

Administrative Office of Courts & Probation

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

District 6

Agency Facility County: Burt

Agency Name: Healing Minds Therapy pc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	212 1/2 Oakland ave Oakland, NEBRASKA 68045	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Facility County: Cedar

Agency Name: COR Therapeutic Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	104 N Broadway Avenue Hartington, NEBRASKA 68739	Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)			
		Adult Substance Use Outpatient Treatment (Individual)	Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Williams, Tina	4023582047	tina.williams@cortherapeutic.com
Juvenile Co-Occurring Evaluation	Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	104 N Broadway Avenue Hartington, NEBRASKA 68739	Juvenile Mental Health Evaluation	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Davies, Paul	4023166570	p.a.davies15@gmail.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Williams, Tina	4023582047	tina.williams@cortherapeutic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Brouwer, Kyle	4025006870	Kyle.brouwer@cortherapeutic.com
			Brugger, Siera	4025006870	siera.brugger@cortherapeutic.com
			Davies, Paul	4023166570	p.a.davies15@gmail.com
			Green, Caleb	4022904634	caleb.green@cortherapeutic.com
			Reyes, Connie	4029200524	connie.reyes@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Williams, Tina	4023582047	tina.williams@cortherapeutic.com
		Juvenile Substance Use Addendum	Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juvenile Substance Use Evaluation	Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juvenile Substance Use Outpatient	Davies, Paul	4023166570	p.a.davies15@gmail.com

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	104 N Broadway Avenue Hartington, NEBRASKA 68739	Treatment (Individual/Family)	Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Williams, Tina	4023582047	tina.williams@cortherapeutic.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			
		PRS-BIP			

Agency Facility County: Dakota

Agency Name: Heartland Counseling Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Co-Occurring Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Gambling Outpatient Counseling (Individual/Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Peters,	4024943337	marti@heartlandcounselingservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Gambling Outpatient Counseling (Individual/ Group)	Martinique		
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Mental Health Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
			Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Group)	Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
			Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Individual)	Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters,	4024943337	marti@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Mental Health Outpatient Counseling (Individual)	Martinique			
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com	
		Adult Sex Offense-Specific Evaluation				
		Adult Sex Offense-Specific Outpatient Counseling (Individual/ Group)				
		Adult Substance Use Addendum	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com	
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com	
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com	
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com	
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com	
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com	
		Adult Substance Use Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com	
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com	
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com	
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com	
			Peters,	4024943337	marti@heartlandcounselingservices.com	

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Substance Use Evaluation	Martinique		
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
			Adult Substance Use Outpatient Treatment (Group)	Bowens Kissi Afare, Charlette	4024943337
		Fehringer, Diane		4024943337	fehrringer@heartlandcounselingservices.com
		Knudsen, Lisbeth		4024943337	lisbeth@heartlandcounselingservices.com
		Peters, Martinique		4024943337	marti@heartlandcounselingservices.com
		Youngberg, Aaron		4024943337	aaron@heartlandcounselingservices.com
		Adult Substance Use Outpatient Treatment (Individual)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Adult Substance Use Outpatient Treatment (Individual)	Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		General Education Class			
		Juvenile Co-Occurring Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Outpatient Counseling (Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Outpatient	Bowens Kissi Afare,	4024943337	charlette@heartlandcounselingservices.com

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Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Counseling (Individual/Family)	Charlette			
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com	
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com	
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com	
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com	
		Juvenile Substance Use Addendum	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com	
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com	
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com	
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com	
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com	
		Juvenile Substance Use Evaluation	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com	
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com	
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com	
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com	
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com	
				Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Counseling Services, Inc.	1201 Arbor Drive South Sioux City, NEBRASKA 68776	Juvenile Substance Use Evaluation	Aaron		
		Juvenile Substance Use Outpatient Treatment (Group)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bowens Kissi Afare, Charlette	4024943337	charlette@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: Owens & Associates, Inc.

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	115 E 28th Street South Sioux City, NEBRASKA 68776	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-S SIOUX CITY	115 E 28th Street South Sioux City, NEBRASKA 68776	Continuous Alcohol Monitoring (CAM)			
		Continuous Alcohol Monitoring (CAM) with EM	Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com
		Family Support	Feller, Angela	7128992729	Angela.feller@theowenscompanies.com
			Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com
			medrano, jillean	7128995709	jill.medrano@owenseducationalservices.org
		Juvenile Electronic Monitoring Cell Phone	Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com
		Juvenile Electronic Monitoring GPS	Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com
		Juvenile Electronic Monitoring Land Line	Randhawa, Jamie	7123333315	jamie.randhawa@theowenscompanies.com

Agency Facility County: Dodge

Agency Name: Awareness Counseling

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Awareness Counseling LLC	2170 N Platte Avenue Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Matrix Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Mental Health Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Substance Use Addendum	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Substance Use Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Co-Occurring Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Mental Health Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Substance Use Addendum	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Substance Use Evaluation	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com

Agency Name: Braun Counseling Services LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	301 East 6th Street, Ste 103 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Mental Health Evaluation	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Substance Use Addendum	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Substance Use Evaluation	Braun, Diane	4029807600	dbrauncounseling@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Braun, Diane	4029807600	dbrauncounseling@gmail.com

Agency Name: CITY OF FREMONT POLICE DEPT

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CITY OF FREMONT POLICE DEPT	725 N Park Ave Fremont, NEBRASKA 68025	Invoice - Law Enforcement Transportation			

Agency Name: Care Corps' LifeHouse

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Care Corps' LifeHouse	723 North Broad Street Fremont, NEBRASKA 68025	Transitional Living - Level 2			

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	515 N D ST Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation			
		Adult Substance Use Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	515 N D ST Fremont, NEBRASKA 68025	Juvenile Co-Occurring Evaluation			
		Juvenile Substance Use Evaluation			

Agency Name: Debra J Hallstrom Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Debra J Hallstrom Counseling	2170 North Platte Ave PO Box 1696 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Hallstrom, Debra	4027208220	djhallstrom@aol.com
		Adult Mental Health Evaluation	Hallstrom, Debra	4027208220	djhallstrom@aol.com
		Adult Mental Health Outpatient Counseling (Individual)	Hallstrom, Debra	4027208220	djhallstrom@aol.com
		Adult Substance Use Addendum	Hallstrom, Debra	4027208220	djhallstrom@aol.com
		Adult Substance Use Evaluation	Hallstrom, Debra	4027208220	djhallstrom@aol.com
		Adult Substance Use Outpatient Treatment (Individual)	Hallstrom, Debra	4027208220	djhallstrom@aol.com

Agency Name: Healing Minds Therapy pc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Minds Therapy pc	1835 E MILITARY AVE ste 111 Fremont, NEBRASKA 68025	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult 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
Healing Minds Therapy pc	1835 E MILITARY AVE ste 111 Fremont, NEBRASKA 68025	(Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			

Agency Name: Lotus Behavioral Health, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
		Adult Mental Health Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
			Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Adult Mental Health Outpatient Counseling (Individual)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
			Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net
		Adult Substance Use Addendum	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
		Adult Substance Use Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebl, Skyler	4023664754	sgroebl@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Adult Substance Use Outpatient Treatment (Group)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac, Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac, Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
		Expedited Co-Occurring Evaluation	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac, Jacqueline	4027201741	jrezac@lotusbh.net
		Expedited Mental Health Evaluation	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac, Jacqueline	4027201741	jrezac@lotusbh.net
		Expedited Substance Use Evaluation	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net

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Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Expedited Substance Use Evaluation	Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Co-Occurring Evaluation	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
			Juvenile Mental Health Evaluation	Bruce, Jessica	4025339518
		Falcone, Alicia		4026580654	aliciafalcone521@gmail.com
		Groebli, Skyler		4023664754	sgroebli@lotusbh.net
		Osborn, Katlynn		4027271592	kosborn@lotusbh.net
		Rezac , Jacqueline		4027201741	jrezac@lotusbh.net
		Roberts, Markie		5317211732	mroberts@lotusbh.net
		Watchorn, Jessica		4026692043	jwatchorn@lotusbh.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)		Bruce, Jessica	4025339518
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net

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Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net
		Juvenile Substance Use Addendum	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Roberts, Markie	5317211732	mroberts@lotusbh.net
			Juvenile Substance Use Evaluation	Bruce, Jessica	4025339518
		Groebli, Skyler		4023664754	sgroebli@lotusbh.net
		Osborn, Katlynn		4027271592	kosborn@lotusbh.net
		Rezac , Jacqueline		4027201741	jrezac@lotusbh.net
		Roberts, Markie		5317211732	mroberts@lotusbh.net
		Juvenile Substance Use Outpatient Treatment (Group)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Bruce, Jessica	4025339518	jbruce@lotusbh.net
			Falcone, Alicia	4026580654	aliciafalcone521@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac, Jacqueline	4027201741	jrezac@lotusbh.net

Agency Name: Lutheran Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1420 E Military Ave Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Rich, Jamie	4023173269	jrich@lfsneb.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Mental Health Evaluation	Rich, Jamie	4023173269	jrich@lfsneb.org
			Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Mental Health Outpatient Counseling (Individual)	Rich, Jamie	4023173269	jrich@lfsneb.org
		Adult Substance Use Addendum	Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Substance Use Evaluation	Stawniak, Rachael	4027211774	rachael.stawniak@onelfs.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Rich, Jamie	4023173269	jrich@lfsneb.org
		Adult Substance Use Outpatient Treatment (Group)	Rich, Jamie	4023173269	jrich@lfsneb.org
		Adult Substance Use Outpatient Treatment (Individual)	Rich, Jamie	4023173269	jrich@lfsneb.org
Stawniak, Rachael	4027211774		rachael.stawniak@onelfs.org		
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
	1420 E Military Ave Fremont, NEBRASKA 68025	Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Strong, Anisa	4027142878	anisastrong@gmail.com
			Thompson, Jessie	4023695406	jessie.thompson@onelfs.org
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Substance Use Addendum	Strong, Anisa	4027142878	anisastrong@gmail.com
			Thompson, Jessie	4023695406	jessie.thompson@onelfs.org
		Juvenile Substance Use Evaluation	Strong, Anisa	4027142878	anisastrong@gmail.com
			Thompson, Jessie	4023695406	jessie.thompson@onelfs.org
		Juvenile Substance Use Outpatient Treatment (Group)			
Juvenile Substance Use Outpatient Treatment (Individual/Family)					

Agency Name: Main Street Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Main Street Counseling	815 N Broad Street Fremont, NEBRASKA	Adult Substance Use Addendum	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Adult Substance Use	Porter,	4027200943	mainstreetcounseling@outlook.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Main Street Counseling	68025	Evaluation	Holly		
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Adult Substance Use Outpatient Treatment (Group)	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Adult Substance Use Outpatient Treatment (Individual)	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Juvenile Substance Use Evaluation	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Porter, Holly	4027200943	mainstreetcounseling@outlook.com

Agency Name: Nebraska Mediation Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nebraska Mediation Center	435 N. Park Avenue 4th Floor Fremont, NEBRASKA 68025	Expedited Family Group Conference	Basque Malloy, Christine	4027539415	ChristineBM@nebraskamediationcenter.com
		Mediation	Basque Malloy, Christine	4027539415	ChristineBM@nebraskamediationcenter.com

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
	230 E. 22nd Street, Suite 5 Fremont, NEBRASKA 68025	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	230 E. 22nd Street, Suite 5 Fremont, NEBRASKA 68025	Adult Substance Use Outpatient Treatment (Individual)			
		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-Fremont	230 E. 22nd Street,#4 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation	Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Psychological Evaluation	Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)			

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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-Fremont	230 E. 22nd Street,#4 Fremont, NEBRASKA 68025	Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation	Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychological Evaluation	Needelman, Joshua	4026148444	jneedelman@capstonebehavioralhealth.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use			

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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-Fremont	230 E. 22nd Street,#4 Fremont, NEBRASKA 68025	Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Pathfinder Support Services Home Office

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pathfinder Support Services - Fremont	212 N. 8th Street, Suite C Fremont, NEBRASKA 68025	Day Reporting			
		Evening Reporting			
		Family Support			

Agency Name: Strengthen Mental Health Therapy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Strengthen Mental Health Therapy	1835 E Military Ave Ste 107 Fremont, NEBRASKA 68025	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: The Healing Path LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The	1835 East Military Ave	Adult Co-Occurring	Allmendinger,	4027196666	coreyallmendinger@outlook.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Path LLC	Suite 105 Fremont, NEBRASKA 68025	Evaluation	Corey		
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Mental Health Evaluation	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Mental Health Outpatient Counseling (Individual)	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Substance Use Addendum	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Substance Use Evaluation	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Substance Use Outpatient Treatment (Group)	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org
		Adult Substance Use Outpatient Treatment (Individual)	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			Allmendinger, Kayla	4029835585	kayla@the-healing-path.org

Agency Name: Thrival Academy

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Thrival Academy Fremont location	1030 N Broad St Fremont, NEBRASKA 68025	Family Partner			
		Family Support			

Agency Facility County: Washington

Agency Name: Carlson Counseling Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Carlson Counseling Services LLC	24590 Stork Lane Arlington, NEBRASKA 68002	Adult Co-Occurring Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Mental Health Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Sex Offense-Specific Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Substance Use Addendum	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Substance Use Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Co-Occurring Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Mental Health Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Carlson Counseling Services LLC	24590 Stork Lane Arlington, NEBRASKA 68002	Juvenile Substance Use Addendum	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Substance Use Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Carlson, Stanley	4026164859	stan.carlson@hotmail.com
		Juveniles Who Sexually Harm Risk Evaluation	Carlson, Stanley	4026164859	stan.carlson@hotmail.com

Agency Name: Schrum Associates, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Schrum Associates, LLC	PO Box 588 Blair, NEBRASKA 68008	Adult Substance Use Addendum	Schrum , Amanda	4026199686	akschrum@hush.com
		Adult Substance Use Evaluation	Schrum , Amanda	4026199686	akschrum@hush.com
		Adult Substance Use Outpatient Treatment (Individual)	Schrum , Amanda	4026199686	akschrum@hush.com