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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 MCGRUDER	7160 S 29th St, STE 10 Lincoln, NEBRASKA 68516	Day Reporting			
		Family Support			
		Intensive Family Preservation			

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. Lincoln, NEBRASKA 68506	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Boyd, Sarah	4023708010	sarah@adolescentally.com
			Rokeby-Mayeux, Jennifer	4024054815	jrokeby.mayeux@gmail.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. Lincoln, NEBRASKA 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
		Juvenile Substance Use	Lile, Melissa	4024766060	mlile@alivation.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Alivation Health	8550 Cuthills Cir. Lincoln, NEBRASKA 68526	Outpatient Treatment (Individual/Family)	(Missy)		

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 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 Suite A Lincoln, NEBRASKA 68516	Agency Supported Foster Care			
		Intensive Family Preservation			
		Relative/Kinship Home Study			

Agency Name: Bloom Counseling LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bloom Counseling LLC	315 S 9th street Suite 122 Lincoln, NEBRASKA 68508	Expedited Co-Occurring Evaluation	Rine, Jennifer	5315003549	jenrine@counselingatbloom.com
		Expedited Mental Health Evaluation	Rine, Jennifer	5315003549	jenrine@counselingatbloom.com
		Expedited Substance Use Evaluation	Rine, Jennifer	5315003549	jenrine@counselingatbloom.com
		Juvenile Co-Occurring Evaluation	Rine, Jennifer	5315003549	jenrine@counselingatbloom.com
		Juvenile Mental Health Evaluation	Rine, Jennifer	5315003549	jenrine@counselingatbloom.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Rine, Jennifer	5315003549	jenrine@counselingatbloom.com
		Juvenile Substance Use Addendum	Rine, Jennifer	5315003549	jenrine@counselingatbloom.com
		Juvenile Substance Use Evaluation	Rine, Jennifer	5315003549	jenrine@counselingatbloom.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Rine, Jennifer	5315003549	jenrine@counselingatbloom.com
		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

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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	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, Amanda	4028262000	avanlaningham@bvbh.net
			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)			

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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
			McLeese-Grifin, Stephanie	4024815684	stephanie.mcleese-griffin@bryanhealth.org
		Juvenile Substance Use Evaluation	Bianco, Stephanie	5312053084	steph.bianco810@gmail.com
			Holmquist, Larry	4024815494	jim.holmquist@bryanhealth.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Bianco, Stephanie	5312053084	steph.bianco810@gmail.com
			Marvin, Annette	4025703555	annette.marvin@bryanhealth.org
			McLeese-Grifin, 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
			Marvin, Annette	4025703555	annette.marvin@bryanhealth.org
			McLeese-Grifin, Stephanie	4024815684	stephanie.mcleese-griffin@bryanhealth.org
			Sarafian, Michelle	4024815875	michelle.sarafian@bryanhealth.org
		Specialty Psychiatric Residential Treatment Facility (PRTF)	Marvin, Annette	4025703555	annette.marvin@bryanhealth.org
			McLeese-Grifin, Stephanie	4024815684	stephanie.mcleese-griffin@bryanhealth.org

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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	Specialty Psychiatric Residential Treatment Facility (PRTF)	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
			Halferty, Samantha	4022021824	shalferty@cedarskids.org
			Koso, Virginia	4024378999	nbfrontdesk@cedarskids.org
			Robben, Sarah	3195611212	Srobben@cedarskids.org
			Thompson, Shayla	5315009976	sthompson@cedarskids.org
		Family Support	Atem, Mary	4028905625	matem@cedarskids.org
			Fitzgerald, Jessalynn	5312470987	Jfitzgerald@cedarskids.org
			Halferty, Samantha	4022021824	shalferty@cedarskids.org
			Koso, Virginia	4024378999	nbfrontdesk@cedarskids.org
		In Home Family Service (IHFS)	Atem, Mary	4028905625	matem@cedarskids.org
			Halferty, Samantha	4022021824	shalferty@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 Lincoln, NEBRASKA 68503	In Home Family Service (IHFS)	Robben, Sarah	3195611212	Srobben@cedarskids.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Electronic Monitoring Cell Phone			
		Juvenile Electronic Monitoring GPS	Robben, Sarah	3195611212	Srobben@cedarskids.org
		Juvenile Electronic Monitoring Land Line			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Professional Foster Care			
		Relative/Kinship Home Study			
CEDARS Youth Opportunity Center	1620 N Street Lincoln, NEBRASKA 68508	Independent Living			
CEDARS Youth Services	6601 Pioneers Blvd, Ste 1 Lincoln, NEBRASKA 68506	Crisis Stabilization			
		Invoice - Mileage			
		Invoice - Professional Foster Care			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CEDARS Youth Services	6601 Pioneers Blvd, Ste 1 Lincoln, NEBRASKA 68506	Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
		Semi-Supported Independent Living			

Agency Name: COMPASS

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	6400 Cornhusker Hwy. Ste 125 Lincoln, NEBRASKA 68507	Agency Supported Foster Care			
		Professional Foster Care			
		Relative/Kinship Home Study			

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 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

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
AnchorPointe	2633 P St	Juvenile Medication			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
South	Lincoln, NEBRASKA 68503	Management			
Campus for Health & Wellbeing	2202 S. 11th St. Lincoln, NEBRASKA 68502	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.	4435 O St, Suite 110 Lincoln, NEBRASKA 68510	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Name: Crane Therapy and Wellness LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Crane Therapy and Wellness LLC	8101 O st. Suite 211 Lincoln, NEBRASKA 68510	Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

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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 Lincoln, NEBRASKA 68512	Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Emerald Psychotherapy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Emerald Psychotherapy	700 R St Office 317 Lincoln, NEBRASKA 68501	Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juveniles Who Sexually Harm Outpatient Treatment (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 Counseling LLC	1307 Ridge Rd Hickman, NEBRASKA 68372	Juvenile Co-Occurring Evaluation	Schottel, Ronicka	7855410370	ronicka@gmail.com
		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	Schottel,	7855410370	ronicka@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Engrained Counseling LLC	1307 Ridge Rd Hickman, NEBRASKA 68372	Addendum	Ronicka		
		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: Garden View Mental Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Garden View Mental Health	1867 SW 31st St Lincoln, NEBRASKA 68522	Expedited Co-Occurring Evaluation	Ellis, Brian	4024409638	bellis@gvmentalhealth.com
		Expedited Mental Health Evaluation	Ellis, Brian	4024409638	bellis@gvmentalhealth.com
		Expedited Substance Use Evaluation	Ellis, Brian	4024409638	bellis@gvmentalhealth.com
		Juvenile Co-Occurring Evaluation	Ellis, Brian	4024409638	bellis@gvmentalhealth.com
		Juvenile Mental Health Evaluation	Ellis, Brian	4024409638	bellis@gvmentalhealth.com
		Juvenile Substance Use Addendum	Ellis, Brian	4024409638	bellis@gvmentalhealth.com
		Juvenile Substance Use Evaluation	Ellis, Brian	4024409638	bellis@gvmentalhealth.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			

Agency Name: Harmony Health Center LLC

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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	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 Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			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,	4024139147	Brad@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 Addendum	Bradly		
			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
			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)	Benesch, Kevin	4024757666	kbenesch@hopespoke.org
			Wellman, Carrie	4024757666	cwellman@hopespoke.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Benesch, Kevin	4024757666	kbenesch@hopespoke.org
			Brooks, Tony	4024342670	tbrooks@hopespoke.org
			Esquivel, Jessica	4024757666	jesquivel@hopespoke.org
			Kuhlman, Alexandra	3083905465	lexeekuhlman@outlook.com

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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 Lincoln, NEBRASKA 68510	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Neal, Ann	4024163928	aneal@hopespoke.org
			Pickel, Katy	4023108375	kpickel@hopespoke.org
			Scott, Taylor	4028022009	tscott@hopespoke.org
			Waltman, Alicia	4024757666	awaltman@hopespoke.org
			White, Stuart	4024342670	swhite@hopespoke.org
		Juvenile Psychiatric Evaluation			
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	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
			Scott, Taylor	4028022009	tscott@hopespoke.org
			White, Stuart	4024342670	swhite@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

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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 Lincoln, NEBRASKA 68510	Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Scott, Taylor	4028022009	tscott@hopespoke.org
			White, Stuart	4024342670	swhite@hopespoke.org
		Juveniles Who Sexually Harm Risk Evaluation	Benesch, Kevin	4024757666	kbenesch@hopespoke.org
			Neal, Ann	4024163928	aneal@hopespoke.org
			Pickel, Katy	4023108375	kpickel@hopespoke.org
HopeSpoke ThGH	904 Sumner Street Lincoln, NEBRASKA 68502	Juvenile Medication 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
			Scott, Taylor	4028022009	tscott@hopespoke.org
			White, Stuart	4024342670	swhite@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
			Scott,	4028022009	tscott@hopespoke.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
HopeSpoke ThGH	904 Sumner Street Lincoln, NEBRASKA 68502	Juveniles Who Sexually Harm Therapeutic Group Home	Taylor		
			White, Stuart	4024342670	swhite@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
			Scott, Taylor	4028022009	tscott@hopespoke.org
			White, Stuart	4024342670	swhite@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 Lincoln	3801 Union Drive Lincoln, NEBRASKA 68516	Juvenile Mental Health Day Treatment	Batten, Amy	5312016890	abatten@northpointrecovery.com
			Stevenson, Sandy	2085799858	sstevenson@northpointrecovery.com
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)	Batten, Amy	5312016890	abatten@northpointrecovery.com
			Stevenson, Sandy	2085799858	sstevenson@northpointrecovery.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Batten, Amy	5312016890	abatten@northpointrecovery.com
			Hodges, Melissa	4023263416	mhodges@northpointrecovery.com
			Stevenson, Sandy	2085799858	sstevenson@northpointrecovery.com

Agency Name: Inner Clarity Counseling

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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	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 Health Outpatient Counseling (Individual/ Family)	Barrow, Denise	5315003080	denisebarrow@iclaritycounseling.com
			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	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	Substance Use Outpatient Treatment (Individual/ Family)	Denise		
			Chrisman, Whitney	4026415909	whitneychrisman@iclaritycounseling.com

Agency Name: Institute For Resilience LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Institute For Resilience LLC	650 J Street Suite 100 Lincoln, NEBRASKA 68508	Expedited Co-Occurring Evaluation	Kirkwood, Sarah	5315003759	sarahkirkwood@institute4resilience.com
			Kirschbaum, Kathryn	4026176849	kathryntaylor@institute4resilience.com
			Turner, Lindsey	4022679161	lindseyturner@institute4resilience.com
		Expedited Mental Health Evaluation	Kirkwood, Sarah	5315003759	sarahkirkwood@institute4resilience.com
			Kirschbaum, Kathryn	4026176849	kathryntaylor@institute4resilience.com
			Turner, Lindsey	4022679161	lindseyturner@institute4resilience.com
		Expedited Substance Use Evaluation	Kirkwood, Sarah	5315003759	sarahkirkwood@institute4resilience.com
		Juvenile Co-Occurring Evaluation	Kirkwood, Sarah	5315003759	sarahkirkwood@institute4resilience.com
			Kirschbaum, Kathryn	4026176849	kathryntaylor@institute4resilience.com
			Turner, Lindsey	4022679161	lindseyturner@institute4resilience.com
		Juvenile Mental Health Evaluation	Kirkwood, Sarah	5315003759	sarahkirkwood@institute4resilience.com
			Kirschbaum, Kathryn	4026176849	kathryntaylor@institute4resilience.com
			Turner,	4022679161	lindseyturner@institute4resilience.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Institute For Resilience LLC	650 J Street Suite 100 Lincoln, NEBRASKA 68508	Juvenile Mental Health Evaluation	Lindsey		
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Kirkwood, Sarah	5315003759	sarahkirkwood@institute4resilience.com
			Kirschbaum, Kathryn	4026176849	kathryntaylor@institute4resilience.com
			Turner, Lindsey	4022679161	lindseyturner@institute4resilience.com
		Juvenile Substance Use Addendum	Kirkwood, Sarah	5315003759	sarahkirkwood@institute4resilience.com
		Juvenile Substance Use Evaluation	Kirkwood, Sarah	5315003759	sarahkirkwood@institute4resilience.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Kirkwood, Sarah	5315003759	sarahkirkwood@institute4resilience.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/ Family)			

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	Arevalo Acosta , Oscar	4027821277	oarevalo@integratedroots.org
			Moreno Izaguirre, Raquel	4023099978	rmorenoizaguirre@integratedroots.org

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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	Intensive Family Preservation	Arevalo Acosta , Oscar	4027821277	oarevalo@integratedroots.org
			Moreno Izaguirre, Raquel	4023099978	rmorenoizaguirre@integratedroots.org
		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	Moreno Izaguirre, Raquel	4023099978	rmorenoizaguirre@integratedroots.org
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Moreno Izaguirre, Raquel	4023099978	rmorenoizaguirre@integratedroots.org

Agency Name: Jenda Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Jenda Family Services	4701 Innovation Drive Lincoln, NEBRASKA 68521	Agency Supported Foster Care	Lerma, Rome	3086727449
			Wilson, Sarah	4027408593
		Case Managed Tutoring		
		Expedited Co-Occurring Evaluation		
		Expedited Mental Health Evaluation		

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Agency Name: Jenda Family Services

Individual Email
romelerma@jendafamilyservices.com
Sarahwilson@jendafamilyservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Jenda Family Services	4701 Innovation Drive Lincoln, NEBRASKA 68521	Expedited Substance Use Evaluation		
		Family Support	Brown, Coreena	4024740011
			Cardona, Jennifer	4024188984
			Clark, Courtney	4026691314
			Lerma, Rome	3086727449
			Svatos, Scott	4024740011
			Uglow, Kelli	4028024821
			Wheeler, Harmony	4028057033
			Wilson, Sarah	4027408593
		Intensive Family Preservation	Borgman, Abigail	4028310901
			Borgmann, Maggie	5315004556
			Ehlers, Nancy	4029371820
			Nieveen, Hazey	4022178503
			Radtke, Nicole	4028752047
			Sisneros, Johnna	4029757557
			Stephens, Rachel	2105568996
			Wheeler, Harmony	4028057033
			Zach, Jessica	3083676872
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)		
		Professional Foster Care	Lerma, Rome	3086727449
			Wilson, Sarah	4027408593
		Relative/Kinship Home Study		

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coreenabrown@jendafamilyservices.com
jennifercardona@jendafamilyservices.com
courtneyclark@jendafamilyservices.com
romelerma@jendafamilyservices.com
scottsvatos@jendafamilyservices.com
kelliuglow@jendafamilyservices.com
harmonywheeler@jendafamilyservices.com
Sarahwilson@jendafamilyservices.com
abigailborgman@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
nancyehlers@jendafamilyservices.com
Hazeynieveen@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com
Johnnasisneros@jendafamilyservices.com
rachelstephens@jendafamilyservices.com
harmonywheeler@jendafamilyservices.com
jessicazach@jendafamilyservices.com
romelerma@jendafamilyservices.com
Sarahwilson@jendafamilyservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Jenda Independent Living	4701 Innovation Drive Lincoln, NEBRASKA 68521	Independent Living	Stephens, Rachel	2105568996
			Svatos, Scott	4024740011
Jenda Outpatient Clinic	4600 Valley Road Suite 350 Lincoln, NEBRASKA 68510	Expedited Co-Occurring Evaluation	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
		Expedited Mental Health Evaluation	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
		Expedited Substance Use Evaluation	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
		General Education Class	Borgmann, Maggie	5315004556
			Jahnke, Mallory	4026491534
		Intensive Family Preservation	Stephens, Rachel	2105568996
		Juvenile Co-Occurring Evaluation	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
		Juvenile Mental Health Evaluation	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
		Juvenile Mental Health Outpatient Counseling (Group)	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
			Stephens, Rachel	2105568996
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Borgmann, Maggie	5315004556
			Ehlers, Nancy	4029371820
			Radtke, Nicole	4028752047
			Stephens,	2105568996

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rachelstephens@jendafamilyservices.com
scottsvatos@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
malloryjahnke@jendafamilyservices.com
rachelstephens@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com
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nicoleradtke@jendafamilyservices.com
rachelstephens@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
nancyehlers@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com
rachelstephens@jendafamilyservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone
Jenda Outpatient Clinic	4600 Valley Road Suite 350 Lincoln, NEBRASKA 68510	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Rachel	
		Juvenile Substance Use Addendum	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
		Juvenile Substance Use Evaluation	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
		Juvenile Substance Use Outpatient Treatment (Group)	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Borgmann, Maggie	5315004556
			Radtke, Nicole	4028752047
		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: KP Perspectives

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
KP Perspectives	7811 Pioneers Blvd Suite 104 Lincoln, NEBRASKA 68506	Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation	Posvar, Christina	4023187652	christina@kpperspectives.com

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Individual Email
maggieborgmann@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com
maggieborgmann@jendafamilyservices.com
nicoleradtke@jendafamilyservices.com

Agency Name: Julia Doss

Agency Name: KP Perspectives

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
KP Perspectives	7811 Pioneers Blvd Suite 104 Lincoln, NEBRASKA 68506	Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Risk Evaluation	Posvar, Christina	4023187652	christina@kpperspectives.com

Agency Name: KVC Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
KVC Nebraska Lincoln	5001 Central Park Dr. Suite 100 Lincoln, 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
			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	Bamforth, Michael	4027802380	mbamforth@kvc.org
			Christian,	7852598007	gkchristian@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. Suite 100 Lincoln, NEBRASKA 68516	Expedited Substance Use Evaluation	Gloria		
			Grayson, Patrick	4029402766	Pgrayson@kvc.org
		Family Support	Christian, Gloria	7852598007	gkchristian@kvc.org
			Grayson, Patrick	4029402766	Pgrayson@kvc.org
			Jurgens, Riley	4023144739	rjurgens@kvc.org
		Intensive Family Preservation	Christian, Gloria	7852598007	gkchristian@kvc.org
			Grayson, Patrick	4029402766	Pgrayson@kvc.org
			Jurgens, Riley	4023144739	rjurgens@kvc.org
		Invoice - Emergency Professional Foster Care			
		Invoice - Mileage			
		Juvenile Co-Occurring Evaluation	Christian, Gloria	7852598007	gkchristian@kvc.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Christian, Gloria	7852598007	gkchristian@kvc.org
			Grayson, Patrick	4029402766	Pgrayson@kvc.org
		Juvenile Substance Use Addendum	Bamforth, Michael	4027802380	mbamforth@kvc.org
			Christian, Gloria	7852598007	gkchristian@kvc.org
			Grayson, Patrick	4029402766	Pgrayson@kvc.org
		Juvenile Substance Use Evaluation	Bamforth, Michael	4027802380	mbamforth@kvc.org
			Christian, Gloria	7852598007	gkchristian@kvc.org
			Grayson,	4029402766	Pgrayson@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. Suite 100 Lincoln, NEBRASKA 68516	Juvenile Substance Use Evaluation	Patrick		
		Juvenile Substance Use Intensive Outpatient (IOP)	Bamforth, Michael	4027802380	mbamforth@kvc.org
			Christian, Gloria	7852598007	gkchristian@kvc.org
			Grayson, Patrick	4029402766	Pgrayson@kvc.org
		Juvenile Substance Use Outpatient Treatment (Group)	Bamforth, Michael	4027802380	mbamforth@kvc.org
			Christian, Gloria	7852598007	gkchristian@kvc.org
			Grayson, Patrick	4029402766	Pgrayson@kvc.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bamforth, Michael	4027802380	mbamforth@kvc.org
			Christian, Gloria	7852598007	gkchristian@kvc.org
			Grayson, Patrick	4029402766	Pgrayson@kvc.org
		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
			Marino, Faith	5315309257	fmarino@kvc.org
			Meister, Elizabeth	4024500509	emeister@kvc.org
			Schuler, Jessica	4027304743	Jlschuler@kvc.org
			Thompson,	5317396725	kathompson@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. Suite 100 Lincoln, NEBRASKA 68516	Professional Foster Care	Kaitlyn		
		Relative/Kinship Home Study	Bequette, Jason	4027308892	jbequette@kvc.org
			Bonney-Heermann, Elizabeth	4025700688	ebonney@kvc.org
			Crook, Becca	4027305203	rcrook@kvc.org
			Hall, Andrea	4023095459	anhall@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 Lincoln, NEBRASKA 68512	Invoice - Secure Detention			
		Invoice - Staff Detention			

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 Lincoln, NEBRASKA 68504	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lutheran Family Services of NE	5025 Garland Lincoln, NEBRASKA 68504	Outpatient Counseling (Individual/Family)			
	1311 South Folsom Street Lincoln, NEBRASKA 68522	Expedited Co-Occurring Evaluation	Riggins, Nicole	4025806141	nicole.riggins@onelfs.org
		Expedited Mental Health Evaluation	Riggins, Nicole	4025806141	nicole.riggins@onelfs.org
		Expedited Substance Use Evaluation	Riggins, Nicole	4025806141	nicole.riggins@onelfs.org
		Juvenile Co-Occurring Evaluation	Reimer, Mikala	4022801033	Mikala.Reimer@onelfs.org
			Riggins, Nicole	4025806141	nicole.riggins@onelfs.org
		Juvenile Mental Health Evaluation	Reimer, Mikala	4022801033	Mikala.Reimer@onelfs.org
			Riggins, Nicole	4025806141	nicole.riggins@onelfs.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Reimer, Mikala	4022801033	Mikala.Reimer@onelfs.org
			Riggins, Nicole	4025806141	nicole.riggins@onelfs.org
		Juvenile Substance Use Addendum	Reimer, Mikala	4022801033	Mikala.Reimer@onelfs.org
			Riggins, Nicole	4025806141	nicole.riggins@onelfs.org
		Juvenile Substance Use Evaluation	Reimer, Mikala	4022801033	Mikala.Reimer@onelfs.org
			Riggins, Nicole	4025806141	nicole.riggins@onelfs.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Reimer, Mikala	4022801033	Mikala.Reimer@onelfs.org
			Riggins, Nicole	4025806141	nicole.riggins@onelfs.org
	2301 O Street, Ste 1 Lincoln,	Community Treatment Aide (CTA)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	NEBRASKA 68510	Juvenile Medication Management			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Substance Use Outpatient Treatment (Group)			

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)	Anderson, Tiffany	4024138892	tanderson@midplainscenter.org
			Bailey, Autumn	4025252214	abailey@midplainscenter.org
			Boko, Dramane	4023271285	dboko@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

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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. #430 Lincoln, NEBRASKA 68508	Juvenile Mental Health Outpatient Counseling (Group)	Schutz, Antoni	4029378570	drschutz@remedypsych.com
		Juvenile Psychological Evaluation	Schutz, Antoni	4029378570	drschutz@remedypsych.com
		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 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 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
		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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Way Counseling, LLC	650 J Street Suite 100 Lincoln, NEBRASKA 68508	Expedited Co-Occurring Evaluation	Martin, Kelly	4022646716	newwaycounselingne@gmail.com
		Expedited Mental Health Evaluation	Martin, Kelly	4022646716	newwaycounselingne@gmail.com
		Expedited Substance Use Evaluation	Martin, Kelly	4022646716	newwaycounselingne@gmail.com
		Juvenile Co-Occurring Evaluation	Martin, Kelly	4022646716	newwaycounselingne@gmail.com
		Juvenile Mental Health Evaluation	Martin, Kelly	4022646716	newwaycounselingne@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Martin, Kelly	4022646716	newwaycounselingne@gmail.com
		Juvenile Substance Use Addendum	Martin, Kelly	4022646716	newwaycounselingne@gmail.com
		Juvenile Substance Use Evaluation	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			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Family Support			
		Intensive Family Preservation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		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	3883 Normal Blvd	Juvenile Mental	Perrien,	4023185878	cody@sikhonatherapyne.com

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

Agency Name: Owens & Associates, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	5800 Cornhusker Hwy, Suite 7-8 Lincoln, NEBRASKA 68506	Continuous Alcohol Monitoring (CAM)			

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	Continuous Alcohol Monitoring (CAM)			
		Family Support	Adams, Brandi	4029750182	Brandi.Adams@owenseducationalservices.org
			Jenkins, Roni	4022194667	Roni.jenkins@owenseducationalservices.org
			Wilkins, James	4024640784	james.wilkins@theowenscompanies.com
		Juvenile Electronic Monitoring GPS	Bothwell, Robin	4026583796	Robin.Bothwell@OwensEducationalServices.org
			Wilkins, James	4024640784	james.wilkins@theowenscompanies.com

Agency Name: PMA Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
PMA Counseling	4535 Normal Boulevard, Suite 265 Lincoln, NEBRASKA 68506	Juvenile Mental Health Evaluation	Wettstead, Brock	4023106947	brock@pmacounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Wettstead, Brock	4023106947	brock@pmacounseling.com

Agency Name: Paradigm, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	6911 Van Dorn St. Ste. 1 Lincoln, NEBRASKA 68506	Family Support	Berlie, Danielle	5315307812	danielle.berlie@outlook.com
			DeMoor, Kayla	4027058700	kdemoor@paradigmdirection.com
		Intensive Family Preservation	Berlie, Danielle	5315307812	danielle.berlie@outlook.com
			DeMoor, Kayla	4027058700	kdemoor@paradigmdirection.com
			Hammrich-Haga, Nichol	5317778374	nhaga@paradigmdirection.com
		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 Suite D Lincoln, NEBRASKA 68516	Day Reporting			
		Evening Reporting			
		Family Support			

Agency Name: Pine Lake Behavioral Health & Medical

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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 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 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: Ponca Tribe of Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ponca Tribe	1600 Windhoek	Juvenile Co-Occurring			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
of Nebraska-Lincoln	Drive Lincoln, NEBRASKA 68512	Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	McDonald, Kathryn	4022880127	kmcdonald@poncatribe-ne.gov

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 5 Systems

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region 5 Systems	3600 Union Drive Lincoln, NEBRASKA	Expedited Family Group			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region 5 Systems	68516	Conference			
		Justice Wraparound	Houska, Eden	4024415579	ehouska@region5systems.net

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 Lincoln, NEBRASKA 68510	Juvenile Co-Occurring Evaluation	Hansen, Mandy	4023271680	mandy@lincolnwellnessgroup.com
		Juvenile Mental Health Evaluation	Hansen, Mandy	4023271680	mandy@lincolnwellnessgroup.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Hansen, Mandy	4023271680	mandy@lincolnwellnessgroup.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation	Hansen, Mandy	4023271680	mandy@lincolnwellnessgroup.com

Agency Name: Remington Neuropsychology, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Remington Neuropsychology, Inc.	5020 Elk Ridge Road Lincoln, NEBRASKA 68516	Invoice - Competency Evaluation	Remington, Janelle	4024408025	jremington@madonna.org
		Invoice - Psychological Evaluation	Remington, Janelle	4024408025	jremington@madonna.org
		Juvenile	Remington,	4024408025	jremington@madonna.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Remington Neuropsychology, Inc.	5020 Elk Ridge Road Lincoln, NEBRASKA 68516	Competency Evaluation	Janelle		
		Juvenile Psychological Evaluation	Remington, Janelle	4024408025	jremington@madonna.org

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. Suite 100 Lincoln, NEBRASKA 68526	Juvenile Co-Occurring Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Vrbka, Anne	4024836990	annev@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Competency Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
		Juvenile Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Mental Health Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Cort&#65533;s Babilonia, Caroline	7875686300	carolinecb@nebraskamental.health
			Dieckgrafe, Amanda	4024836990	amandad@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Vrbka,	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. Suite 100 Lincoln, NEBRASKA 68526	Juvenile Mental Health Evaluation	Anne		
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Cort&#65533;s Babilonia, Caroline	7875686300	carolinecb@nebraskamental.health
			Dieckgrafe, Amanda	4024836990	amandad@nebraskamental.health
			Groeteke, Olivia	4024836990	oliviag@nebraskamental.health
			Lungelow, Kashawn	4024836990	kashawnl@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			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	drclarke@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Substance Use Addendum	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Monfelt-Siems,	4024836990	jamiem@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. Suite 100 Lincoln, NEBRASKA 68526	Juvenile Substance Use Addendum	Jamie		
			Vrbka, Anne	4024836990	annev@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Substance Use Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Vrbka, Anne	4024836990	annev@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Groeteke, Olivia	4024836990	oliviag@nebraskamental.health
			Lungelow, Kashawn	4024836990	kashawnl@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Vrbka, Anne	4024836990	annev@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Vrbka, Anne	4024836990	annev@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juveniles Who Sexually Harm Outpatient	Zlomke, Leland	4024836990	lzphd1@gmail.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. Suite 100 Lincoln, NEBRASKA 68526	Treatment (Individual/ Family)			
		Juveniles Who Sexually Harm Risk Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com

Agency Name: TURNINGPOINT PSYCHOTHERAPY, P.C.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
TURNINGPOINT PSYCHOTHERAPY, P.C.	650 J Street, Suite 15 Lincoln, NEBRASKA 68508	Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Competency Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

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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 - Juvenile			

Agency Name: The Recovery Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Recovery Center	3200 O Street, Suite 5 Lincoln, NEBRASKA 68510	Expedited Substance Use Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Intensive Outpatient (IOP)	Bonebright, Lori	4027308178	46sticks@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

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 Balance Therapy & Wellness LLC	4701 Van Dorn St Ste A Lincoln, NEBRASKA 68506	Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
True Balance Therapy & Wellness LLC	4701 Van Dorn St Ste A Lincoln, NEBRASKA 68506	Intensive Outpatient Counseling (IOP)			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum	Davison, Rebecca	4023355998	beckieandavry@icloud.com
		Juvenile Substance Use Evaluation	Davison, Rebecca	4023355998	beckieandavry@icloud.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Davison, Rebecca	4023355998	beckieandavry@icloud.com
			Kasem, Avien	4028004215	Avien_kasem@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Davison, Rebecca	4023355998	beckieandavry@icloud.com
			Kasem, Avien	4028004215	Avien_kasem@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Davison, Rebecca	4023355998	beckieandavry@icloud.com
			Kasem, Avien	4028004215	Avien_kasem@hotmail.com

Agency Name: WICS-Women In Community Service

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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 Lincoln, NEBRASKA 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 Lincoln, NEBRASKA 68510	Day Reporting	Benda, Samantha	4025254694	sbenda@winitiative.org
			Bowers, Melissa	4023146712	mbowers@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
			Webb, Allison	5315309901	awebb@winitiative.org
		Evening Reporting	Benda, Samantha	4025254694	sbenda@winitiative.org
			Bowers, Melissa	4023146712	mbowers@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

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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 Lincoln, NEBRASKA 68510	Evening Reporting	Hansen, Raina	4025805364	rhansen@winitiative.org
			Hayes, Cameron	4026997589	chayes@winitiative.org
			Sutterlin, Emily	4029372853	esutterlin@winitiative.org
			Webb, Allison	5315309901	awebb@winitiative.org
		Family Partner	Benda, Samantha	4025254694	sbenda@winitiative.org
			Bowers, Melissa	4023146712	mbowers@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
			Webb, Allison	5315309901	awebb@winitiative.org
		Family Support	Benda, Samantha	4025254694	sbenda@winitiative.org
			Bowers, Melissa	4023146712	mbowers@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

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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 Lincoln, NEBRASKA 68510	Family Support	Hayes, Cameron	4026997589	chayes@winitiative.org
			Sutterlin, Emily	4029372853	esutterlin@winitiative.org
			Webb, Allison	5315309901	awebb@winitiative.org
		General Education Class	Benda, Samantha	4025254694	sbenda@winitiative.org
			Bowers, Melissa	4023146712	mbowers@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
			Webb, Allison	5315309901	awebb@winitiative.org

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. Lincoln, NEBRASKA 68507	Hospital Based Psychiatric Residential Treatment Facility (PRTF)	Esquivel, Jesus	4027046386	jesquivel@paradigmdirection.com
			Karn, Miranda	4024716969	miranda.karn@nebraska.gov
			Mousel, Mindy	4024716969	mindy.mousel@nebraska.gov
			Prescott, Sara	4024716969	sara.prescott@nebraska.gov

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Whitehall PRTF	5900 Walker Ave. Lincoln, NEBRASKA 68507	Juvenile Psychiatric Evaluation			
		Juvenile Psychological Evaluation			
		Juveniles Who Sexually Harm Risk Evaluation			

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 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 Lincoln, NEBRASKA 68516	Day Reporting	berniklau, jacqueline	4024202888	jacque@bestedteam.org