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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

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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	Adult Substance Use Outpatient Treatment (Individual)	Williams, Tina	4023582047	tina.williams@cortherapeutic.com
		Juvenile Co-Occurring Evaluation	Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Williams, Tina	4023582047	tina.williams@cortherapeutic.com
		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

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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 Substance Use Addendum	Williams, Tina	4023582047	tina.williams@cortherapeutic.com
		Juvenile Substance Use Evaluation	Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Williams, Tina	4023582047	tina.williams@cortherapeutic.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Davies, Paul	4023166570	p.a.davies15@gmail.com
			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	1201	Adult Co-	Fehringer,	4024943337	fehringer@heartlandcounselingservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Counseling Services, Inc.	Arbor Drive South Sioux City, NEBRASKA 68776	Occurring Evaluation	Diane		
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Gambling Outpatient Counseling (Individual/ Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Mental Health Evaluation	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Individual)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg,	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
		Adult Mental Health Outpatient Counseling (Individual)	Aaron		
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)			
		Adult Substance Use Addendum	Fehringer, Diane	4024943337	fehringer@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	Fehringer, Diane	4024943337	fehringer@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
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Fehringer, Diane	4024943337	fehringer@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)	Fehringer, Diane	4024943337	fehringer@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)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		General Education Class			
		Juvenile Co-Occurring Evaluation	Fehringer, Diane	4024943337	fehringer@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
		Juvenile Mental Health Evaluation	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Outpatient Counseling (Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Addendum	Fehringer, Diane	4024943337	fehringer@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
		Juvenile Substance Use Evaluation	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Juvenile Substance Use Evaluation	Mackling, Jamie	4024943337	jamiem@heartlandcounselingservices.com
			Peters, Martinique	4024943337	marti@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Outpatient Treatment (Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Knudsen, Lisbeth	4024943337	lisbeth@heartlandcounselingservices.com
			Youngberg, Aaron	4024943337	aaron@heartlandcounselingservices.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Fehringer, Diane	4024943337	fehringer@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.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	115 E 28th Street South Sioux	Continuous Alcohol			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	City, NEBRASKA 68776	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
			Parks, McKenzie	7123393222	mckenzie.parks@owenseducationalservices.org
			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

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Agency Name: Awareness Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Awareness Counseling LLC	2170 N Platte Ave null 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	Gregory, Nichole	4027201621	ngregory1621@gmail.com
			Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Substance Use Evaluation	Gregory, Nichole	4027201621	ngregory1621@gmail.com
			Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Gregory, Nichole	4027201621	ngregory1621@gmail.com
			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	Gregory, Nichole	4027201621	ngregory1621@gmail.com
			Sorensen, Rachel	4027203992	sorensenwriter@yahoo.com
		Juvenile Substance Use	Gregory,	4027201621	ngregory1621@gmail.com

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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 Ave null Fremont, NEBRASKA 68025	Evaluation	Nichole		
			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

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			

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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	15 Day TL Extension - Level 2			
		45 Day Transitional Living - Level 2			
		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			
		Juvenile Co-Occurring Evaluation			
		Juvenile Substance Use Evaluation			

Agency Name: Cusick Psychotherapy, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cusick Psychotherapy, Inc	725 East 5th Street Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cusick Psychotherapy, Inc	725 East 5th Street Fremont, NEBRASKA 68025	Juvenile Mental Health 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: 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

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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	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			

Agency Name: Lembke Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lembke Counseling LLC	152 E. 6th St STE 111 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Lembke, Brenda	4027537556	brenda.lembke@gmail.com
		Adult Mental Health Evaluation	Lembke, Brenda	4027537556	brenda.lembke@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Lembke, Brenda	4027537556	brenda.lembke@gmail.com
		Adult Substance Use Addendum	Lembke, Brenda	4027537556	brenda.lembke@gmail.com
		Adult Substance Use Evaluation	Lembke, Brenda	4027537556	brenda.lembke@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Lembke, Brenda	4027537556	brenda.lembke@gmail.com
		Juvenile Mental Health Evaluation	Lembke, Brenda	4027537556	brenda.lembke@gmail.com
		Juvenile Mental Health Outpatient Counseling	Lembke, Brenda	4027537556	brenda.lembke@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lembke Counseling LLC	152 E. 6th St STE 111 Fremont, NEBRASKA 68025	(Individual/Family)			
		Juvenile Substance Use Addendum	Lembke, Brenda	4027537556	brenda.lembke@gmail.com
		Juvenile Substance Use Evaluation	Lembke, Brenda	4027537556	brenda.lembke@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Lembke, Brenda	4027537556	brenda.lembke@gmail.com

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	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Mental Health Evaluation	Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Nelson, Stacy	4026707491	snelson@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net
		Adult Mental Health Outpatient Counseling (Individual)	Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@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)	Hostetler, Madison	5317211810	mhostetler@lotusbh.net
			Nelson, Stacy	4026707491	snelson@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net
		Adult Substance Use Addendum	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Hostetler, Madison	5317211810	mhostetler@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Substance Use Evaluation	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Nelson, Stacy	4026707491	snelson@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Substance Use Outpatient Treatment (Group)	Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Hostetler,	5317211810	mhostetler@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 (Individual)	Madison		
			Nelson, Stacy	4026707491	snelson@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Expedited Co-Occurring Evaluation	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Hostetler, Madison	5317211810	mhostetler@lotusbh.net
			Nelson, Stacy	4026707491	snelson@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Expedited Mental Health Evaluation	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Nelson, Stacy	4026707491	snelson@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Expedited Substance Use Evaluation	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Hostetler, Madison	5317211810	mhostetler@lotusbh.net
			Nelson, Stacy	4026707491	snelson@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net

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Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Juvenile Co-Occurring Evaluation	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Mental Health Evaluation	Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Hostetler, Madison	5317211810	mhostetler@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
			Watchorn, Jessica	4026692043	jwatchorn@lotusbh.net
		Juvenile Substance Use Addendum	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Hostetler, Madison	5317211810	mhostetler@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac ,	4027201741	jrezac@lotusbh.net

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Lotus Behavioral Health, LLC	152 E 6th St Ste 116 Fremont, NEBRASKA 68025	Juvenile Substance Use Addendum	Jacqueline		
		Juvenile Substance Use Evaluation	Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Hostetler, Madison	5317211810	mhostetler@lotusbh.net
			Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Substance Use Outpatient Treatment (Group)	Osborn, Katlynn	4027271592	kosborn@lotusbh.net
			Rezac , Jacqueline	4027201741	jrezac@lotusbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Falcone, Alicia	4026580654	aliciafalcone521@gmail.com
			Groebli, Skyler	4023664754	sgroebli@lotusbh.net
			Hostetler, Madison	5317211810	mhostetler@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	Crosbie, Rachael	4027211774	rachael.crosbie@onelfs.org
			Dye, Roxanna	4029681243	roxanna.dye@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Rowe,	4023408766	brad.rowe@onelfs.org

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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	Adult Co-Occurring Evaluation	Bradley		
			Vice, Alexander	4029490134	alex.vice@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Adult Mental Health Evaluation	Crosbie, Rachael	4027211774	rachael.crosbie@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Rowe, Bradley	4023408766	brad.rowe@onelfs.org
			Vice, Alexander	4029490134	alex.vice@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Adult Mental Health Outpatient Counseling (Individual)	Dye, Roxanna	4029681243	roxanna.dye@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Rowe, Bradley	4023408766	brad.rowe@onelfs.org
			Vice, Alexander	4029490134	alex.vice@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Adult Substance Use Addendum	Crosbie, Rachael	4027211774	rachael.crosbie@onelfs.org
			Dye, Roxanna	4029681243	roxanna.dye@onelfs.org
			Rowe, Bradley	4023408766	brad.rowe@onelfs.org
			Vice, Alexander	4029490134	alex.vice@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Adult Substance Use Evaluation	Crosbie, Rachael	4027211774	rachael.crosbie@onelfs.org

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	1420 E Military Ave Fremont, NEBRASKA 68025	Adult Substance Use Evaluation	Dye, Roxanna	4029681243	roxanna.dye@onelfs.org
			Rowe, Bradley	4023408766	brad.rowe@onelfs.org
			Vice, Alexander	4029490134	alex.vice@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Dye, Roxanna	4029681243	roxanna.dye@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Rowe, Bradley	4023408766	brad.rowe@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Adult Substance Use Outpatient Treatment (Group)	Dye, Roxanna	4029681243	roxanna.dye@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Rowe, Bradley	4023408766	brad.rowe@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Adult Substance Use Outpatient Treatment (Individual)	Crosbie, Rachael	4027211774	rachael.crosbie@onelfs.org
			Dye, Roxanna	4029681243	roxanna.dye@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
			Rowe, Bradley	4023408766	brad.rowe@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Agency Supported Foster Care			
		Community Treatment Aide (CTA)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1420 E Military Ave Fremont, NEBRASKA 68025	Juvenile Co-Occurring Evaluation	Vice, Alexander	4029490134	alex.vice@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Rose, Alyssa	5314445101	alyssa.rose@onelfs.org
			Strong, Anisa	4027142878	anisastrong@gmail.com
			Vice, Alexander	4029490134	alex.vice@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Mental Health Outpatient Counseling (Group)	Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Rose, Alyssa	5314445101	alyssa.rose@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Substance Use Addendum	Strong, Anisa	4027142878	anisastrong@gmail.com
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Substance Use Evaluation	Strong, Anisa	4027142878	anisastrong@gmail.com
			Vice, Alexander	4029490134	alex.vice@onelfs.org
			Walsh, Natasha	4022134167	natasha.walsh@onelfs.org
		Juvenile Substance Use Outpatient Treatment (Group)	Walsh, Natasha	4022134167	natasha.walsh@onelfs.org

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	1420 E Military Ave Fremont, NEBRASKA 68025	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Walsh, Natasha	4022134167	natasha.walsh@onelfs.org

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 68025	Adult Substance Use Addendum	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		Adult Substance Use Evaluation	Porter, Holly	4027200943	mainstreetcounseling@outlook.com
		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,	Expedited Family Group	Basque Malloy, Christine	4027539415	ChristineBM@nebraskamediationcenter.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nebraska Mediation Center	NEBRASKA 68025	Conference			
		Mediation - Juvenile	Basque Malloy, Christine	4027539415	ChristineBM@nebraskamediationcenter.com
			Lueders, Michele	4027539415	michelel@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)			
		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	josh.needelman@optum.com
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Psychological	Needelman,	4026148444	josh.needelman@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-Fremont	230 E. 22nd Street,#4 Fremont, NEBRASKA 68025	Evaluation	Joshua		
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation	Needelman, Joshua	4026148444	josh.needelman@optum.com
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychological Evaluation	Needelman, Joshua	4026148444	josh.needelman@optum.com
		Juvenile Substance Use Addendum			

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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	Juvenile Substance Use Evaluation			
		Juvenile Substance Use 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: SEVEN16 Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
SEVEN16 Counseling	33 W 4th St Suite 5B Fremont, NEBRASKA 68025	Adult Mental Health Outpatient Counseling (Individual)			

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	Schenck, Lauren	4025809011	lauren@strengthenmentalhealth.com
		Adult Mental Health Outpatient Counseling (Individual)	Schenck, Lauren	4025809011	lauren@strengthenmentalhealth.com

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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	Juvenile Mental Health Evaluation	Schenck, Lauren	4025809011	lauren@strengthenmentalhealth.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Schenck, Lauren	4025809011	lauren@strengthenmentalhealth.com

Agency Name: The Healing Path LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Healing Path LLC	1835 East Military Ave Suite 105 Fremont, NEBRASKA 68025	Adult Co-Occurring Evaluation	Allmendinger, Corey	4027196666	coreyallmendinger@outlook.com
			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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Healing Path LLC	1835 East Military Ave Suite 105 Fremont, NEBRASKA 68025	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: Thrivival Academy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Thrivival 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	4027218805	stan.carlson@hotmail.com
		Adult Mental Health Evaluation	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Adult Sex Offense-Specific Evaluation	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Adult Substance Use Addendum	Carlson, Stanley	4027218805	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	Adult Substance Use Evaluation	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Juvenile Co-Occurring Evaluation	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Juvenile Mental Health Evaluation	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Juvenile Substance Use Addendum	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Juvenile Substance Use Evaluation	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Carlson, Stanley	4027218805	stan.carlson@hotmail.com
		Juveniles Who Sexually Harm Risk Evaluation	Carlson, Stanley	4027218805	stan.carlson@hotmail.com

Agency Name: SEVEN16 Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Upper Room Counseling	13121 County Rd 16 Blair, NEBRASKA 68008	Adult Mental Health Outpatient Counseling (Individual)			