | Facility Address                               | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------|------------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------------|
|                      | 2300 South 13th Street Lincoln, NEBRASKA 68502 | Agency Supported Foster Care        | Marschman, Mindy                | 4022399719       | mindy.marschman@omniic.com |
|                      |                                                | Expedited Co-Occurring Evaluation   | Sieck, Shannon                  | 4023193429       | shannon.sieck@omniic.com   |
|                      |                                                | Expedited Mental Health Evaluation  | Sieck, Shannon                  | 4023193429       | shannon.sieck@omniic.com   |
|                      |                                                |                                     | Strecker, Andrea                | 3082276911       | Andrea.Strecker@omniic.com |
|                      |                                                | Expedited Substance Use Evaluation  | Sieck, Shannon                  | 4023193429       | shannon.sieck@omniic.com   |
|                      |                                                | Family Support                      | Fralin, Kelly                   | 4025201571       | kelly.fralin@omniic.com    |
|                      |                                                |                                     | Frye, Amy                       | 4023639859       | amy.frye@omniic.com        |
|                      |                                                |                                     | Ladd, Allen                     | 4028050897       | allen.ladd@omniic.com      |
|                      |                                                |                                     | Strecker, Andrea                | 3082276911       | Andrea.Strecker@omniic.com |
|                      |                                                |                                     | Thayer, Heather                 | 4023691484       | Heather.Thayer@omniic.com  |
|                      |                                                | Intensive Family Preservation       | Fralin, Kelly                   | 4025201571       | kelly.fralin@omniic.com    |
|                      |                                                |                                     | Frye, Amy                       | 4023639859       | amy.frye@omniic.com        |
|                      |                                                |                                     | Ladd, Allen                     | 4028050897       | allen.ladd@omniic.com      |
|                      |                                                |                                     | Sieck, Shannon                  | 4023193429       | shannon.sieck@omniic.com   |
|                      |                                                |                                     | Strecker, Andrea                | 3082276911       | Andrea.Strecker@omniic.com |
|                      |                                                |                                     | Thayer, Heather                 | 4023691484       | Heather.Thayer@omniic.com  |
|                      |                                                | Juvenile Co-Occurring Evaluation    | Sieck, Shannon                  | 4023193429       | shannon.sieck@omniic.com   |
|                      |                                                | Juvenile Mental Health Evaluation   | Sieck, Shannon                  | 4023193429       | shannon.sieck@omniic.com   |
|                      |                                                |                                     | Strecker, Andrea                | 3082276911       | Andrea.Strecker@omniic.com |
|                      |                                                | Juvenile Mental Health              | Ladd, Allen                     | 4028050897       | allen.ladd@omniic.com      |

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| Agency Facility Name | Facility Address                               | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------|------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|----------------------------|
|                      | 2300 South 13th Street Lincoln, NEBRASKA 68502 | Outpatient Counseling (Individual/Family)                       | Sieck, Shannon                  | 4023193429       | shannon.sieck@omniic.com   |
|                      |                                                |                                                                 | Strecker, Andrea                | 3082276911       | Andrea.Strecker@omniic.com |
|                      |                                                | Juvenile Psychological Evaluation                               |                                 |                  |                            |
|                      |                                                | Juvenile Substance Use Outpatient Treatment (Individual/Family) |                                 |                  |                            |
|                      |                                                | Juveniles Who Sexually Harm Risk Evaluation                     |                                 |                  |                            |
|                      |                                                | Relative/Kinship Home Study                                     | Marschman, Mindy                | 4022399719       | mindy.marschman@omniic.com |

### Agency Name: Orenda Awakening LLC

| Agency Facility Name | Facility Address                                 | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email          |
|----------------------|--------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|---------------------------|
| Orenda Awakening LLC | 3883 Normal Blvd STE 204 Lincoln, NEBRASKA 68506 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Perrien, Cody                   | 4023185878       | cody@sikhonatherapyne.com |
|                      |                                                  | Juvenile Substance Use Outpatient Treatment (Individual/Family)  | Perrien, Cody                   | 4023185878       | cody@sikhonatherapyne.com |

### Agency Name: Owens Educational Services, Inc.

| Agency Facility Name | Facility Address                                             | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                          |
|----------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------------------------|
| OWENS-LINCOLN        | 5800 Cornhusker Hwy, Suite 7 SUITE 7 Lincoln, NEBRASKA 68507 | Family Support                      | Adams, Brandi                   | 4029750182       | Brandi.Adams@owenseducationalservices.org |
|                      |                                                              |                                     | Jenkins, Roni                   | 4022194667       | Roni.jenkins@owenseducationalservices.org |
|                      |                                                              |                                     | Wilkins, James                  | 4024640784       | james.wilkins@theowenscompanies.com       |

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| Agency Facility Name | Facility Address                                                | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                          |
|----------------------|-----------------------------------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------------------------|
| OWENS-LINCOLN        | 5800 Cornhusker Hwy, Suite 7 SUITE 7<br>Lincoln, NEBRASKA 68507 | Juvenile Electronic Monitoring GPS  | Jenkins, Roni                   | 4022194667       | Roni.jenkins@owenseducationalservices.org |

### Agency Name: Paradigm, Inc.

| Agency Facility Name | Facility Address                                  | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------|
|                      | 4316 South 48th Street<br>Lincoln, NEBRASKA 68516 | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### Agency Name: Pathfinder Support Services Home Office

| Agency Facility Name                  | Facility Address                                          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email          |
|---------------------------------------|-----------------------------------------------------------|-------------------------------------|---------------------------------|------------------|---------------------------|
| Pathfinder Support Services - Lincoln | 6130 South 58th Street<br>Suite D Lincoln, NEBRASKA 68516 | Day Reporting                       | Perry, Tera                     | 7753890866       | tperry@pathfinderserv.com |
|                                       |                                                           | Evening Reporting                   | Perry, Tera                     | 7753890866       | tperry@pathfinderserv.com |
|                                       |                                                           | Family Support                      | Perry, Tera                     | 7753890866       | tperry@pathfinderserv.com |

### Agency Name: Pine Lake Behavioral Health & Medical

| Agency Facility Name                  | Facility Address                                        | Agency Facility Service Description                          | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|---------------------------------|------------------|------------------|
| Pine Lake Behavioral Health & Medical | 9100 Andermatt Drive<br>Suite 1 Lincoln, NEBRASKA 68526 | Juvenile Co-Occurring Evaluation                             |                                 |                  |                  |
|                                       |                                                         | Juvenile Medication Management                               |                                 |                  |                  |
|                                       |                                                         | Juvenile Mental Health Evaluation                            |                                 |                  |                  |
|                                       |                                                         | 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 |
|---------------------------------------|------------------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------|
| Pine Lake Behavioral Health & Medical | 9100 Andermatt Drive<br>Suite 1 Lincoln, NEBRASKA<br>68526 | Outpatient Counseling (Group)                                    |                                 |                  |                  |
|                                       |                                                            | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                                       |                                                            | Juvenile Psychiatric Evaluation                                  |                                 |                  |                  |
|                                       |                                                            | Juvenile Psychological Evaluation                                |                                 |                  |                  |
|                                       |                                                            | 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: Pioneer Counseling Center

| Agency Facility Name      | Facility Address                                  | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email       |
|---------------------------|---------------------------------------------------|-------------------------------------|---------------------------------|------------------|------------------------|
| Pioneer Counseling Center | 5020 Elk Ridge Road<br>Lincoln, NEBRASKA<br>68516 | Invoice - Competency Evaluation     | Remington, Janelle              | 4024408025       | jremington@madonna.org |
|                           |                                                   | Invoice - Psychological Evaluation  | Remington, Janelle              | 4024408025       | jremington@madonna.org |
|                           |                                                   | Juvenile Competency Evaluation      | Remington, Janelle              | 4024408025       | jremington@madonna.org |
|                           |                                                   | Juvenile Psychological Evaluation   | Remington, Janelle              | 4024408025       | jremington@madonna.org |

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### Agency Name: Ponca Tribe of Nebraska

| Agency Facility Name            | Facility Address                               | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email |
|---------------------------------|------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|------------------|
| Ponca Tribe of Nebraska-Lincoln | 1600 Windhoek Drive<br>Lincoln, NEBRASKA 68512 | Juvenile Co-Occurring Evaluation                                |                                 |                  |                  |
|                                 |                                                | Juvenile Mental Health Evaluation                               |                                 |                  |                  |
|                                 |                                                | Juvenile Substance Use Outpatient Treatment (Individual/Family) |                                 |                  |                  |

### Agency Name: Raquel Moreno Izaguirre LLC

| Agency Facility Name        | Facility Address                                   | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                     |
|-----------------------------|----------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|--------------------------------------|
| Raquel Moreno Izaguirre LLC | 4535 Normal Blvd Suite 235 Lincoln, NEBRASKA 68506 | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                                      |
|                             |                                                    | Juvenile Mental Health Evaluation                                | Moreno Izaguirre, Raquel        | 4023099978       | rmorenoizaguirre@integratedroots.org |
|                             |                                                    | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Moreno Izaguirre, Raquel        | 4023099978       | rmorenoizaguirre@integratedroots.org |
|                             |                                                    | Juvenile Substance Use Evaluation                                |                                 |                  |                                      |
|                             |                                                    | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                                      |

### Agency Name: Region V Systems Behavioral Health

| Agency Facility Name               | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email           |
|------------------------------------|------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------------|
| Region V Systems Behavioral Health | 1645 N Street<br>Lincoln, NEBRASKA 68508 | Expedited Family Group Conference   |                                 |                  |                            |
|                                    |                                          | Justice                             | Houska, Eden                    | 4024415579       | ehouska@region5systems.net |

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| Agency Facility Name               | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------------|------------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| Region V Systems Behavioral Health | 1645 N Street<br>Lincoln, NEBRASKA 68508 | Wraparound                          |                                 |                  |                  |

### Agency Name: Release Counseling & Assessment Services, LLC

| Agency Facility Name                          | Facility Address                                   | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------------------------|----------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------|
| Release Counseling & Assessment Services, LLC | 8101 O Street Suite 300<br>Lincoln, NEBRASKA 68510 | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                  |
|                                               |                                                    | Juvenile Mental Health Evaluation                                |                                 |                  |                  |
|                                               |                                                    | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                                               |                                                    | Juvenile Substance Use Addendum                                  |                                 |                  |                  |
|                                               |                                                    | Juvenile Substance Use Evaluation                                |                                 |                  |                  |

### Agency Name: Sapphire Counseling and Assessments, LLC

| Agency Facility Name                     | Facility Address                                                       | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|------------------|
| Sapphire Counseling and Assessments, LLC | 3400 Plantation Drive Suite 100- Wellness Wing Lincoln, NEBRASKA 68516 | Juvenile Co-Occurring Evaluation                                |                                 |                  |                  |
|                                          |                                                                        | Juvenile Mental Health Evaluation                               |                                 |                  |                  |
|                                          |                                                                        | Juvenile Substance Use Addendum                                 |                                 |                  |                  |
|                                          |                                                                        | Juvenile Substance Use Evaluation                               |                                 |                  |                  |
|                                          |                                                                        | Juvenile Substance Use Outpatient Treatment (Individual/Family) |                                 |                  |                  |

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### Agency Name: Sarah Smith Counseling, LLC

| Agency Facility Name        | Facility Address                            | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|---------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|------------------|
| Sarah Smith Counseling, LLC | 2411 W C St Lincoln, NEBRASKA 68522         | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                             | 700 R St. Suite 317 Lincoln, NEBRASKA 68501 | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |

### Agency Name: Second Chances Psychotherapy

| Agency Facility Name         | Facility Address                          | Agency Facility Service Description                  | Approved Individual for Service | Individual Phone | Individual Email       |
|------------------------------|-------------------------------------------|------------------------------------------------------|---------------------------------|------------------|------------------------|
| Second Chances Psychotherapy | 140 N 8th St #430 Lincoln, NEBRASKA 68508 | Juvenile Mental Health Outpatient Counseling (Group) | Cornish, Audrey                 | 4024170783       | audrey@remedypsych.com |

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

| Agency Facility Name                                        | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                 |
|-------------------------------------------------------------|------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------------------|
| Silver Sun Mental Health DBA Nebraska Mental Health Centers | 4545 S. 86th St. Lincoln, NEBRASKA 68526 | Juvenile Co-Occurring Evaluation    | Clarke, Ashleigh                | 4024836990       | aclarke@nmhc-clinics.com         |
|                                                             |                                          |                                     | Lafferty, Melissa               | 4024836990       | mlafferty@nmhc-clinics.com       |
|                                                             |                                          |                                     | Monfelt-Siems, Jamie            | 4024836990       | jmonfelt@nmhc-clinics.com        |
|                                                             |                                          |                                     | Vrbka, Anne                     | 4024836990       | annev@nebraskamental.health      |
|                                                             |                                          |                                     | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                 |
|                                                             |                                          | Juvenile Medication Management      | Weber, Kristi                   | 4026468287       | Kristi@weberbehavioralhealth.org |
|                                                             |                                          | Juvenile Mental Health Evaluation   | Clarke, Ashleigh                | 4024836990       | aclarke@nmhc-clinics.com         |

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| Agency Facility Name                                        | Facility Address                         | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                 |
|-------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------------------|
| Silver Sun Mental Health DBA Nebraska Mental Health Centers | 4545 S. 86th St. Lincoln, NEBRASKA 68526 | Juvenile Mental Health Evaluation                                | Dieckgrafe, Amanda              | 4024836990       | adieckgrafe@nmhc-clinics.com     |
|                                                             |                                          |                                                                  | Lafferty, Melissa               | 4024836990       | mlafferty@nmhc-clinics.com       |
|                                                             |                                          |                                                                  | Monfelt-Siems, Jamie            | 4024836990       | jmonfelt@nmhc-clinics.com        |
|                                                             |                                          |                                                                  | Vrbka, Anne                     | 4024836990       | annev@nebraskamental.health      |
|                                                             |                                          |                                                                  | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                 |
|                                                             |                                          | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Clarke, Ashleigh                | 4024836990       | aclarke@nmhc-clinics.com         |
|                                                             |                                          |                                                                  | Dieckgrafe, Amanda              | 4024836990       | adieckgrafe@nmhc-clinics.com     |
|                                                             |                                          |                                                                  | Groeteke, Olivia                | 4024836990       | oliviag@nebraskamental.health    |
|                                                             |                                          |                                                                  | Lafferty, Melissa               | 4024836990       | mlafferty@nmhc-clinics.com       |
|                                                             |                                          |                                                                  | Monfelt-Siems, Jamie            | 4024836990       | jmonfelt@nmhc-clinics.com        |
|                                                             |                                          |                                                                  | Vrbka, Anne                     | 4024836990       | annev@nebraskamental.health      |
|                                                             |                                          |                                                                  | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                 |
|                                                             |                                          | Juvenile Psychiatric Evaluation                                  | Weber, Kristi                   | 4026468287       | Kristi@weberbehavioralhealth.org |
|                                                             |                                          | Juvenile Psychiatric Evaluation Interview Only                   |                                 |                  |                                  |
|                                                             |                                          | Juvenile Psychological Evaluation                                | Clarke, Ashleigh                | 4024836990       | aclarke@nmhc-clinics.com         |
|                                                             |                                          |                                                                  | Lafferty, Melissa               | 4024836990       | mlafferty@nmhc-clinics.com       |

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| Agency Facility Name                                        | Facility Address                         | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email              |
|-------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|-------------------------------|
| Silver Sun Mental Health DBA Nebraska Mental Health Centers | 4545 S. 86th St. Lincoln, NEBRASKA 68526 | Juvenile Psychological Evaluation                               | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com              |
|                                                             |                                          | Juvenile Substance Use Addendum                                 | Clarke, Ashleigh                | 4024836990       | aclarke@nmhc-clinics.com      |
|                                                             |                                          |                                                                 | Lafferty, Melissa               | 4024836990       | mlafferty@nmhc-clinics.com    |
|                                                             |                                          |                                                                 | Monfelt-Siems, Jamie            | 4024836990       | jmonfelt@nmhc-clinics.com     |
|                                                             |                                          |                                                                 | Vrbka, Anne                     | 4024836990       | annev@nebraskamental.health   |
|                                                             |                                          |                                                                 | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com              |
|                                                             |                                          | Juvenile Substance Use Evaluation                               | Clarke, Ashleigh                | 4024836990       | aclarke@nmhc-clinics.com      |
|                                                             |                                          |                                                                 | Lafferty, Melissa               | 4024836990       | mlafferty@nmhc-clinics.com    |
|                                                             |                                          |                                                                 | Monfelt-Siems, Jamie            | 4024836990       | jmonfelt@nmhc-clinics.com     |
|                                                             |                                          |                                                                 | Vrbka, Anne                     | 4024836990       | annev@nebraskamental.health   |
|                                                             |                                          |                                                                 | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com              |
|                                                             |                                          | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Clarke, Ashleigh                | 4024836990       | aclarke@nmhc-clinics.com      |
|                                                             |                                          |                                                                 | Groeteke, Olivia                | 4024836990       | oliviag@nebraskamental.health |
|                                                             |                                          |                                                                 | Lafferty, Melissa               | 4024836990       | mlafferty@nmhc-clinics.com    |
|                                                             |                                          |                                                                 | Monfelt-Siems, Jamie            | 4024836990       | jmonfelt@nmhc-clinics.com     |
|                                                             |                                          |                                                                 | Vrbka, Anne                     | 4024836990       | annev@nebraskamental.health   |

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| Agency Facility Name                                        | Facility Address                         | Agency Facility Service Description                                  | Approved Individual for Service | Individual Phone | Individual Email            |
|-------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|---------------------------------|------------------|-----------------------------|
| Silver Sun Mental Health DBA Nebraska Mental Health Centers | 4545 S. 86th St. Lincoln, NEBRASKA 68526 | Juvenile Substance Use Outpatient Treatment (Individual/Family)      | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com            |
|                                                             |                                          | Juvniles Who Sexually Harm Outpatient Treatment (Group)              | Clarke, Ashleigh                | 4024836990       | aclarke@nmhc-clinics.com    |
|                                                             |                                          |                                                                      | Lafferty, Melissa               | 4024836990       | mlafferty@nmhc-clinics.com  |
|                                                             |                                          |                                                                      | Vrbka, Anne                     | 4024836990       | annev@nebraskamental.health |
|                                                             |                                          |                                                                      | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com            |
|                                                             |                                          | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com            |
|                                                             |                                          | Juvniles Who Sexually Harm Risk Evaluation                           | Clarke, Ashleigh                | 4024836990       | aclarke@nmhc-clinics.com    |
|                                                             |                                          |                                                                      | Lafferty, Melissa               | 4024836990       | mlafferty@nmhc-clinics.com  |
|                                                             |                                          |                                                                      | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com            |

### Agency Name: The Mediation Center

| Agency Facility Name | Facility Address                               | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| The Mediation Center | 610 J Street Suite 100 Lincoln, NEBRASKA 68508 | Expedited Family Group Conference   |                                 |                  |                  |
|                      |                                                | Mediation                           |                                 |                  |                  |

### Agency Name: True Balance Therapy & Wellness LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|------------------|
| True                 | 4701 Van Dorn    | Juvenile Co-Occurring               |                                 |                  |                  |

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| Agency Facility Name           | Facility Address                 | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email              |
|--------------------------------|----------------------------------|------------------------------------------------------------------|---------------------------------|------------------|-------------------------------|
| Balance Therapy & Wellness LLC | St Ste A Lincoln, NEBRASKA 68506 | Evaluation                                                       |                                 |                  |                               |
|                                |                                  | Juvenile Medication Management                                   | Mbemngong, Edison               | 4024131686       | edison@truebalancetherapy.org |
|                                |                                  | Juvenile Mental Health Evaluation                                | Mbemngong, Edison               | 4024131686       | edison@truebalancetherapy.org |
|                                |                                  | Juvenile Mental Health Intensive Outpatient Counseling (IOP)     |                                 |                  |                               |
|                                |                                  | Juvenile Mental Health Outpatient Counseling (Group)             |                                 |                  |                               |
|                                |                                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                               |
|                                |                                  | Juvenile Psychiatric Evaluation                                  | Mbemngong, Edison               | 4024131686       | edison@truebalancetherapy.org |
|                                |                                  | Juvenile Psychiatric Evaluation Interview Only                   |                                 |                  |                               |
|                                |                                  | Juvenile Psychological Evaluation                                |                                 |                  |                               |
|                                |                                  | Juvenile Substance Use Addendum                                  | Davison, Rebecca                | 4023355998       | beckie.davison@nebraska.gov   |
|                                |                                  | Juvenile Substance Use Evaluation                                | Davison, Rebecca                | 4023355998       | beckie.davison@nebraska.gov   |
|                                |                                  | Juvenile Substance Use Intensive Outpatient (IOP)                | Davison, Rebecca                | 4023355998       | beckie.davison@nebraska.gov   |
|                                |                                  |                                                                  | Kasem, Avien                    | 4028004215       | Avien_kasem@hotmail.com       |
|                                |                                  | Juvenile Substance Use Outpatient Treatment (Group)              | Davison, Rebecca                | 4023355998       | beckie.davison@nebraska.gov   |
|                                |                                  |                                                                  | Kasem, Avien                    | 4028004215       | Avien_kasem@hotmail.com       |
|                                |                                  | Juvenile Substance Use Outpatient Treatment                      | Davison, Rebecca                | 4023355998       | beckie.davison@nebraska.gov   |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|-------------------------|
|                      |                  | (Individual/Family)                 | Kasem, Avien                    | 4028004215       | Avien_kasem@hotmail.com |

### Agency Name: WICS-Women In Community Service

| Agency Facility Name            | Facility Address                            | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email        |
|---------------------------------|---------------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------|
| WICS-Women In Community Service | 1935 D Street<br>Lincoln, NEBRASKA<br>68502 | Group Home A                        | Waddington, Tauni               | 4025802692       | tauniwaddington@aol.com |

### Agency Name: Wellbeing Initiative, Inc.

| Agency Facility Name       | Facility Address                              | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------------|-----------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------------|
| Wellbeing Initiative, Inc. | 5530 O St Ste 2<br>Lincoln, NEBRASKA<br>68510 | Day Reporting                       | Benda, Samantha                 | 4025254694       | sbenda@winitiative.org     |
|                            |                                               |                                     | Bowers, Melissa                 | 4023146712       | mbowers@winitiative.org    |
|                            |                                               |                                     | Brumagen, Taisa                 | 4028025437       | tbrumagen@winitiative.org  |
|                            |                                               |                                     | Chrastil, Sara                  | 4028401836       | sbecerra@winitiative.org   |
|                            |                                               |                                     | Cohoe, Tanner                   | 4024503622       | tcohoe@winitiative.org     |
|                            |                                               |                                     | Culver jr, Neil                 | 4022192556       | nculver@winitiative.org    |
|                            |                                               |                                     | DeCoteau, Lisa                  | 4022172216       | ldecoteau@winitiative.org  |
|                            |                                               |                                     | Egger, Kjerstin                 | 5312545451       | kegger@winitiative.org     |
|                            |                                               |                                     | Fandrich, Kalli                 | 4028900383       | kfandrich@winitiative.org  |
|                            |                                               |                                     | Hansen, Raina                   | 4025805364       | rhansen@winitiative.org    |
|                            |                                               |                                     | Hayes, Cameron                  | 4026997589       | chayes@winitiative.org     |
|                            |                                               |                                     | Sutterlin, Emily                | 4029372853       | esutterlin@winitiative.org |
|                            |                                               |                                     | Thomas, Casey                   | 5312545454       | cthomas@winitiative.org    |
|                            |                                               |                                     | Webb, Allison                   | 5315309901       | awebb@winitiative.org      |
|                            |                                               | Evening Reporting                   | Benda, Samantha                 | 4025254694       | sbenda@winitiative.org     |
|                            |                                               |                                     | Bowers, Melissa                 | 4023146712       | mbowers@winitiative.org    |

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| Agency Facility Name       | Facility Address                              | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------------|-----------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------------|
| Wellbeing Initiative, Inc. | 5530 O St Ste 2<br>Lincoln, NEBRASKA<br>68510 | Evening Reporting                   | Brumagen, Taisa                 | 4028025437       | tbrumagen@winitiative.org  |
|                            |                                               |                                     | Chrastil, Sara                  | 4028401836       | sbecerra@winitiative.org   |
|                            |                                               |                                     | Cohoe, Tanner                   | 4024503622       | tcohoe@winitiative.org     |
|                            |                                               |                                     | Culver jr, Neil                 | 4022192556       | nculver@winitiative.org    |
|                            |                                               |                                     | DeCoteau, Lisa                  | 4022172216       | ldecoteau@winitiative.org  |
|                            |                                               |                                     | Egger, Kjerstin                 | 5312545451       | kegger@winitiative.org     |
|                            |                                               |                                     | Fandrich, Kalli                 | 4028900383       | kfandrich@winitiative.org  |
|                            |                                               |                                     | Hansen, Raina                   | 4025805364       | rhansen@winitiative.org    |
|                            |                                               |                                     | Hayes, Cameron                  | 4026997589       | chayes@winitiative.org     |
|                            |                                               |                                     | Sutterlin, Emily                | 4029372853       | esutterlin@winitiative.org |
|                            |                                               |                                     | Thomas, Casey                   | 5312545454       | cthomas@winitiative.org    |
|                            |                                               |                                     | Webb, Allison                   | 5315309901       | awebb@winitiative.org      |
|                            |                                               | Family Partner                      | Benda, Samantha                 | 4025254694       | sbenda@winitiative.org     |
|                            |                                               |                                     | Bowers, Melissa                 | 4023146712       | mbowers@winitiative.org    |
|                            |                                               |                                     | Brumagen, Taisa                 | 4028025437       | tbrumagen@winitiative.org  |
|                            |                                               |                                     | Chrastil, Sara                  | 4028401836       | sbecerra@winitiative.org   |
|                            |                                               |                                     | Cohoe, Tanner                   | 4024503622       | tcohoe@winitiative.org     |
|                            |                                               |                                     | Culver jr, Neil                 | 4022192556       | nculver@winitiative.org    |
|                            |                                               |                                     | DeCoteau, Lisa                  | 4022172216       | ldecoteau@winitiative.org  |
|                            |                                               |                                     | Egger, Kjerstin                 | 5312545451       | kegger@winitiative.org     |
|                            |                                               |                                     | Fandrich, Kalli                 | 4028900383       | kfandrich@winitiative.org  |
|                            |                                               |                                     | Hansen, Raina                   | 4025805364       | rhansen@winitiative.org    |
|                            |                                               |                                     | Hayes, Cameron                  | 4026997589       | chayes@winitiative.org     |
|                            |                                               |                                     | Sutterlin, Emily                | 4029372853       | esutterlin@winitiative.org |
|                            |                                               |                                     | Thomas, Casey                   | 5312545454       | cthomas@winitiative.org    |
|                            |                                               |                                     | Webb, Allison                   | 5315309901       | awebb@winitiative.org      |
|                            |                                               | Family Support                      | Benda, Samantha                 | 4025254694       | sbenda@winitiative.org     |

# Administrative Office of Courts & Probation

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

## District 3J

| Agency Facility Name       | Facility Address                              | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------------|-----------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------------|
| Wellbeing Initiative, Inc. | 5530 O St Ste 2<br>Lincoln, NEBRASKA<br>68510 | Family Support                      | Bowers, Melissa                 | 4023146712       | mbowers@winitiative.org    |
|                            |                                               |                                     | Brumagen, Taisa                 | 4028025437       | tbrumagen@winitiative.org  |
|                            |                                               |                                     | Chrastil, Sara                  | 4028401836       | sbecerra@winitiative.org   |
|                            |                                               |                                     | Cohoe, Tanner                   | 4024503622       | tcohoe@winitiative.org     |
|                            |                                               |                                     | Culver jr, Neil                 | 4022192556       | nculver@winitiative.org    |
|                            |                                               |                                     | DeCoteau, Lisa                  | 4022172216       | ldecoteau@winitiative.org  |
|                            |                                               |                                     | Egger, Kjerstin                 | 5312545451       | kegger@winitiative.org     |
|                            |                                               |                                     | Fandrich, Kalli                 | 4028900383       | kfandrich@winitiative.org  |
|                            |                                               |                                     | Hansen, Raina                   | 4025805364       | rhansen@winitiative.org    |
|                            |                                               |                                     | Hayes, Cameron                  | 4026997589       | chayes@winitiative.org     |
|                            |                                               |                                     | Sutterlin, Emily                | 4029372853       | esutterlin@winitiative.org |
|                            |                                               |                                     | Thomas, Casey                   | 5312545454       | cthomas@winitiative.org    |
|                            |                                               |                                     | Webb, Allison                   | 5315309901       | awebb@winitiative.org      |
|                            |                                               | General Education Class             | Benda, Samantha                 | 4025254694       | sbenda@winitiative.org     |
|                            |                                               |                                     | Bowers, Melissa                 | 4023146712       | mbowers@winitiative.org    |
|                            |                                               |                                     | Brumagen, Taisa                 | 4028025437       | tbrumagen@winitiative.org  |
|                            |                                               |                                     | Chrastil, Sara                  | 4028401836       | sbecerra@winitiative.org   |
|                            |                                               |                                     | Cohoe, Tanner                   | 4024503622       | tcohoe@winitiative.org     |
|                            |                                               |                                     | Culver jr, Neil                 | 4022192556       | nculver@winitiative.org    |
|                            |                                               |                                     | DeCoteau, Lisa                  | 4022172216       | ldecoteau@winitiative.org  |
|                            |                                               |                                     | Egger, Kjerstin                 | 5312545451       | kegger@winitiative.org     |
|                            |                                               |                                     | Fandrich, Kalli                 | 4028900383       | kfandrich@winitiative.org  |
|                            |                                               |                                     | Hansen, Raina                   | 4025805364       | rhansen@winitiative.org    |
|                            |                                               |                                     | Hayes, Cameron                  | 4026997589       | chayes@winitiative.org     |
|                            |                                               |                                     | Sutterlin, Emily                | 4029372853       | esutterlin@winitiative.org |
|                            |                                               |                                     | Thomas, Casey                   | 5312545454       | cthomas@winitiative.org    |
|                            |                                               |                                     | Webb, Allison                   | 5315309901       | awebb@winitiative.org      |

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## District 3J

### Agency Name: Whitehall PRTF

| Agency Facility Name | Facility Address                            | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email            |
|----------------------|---------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|-----------------------------|
| Whitehall PRTF       | 5900 Walker Ave.<br>Lincoln, NEBRASKA 68507 | Hospital Based Psychiatric Residential Treatment Facility (PRTF) | Esquivel, Jesus                 | 4025707645       | jesse.esquivel@nebraska.gov |
|                      |                                             |                                                                  | Holbrook, Rolf                  | 4024716154       | rolf.holbrook@nebraska.gov  |
|                      |                                             |                                                                  | Karn, Miranda                   | 4024716969       | miranda.karn@nebraska.gov   |
|                      |                                             |                                                                  | Mousel, Mindy                   | 4024716969       | mindy.mousel@nebraska.gov   |
|                      |                                             |                                                                  | Nash, Cindy                     | 4024716180       | cindy.nash@nebraska.gov     |
|                      |                                             |                                                                  | Prescott, Sara                  | 4024716969       | sara.prescott@nebraska.gov  |
|                      |                                             | Juvenile Psychiatric Evaluation                                  |                                 |                  |                             |
|                      |                                             | Juvenile Psychological Evaluation                                | Nash, Cindy                     | 4024716180       | cindy.nash@nebraska.gov     |
|                      |                                             | Juveniles Who Sexually Harm Risk Evaluation                      | Nash, Cindy                     | 4024716180       | cindy.nash@nebraska.gov     |

### Agency Name: Youth for Christ - Lincoln

| Agency Facility Name       | Facility Address                             | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email     |
|----------------------------|----------------------------------------------|-------------------------------------|---------------------------------|------------------|----------------------|
| Youth for Christ - Lincoln | 6401 Pine Lake Rd<br>Lincoln, NEBRASKA 68516 | General Education Class             | Salmans, Jacob                  | 5412926799       | jakes@yfclincoln.org |

### Agency Name: berniklau education solutions team

| Agency Facility Name               | Facility Address                                   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email      |
|------------------------------------|----------------------------------------------------|-------------------------------------|---------------------------------|------------------|-----------------------|
| berniklau education solutions team | 11401 south 70th street<br>Lincoln, NEBRASKA 68516 | Day Reporting                       | berniklau, jacqueline           | 4024202888       | jacque@bestedteam.org |