

Administrative Office of Courts & Probation

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

District 4J

Agency Facility County: Douglas

Agency Name: 111 FREE, INC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
111 FREE, INC	1941 South 42nd Street Suite 416T Omaha, NEBRASKA 68105	Juvenile Co-Occurring Evaluation	Alexis, Geraldine	4027393300	galexis007@msn.com
		Juvenile Mental Health Evaluation	Alexis, Geraldine	4027393300	galexis007@msn.com
		Juvenile Substance Use Evaluation	Alexis, Geraldine	4027393300	galexis007@msn.com

Agency Name: A Better You Counseling Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
A Better You Counseling Services LLC	11060 Oak Street Suite 6 Omaha, NEBRASKA 68144	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Rush, Sherlonda	4026699030	sherlondarush@betterucounseling.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Rush, Sherlonda	4026699030	sherlondarush@betterucounseling.com

Agency Name: A Desired Life Therapy and Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
A Desired Life Therapy and Counseling LLC	8031 W Center Rd Suite 210 Omaha, NEBRASKA 68124	Expedited Co-Occurring Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Expedited Mental Health Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Expedited Substance Use Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
A Desired Life Therapy and Counseling LLC	8031 W Center Rd Suite 210 Omaha, NEBRASKA 68124	Juvenile Co-Occurring Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Mental Health Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
			Temple, Angelica	4024822939	atempletherapyservices@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Substance Use Addendum	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Substance Use Evaluation	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Kaipust, Jamie	5312253064	jamie.licsw@Hotmail.com

Agency Name: AM Counseling and Consulting

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
AM Counseling and Consulting	2121 S 44th St Omaha, NEBRASKA 68105	Family Support	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Intensive Family Preservation			
		Juvenile Co-Occurring Evaluation	Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Sanchez, Laura	4028075117	laura@amcounseling.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
AM Counseling and Consulting	2121 S 44th St Omaha, NEBRASKA 68105	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Substance Use Addendum	Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Substance Use Evaluation	Sanchez, Laura	4028075117	laura@amcounseling.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Alvarez, Evette	4028075117	evette@amcounseling.org
			Sanchez, Laura	4028075117	laura@amcounseling.org

Agency Name: Abbott Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Abbott Counseling Services	7811 L Street Suite 104 Ralston, NEBRASKA 68127	Expedited Co-Occurring Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Expedited Mental Health Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Expedited Substance Use Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Co-Occurring Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Mental Health Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Substance Use Addendum	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Substance Use Evaluation	Abbott, Kara	4027089389	kara_brooke@hotmail.com
		Juvenile Substance Use	Abbott, Kara	4027089389	kara_brooke@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Abbott Counseling Services	7811 L Street Suite 104 Ralston, NEBRASKA 68127	Outpatient Treatment (Individual/Family)	Kara		

Agency Name: Abishai Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Abishai Counseling	4315 Frances St, Suite 100 Omaha, NEBRASKA 68105	Family Support	Villa, Veronica	4028503403	abishaicounseling@outlook.com
		General Education Class	Villa, Veronica	4028503403	abishaicounseling@outlook.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Villa, Veronica	4028503403	abishaicounseling@outlook.com
		Juvenile Substance Use Outpatient Treatment (Group)	Villa, Veronica	4028503403	abishaicounseling@outlook.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Villa, Veronica	4028503403	abishaicounseling@outlook.com

Agency Name: Achievement Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Achievement Counseling Services	8031 West Center Road Suite 324 Omaha, NEBRASKA 68124	Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Aequitas Behavioral Assessments & Consulting

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aequitas Behavioral	3929 S 147 Street Suite P Omaha,	Juvenile Co-Occurring Evaluation	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Assessments & Consulting	NEBRASKA 68137	Juvenile Mental Health Evaluation	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Intensive Outpatient Counseling (IOP)			
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com
		Juveniles Who Sexually Harm Risk Evaluation	Zak, Daniel	4025079803	daniel.cameron.zak@gmail.com

Agency Name: Ann's Couch

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ann's Couch	4004 N 91st Street, null Omaha, NEBRASKA 68134	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

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Agency Name: Antonio Parr

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Antonio Parr	5338 N 25th St Omaha, NEBRASKA 68111	Family Partner			

Agency Name: Apex Foster Care, Inc. DBA Apex Family Care

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Apex Family Care	4805 N 72nd St Omaha, NEBRASKA 68134	Agency Supported Foster Care	Stanley, Justine	4025715400	justine@apexfamily.org
		Family Support			
		Intensive Family Preservation			
		Invoice - Day Reporting			
		Invoice - Emergency Professional Foster Care			
		Invoice - Group Home A			
		Invoice - Professional Foster Care			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Professional Foster Care	Stanley, Justine	4025715400	justine@apexfamily.org
Relative/Kinship Home Study	Stanley, Justine	4025715400	justine@apexfamily.org		

Agency Name: Aspirations LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ramanda Bruce	11414 West Center Rd. Suite 348 Omaha, NEBRASKA 68144	Juvenile Co-Occurring Evaluation	Bruce, Ramanda	4028805253	aspirationscounseling@gmail.com
		Juvenile Mental Health Evaluation	Bruce, Ramanda	4028805253	aspirationscounseling@gmail.com
		Juvenile Mental Health	Bruce,	4028805253	aspirationscounseling@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ramanda Bruce	11414 West Center Rd. Suite 348 Omaha, NEBRASKA 68144	Outpatient Counseling (Individual/Family)	Ramanda		

Agency Name: Aspired Visions Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aspired Visions Counseling Services, LLC	2111 South 67th Street Suite 300 (Office) 301 Omaha, NEBRASKA 68106	Juvenile Mental Health Evaluation	Sparks, Albert	4027884846	albert.avcs@protonmail.com

Agency Name: BE 1ST LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
BE 1ST LLC	2219 MAPLE ST Omaha, NEBRASKA 68110	Family Partner	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Family Support	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Co-Occurring Evaluation	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Mental Health Evaluation	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Substance Use	Burton,	4026182285	bfirst.kb@gmail.com

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BE 1ST LLC	2219 MAPLE ST Omaha, NEBRASKA 68110	Addendum	KeNesha		
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com
		Juvenile Substance Use Evaluation	Burton, KeNesha	4026182285	bfirst.kb@gmail.com
			Luck, Jonnae	5627465150	jonnae@calmindstherapy.com

Agency Name: BUOYANT FAMILY SERVICES COUNSELING AND CONSULTING LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
BUOYANT FAMILY SERVICES COUNSELING AND CONSULTING LLC	5015 DODGE ST SUITE 300 Omaha, NEBRASKA 68132	Juvenile Co-Occurring Evaluation	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
			Stanton, Christopher	4029337577	chriss.bfs@gmail.com
		Juvenile Substance Use Addendum	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
		Juvenile Substance Use Evaluation	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
		Juvenciles Who Sexually Harm Outpatient Treatment (Individual/Family)	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
			Stanton, Christopher	4029337577	chriss.bfs@gmail.com
		Juvenciles Who Sexually Harm Risk Evaluation	Kola, Betty	4029337577	buoyantfamilyservices@gmail.com
			Stanton, Christopher	4029337577	chriss.bfs@gmail.com

Agency Name: Bailey Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bailey Counseling	2417 Burdette Street Omaha,	Juvenile Mental Health Intensive Outpatient			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Services, Adolescent Services	NEBRASKA 68111	Counseling (IOP)			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			
Bailey Counseling Services, LLC	4540 North 65th Ave Omaha, NEBRASKA 68104	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Addendum	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Evaluation	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Bailey III, Frank	4025043242	frankbailey6912@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Balance & Harmony Counseling Services LLC

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Balance & Harmony Counseling Services LLC	1941 S 42nd street suite 541 Omaha, NEBRASKA 68105	Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Bear Company Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bear Company Counseling	5858 Wenninghoff Rd Ste 2 Omaha, NEBRASKA 68134	Family Support			
		Juvenile Co-Occurring Evaluation	Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
		Juvenile Mental Health Evaluation	Crayne, Laura	4025123528	laurie.crayne@bearcompanycounseling.com
			Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
			Moore, Canterra	4024014333	terra@bearcompanycounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Crayne, Laura	4025123528	laurie.crayne@bearcompanycounseling.com
			Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
			Moore, Canterra	4024014333	terra@bearcompanycounseling.com
		Juvenile Substance Use Addendum	Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
		Juvenile Substance Use Evaluation	Crayne, Laura	4025123528	laurie.crayne@bearcompanycounseling.com
			Hogan, Payton	4022813892	payton.hogan@bearcompanycounseling.com
			Moore, Canterra	4024014333	terra@bearcompanycounseling.com
		Juvenile	Hogan,	4022813892	payton.hogan@bearcompanycounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bear Company Counseling	5858 Wenninghoff Rd Ste 2 Omaha, NEBRASKA 68134	Substance Use Outpatient Treatment (Individual/Family)	Payton		

Agency Name: Bethesda Community Development

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bethesda Community Development	5116 Terrace Dr Omaha, NEBRASKA 68134	Family Partner			

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 Foster Care & Family Services Omaha	9945 Maple Street Omaha, NEBRASKA 68134	Agency Supported Foster Care			
		Relative/Kinship Home Study			

Agency Name: Boys Town

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town	13603 Flanagan Blvd Youth Care Building Boys Town, NEBRASKA 68010	Group Home A	Hernandez, Melina	5313553167	melina.hernandez@boystown.org
		Group Home B	Hernandez, Melina	5313553167	melina.hernandez@boystown.org
		Invoice Group Home B			
Boys Town	13460 Walsh	Juvenile Co-	Brown, Kari	5313553039	kari.brown@boystown.org

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Adolescent Intensive Outpatient Chemical Use Treatment Program (IOP)	Drive Boys Town, NEBRASKA 68010	Occurring Evaluation	Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
			Robinson, Natasha	5313553008	Natasha.robinson@boystown.org
		Juvenile Mental Health Outpatient Counseling (Group)	Brown, Kari	5313553039	kari.brown@boystown.org
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
			Robinson, Natasha	5313553008	Natasha.robinson@boystown.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brown, Kari	5313553039	kari.brown@boystown.org
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
			Robinson, Natasha	5313553008	Natasha.robinson@boystown.org
		Juvenile Substance	Brown, Kari	5313553039	kari.brown@boystown.org
Connelly, Carolyn	5313553329		carolyn.connelly@boystown.org		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Use Addendum	Carolyn		
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
			Robinson, Natasha	5313553008	Natasha.robinson@boystown.org
		Juvenile Substance Use Evaluation	Brown, Kari	5313553039	kari.brown@boystown.org
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Brown, Kari	5313553039	kari.brown@boystown.org
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
		Juvenile Substance Use	Robinson, Natasha	5313553008	Natasha.robinson@boystown.org
			Brown, Kari	5313553039	kari.brown@boystown.org
				Juvenile Substance Use	Connelly, Carolyn

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		Outpatient Treatment (Group)	Denton, Marlee	5313553221	Marlee.Denton@boystown.org			
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com			
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org			
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org			
			Robinson, Natasha	5313553008	Natasha.robinson@boystown.org			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Brown, Kari	5313553039	kari.brown@boystown.org			
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org			
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org			
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com			
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org			
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org			
			Robinson, Natasha	5313553008	Natasha.robinson@boystown.org			
			Boys Town Adolescent Psychiatric Services Program	14092 Hospital Road Boys Town, NEBRASKA 68010	Juvenile Medication Management			
			Boys Town Adolescent and Adult Chemical Use Program (CUP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Co-Occurring Evaluation	Brown, Kari	5313553039	kari.brown@boystown.org
Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org						
Denton, Marlee	5313553221	Marlee.Denton@boystown.org						
Dibert, Brittany	5313557912	brittany.dibert@yahoo.com						
Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org						
Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org						
Profenna, David	5313551936	david.profenna@boystown.org						

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Boys Town Adolescent and Adult Chemical Use Program (CUP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Co-Occurring Evaluation	Robinson, Natasha	5313553008	Natasha.robinson@boystown.org
			Stoller, Christina	5313553379	christina.stoller@boystown.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brown, Kari	5313553039	kari.brown@boystown.org
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
			Profenna, David	5313551936	david.profenna@boystown.org
			Robinson, Natasha	5313553008	Natasha.robinson@boystown.org
			Stoller, Christina	5313553379	christina.stoller@boystown.org
			Juvenile Substance Use Addendum	Brown, Kari	5313553039
		Connelly, Carolyn		5313553329	carolyn.connelly@boystown.org
		Denton, Marlee		5313553221	Marlee.Denton@boystown.org
		Dibert, Brittany		5313557912	brittany.dibert@yahoo.com
		Hansen, Lyndsey		5313557910	lyndsey.hansen@boystown.org
		Pedersen, Melissa		5313557907	melissa.pedersen@boystown.org
		Profenna, David		5313551936	david.profenna@boystown.org
		Robinson, Natasha		5313553008	Natasha.robinson@boystown.org
		Juvenile Substance Use Evaluation	Stoller, Christina	5313553379	christina.stoller@boystown.org
			Brown, Kari	5313553039	kari.brown@boystown.org
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town Adolescent and Adult Chemical Use Program (CUP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Substance Use Evaluation	Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
			Profenna, David	5313551936	david.profenna@boystown.org
			Robinson, Natasha	5313553008	Natasha.robinson@boystown.org
			Stoller, Christina	5313553379	christina.stoller@boystown.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Brown, Kari	5313553039	kari.brown@boystown.org
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
			Profenna, David	5313551936	david.profenna@boystown.org
		Juvenile Substance Use Outpatient Treatment (Group)	Brown, Kari	5313553039	kari.brown@boystown.org
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
			Profenna, David	5313551936	david.profenna@boystown.org
		Robinson, Natasha	5313553008	Natasha.robinson@boystown.org	

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Boys Town Adolescent and Adult Chemical Use Program (CUP)	13460 Walsh Drive Boys Town, NEBRASKA 68010	Juvenile Substance Use	Natasha		
		Outpatient Treatment (Group)	Stoller, Christina	5313553379	christina.stoller@boystown.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Brown, Kari	5313553039	kari.brown@boystown.org
			Connelly, Carolyn	5313553329	carolyn.connelly@boystown.org
			Denton, Marlee	5313553221	Marlee.Denton@boystown.org
			Dibert, Brittany	5313557912	brittany.dibert@yahoo.com
			Hansen, Lyndsey	5313557910	lyndsey.hansen@boystown.org
			Pedersen, Melissa	5313557907	melissa.pedersen@boystown.org
			Profenna, David	5313551936	david.profenna@boystown.org
			Robinson, Natasha	5313553008	Natasha.robinson@boystown.org
Stoller, Christina	5313553379	christina.stoller@boystown.org			
Boys Town Eastern Nebraska Foster Family Services	213 Maher Boys Town, NEBRASKA 68010	Agency Supported Foster Care			
		Professional Foster Care			
		Relative/Kinship Home Study			
Boys Town Family Home Program (Group Home A and B)	13603 Flanagan Blvd Youth Care Building Boys Town, NEBRASKA 68010	Group Home A	Mercer, Erik	5313553057	erik.mercer@boystown.org
		Group Home B	Mercer, Erik	5313553057	erik.mercer@boystown.org
Boys Town	13603	Shelter Care	Dorner,	5313551964	cassie.dorner@boystown.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Intervention and Assessment (Shelter) Services	Flanagan Blvd Youth Care Building Boys Town, NEBRASKA 68010	Shelter Care	Cassandra		
			Mercer, Erik	5313553057	erik.mercer@boystown.org
Boys Town Multisystemic Therapy Services (MST)	5074 Ames Avenue Omaha, NEBRASKA 68104	Multisystemic Therapy (MST)	Elffner, Jaimie	7122160829	jaimie.schwery@boystown.org
			Gaskill, Guadalupe	5313553025	lupe.gaskill@boystown.org
			Kugler, Melanie	4026811420	melanie.kugler@boystown.org
			Makalima, Bonginkosi	4025060144	malusi.makalima@boystown.org
			Muhammad , Vernon	4026506066	vernon.muhammad@boystown.org
			Turnis, Kimberly	4026184347	kimberly.Turnis@boystown.org
			Warren, Demetrius	4028712755	demetrius.warren@boystown.org
			Willey, Angela	4026588127	Angela.Willey@boystown.org
Boys Town Psychiatric Residential Treatment Facility (PRTF)	14092 Hospital Road Boys Town, NEBRASKA 68010	Hospital Based Psychiatric Residential Treatment Facility (PRTF)	Cahill , Erin	5313555456	Erin.Cahill@boystown.org
			Ervin, Daley	5313555220	daley.ervin@boystown.org
			Greer, Angela	4029807608	angela.greer@boystown.org
			Gross, Tylore	5313555429	tylore.gross@boystown.org
			Hamlin, Noah	5313555200	noah.hamlin@boystown.org
			Hernbloom, Amy	5313555420	amy.hernbloom@boystown.org
			Johnson, Bridget	5313555424	bridget.johnson@boystown.org
			Kothenbeutel, Kaylee	5313555425	kaylee.kothenbeutel@boystown.org
			Kula, Melissa	5313555424	melissa.kula@boystown.org
			Mackey, Kimberly	5313555409	kimberly.mackey@boystown.org
Maynard	5313555476	meg.maynard@boystown.org			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town Psychiatric Residential Treatment Facility (PRTF)	14092 Hospital Road Boys Town, NEBRASKA 68010	Hospital Based Psychiatric Residential Treatment Facility (PRTF)	Wiesenthal, Margaret		
			Maynard, Elizabeth	5313555458	elizabeth.maynard@boystown.org
			McGinnis, Anna	5313555229	anna.mcginnis@boystown.org
			Mohamed, Miski	5313555413	miski.mohamed@boystown.org
			Russ, Kaneja	5313555455	kaneja.russ@boystown.org
			Sanders, Talisca	5313555228	talisca.sanders@boystown.org
			Sandquist, Jordan	5313555220	jordan.sandquist@boystown.org
			Schademann, Katherine	5313555415	katherine.schademann@boystown.org

Agency Name: Breaking Chains LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Breaking Chains LLC	1941 S 42nd St Suite 426 Omaha, NEBRASKA 68105	General Education Class	Smith, Janee	4023121460	hooksjanee@gmail.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juvenile Substance Use Outpatient Treatment			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Breaking Chains LLC	1941 S 42nd St Suite 426 Omaha, NEBRASKA 68105	(Individual/Family)			

Agency Name: Brian P. Schnieder, LICSW, LADC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Brian P. Schnieder, LICSW, LADC	8998 L Street, Suite #109 Omaha, NEBRASKA 68127	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Schnieder, Brian	4028500054	brianschnieder@yahoo.com

Agency Name: Bridging the Gap Psychological Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Bridging the Gap Psychological Services LLC	7701 Pacific Street suite 012 Omaha, NEBRASKA 68124	Juvenile Mental Health Evaluation	White, Aaron	2287318659	drwhite@btgpsychservices.com
		Juvenile Psychological Evaluation	White, Aaron	2287318659	drwhite@btgpsychservices.com

Agency Name: CEDARS Youth Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CEDARS Youth Services- Omaha Office	10840 Old Mill Rd, Suite 200 Omaha, NEBRASKA 68154	Agency Supported Foster Care			
		Community Youth Coaching	Murphy, Shannon	4028101069	smurphy@cedarskids.org
			Watts, Kayla	4022017043	kwatts@cedarskids.org
		Family Support	Murphy,	4028101069	smurphy@cedarskids.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CEDARS Youth Services- Omaha Office	10840 Old Mill Rd, Suite 200 Omaha, NEBRASKA 68154	Family Support	Shannon		
			Watts, Kayla	4022017043	kwatts@cedarskids.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Electronic Monitoring GPS	Murphy, Shannon	4028101069	smurphy@cedarskids.org
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Professional Foster Care			
		Relative/Kinship Home Study			

Agency Name: CHI Immanuel PRTF

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CHI Immanuel PRTF	6845 N68th Plaza Omaha, NEBRASKA 68122	Hospital Based Psychiatric Residential Treatment Facility (PRTF)	Edet, Cassandra	4025722251	cassie.edet@commonspirit.org
			Oberndorfer, Summer	4025722816	summer.oberndorfer@commonspirit.org
			Watson, Pamela	4025723050	pamela.watson@commonspirit.org
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)			
		Juvenile Partial Hospitalization			

Agency Name: CNW Alliance

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CNW Alliance	3009 R St Omaha, NEBRASKA 68107	Day Reporting	Rush Cardenas, Crystal	5317772567	Crystal@cnwalliance.org
		Evening Reporting	Rush Cardenas, Crystal	5317772567	Crystal@cnwalliance.org
		Family Partner	Clemow, Jorge	5317779529	Jorge@cnwalliance.org
			Rush Cardenas, Crystal	5317772567	Crystal@cnwalliance.org
			Rush Sr, William	5317779364	william@cnwalliance.org
		Family Support	Clemow, Jorge	5317779529	Jorge@cnwalliance.org
			Rush Cardenas, Crystal	5317772567	Crystal@cnwalliance.org
			Rush Sr, William	5317779364	william@cnwalliance.org

Agency Name: Capture Developmental and Community Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capture Developmental and Community Services	1905 Harney Street STE 210 Omaha, NEBRASKA 68102	Agency Supported Foster Care			
		Day Reporting			
		Independent Living			
		Professional Foster Care			

Agency Name: Care-RIE

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Care-RIE	7805 N 86th Ave Omaha, NEBRASKA 68122	Day Reporting			
		Shelter Care			

Agency Name: CenterPointe, Inc

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Campus for Hope - COR	1490 N 16th Street Omaha, NEBRASKA 68102	Juvenile Medication Management			
Campus for Hope - Short Term Residential	1490 N 16th Omaha, NEBRASKA 68508	Juvenile Medication Management			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Charles Drew Health Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center	2915 Grant Street Omaha, NEBRASKA 68111	Juvenile Co-Occurring Evaluation	Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Evaluation	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Menendez, Michael	4025109975	michael.menendez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center	2915 Grant Street Omaha, NEBRASKA 68111	Juvenile Mental Health Evaluation	Shelina		
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Menendez, Michael	4025109975	michael.menendez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
			Juvenile Substance Use Addendum	Gitari, Betty	4023785566
		Long, Skylar		7122150202	skylar.long@charlesdrew.com
		Marquez, Elvia		4023590372	elvia.marquez@charlesdrew.com
		Tarrant-Moore, Hope		4024513553	hope.tarrant-moore@charlesdrew.com
		Whitlow, LaNita		4028815708	lanita.whitlow@hotmail.com
		Williams, Shelina		4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Evaluation		Gitari, Betty	4023785566
			Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center	2915 Grant Street Omaha, NEBRASKA 68111	Juvenile Substance Use Evaluation	Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Group)	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Gitari, Betty	4023785566	bettymwendigitari@gmail.com
			Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Individual/	Gitari, Betty	4023785566	bettymwendigitari@gmail.com
Long, Skylar	7122150202		skylar.long@charlesdrew.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center	2915 Grant Street Omaha, NEBRASKA 68111	Family)	Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Tarrant-Moore, Hope	4024513553	hope.tarrant-moore@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
Charles Drew Health Center-DCYC	1301 S 41st Street Omaha, NEBRASKA 68105	Juvenile Co-Occurring Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Competency Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
Charles Drew Health Center-Radius	5030 Grand Ave Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
			Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Medication Management	Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Mental Health Evaluation	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Menendez, Michael	4025109975	michael.menendez@charlesdrew.com

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Charles Drew Health Center-Radius	5030 Grand Ave Omaha, NEBRASKA 68104	Juvenile Mental Health Evaluation	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
			Juvenile Mental Health Outpatient Counseling (Group)	Avant, Kamara	4028855817
		Menendez, Michael		4025109975	michael.menendez@charlesdrew.com
		Whitlow, LaNita		4028815708	lanita.whitlow@hotmail.com
		Williams, Shelina		4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Avant, Kamara	4028855817	kamara.avant@charlesdrew.com
			Menendez, Michael	4025109975	michael.menendez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Addendum	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
			Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile	Long,	7122150202	skylar.long@charlesdrew.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Charles Drew Health Center-Radius	5030 Grand Ave Omaha, NEBRASKA 68104	Substance Use Evaluation	Skylar		
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
			Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Substance Use Intensive Outpatient (IOP)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Group)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Marquez, Elvia	4023590372	elvia.marquez@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
Charles Drew Health	5920 Maple Street Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Center-TYAC	5920 Maple Street Omaha, NEBRASKA 68104	Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Group)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juvenile Substance Use Outpatient Treatment (Group)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
		Juvenile Substance Use Outpatient Treatment	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	5920 Maple Street Omaha, NEBRASKA 68104	(Individual/ Family)			
	Charles Drew Health Center-Omaha Home for Boys 5190 Sprague Plaza Suite 201 Omaha, NEBRASKA 68104	Juvenile Co- Occurring Evaluation	Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Group)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Psychiatric Evaluation			
		Juvenile Substance Use Addendum	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Evaluation	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use	Long, Skylar	7122150202	skylar.long@charlesdrew.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	Charles Drew Health Center-Omaha Home for Boys 5190 Sprague Plaza Suite 201 Omaha, NEBRASKA 68104	Intensive Outpatient (IOP)	Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Group)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Long, Skylar	7122150202	skylar.long@charlesdrew.com
			Whitlow, LaNita	4028815708	lanita.whitlow@hotmail.com
			Williams, Shelina	4023201665	shelina.williams@charlesdrew.com

Agency Name: Child Saving Institute, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Child Saving Institute, Inc.	4545 Dodge Street Omaha, NEBRASKA 68132	Agency Supported Foster Care			
		Crisis Stabilization			
		Family Support			
		Shelter Care			

Agency Name: Chimney Rock Psychological Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Chimney Rock Psychological Health	6311 Ames Ave Unit 195 Omaha, NEBRASKA 68104	Juvenile Mental Health Evaluation	Mason, Eric	7252728830	ericmason@redrockph.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Mason, Eric	7252728830	ericmason@redrockph.com
		Juvenile Substance Use	Mason,	7252728830	ericmason@redrockph.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Chimney Rock Psychological Health	6311 Ames Ave Unit 195 Omaha, NEBRASKA 68104	Evaluation	Eric		
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Mason, Eric	7252728830	ericmason@redrockph.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Mason, Eric	7252728830	ericmason@redrockph.com
		Juveniles Who Sexually Harm Risk Evaluation	Mason, Eric	7252728830	ericmason@redrockph.com

Agency Name: Code Z Outreach

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Code Z Outreach	4136 Grand Ave Omaha, NEBRASKA 68111	Family Partner	Bowden, Jemar	4024520550	jrocc44amg@gmail.com
			Louis, Latron	4027145083	codezoutreach@gmail.com

Agency Name: Colleen A Conoley PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Colleen A Conoley PC	11330 Q Street Suite 205 Omaha, NEBRASKA 68137	Invoice - Competency Evaluation	Conoley, Colleen	4026994769	caconoley@luxsci.net
		Juvenile Competency Evaluation	Conoley, Colleen	4026994769	caconoley@luxsci.net
		Juvenile Mental Health Evaluation	Conoley, Colleen	4026994769	caconoley@luxsci.net
		Juvenile Psychological Evaluation	Conoley, Colleen	4026994769	caconoley@luxsci.net

Agency Name: Community Alliance Rehabilitation Services

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Community Alliance Rehabilitation Services	7150 Arbor Street Omaha, NEBRASKA 68106	Juvenile Mental Health Evaluation			
		Juvenile Psychiatric Evaluation			

Agency Name: Community Options Individual and Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Community Options Individual and Family Services	1941 S. 42nd St. Suite 134 Omaha, NEBRASKA 68105	Family Support	Cuevas, Kaylee	7202444247	kaylee@coifs.org
			Hanson, Caitlyn	4027204672	Caitlyn@coifs.org
			Pierce, Duana	4024908055	deedee@coifs.org
			Stock, Angela	4026586468	Angies@coifs.org

Agency Name: Compassion & Care Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Compassion & Care Nebraska	9502 Fort Street Omaha, NEBRASKA 68134	Day Reporting	Lewis, Robert	4025989048	robert.ccneb@gmail.com
		Evening Reporting	Lewis, Robert	4025989048	robert.ccneb@gmail.com
		Family Partner			
		Family Support			

Agency Name: Complete Behavioral Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Behavioral Health	4565 S 133rd St Omaha, NEBRASKA 68137	Juvenile Co-Occurring Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Competency Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Mental Health Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Complete Behavioral Health	4565 S 133rd St Omaha, NEBRASKA 68137	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Psychological Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Addendum	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

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	10846 John Galt Blvd Omaha, NEBRASKA 68137	Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hall, John	4027703764	john.hall@completefamilytreatment.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: Concord Mediation Center

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Concord Mediation Center	2910 S. 84th Street Omaha, NEBRASKA 68124	Expedited Family Group Conference	Besley, Jenaime	4027086032	jbesley@concord-center.com
		Mediation	Besley, Jenaime	4027086032	jbesley@concord-center.com

Agency Name: Cultivating Paths Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cultivating Paths Counseling, LLC	1941 South 42nd Street, Suite 307 Omaha, NEBRASKA 68105	Juvenile Co-Occurring Evaluation	Tucker, Mildred	4029798350	cultivatingpaths@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Tucker, Mildred	4029798350	cultivatingpaths@gmail.com
		Juvenile Substance Use Addendum	Deutsch-Mackey, Michelle	4028063403	m.mackey.cultivatingpaths@gmail.com
			Hanna, Abigail	5313290824	ahanna991.cultivatingpaths@gmail.com
			Smith, Janee	4023121460	hooksjanee@gmail.com
			Tucker, Mildred	4029798350	cultivatingpaths@gmail.com
			Warrick, Kristan	4026398501	kris.cultivatingpaths@gmail.com
			Juvenile Substance Use Evaluation	Deutsch-Mackey, Michelle	4028063403
		Hanna, Abigail		5313290824	ahanna991.cultivatingpaths@gmail.com
		Smith, Janee		4023121460	hooksjanee@gmail.com
		Tucker,		4029798350	cultivatingpaths@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cultivating Paths Counseling, LLC	1941 South 42nd Street, Suite 307 Omaha, NEBRASKA 68105	Juvenile Substance Use Evaluation	Mildred		
			Warrick, Kristan	4026398501	kris.cultivatingpaths@gmail.com

Agency Name: Deens THD Enterprise LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Deens THD Enterprise LLC	12919 C Plaza Omaha, NEBRASKA 68144	Family Partner	Blakely , Eric	4027143494	Wavezel@gmail.com
			Clark, LaTrenda	4022389643	trendaclark@yahoo.com
			Harris, Walter	5313295103	walterdionharris73@gmail.com
			Starks, Michael	4029174489	Skeetmarino3344@yahoo.com

Agency Name: Developmental Disability Center of Nebraska, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Developmental Disability Center of Nebraska, LLC	1805 N 73RD ST Omaha, NEBRASKA 68114	Agency Supported Foster Care			
		Day Reporting			
		Invoice - Day Reporting			
		Invoice - Group Home A			
		Professional Foster Care			

Agency Name: Different World - New Beginnings

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Different World - New Beginnings	4609 N. 24th Street Omaha, NEBRASKA 68111	Day Reporting	Mackey, Terrence	4026126711	Tmackeyomaha@aol.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Different World - New Beginnings	4609 N. 24th Street Omaha, NEBRASKA 68111	Day Reporting	Roper, Forrest	4022539249	forrestroper@gmail.com
		Family Support	Mackey, Terrence	4026126711	Tmackeyomaha@aol.com
			Roper, Forrest	4022539249	forrestroper@gmail.com

Agency Name: Douglas County Youth Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Douglas County Youth Center	1301 S 41st Street Omaha, NEBRASKA 68105	Invoice - H.O.M.E.			
		Invoice - Secure Detention			
		Invoice - Staff Detention			

Agency Name: Dukes Village Development

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dukes Village Development	1941 S 42nd St #107 Omaha, NEBRASKA 68105	Day Reporting			
		Evening Reporting			

Agency Name: Effective Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Effective Counseling, LLC	14713 Ames Avenue Omaha, NEBRASKA 68116	Expedited Substance Use Evaluation	Sims III, John	4026098548	EffectiveCounselingNebraska@gmail.com
		Juvenile Substance Use Addendum	Sims III, John	4026098548	EffectiveCounselingNebraska@gmail.com
		Juvenile Substance Use Evaluation	Sims III, John	4026098548	EffectiveCounselingNebraska@gmail.com
		Juvenile Substance Use Outpatient Treatment	Sims III, John	4026098548	EffectiveCounselingNebraska@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Effective Counseling, LLC	14713 Ames Avenue Omaha, NEBRASKA 68116	(Individual/Family)			

Agency Name: Ellis Psychiatric

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ellis Psychiatric	223 East Condron Street Valley, NEBRASKA 68064	Expedited Mental Health Evaluation	Ellis, Mary	4028716010	maryellislaw@gmail.com
		Juvenile Medication Management	Ellis, Mary	4028716010	maryellislaw@gmail.com
		Juvenile Mental Health Evaluation	Ellis, Mary	4028716010	maryellislaw@gmail.com
		Juvenile Psychiatric Evaluation Interview Only	Ellis, Mary	4028716010	maryellislaw@gmail.com

Agency Name: Embracing Heart Supportive Service

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Embracing Heart Supportive Service	11069 I Street Omaha, NEBRASKA 68137	Day Reporting	Ezui, Tanya	4022017719	info@embracingheart.com
			Poppe, Joey	5312621294	coordinator@embracingheart.com
			Vann, Bridgette	4027060606	bridgettevann@ymail.com
		Evening Reporting	Ezui, Tanya	4022017719	info@embracingheart.com
			Poppe, Joey	5312621294	coordinator@embracingheart.com
			Vann, Bridgette	4027060606	bridgettevann@ymail.com
		Family Partner			
Family Support	Ezui, Tanya	4022017719	info@embracingheart.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Embracing Heart Supportive Service	11069 I Street Omaha, NEBRASKA 68137	Family Support	Vann, Bridgette	4027060606	bridgettevann@ymail.com
		Independent Living	Poppe, Joey	5312621294	coordinator@embracingheart.com

Agency Name: Essobiou Counseling and Consulting LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Essobiou Counseling and Consulting LLC	13304 West Center Road Suite 222 Omaha, NEBRASKA 68144	Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Evolutional Care Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	9502Fort Street Omaha, NEBRASKA 68134	General Education Class	Thomas , Tamiko	4028815834	tamiko@ecneb.com

Agency Name: Families and Connections Collaborative Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Families and Connections Collaborative Services, LLC	5678 North 103rd Street Omaha, NEBRASKA 68134	Case Managed Tutoring			
		Day Reporting			
		Evening Reporting			
		Family Partner			
		Family Support			
		Independent			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Families and Connections Collaborative Services, LLC	5678 North 103rd Street Omaha, NEBRASKA 68134	Living			

Agency Name: Family Enrichment

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Enrichment	820 S 75th Street Omaha, NEBRASKA 68114	Juvenile Medication Management			
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			

Agency Name: Flourish Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Flourish Counseling LLC	3677 North 129th Street Omaha, NEBRASKA 68164	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: Focus C3, PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Focus C3, PC	10748 Virginia Plaza Suite 107 Omaha, NEBRASKA 68128	Juvenile Co-Occurring Evaluation	Akers, Anita	4029334411	anita@focusc3.com
			Engle, Christine	4029334411	cme2911@gmail.com
		Juvenile Mental Health Evaluation	Akers, Anita	4029334411	anita@focusc3.com
			Engle,	4029334411	cme2911@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Focus C3, PC	10748 Virginia Plaza Suite 107 Omaha, NEBRASKA 68128	Juvenile Mental Health Evaluation	Christine		
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Akers, Anita	4029334411	anita@focusc3.com
			Engle, Christine	4029334411	cme2911@gmail.com
			Laufenberg, James	4022902602	james@focusc3.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Akers, Anita	4029334411	anita@focusc3.com
Engle, Christine	4029334411		cme2911@gmail.com		

Agency Name: Fostering Futures LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fostering Futures LLC	3347 Ames Avenue Omaha, NEBRASKA 68111	Shelter Care			

Agency Name: Fulcrum Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fulcrum Counseling Services, LLC	319 S17th St STE 520 Omaha, NEBRASKA 68102	Juvenile Co-Occurring Evaluation	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
		Juvenile Mental Health Evaluation	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
		Juvenile Substance Use Addendum	Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fulcrum Counseling Services, LLC	319 S17th St STE 520 Omaha, NEBRASKA 68102	Juvenile Substance Use Evaluation	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
			Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Risk Evaluation	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com

Agency Name: GG Enterprise

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
GG Enterprise	10040 Regency Circle Suite 250 Omaha, NEBRASKA 68114	Juvenile Competency Evaluation	Gard, Gary	4023935432	ggard@drgarygard.com
		Juvenile Mental Health Evaluation	Gard, Gary	4023935432	ggard@drgarygard.com
		Juvenile Psychological Evaluation	Gard, Gary	4023935432	ggard@drgarygard.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Gard, Gary	4023935432	ggard@drgarygard.com
		Juveniles Who Sexually Harm Risk Evaluation	Gard, Gary	4023935432	ggard@drgarygard.com

Agency Name: Generational Health LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Generational Health LLC	2506 N. 72nd St Omaha, NEBRASKA 68134	Juvenile Co-Occurring Evaluation	Langford, Shannon	5312399260	healthygenerations1@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Generational Health LLC	2506 N. 72nd St Omaha, NEBRASKA 68134	Juvenile Mental Health Evaluation	Langford, Shannon	5312399260	healthygenerations1@gmail.com
		Juvenile Substance Use Addendum	Langford, Shannon	5312399260	healthygenerations1@gmail.com
		Juvenile Substance Use Evaluation	Langford, Shannon	5312399260	healthygenerations1@gmail.com

Agency Name: Georgia's House of Hope

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Georgia's House of Hope	701 South 75th Street Omaha, NEBRASKA 68114	Family Partner			

Agency Name: Getting Over Adversity Together, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Benison's Youth and Family Services	5426 N 90th St Omaha, NEBRASKA 68134	Agency Supported Foster Care			
		Case Managed Tutoring			
		Day Reporting			
		Evening Reporting			
		Family Partner			
		Family Support			
		Intensive			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Benison's Youth and Family Services	5426 N 90th St Omaha, NEBRASKA 68134	Family Preservation			
		Professional Foster Care			
Getting Over Adversity Together, LLC	4601 S 50th Street Suite 302 Omaha, NEBRASKA 68117	Case Managed Tutoring			
		Day Reporting	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
		Evening Reporting	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
		Family Partner	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
		Family Support	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
		General Education Class	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
		Intensive Family Preservation	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com
		Relative/ Kinship Home Study	Jackson, Shanice	4027186700	shanicemccroy@p-31services.com

Agency Name: Golden Rule Living LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Golden Rule Living LLC	2616 Maple St Omaha, NEBRASKA 68111	Day Reporting	Stewart, Golden	4028136559	stewartgolden@yahoo.com
		Evening Reporting			
		Family Support			

Agency Name: HLJ Care Home, LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
HLJ Care Home, LLC	4302 Maple Street Omaha, NEBRASKA 68111	Agency Supported Foster Care	Jenkins, Gary	4028809100	monie117@hotmail.com
		Invoice - Day Reporting	Jenkins, Gary	4028809100	monie117@hotmail.com
		Invoice - Group Home A	Jenkins, Gary	4028809100	monie117@hotmail.com
		Professional Foster Care	Jenkins, Gary	4028809100	monie117@hotmail.com

Agency Name: Halo Counseling Center, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Halo Counseling Center, LLC	8998 L St STE 110 Omaha, NEBRASKA 68127	Juvenile Mental Health Outpatient Counseling (Group)	Schnieder, Brian	4028500054	brianschnieder@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Group)			

Agency Name: Heartland Family Service

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Family Service	2101 S 42nd Street Omaha, NEBRASKA 68105	Community Youth Coaching			
		Family Partner			
		Family Support			
		General Education Class	Jorgensen, Shannon	4055527425	sjorgensen@heartlandfamilyservice.org
		Juvenile Co-Occurring Evaluation	Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Medication Management			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Family Service	2101 S 42nd Street Omaha, NEBRASKA 68105	Juvenile Mental Health Evaluation	Royer, Mary	4025527012	mroyer@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Mental Health Outpatient Counseling (Group)	Royer, Mary	4025527012	mroyer@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Royer, Mary	4025527012	mroyer@heartlandfamilyservice.org
			Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Psychiatric Evaluation			
		Juvenile Substance Use Addendum	Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Substance Use Evaluation	Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
		Juvenile Substance Use Outpatient Treatment (Group)	Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org
Juvenile Substance Use Outpatient Treatment (Individual/Family)	Schult, Caitlin	4025547204	cschult@heartlandfamilyservice.org		

Agency Name: Holmes2Inspire

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Holmes2Inspire	4326 Grand Ave Omaha, NEBRASKA 68111	Family Partner	Holmes Jr, Rob	4026127518	Holmes2inspire@gmail.com
		Family Support	Holmes Jr, Rob	4026127518	Holmes2inspire@gmail.com

Agency Name: Iloveme Enterprises LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Iloveme Enterprises LLC	5425 N 103rd Street Omaha, NEBRASKA 68134	Family Support			

Agency Name: Imagine by Northpoint

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Imagine by Northpoint	8710 Frederick St. #100 Omaha, NE 68124 Omaha, NEBRASKA 68124	Juvenile Mental Health Day Treatment	Stevenson, Sandy	2085799858	sstevenson@northpointrecovery.com
		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: Infinite Avenues Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Infinite Avenues Counseling, LLC	5414 S 99th St Omaha, NEBRASKA 68127	Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation	Segoviano, Jessica	5313017817	jsegoviano@infiniteavenuescounseling.com
		Juvenile Substance Use Addendum	Segoviano, Jessica	5313017817	jsegoviano@infiniteavenuescounseling.com
		Juvenile Substance Use Evaluation	Segoviano, Jessica	5313017817	jsegoviano@infiniteavenuescounseling.com
		Juvenile Substance Use Outpatient Treatment (Group)	Segoviano, Jessica	5313017817	jsegoviano@infiniteavenuescounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Infinite Avenues Counseling, LLC	5414 S 99th St Omaha, NEBRASKA 68127	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Segoviano, Jessica	5313017817	jsegoviano@infiniteavenuescounseling.com

Agency Name: Inroads To Recovery

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inroads To Recovery	2808 N 75th St Omaha, NEBRASKA 68134	Juvenile Medication Management	Carrasco, Veronica	4026132241	veronicac@inroadstorecovery.com
		Juvenile Psychiatric Evaluation			

Agency Name: JS REACH IOP/OP

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
JS REACH IOP/OP	1941 S 42nd Street suite #416P Omaha, NEBRASKA 68105	Juvenile Substance Use Addendum	Besley, Jenaime	4027086032	jbesley@concord-center.com
			Scott, Judi	4025910871	j.scottreachop@gmail.com
		Juvenile Substance Use Evaluation	Besley, Jenaime	4027086032	jbesley@concord-center.com
			Scott, Judi	4025910871	j.scottreachop@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Besley, Jenaime	4027086032	jbesley@concord-center.com
			Scott, Judi	4025910871	j.scottreachop@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Besley, Jenaime	4027086032	jbesley@concord-center.com
			Scott, Judi	4025910871	j.scottreachop@gmail.com

Agency Name: Jammie Parrott

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Jammie Parrott	4852 s 51st St Omaha, NEBRASKA 68117	Family Partner	Parrott, Jammie	4025983199	Parrott.jammie@yahoo.com

Agency Name: Jenda Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Jenda Family Services - Omaha	711 N. 108th Court Omaha, NEBRASKA 68154	Family Support			

Agency Name: KVC Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
KVC Nebraska	11550 I St. Suite 100 Omaha, NEBRASKA 68137	Agency Supported Foster Care	Aguirre Placke, Fannye	4023262928	fanaguirreplacke@kvc.org
			Beene, Berkley	4028906443	bbeene@kvc.org
			Chandler, Travis	4026194125	tchandler@kvc.org
			Graves, Natalie	4029996751	ngraves@kvc.org
			Jarmin, Samantha	4025785086	sjarmin@kvc.org
			Parks, Lauren	4023205944	lparks@kvc.org
			Sprakel, Liza	4029801188	lsprakel@kvc.org
			Sutherland, Maizy	4026178873	mlsutherland@kvc.org
		Expedited Co-Occurring Evaluation	Christian, Gloria	7852598007	gkchristian@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
		Expedited Mental Health Evaluation	Christian, Gloria	7852598007	gkchristian@kvc.org
	Prusia, Jade	4025061008	jprusia@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	11550 I St. Suite 100 Omaha, NEBRASKA 68137	Expedited Mental Health Evaluation	Thompson, Michaela	4029570252	mithompson@kvc.org	
		Expedited Substance Use Evaluation	Christian, Gloria	7852598007	gkchristian@kvc.org	
			Prusia, Jade	4025061008	jprusia@KVC.org	
		Family Support	Barber, Rakeesha	4028890946	rbarber@kvc.org	
			Christian, Gloria	7852598007	gkchristian@kvc.org	
			Kunkle, Emily	4026515719	ekunkle@kvc.org	
			Mapes, Kathleen	4025470741	kmapes@kvc.org	
			Thompson, Michaela	4029570252	mithompson@kvc.org	
			Intensive Family Preservation	Barber, Rakeesha	4028890946	rbarber@kvc.org
		Christian, Gloria		7852598007	gkchristian@kvc.org	
		Kunkle, Emily		4026515719	ekunkle@kvc.org	
		Mapes, Kathleen		4025470741	kmapes@kvc.org	
		McGhee, Keonna		4026578360	kmcghee@kvc.org	
		Thompson, Michaela		4029570252	mithompson@kvc.org	
		Invoice - Professional Foster Care				
		Juvenile Co-Occurring Evaluation	Prusia, Jade	4025061008	jprusia@KVC.org	
			Thompson, Michaela	4029570252	mithompson@kvc.org	
		Juvenile Mental Health Evaluation	Prusia, Jade	4025061008	jprusia@KVC.org	
			Thompson, Michaela	4029570252	mithompson@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	11550 I St. Suite 100 Omaha, NEBRASKA 68137	Juvenile Mental Health Outpatient Counseling (Group)	Christian, Gloria	7852598007	gkchristian@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Christian, Gloria	7852598007	gkchristian@kvc.org
			Kunkle, Emily	4026515719	ekunkle@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Addendum	Christian, Gloria	7852598007	gkchristian@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Evaluation	Christian, Gloria	7852598007	gkchristian@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Christian, Gloria	7852598007	gkchristian@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Outpatient Treatment (Group)	Christian, Gloria	7852598007	gkchristian@kvc.org
			Prusia, Jade	4025061008	jprusia@KVC.org
			Thompson, Michaela	4029570252	mithompson@kvc.org
		Juvenile Substance Use Outpatient Treatment	Prusia, Jade	4025061008	jprusia@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	11550 I St. Suite 100 Omaha, NEBRASKA 68137	(Individual/Family)	Thompson, Michaela	4029570252	mithompson@kvc.org
		Professional Foster Care	Aguirre Placke, Fannye	4023262928	fanaguirreplacke@kvc.org
			Beene, Berkley	4028906443	bbeene@kvc.org
			Chandler, Travis	4026194125	tchandler@kvc.org
			Graves, Natalie	4029996751	ngraves@kvc.org
			Jarmin, Samantha	4025785086	sjarmin@kvc.org
			Parks, Lauren	4023205944	Lparks@kvc.org
			Sprakel, Liza	4029801188	lsprakel@kvc.org
			Sutherland, Maizy	4026178873	mlsutherland@kvc.org
		Relative/Kinship Home Study	Griess-Johnston, Cynthia	4023206690	cgriess@kvc.org
Parks, Lauren	4023205944		Lparks@kvc.org		

Agency Name: Keck Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Keck Counseling LLC	5150 Nth 90th Omaha, NEBRASKA 68134	Juvenile Substance Use Addendum	Keck, Amy	5317729749	Ajksm18@gmail.com
		Juvenile Substance Use Evaluation	Keck, Amy	5317729749	Ajksm18@gmail.com

Agency Name: Kenesha Sides

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kenesha Sides	3929 Blondo St Omaha, NEBRASKA 68111	Day Reporting	Sides, Kenesha	5317214609	Kenesha29@gmail.com

Agency Name: Kersten Borer LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kersten Borer LLC	7602 Pacific Street Suite 304 Omaha, NEBRASKA 68114	Juvenile Co-Occurring Evaluation	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Mental Health Evaluation	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Substance Use Addendum	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Substance Use Evaluation	Borer, Kersten	4025155383	kerstenborerllc@cox.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Borer, Kersten	4025155383	kerstenborerllc@cox.net

Agency Name: LET US TALK ABOUT IT, COACHING

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LET US TALK ABOUT IT, COACHING	8790 F ST Suit 313 Omaha, NEBRASKA 68127	Day Reporting	Sanoe, Mariem	3478300087	m.sanoe@letustalkcoaching.com
		Evening Reporting	Sanoe, Mariem	3478300087	m.sanoe@letustalkcoaching.com
		Family Partner	Sanoe, Mariem	3478300087	m.sanoe@letustalkcoaching.com

Agency Name: LNR SafePlace LNR Services LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LNR SafePlace LNR Services LLC	2325 n 70th st Omaha, NEBRASKA 68104	Family Partner	Parker, Mohogany	4023168813	Mohoganyparker3@gmail.com

Agency Name: Leaders to Legends LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Leaders to Legends LLC	1423 Ogden Street Omaha, NEBRASKA 68110	Day Reporting	Griffin, LeDonna	4024907147	ledonna.griffin@gmail.com
		Evening Reporting	Griffin, LeDonna	4024907147	ledonna.griffin@gmail.com
		Family Support	Griffin, LeDonna	4024907147	ledonna.griffin@gmail.com

Agency Name: Legal Family Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Legal Family Services LLC	11329 P St Suite 105 Omaha, NEBRASKA 68137	Expedited Mental Health Evaluation			
		Family Partner	Berry, Jade	7126219472	jberry@legalfamilyservices.org
			Mueller, Claire	4028891455	cmueller@legalfamilyservices.org
			Raasch, Debra	3082937415	draasch@legalfamilyservices.org
			Santoyo, Alejandra	9566080746	asantoyo@legalfamilyservices.org
			Schultz, Amy	4025154860	aschultz@legalfamilyservices.org
			Wood, Melissa	9047102601	mwood@legalfamilyservices.org
		Family Support	Mueller, Claire	4028891455	cmueller@legalfamilyservices.org
			Raasch, Debra	3082937415	draasch@legalfamilyservices.org
			Santoyo, Alejandra	9566080746	asantoyo@legalfamilyservices.org
			Schultz, Amy	4025154860	aschultz@legalfamilyservices.org
			Wood, Melissa	9047102601	mwood@legalfamilyservices.org
		Juvenile Mental			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Legal Family Services LLC	11329 P St Suite 105 Omaha, NEBRASKA 68137	Health Evaluation			

Agency Name: Lindsay Denker LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lindsay Denker LLC	9239 W Center Rd, Suite 226 Omaha, NEBRASKA 68124	Juvenile Co-Occurring Evaluation	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Mental Health Evaluation	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Psychological Evaluation	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Substance Use Addendum	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Substance Use Evaluation	Denker, Lindsay	4029326643	therapywithlinds@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Denker, Lindsay	4029326643	therapywithlinds@gmail.com

Agency Name: Looking Forward Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Looking Forward Counseling Services	13513 Cottner St. Omaha, NEBRASKA 68137	Expedited Co-Occurring Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Expedited Mental Health Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Expedited Substance	Eggert,	4029571709	lookingforwardcounseling@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Looking Forward Counseling Services	13513 Cottner St. Omaha, NEBRASKA 68137	Use Evaluation	Krysti		
		Juvenile Co-Occurring Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Juvenile Mental Health Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Juvenile Substance Use Addendum	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com
		Juvenile Substance Use Evaluation	Eggert, Krysti	4029571709	lookingforwardcounseling@gmail.com

Agency Name: Lotus Centre, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Centre, LLC	7602 Pacific St Ste. 102 Omaha, NEBRASKA 68114	Juvenile Co-Occurring Evaluation	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Mental Health Evaluation	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Substance Use Addendum	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Substance Use Evaluation	Schmidt, James "Jim"	4026808280	jschmidt@lotuscentre.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Lutheran Family Services

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lutheran Family Services	7929 W. Center Rd Omaha, NEBRASKA 68124	Agency Supported Foster Care			
		Family Partner			
		Family Support			
		Invoice - Professional Foster Care			
		Juvenile Medication Management			
		Juvenile Psychiatric Evaluation			
		Juvenile Substance Use Outpatient Treatment (Group)			
		Professional Foster Care			
	11011 Q Street, Building C Suite 104 Omaha, NEBRASKA 68137	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation	Thompson, Jessie	4023695406	jessie.thompson@onelfs.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Thompson, Jessie	4023695406	jessie.thompson@onelfs.org
		Juvenile Substance Use Evaluation	Thompson, Jessie	4023695406	jessie.thompson@onelfs.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: MAHANAIM

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2226 S 141st Plz 10 Omaha, NEBRASKA 68144	Day Reporting	YAMEOGO, SERGE	9179824958	sergiop4x@yahoo.fr

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2226 S 141st Plz 10 Omaha, NEBRASKA 68144	Evening Reporting	YAMEOGO, SERGE	9179824958	sergiop4x@yahoo.fr
		Family Partner	YAMEOGO, SERGE	9179824958	sergiop4x@yahoo.fr
		Family Support	YAMEOGO, SERGE	9179824958	sergiop4x@yahoo.fr

Agency Name: MAKE A DIFFERENCE OUTREACH TRANSITIONAL PROGRAM

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3411 N 16 St Omaha, NEBRASKA 68110	Family Partner			
		Family Support			

Agency Name: MAYS Foundation

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
MAYS Foundation	5020 Grand Ave Omaha, NEBRASKA 68104	Case Managed Tutoring	Duncan, Tiffany	4027180743	tiffduncan@gmail.com
		Day Reporting	Davis, Sheonita	4027180743	tiadavis@maysomaha.org
			Duncan, Tiffany	4027180743	tiffduncan@gmail.com
			Long, Darryle	4027180743	eagleonedetail@gmail.com
			Ramirez Reyes, Diana	4027180743	dr5517938@gmail.com
		Evening Reporting	Davis, Sheonita	4027180743	tiadavis@maysomaha.org
			Duncan, Tiffany	4027180743	tiffduncan@gmail.com
			Long, Darryle	4027180743	eagleonedetail@gmail.com
			Ramirez Reyes, Diana	4027180743	dr5517938@gmail.com
		Family Support	Davis, Sheonita	4027180743	tiadavis@maysomaha.org
			Duncan, Tiffany	4027180743	tiffduncan@gmail.com

Agency Name: Maddelyn Bal

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Maddelyn Bal	7701 Pacific St 208 Omaha, NEBRASKA 68124	Juvenile Co-Occurring Evaluation	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Mental Health Evaluation	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Substance Use Addendum	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Substance Use Evaluation	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bal, Maddelyn	4026168607	Maddelyn.bal@gmail.com

Agency Name: Maggett Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	11907 Arbor St. Suite A Omaha, NEBRASKA 68144	Juvenile Co-Occurring Evaluation	Maggett, Joseph	4023126840	joseph@maggett-counseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Maggett, Joseph	4023126840	joseph@maggett-counseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Maggett, Joseph	4023126840	joseph@maggett-counseling.com

Agency Name: Making Better Choices LLC.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Making Better Choices LLC.	16458 Virginia St Omaha, NEBRASKA 68136	Group Home B	Baker, Cedrick	5313295641	Bakercedrick100@yahoo.com

Agency Name: Megan Wolff Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Megan Wolff Counseling	8790 F Street Omaha, NEBRASKA 68127	Juvenile Co-Occurring Evaluation	Wolff, Megan	5312257017	megan@meganwolffcounseling.com
		Juvenile Mental Health Evaluation	Wolff, Megan	5312257017	megan@meganwolffcounseling.com
		Juvenile Substance Use Addendum	Wolff, Megan	5312257017	megan@meganwolffcounseling.com
		Juvenile Substance Use Evaluation	Wolff, Megan	5312257017	megan@meganwolffcounseling.com

Agency Name: Mentorship and Miracles Corp.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mentorship and Miracles Corp.	4844 Hamilton St Omaha, NEBRASKA 68132	Day Reporting	Aponte, Veronica	5313756432	programdirector@mentorshipmiracles.com
			Berumen, Maryhelen	5317726150	Mary@mentorshipmiracles.com
			Cherry, Evon	5317725311	evon@mentorshipmiracles.com
			De La Cruz Lara, Anahi	4026867226	anahi@mentorshipmiracles.com
		Evening Reporting	Berumen, Maryhelen	5317726150	Mary@mentorshipmiracles.com
			Cherry, Evon	5317725311	evon@mentorshipmiracles.com
			De La Cruz Lara, Anahi	4026867226	anahi@mentorshipmiracles.com
		Family Support	Berumen, Maryhelen	5317726150	Mary@mentorshipmiracles.com
			Cherry, Evon	5317725311	evon@mentorshipmiracles.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mentorship and Miracles Corp.	4844 Hamilton St Omaha, NEBRASKA 68132	Family Support	De La Cruz Lara, Anahi	4026867226	anahi@mentorshipmiracles.com

Agency Name: Midwest Community Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Midwest Community Services LLC	9507 Q street Omaha, NEBRASKA 68127	Agency Supported Foster Care			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juveniles Who Sexually Harm Risk Evaluation			
		Relative/Kinship Home Study			

Agency Name: Mindful Solutions Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mindful Solutions Counseling LLC	10826 Old Mill Rd Omaha, NEBRASKA 68154	Expedited Mental Health Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Munroe Meyer Institute at the University of Nebraska Medical Center

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Munroe Meyer Institute at the University of Nebraska Medical Center	6902 Pine Street Omaha, NEBRASKA 68106	Juvenile Co-Occurring Evaluation	Franta Bretscher, Erika	6364842972	erika.franta@unmc.edu
			Rangel-Pacheco, Abril	4027140713	arangelpacheco@unmc.edu
		Juvenile Mental Health Evaluation	Franta Bretscher, Erika	6364842972	erika.franta@unmc.edu
			Rangel-Pacheco, Abril	4027140713	arangelpacheco@unmc.edu
		Juvenile Psychological Evaluation	Franta Bretscher, Erika	6364842972	erika.franta@unmc.edu

Agency Name: NEBRASKA NEUROBEHAVIORAL SERVICES, INC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
NEBRASKA NEUROBEHAVIORAL SERVICES, INC	10306 Ellison Circle Omaha, NEBRASKA 68132	Day Reporting			
		Invoice - Day Reporting			
		Invoice - Group Home A			
		Professional Foster Care			
		Shelter Care			

Agency Name: NOVA Treatment Community

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
NOVA Treatment	8502 Mormon Bridge Road Omaha,	Agency Supported Foster Care			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Community	NEBRASKA 68152	Family Support			
		Professional Foster Care			
		Relative/Kinship Home Study			
		Specialty Psychiatric Residential Treatment Facility (PRTF)	Henderson, Kimberly	4029918558	khenderson@novatc.org
			Renner, Mikaela	4026773586	mrenner@novatc.org
Stancil Dowden, Linda	4029918547	ldowden@novatc.org			

Agency Name: Nala Care Mental Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nala Care Mental Health	13750 Millard Ave Ste 201 Omaha, NEBRASKA 68130	Juvenile Co-Occurring Evaluation	Gormley, Tiffany	5318002641	Tgormley@nalamentalhealth.com
		Juvenile Mental Health Evaluation	Gormley, Tiffany	5318002641	Tgormley@nalamentalhealth.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Gormley, Tiffany	5318002641	Tgormley@nalamentalhealth.com
		Juvenile Substance Use Evaluation	Gormley, Tiffany	5318002641	Tgormley@nalamentalhealth.com

Agency Name: Nathaniel Crump

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nathaniel Crump	4965 NW Radio HWY Omaha, NEBRASKA 68104	Family Partner			

Agency Name: New Balance Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
new balance counseling	6056 Ames Ave Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Bell, Antoinette	4027099849	newbalancecounseling@gmail.com
		Juvenile Mental Health Evaluation	Bell, Antoinette	4027099849	newbalancecounseling@gmail.com
		Juvenile Substance Use Addendum	Bell, Antoinette	4027099849	newbalancecounseling@gmail.com
		Juvenile Substance Use Evaluation	Bell, Antoinette	4027099849	newbalancecounseling@gmail.com

Agency Name: New Beginnings Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Beginnings Counseling	11414 W. Center Road Ste 247 Omaha, NEBRASKA 68144	Juvenile Co-Occurring Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Mental Health Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Addendum	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
	10840 Old Mill Rd Ste 300 Omaha, NEBRASKA 68154	Juvenile Co-Occurring Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	10840 Old Mill Rd Ste 300 Omaha, NEBRASKA 68154	Juvenile Mental Health Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
			Thomas, Judy	4024312443	judy@newbeginningsomaha.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
			Thomas, Judy	4024312443	judy@newbeginningsomaha.com
		Juvenile Substance Use Addendum	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Evaluation	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Baumgart, Brandy	4025989601	brandy@newbeginningsomaha.com
			Thomas, Judy	4024312443	judy@newbeginningsomaha.com

Agency Name: New Life Family Alliance

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Life Family Alliance	3610 Dodge Street, Ste 204 Omaha, NEBRASKA 68131	Family Partner	Laa, Aban	4023158189	alaa@nlfaomaha.org
		Family Support	Laa, Aban	4023158189	alaa@nlfaomaha.org

Agency Name: North Omaha Community Partnership

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
North Omaha Community Partnership	2406 Fowler Ave Suite 312 Omaha, NEBRASKA 68111	Case Managed Tutoring			
		Day Reporting			
		Evening Reporting			
		Family Partner			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
North Omaha Community Partnership	2406 Fowler Ave Suite 312 Omaha, NEBRASKA 68111	Family Support			
		Intensive Family Preservation			

Agency Name: North Omaha Learning Academy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
North Omaha Learning Academy	4407 Fontenelle BLVD. Omaha, NEBRASKA 68104	Day Reporting			
		Evening Reporting			
		Family Support			

Agency Name: Northside Behavioral Health Group

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	14216 Dayton Circle STE 5 Omaha, NEBRASKA 68137	Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: OMNI Inventive Care

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OMNI Inventive Care	5115 F Street Omaha, NEBRASKA 68117	Agency Supported Foster Care	Andersen, Luke	4028817740	Luke.Andersen@omniic.com
			Wohnick, Taylor	5033349467	taylor.wohnick@omniic.com
		Expedited Co-Occurring Evaluation	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OMNI Inventive Care	5115 F Street Omaha, NEBRASKA 68117	Expedited Mental Health Evaluation	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Sorrell, Catherine	4023979866	kate.sorrell@omniic.com
			Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com
		Expedited Substance Use Evaluation	Andersen, Luke	4028817740	Luke.Andersen@omniic.com
			Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com
		Family Support	Andersen, Luke	4028817740	Luke.Andersen@omniic.com
			Forrest, Eric	4023018890	eric.forrest@omniic.com
			Kilnoski, Sarah	7123143626	sarah.kilnoski@omniic.com
			Wiehe, Benjamin	4026703015	benjamin.wiehe@omniic.com
			Wochnick, Taylor	5033349467	taylor.wochnick@omniic.com
		Intensive Family Preservation	Andersen, Luke	4028817740	Luke.Andersen@omniic.com
			Forrest, Eric	4023018890	eric.forrest@omniic.com
			Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Kilnoski, Sarah	7123143626	sarah.kilnoski@omniic.com
			Sorrell, Catherine	4023979866	kate.sorrell@omniic.com
			Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com
			Wochnick, Taylor	5033349467	taylor.wochnick@omniic.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OMNI Inventive Care	5115 F Street Omaha, NEBRASKA 68117	Invoice - Community Based Alternative Residential	Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com
		Invoice - Day Reporting			
		Invoice - Group Home A			
		Invoice - Professional Foster Care			
		Invoice-Enhanced In-Home Evaluation			
		Juvenile Co-Occurring Evaluation	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com
		Juvenile Mental Health Evaluation	Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Sorrell, Catherine	4023979866	kate.sorrell@omniic.com
			Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Forrest, Eric	4023018890	eric.forrest@omniic.com
			Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Sorrell, Catherine	4023979866	kate.sorrell@omniic.com
			Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Evaluation	Andersen, Luke	4028817740	Luke.Andersen@omniic.com
			Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OMNI Inventive Care	5115 F Street Omaha, NEBRASKA 68117	Juvenile Substance Use Outpatient Treatment (Group)	Andersen, Luke	4028817740	Luke.Andersen@omniic.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Andersen, Luke	4028817740	Luke.Andersen@omniic.com
			Hernandez, Antonieta	4022145343	toni.hernandez@omniic.com
			Walker-Vinal, Kristin	4025226212	kwalkerv@gmail.com
		Juveniles Who Sexually Harm Risk Evaluation			
		Professional Foster Care	Andersen, Luke	4028817740	Luke.Andersen@omniic.com
			Wochnick, Taylor	5033349467	taylor.wochnick@omniic.com
			Wochnick, Taylor	5033349467	taylor.wochnick@omniic.com
Relative/Kinship Home Study					
	8715 Oak Street Omaha, NEBRASKA 68124	Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
Expedited Substance Use Evaluation					

Agency Name: Omaha Home for Boys (OHB)

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Omaha Home for Boys (OHB)	4343 N 52nd Street Omaha, NEBRASKA 68104	Crisis Stabilization			
		Day Reporting	Krause, Katie	4023502574	kkrause@ohb.org
		Evening Reporting	Krause, Katie	4023502574	kkrause@ohb.org
		Family Support			
		Group Home A			
		Independent Living	Ramsey,	4024577055	jramsey@ohb.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Omaha Home for Boys (OHB)	4343 N 52nd Street Omaha, NEBRASKA 68104		Jordan		
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Omaha Rebels AIMS

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Omaha Rebels AIMS	1824 N 16th St Omaha, NEBRASKA 68110	Family Support	Smiley, Andrea	4029681684	asmileyomaha@yahoo.com

Agency Name: OneWorld Community Health Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OneWorld Community Health Center	4920 South 30th Street Omaha, NEBRASKA 68107	Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			

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Agency Name: Optum Behavioral Care of Ohio DBA A Better Way Therapy of Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Optum Behavioral Care of Ohio DBA A Better Way Therapy of Nebraska	11204 Davenport St Ste 200 Omaha, NEBRASKA 68154	Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Optum Behavioral Care of Ohio dba Capstone Behavioral Health of Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capstone Behavioral Health of Nebraska	1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105	Expedited Co-Occurring Evaluation	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jrth@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com
		Expedited Mental Health Evaluation	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jrth@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com
		Expedited Substance Use Evaluation	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jrth@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capstone Behavioral Health of Nebraska	1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105	Expedited Substance Use Evaluation	Jacquelyn		
		Juvenile Co-Occurring Evaluation	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jroth@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com
		Juvenile Mental Health Evaluation	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jroth@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com
		Juvenile Mental Health Outpatient Counseling (Group)	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Jones, Kendra	4025901735	kwjones@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jroth@capstonebehavioralhealth.com
			Signorelli, Mary	4026148444	msignorelli@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com
		Juvenile Mental	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com

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Capstone Behavioral Health of Nebraska	1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105	Health Outpatient Counseling (Individual/Family)	Rocio		
			Jones, Kendra	4025901735	kwjones@capstonebehavioralhealth.com
			Lindner, Jennifer	4025172948	jlindner@capstonebehavioralhealth.com
			Morell, Elizabeth	4026148444	emorell@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jroth@capstonebehavioralhealth.com
			Signorelli, Mary	4026148444	msignorelli@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com
		Juvenile Psychological Evaluation	Lindner, Jennifer	4025172948	jlindner@capstonebehavioralhealth.com
			Morell, Elizabeth	4026148444	emorell@capstonebehavioralhealth.com
			Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
		Juvenile Substance Use Addendum	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jroth@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com
		Juvenile Substance Use Evaluation	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jroth@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Capstone Behavioral Health of Nebraska	1941 S 42nd St Suite 328 Omaha, NEBRASKA 68105	Juvenile Substance Use Evaluation	Anna		
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com
		Juvenile Substance Use Outpatient Treatment (Group)	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jroth@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Escobar, Rocio	4028199343	rescobar@capstonebehavioralhealth.com
			Roth, Jessica	4024998912	jroth@capstonebehavioralhealth.com
			Stoeger, Anna	4025219998	atenillestoeger@capstonebehavioralhealth.com
			Thompson, Jacquelyn	4026148444	jacquelyn.thompson1@optum.com

Agency Name: Owens & Associates, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Owens & Associates, Inc.	7415 N 30 Street Omaha, NEBRASKA 68112	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 Educational Services, Inc.	7413 N 30th Street Omaha, NEBRASKA 68112	Continuous Alcohol Monitoring (CAM)	Bothwell, Robin	4026583796	Robin.Bothwell@OwensEducationalServices.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Owens Educational Services, Inc.	7413 N 30th Street Omaha, NEBRASKA 68112	Day Reporting	Parker, Kiara	4026719969	Kiara.parker@owenseducationalservices.org
		Evening Reporting	Parker, Kiara	4026719969	Kiara.parker@owenseducationalservices.org
		Family Support			
		General Education Class	Wilkins, James	4024640784	james.wilkins@theowenscompanies.com
		Invoice - Mileage			
		Juvenile Electronic Monitoring Cell Phone	Bothwell, Robin	4026583796	Robin.Bothwell@OwensEducationalServices.org
		Juvenile Electronic Monitoring GPS	Bothwell, Robin	4026583796	Robin.Bothwell@OwensEducationalServices.org
		Juvenile Electronic Monitoring Land Line	Bothwell, Robin	4026583796	Robin.Bothwell@OwensEducationalServices.org

Agency Name: Paradigm, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Paradigm, Inc.	809 South 174th Street Omaha, NEBRASKA 68118	Family Support			
		Intensive Family Preservation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Perceptions

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Perceptions	11819 Miracle Hills Drive Suite 203 Omaha, NEBRASKA 68154	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Andres, Sandra	4024144131	sandy-andres@perceptionstherapy.com
			Harrison, Elizabeth	4026748427	Liz-harrison@perceptionstherapy.com
			Peterson, Shannon	4022044447	shannon-peterson@perceptionstherapy.com
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Peterson, Shannon	4022044447	shannon-peterson@perceptionstherapy.com

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	2602 J St Omaha, NEBRASKA 68107	Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Name: Prolific Innovative Care LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Prolific Innovative Care Day/Evening Reporting	1517 Farnam St. Omaha, NEBRASKA 68102	Day Reporting			
		Evening Reporting			
Prolific Innovative Care LLC	5404 Ames Avenue Omaha, NEBRASKA 68104	Family Support	Grixby, Cortney	4022103966	cgrixby@prolificinnovativecare.com

Agency Name: RADIUS

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
RADIUS	5040 Grand Avenue Omaha, NEBRASKA 68104	Family Partner			
		Specialized Restorative Residential Program (RESTORE)			

Agency Name: ROC 2. ROC llc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ROC 2. ROC llc	7211 minne lusa blvd Omaha, NEBRASKA 68112	Day Reporting	Hogue, Monique	4025782391	Droppinjewelssl@gmail.com
			Hogue, Travis	4027071859	Tchogue1975@gmail.com
		Evening Reporting	Hogue, Monique	4025782391	Droppinjewelssl@gmail.com
			Hogue, Travis	4027071859	Tchogue1975@gmail.com
		Family Partner	Carter, Cherie	4024527869	healinghouseofhope7@gmail.com
			Clark, LaTrenda	4022389643	trendaclark@yahoo.com
			Hogue, Monique	4025782391	Droppinjewelssl@gmail.com
			Hogue, Travis	4027071859	Tchogue1975@gmail.com
			Marion, Kustardee	4022087999	demeshamarion@yahoo.com

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Agency Name: ReConnect, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ReConnect, Inc.	1941 So. 42nd St., Suite 502 Omaha, NEBRASKA 68105	Day Reporting			
		Family Support			

Agency Name: ReGang LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ReGang LLC	3845 Franklin St Omaha, NEBRASKA 68111	Family Support	Harbour, Tylon	4029173797	Regangllc@gmail.com

Agency Name: Reed Campbell Counseling & Consulting, PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Reed Campbell Counseling & Consulting, PC	319 S 17th St Suite 232 Omaha, NEBRASKA 68102	Juvenile Co-Occurring Evaluation	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Mental Health Evaluation	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Substance Use Addendum	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Substance Use Evaluation	Campbell, Reed	4029152251	reed@rccounselingconsulting.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Campbell, Reed	4029152251	reed@rccounselingconsulting.com

Agency Name: Remedy Road LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Remedy Road LLC	4211 south 143rd circle Omaha, NEBRASKA 68137	Agency Supported Foster Care			
		Day Reporting			
		Invoice - Day Reporting			
		Invoice - Group Home A			
		Professional Foster Care			

Agency Name: Renewed Life Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Renewed Life Counseling, LLC	13520 Discovery Drive Suite 202 Omaha, NEBRASKA 68137	Expedited Co-Occurring Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Expedited Mental Health Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Expedited Substance Use Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Co-Occurring Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Mental Health Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Substance Use Addendum	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org
		Juvenile Substance Use Evaluation	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Renewed Life Counseling, LLC	13520 Discovery Drive Suite 202 Omaha, NEBRASKA 68137	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Stroud, Haley	4029158344	Haleystroud@renewedlifecounseling.org

Agency Name: Renewed Vision Counseling and Developmental Disability Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Renewed Vision Counseling and Developmental Disability Center	4610 S 133rd St Omaha, NEBRASKA 68137	Agency Supported Foster Care			
		Day Reporting			
		Evening Reporting			
		Invoice - Day Reporting			
		Invoice - Group Home A			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			
		Relative/Kinship Home Study			

Agency Name: Resiliency & Recovery, LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Resiliency & Recovery, LLC	108 N 49th Street Suite B103 Omaha, NEBRASKA 68132	Juvenile Substance Use Addendum	Bolter, Shannon	4022003808	shannon@recoveryomaha.org
		Juvenile Substance Use Evaluation	Bolter, Shannon	4022003808	shannon@recoveryomaha.org
		Juvenile Substance Use Outpatient Treatment (Group)	Bolter, Shannon	4022003808	shannon@recoveryomaha.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bolter, Shannon	4022003808	shannon@recoveryomaha.org

Agency Name: Restore Rebuild Reconnect Counseling Center LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Restore Rebuild Reconnect Counseling Center LLC	1941 S. 42nd street Suite 506 Omaha, NEBRASKA 68105	Juvenile Co-Occurring Evaluation	Flowers, LaRhonda	4027884846	larhonda@r3cc.net
		Juvenile Medication Management	Tudor, Petrisor	3077520225	peter@r3cc.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Botello, Meagan	7123149814	meagan@r3cc.net
			Everett, Tanajah	4028712632	tanajah@r3cc.net
			Flowers, LaRhonda	4027884846	larhonda@r3cc.net
		Marshall, Christopher	4026809216	chris@r3cc.net	
		Siegrist, Austin	6414257812	austin@r3cc.net	
		Juvenile Substance Use Addendum	Cron, Kayla	4026208689	kaylashberger@gmail.com
			Flowers, LaRhonda	4027884846	larhonda@r3cc.net
		Juvenile Substance Use Evaluation	Cron, Kayla	4026208689	kaylashberger@gmail.com
Flowers, LaRhonda	4027884846		larhonda@r3cc.net		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Restore Rebuild Reconnect Counseling Center LLC	1941 S. 42nd street Suite 506 Omaha, NEBRASKA 68105	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Botello, Meagan	7123149814	meagan@r3cc.net
			Cron, Kayla	4026208689	kaylashberger@gmail.com
			Flowers, LaRhonda	4027884846	larhonda@r3cc.net
			Marshall, Christopher	4026809216	chris@r3cc.net
			Siegrist, Austin	6414257812	austin@r3cc.net

Agency Name: Restored Life Therapy Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Restored Life Therapy Services LLC	1529 S 203 St Suite 103 Omaha, NEBRASKA 68130	Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Revive Community Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Revive Community Services	18930 Grover Street Omaha, NEBRASKA 68130	Day Reporting			
		Evening Reporting			

Agency Name: Rite of Passage, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Uta Halee Academy	10625 Calhoun Rd Omaha, NEBRASKA 68112	Crisis Stabilization	Bowman, Brittany	6057590577	Brittany.bowman@rop.com
		Group Home A	Bowman, Brittany	6057590577	Brittany.bowman@rop.com
		Juvenile Mental Health Therapeutic Group Home	Bowman, Brittany	6057590577	Brittany.bowman@rop.com
		Juvenile Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Uta Halee Academy	10625 Calhoun Rd Omaha, NEBRASKA 68112	Therapeutic Group Home - Room & Board			
		Juvenile Substance Use Therapeutic Group Home	Bowman, Brittany	6057590577	Brittany.bowman@rop.com

Agency Name: Ronald Smith

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ronald Smith	3841 Decatur Street Omaha, NEBRASKA 68111	Family Partner	Smith, Ronald	4028409820	cprsmith@yahoo.com

Agency Name: SAVE OUR KIDS AND YOUTH LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
SAVE OUR KIDS AND YOUTH LLC	4430 FLORENCE BLVD Omaha, NEBRASKA 68102	Family Partner	Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM
		Family Support	Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM
		Independent Living	Smith, Shandell	4028802762	SAVEOURKIDSANDYOUTH@GMAIL.COM

Agency Name: Serenity Matters Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Serenity Matters Counseling	5620 Ames Ave Omaha, NEBRASKA 68104	Juvenile Co-Occurring Evaluation	Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Mental Health Evaluation	Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)	Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Mental Health	Prince,	4028303877	norwal2003@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Serenity Matters Counseling	5620 Ames Ave Omaha, NEBRASKA 68104	Outpatient Counseling (Individual/Family)	Reginald		
		Juvenile Substance Use Addendum	Browning-Prince, Crystal	4028303890	cbrowningprince@gmail.com
			Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Substance Use Evaluation	Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Browning-Prince, Crystal	4028303890	cbrowningprince@gmail.com
			Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Browning-Prince, Crystal	4028303890	cbrowningprince@gmail.com
			Prince, Reginald	4028303877	norwal2003@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Prince, Reginald	4028303877	norwal2003@gmail.com

Agency Name: SoundMind Therapy Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
SoundMind Therapy Services LLC	13520 Discovery Dr. Ste 203 Omaha, NEBRASKA 68137	Juvenile Co-Occurring Evaluation	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juvenile Mental Health Evaluation	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
SoundMind Therapy Services LLC	13520 Discovery Dr. Ste 203 Omaha, NEBRASKA 68137	Juvenile Substance Use Addendum	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juvenile Substance Use Evaluation	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Ajuoga , Lucy	4029985619	soundmindtherapyservices@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			
	13520 Discovery Dr. Ste 203 Omaha, NEBRASKA 68137	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: Stay In School Stop The Violence

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Stay In School Stop The Violence	1310 North 29th St Suite 2 Omaha, NEBRASKA 68131	Family Partner			
		Family Support	Almonte, Danitalynn	4028713122	ms.dezires@gmail.com
			Davis, Jerry	4027085597	edu@staystopfound.org

Agency Name: Steadfast Therapy, LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Steadfast Therapy, LLC	1045 n 115th st Suite 150 Omaha, NEBRASKA 68154	Juvenile Mental Health Evaluation	Alfrey, Maria	4027046390	Maria@steadfasttherapy.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Alfrey, Maria	4027046390	Maria@steadfasttherapy.org

Agency Name: Successful Principles

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Successful Principles	4407 Fontenelle Blvd Omaha, NEBRASKA 68104	Family Support			

Agency Name: Tawaina's Wellness 2 Wealth LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Tawaina's Wellness 2 Wealth LLC	6311 Ames Ave suite 1149 Omaha, NEBRASKA 68104	Family Partner			

Agency Name: Teen Solutions LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Teen Solutions LLC	4871 NW Radial Highway Omaha, NEBRASKA 68104	Day Reporting	Faulkner, John	4025170249	John@solutionssoberliving.org
			Faulkner, Michelle	4023191718	Michelle@solutionssoberliving.org
		Evening Reporting	Faulkner, John	4025170249	John@solutionssoberliving.org
			Faulkner, Michelle	4023191718	Michelle@solutionssoberliving.org

Agency Name: Terrell Therapy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Terrell Therapy	8790 F Street Omaha, NE 68127 Omaha,	Family Partner	Terrell, Timothy	4025950780	Tim.PRC11@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Terrell Therapy	NEBRASKA 68127	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Terrell, Timothy	4025950780	Tim.PRC11@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Terrell, Timothy	4025950780	Tim.PRC11@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			

Agency Name: The Cornell Knight Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Cornell Knight Center LLC	5404 Ames Ave Omaha, NEBRASKA 68104	Day Reporting	Knight, Jonelle	4027089587	Knight40204@gmail.com
			Knight, Mary	4022666400	Thecornellknightcenter@gmail.com
		Evening Reporting	Knight, Jonelle	4027089587	Knight40204@gmail.com
			Knight, Mary	4022666400	Thecornellknightcenter@gmail.com

Agency Name: The Gamble Group, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Gamble Group, LLC	6406 Vane St Omaha, NEBRASKA 68152	Day Reporting	Gamble, Destiny	4026375189	the.gamb13group@gmail.com
		Evening Reporting	Gamble, Destiny	4026375189	the.gamb13group@gmail.com
		Family Support	Gamble, Destiny	4026375189	the.gamb13group@gmail.com

Agency Name: The Ogba Way

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Ogba Way	20901 Appaloosa Dr Elkhorn, NEBRASKA 68022	Case Managed Tutoring	Bell, Sharon	4027076938	Sharon.Bell7288@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Ogba Way	20901 Appaloosa Dr Elkhorn, NEBRASKA 68022	Family Partner	Carruth-King, Shantae	4022017384	taecarruth73@gmail.com
			Jackson, Timothy	4028132261	timtjackson29@gmail.com
			Ogba, Joe	4027143520	joeogba35@gmail.com
		Family Support	Brown, David	4022139946	db@livenxt.org
			Carruth-King, Shantae	4022017384	taecarruth73@gmail.com
			Jackson, Timothy	4028132261	timtjackson29@gmail.com
			Johnson, Bryce	4027082385	brycejohnson5@hotmail.com
			King, Edward	4027070873	ed@hopecenterforkids.com
			King, Erika	4024157747	royalhairmajestyboutique@gmail.com
			King, Johnny	4022015250	taecarruth1973@gmail.com
			Ogba, Gretchen	4024701628	gsogba13@gmail.com
			Ogba, Joe	4027143520	joeogba35@gmail.com
			Perry, Gage	4025629160	Gageperry321@gmail.com
			Ross, Abigail	7125616940	abbyross0118@gmail.com
			Spencer, Valerie	4029836461	Valerie3080@gmail.com
			Tut, Beny	4029178069	benektut@gmail.com
			Varela Haros, Pamela	4029176715	pamelavarela02@gmail.com
Winger, Ashley	4026728491	ashleyw2417@icloud.com			
	3021 Sheffield St. Omaha, NEBRASKA 68112	Case Managed Tutoring			
		Community Youth Coaching			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	6916 N. 24th ST Omaha, NEBRASKA 68112	Case Managed Tutoring			
		Community Youth Coaching	Bell, Sharon	4027076938	Sharon.Bell7288@gmail.com
			Brown, David	4022139946	db@livenxt.org
			Doss , LC	5312391086	ldoss@jesuitacademy.org
			Jackson, Timothy	4028132261	timtjackson29@gmail.com
			Johnson, Bryce	4027082385	brycejohnson5@hotmail.com
			Kelly, Terry	4022141371	terrance@theogbaway.org
			King, Edward	4027070873	ed@hopecenterforkids.com
			King, Eric	4022135147	eric@theogbaway.org
			King, Erika	4024157747	royalhairmajestyboutique@gmail.com
			King, Johnny	4022015250	taecarruth1973@gmail.com
			Ogba, Gretchen	4024701628	gsogba13@gmail.com
			Ogba, Joe	4027143520	joeogba35@gmail.com
			Orozco-Mercado Jr, Arturo	4022155358	arturo@theogbaway.org
			Perry, Gage	4025629160	Gageperry321@gmail.com
			Ross, Abigail	7125616940	abbyross0118@gmail.com
			Ross, TeArrea	4023067598	tjross_23@yahoo.com
			Spencer, Logi	5312053210	Peterspencer402@gmail.com
			Spencer, Valerie	4029836461	Valerie3080@gmail.com
			Tut, Beny	4029178069	benektut@gmail.com
		Varela Haros, Pamela	4029176715	pamelavarela02@gmail.com	
		Winger, Ashley	4026728491	ashleyw2417@icloud.com	

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	6916 N. 24th ST Omaha, NEBRASKA 68112	Community Youth Coaching	brown, aaron	5312327800	Aaron_brown402@yahoo.com

Agency Name: Theodore J. DeLaet, Ph.D., P.C.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Theodore J. DeLaet, Ph.D., P.C.	11414 West Center Road Suite 243 Omaha, NEBRASKA 68144	Invoice - Competency Evaluation	DeLaet, Theodore	4023338210	ted.delaet@wcpp.omhcoxmail.com
		Juvenile Psychological Evaluation	DeLaet, Theodore	4023338210	ted.delaet@wcpp.omhcoxmail.com
		Juveniles Who Sexually Harm Risk Evaluation	DeLaet, Theodore	4023338210	ted.delaet@wcpp.omhcoxmail.com

Agency Name: Thrival Academy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Thrival Academy	2936 Iazard St. Omaha, NEBRASKA 68131	Day Reporting	Barlow, Tarrence	4029835553	Tdeib@icloud.com
		Evening Reporting	Barlow, Tarrence	4029835553	Tdeib@icloud.com
		Family Partner	Barlow, Tarrence	4029835553	Tdeib@icloud.com
			Grant, Isaiah	4025478324	iaaaahshm@gmail.com
		Family Support	Barlow, Tarrence	4029835553	Tdeib@icloud.com

Agency Name: Trisha Troia Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Trisha Troia Counseling	1406 Veterans Drive Suite 206 Omaha, NEBRASKA 68022	Juvenile Co-Occurring Evaluation			
		Juvenile Mental			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Trisha Troia Counseling	1406 Veterans Drive Suite 206 Omaha, NEBRASKA 68022	Health Evaluation			
		Juvenile Substance Use Addendum	Troia, Trisha	4022900543	trishtroia@gmail.com
		Juvenile Substance Use Evaluation	Troia, Trisha	4022900543	trishtroia@gmail.com

Agency Name: UNMC Physicians Corporation

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
University of Nebraska Physicians	988101 Nebraska Medical Center Omaha, NEBRASKA 68198	Juvenile Co-Occurring Evaluation	Sharma, Varun	4025526007	varsharma@unmc.edu
			Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Medication Management	Sharma, Varun	4025526007	varsharma@unmc.edu
			Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
		Juvenile Mental Health Evaluation	Sharma, Varun	4025526007	varsharma@unmc.edu
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation	Sharma, Varun	4025526007	varsharma@unmc.edu
		Juvenile Psychiatric Evaluation Interview Only	Sharma, Varun	4025526007	varsharma@unmc.edu
		Juvenile Substance Use Evaluation	Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu
Juvenile Substance Use Outpatient Treatment (Group)					

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
University of Nebraska Physicians	988101 Nebraska Medical Center Omaha, NEBRASKA 68198	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Zoucha, Kenneth	4024693923	kenneth.zoucha@unmc.edu

Agency Name: Unconventional Healing LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Unconventional Healing LLC	4214 N 64th St Omaha, NEBRASKA 68104	Expedited Co-Occurring Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Expedited Mental Health Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Expedited Substance Use Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Co-Occurring Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Mental Health Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Substance Use Addendum	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Substance Use Evaluation	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Larson, Alee	4024014387	alee@unconventionalhealing.org
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: Unity Youth & Family Services

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Unity Youth & Family Services	7810 Davenport St Omaha, NEBRASKA 68114	Expedited Mental Health Evaluation	Eirinberg, John	5313755643	john.eirinberg@unityyfs.com
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
	6901 Dodge St Suite 104 Omaha, NEBRASKA 68132	Expedited Mental Health Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Viable Healing

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Viable Healing	2403 n 18th street Omaha, NEBRASKA 68111	Day Reporting			
		Evening Reporting			
		Family Partner	Johnson, DeWandus	4029490692	masjdtawheedomaha@gmail.com
			Parr, Antonio	5312429078	Parr70485@gmail.com
			Wallace, Roscoe	7122047436	roscoe.wallace@viablehealing.org
		Family Support	Wallace, Roscoe	7122047436	roscoe.wallace@viablehealing.org
General Education Class					

Agency Name: Vigilnet America LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Vigilnet America LLC	4862 S 96th Street Suite 2 Omaha, NEBRASKA 68127	Continuous Alcohol Monitoring (CAM)	Musel, Hunter	5312058118	hmusel@vigilnet.com	
			Sinnott, Dave	4025379450	dsinnott@vigilnet.com	
		Invoice - Mileage				
		Juvenile Electronic Monitoring Cell Phone	Musel, Hunter	5312058118	hmusel@vigilnet.com	
			Richey, Cassandra	5312725144	crichey@vigilnet.com	
			Sinnott, Dave	4025379450	dsinnott@vigilnet.com	
		Juvenile Electronic Monitoring GPS	Musel, Hunter	5312058118	hmusel@vigilnet.com	
			Richey, Cassandra	5312725144	crichey@vigilnet.com	
			Sinnott, Dave	4025379450	dsinnott@vigilnet.com	
		Juvenile Electronic Monitoring Land Line	Musel, Hunter	5312058118	hmusel@vigilnet.com	
			Richey, Cassandra	5312725144	crichey@vigilnet.com	
			Sinnott, Dave	4025379450	dsinnott@vigilnet.com	

Agency Name: Wicks Psychological Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wicks Psychological Services, Inc.	6550 S. 84th Street Suite 300 Omaha, NEBRASKA 68127	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Wicks, Chris	4023397991	cwicks@cox.net
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Wicks, Chris	4023397991	cwicks@cox.net

Agency Name: Woodhaven Counseling Associates, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Woodhaven Counseling	12001 Q Street	Juveniles Who Sexually Harm Outpatient	Overby, Sheryl	4025920328	soverby@woodhavencounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Associates, Inc	Omaha, NEBRASKA 68137	Treatment (Individual/Family)			

Agency Name: YouTurn

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
YouTurn	117 N 32nd Ave, Ste 100 Omaha, NEBRASKA 68131	Family Support	Zelasney, Brooke	4029821224	Brooke@youturnomaha.org

Agency Name: Youth Futures

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Youth Futures	2435 S 130th Circle Suite 200 Omaha, NEBRASKA 68144	Family Support			

Agency Name: community based services llc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
community based services llc	po box 34205 Omaha, NEBRASKA 68134	Community Youth Coaching	Brown, Lamar	4025102732	lamar@communitybasedservices.co
			Ellis, Latasha	4022377993	Latasha@communitybasedservices.co
			Escobar, Jose	4023147952	danny@communitybasedservices.co
			Huerta-Martinez, Alma	4022067545	alma@communitybasedservices.co
			Jones, Diante	4027060136	diant@communitybasedservices.co
			Lopez, Emily	5317723042	emily1@communitybasedservices.co
			Sackor, muhammed	4025172891	muhammed@communitybasedservices.co

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
community based services llc	po box 34205 Omaha, NEBRASKA 68134	Community Youth Coaching	Shively, korrine	5312107979	korrie@communitybasedservices.co
			Strong, LaDonna	4027182182	ladonna@communitybasedservices.co
			Williams, Nia	5312679751	nia@communitybasedservices.co
			allen, matthew	4025102732	mallen@communitybasedservices.co
			lewis, dwight	4027079437	dwight@communitybasedservices.co
			smith, chancellor	4029176742	chancellor@communitybasedservices.co
		Continuous Alcohol Monitoring (CAM)	allen, matthew	4025102732	mallen@communitybasedservices.co
		Family Partner	Ellis, Latasha	4022377993	Latasha@communitybasedservices.co
			Jones, Diante	4027060136	diante@communitybasedservices.co
			allen, matthew	4025102732	mallen@communitybasedservices.co
		Family Support	Brown, Lamar	4025102732	lamar@communitybasedservices.co
			Ellis, Latasha	4022377993	Latasha@communitybasedservices.co
			Escobar, Jose	4023147952	danny@communitybasedservices.co
			Huerta-Martinez, Alma	4022067545	alma@communitybasedservices.co
			Jones, Diante	4027060136	diante@communitybasedservices.co
			Lopez, Emily	5317723042	emily1@communitybasedservices.co
			Sackor, muhammed	4025172891	muhammed@communitybasedservices.co

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
community based services llc	po box 34205 Omaha, NEBRASKA 68134	Family Support	Shively, korrine	5312107979	korrie@communitybasedservices.co
			Strong, LaDonna	4027182182	ladonna@communitybasedservices.co
			Williams, Nia	5312679751	nia@communitybasedservices.co
			allen, matthew	4025102732	mallen@communitybasedservices.co
			lewis, dwight	4027079437	dwight@communitybasedservices.co
			smith, chancellor	4029176742	chancellor@communitybasedservices.co
		General Education Class			