

# Administrative Office of Courts & Probation

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

## District 2

### Agency Facility County: Cass

#### Agency Name: Educate 2 Eliminate,LLC.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Educate 2 Eliminate,LLC.	2380 W. 8th Avenue, Suite 7 Plattsmouth, NEBRASKA 68048	Adult Co-Occurring Evaluation	Hicks Kalvinek, Joyce	4024905759	jhicks@fmlyconn.com
		Adult Mental Health Evaluation	Hicks Kalvinek, Joyce	4024905759	jhicks@fmlyconn.com
		Adult Mental Health Outpatient Counseling (Individual)	Hicks Kalvinek, Joyce	4024905759	jhicks@fmlyconn.com
		Adult Substance Use Addendum	Hicks Kalvinek, Joyce	4024905759	jhicks@fmlyconn.com
		Adult Substance Use Evaluation	Hicks Kalvinek, Joyce	4024905759	jhicks@fmlyconn.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hicks Kalvinek, Joyce	4024905759	jhicks@fmlyconn.com
		Adult Substance Use Outpatient Treatment (Group)	Hicks Kalvinek, Joyce	4024905759	jhicks@fmlyconn.com
		Adult Substance Use Outpatient Treatment (Individual)	Hicks Kalvinek, Joyce	4024905759	jhicks@fmlyconn.com

### Agency Facility County: Sarpy

#### Agency Name: All Communities Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
All Communities	112 Mission Ave, Ne,68005	Adult Co-Occurring Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Services	Bellevue, NEBRASKA 68005	Adult Mental Health Outpatient Counseling (Group)			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Evaluation	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Outpatient Treatment (Group)	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Adult Substance Use Outpatient Treatment (Individual)	Austin, Willie	4024520102	williea244@gmail.com
			Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Anger Management Class	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Community Treatment Aide (CTA)			
Day Reporting	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org		
Employment	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Placement	Dawn		
		Evening Reporting	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Family Partner	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Family Support	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		General Education Class	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Evaluation	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Outpatient Treatment (Group)	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cornelius, Dawn	4022571122	d.cornelius@allcommunitiesos.org

**Agency Name: Breaking Chains LLC**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Breaking	12213 S 33rd st	Adult Co-Occurring Evaluation	BAULPINSON,	4025147613	doraineh@aol.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Chains LLC	Bellevue, NEBRASKA 68123		DORAINE		
		Adult Mental Health Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Austin, Willie	4024520102	williea244@gmail.com
		Adult Substance Use Evaluation	Austin, Willie	4024520102	williea244@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		General Education Class	Smith, Janee	4023121460	hooksjane@gmail.com
		Juvenile Co-Occurring Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Juvenile Mental Health Evaluation	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Juvenile Substance Use Addendum	Austin, Willie	4024520102	williea244@gmail.com
		Juvenile Substance Use Evaluation	Austin, Willie	4024520102	williea244@gmail.com
		Juvenile Substance Use Intensive Outpatient (IOP)	BAULPINSON, DORAINE	4025147613	doraineh@aol.com
		Juvenile Substance Use Outpatient Treatment (Group)			
Juvenile Substance Use	Austin, Willie	4024520102	williea244@gmail.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Outpatient Treatment (Individual/Family)	BAULPINSON, DORAINE	4025147613	doraine@aol.com

### Agency Name: CNW Alliance

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CNW Alliance-Bellevue Office	1028 Bruin Blvd Bellevue Library Ste. 456 Bellevue, NEBRASKA 68005	Family Partner	Clemow, Jorge	5317779529	Jorge@cnwalliance.org
		Family Support	Clemow, Jorge	5317779529	Jorge@cnwalliance.org

### 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	1237 Golden Gate Dr Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Mental Health Evaluation	McGann, Trisha	4024159015	tmcgann99@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	McGann, Trisha	4024159015	tmcgann99@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Psychological Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use Addendum	Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use	Powell,	4026714429	Powell.Michelle.a@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	1237 Golden Gate Dr Papillion, NEBRASKA 68046	Evaluation	Michelle		
			Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Powell, Michelle	4026714429	Powell.Michelle.a@gmail.com
		Juvenile Co-Occurring Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		Juvenile Mental Health Evaluation	Tamayo, Kelly	4025902947	drkellytamayo@gmail.com
		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: Forensic Behavioral Health Inc.**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Forensic Behavioral Health Inc.	1410 East Gold Coast Rd Ste 300 Papillion, NEBRASKA 68046	Adult Psychological Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com
		Adult Sex Offense-Specific Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com
		Juvenile Psychological Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Forensic Behavioral Health Inc.	1410 East Gold Coast Rd Ste 300 Papillion, NEBRASKA 68046	Juveniles Who Sexually Harm Risk Evaluation	Newring, Kirk	4025576027	newring@fbhnebraska.com

### Agency Name: Hamilton Behavioral Health Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Hamilton Behavioral Health Services	203 West 29th Avenue #6 Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation			
		Adult Substance Use Evaluation	McIntyre-Moore, Kathleen	4022136884	Godfirst3_2000@yahoo.com

### Agency Name: Healing Place Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Place Counseling, LLC	3802 Raynor Pkwy Suite 203 Bellevue, NEBRASKA 68123	Adult Mental Health Evaluation	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com
		Adult Sex Offense-Specific Evaluation	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Yunker-Schiffers, Holli	4029490943	healingplacenebraska@gmail.com

### Agency Name: Heartland Family Service

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Barry, Mustapha	4025527425	mbarry@heartlandfamilyservice.org
			Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Barry, Mustapha	4025527425	mbarry@heartlandfamilyservice.org
			Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
Stephen, Caitlin	4025547204		cstephen@heartlandfamilyservice.org		
Sweat, Alice	4025527064		asweat@heartlandfamilyservice.org		



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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Mental Health Evaluation	Alice			
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org	
		Adult Mental Health Outpatient Counseling (Group)	Barry, Mustapha	4025527425	mbarry@heartlandfamilyservice.org	
			Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org	
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org	
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org	
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org	
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org	
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org	
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org	
			Adult Mental Health Outpatient Counseling (Individual)	Barry, Mustapha	4025527425	mbarry@heartlandfamilyservice.org
				Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org
		Cassidy, Victoria		4025527015	Vcassidy@heartlandfamilyservice.org	
		Hart, Michelle		4025527407	mhart@heartlandfamilyservice.org	
		Heidvogel, Brian		4025527004	bheidvogel@heartlandfamilyservice.org	
		Stephen, Caitlin		4025547204	cstephen@heartlandfamilyservice.org	
		Sweat, Alice		4025527064	asweat@heartlandfamilyservice.org	
		Walsh,		4025527499	nwalsh@heartlandfamilyservice.org	

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Mental Health Outpatient Counseling (Individual)	Natasha		
		Adult Substance Use Addendum	Barry, Mustapha	4025527425	mbarry@heartlandfamilyservice.org
			Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Adult Substance Use Evaluation	Barry, Mustapha	4025527425	mbarry@heartlandfamilyservice.org
			Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org
			Walsh,	4025527499	nwalsh@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Adult Substance Use Evaluation	Natasha		
		Adult Substance Use Outpatient Treatment (Group)	Barry, Mustapha	4025527425	mbarry@heartlandfamilyservice.org
			Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Hart, Michelle	4025527407	mhart@heartlandfamilyservice.org
			Heidvogel, Brian	4025527004	bheidvogel@heartlandfamilyservice.org
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
			Adult Substance Use Outpatient Treatment (Individual)	Barry, Mustapha	4025527425
		Carlson, Heather		4025527062	hcarlson@heartlandfamilyservice.org
		Cassidy, Victoria		4025527015	Vcassidy@heartlandfamilyservice.org
		Hart, Michelle		4025527407	mhart@heartlandfamilyservice.org
		Heidvogel, Brian		4025527004	bheidvogel@heartlandfamilyservice.org
		Stephen, Caitlin		4025547204	cstephen@heartlandfamilyservice.org
		Sweat, Alice		4025527064	asweat@heartlandfamilyservice.org
		Walsh, Natasha		4025527499	nwalsh@heartlandfamilyservice.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Juvenile Co-Occurring Evaluation	Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org	
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org	
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org	
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org	
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org	
		Juvenile Medication Management				
		Juvenile Mental Health Evaluation	Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org	
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org	
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org	
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org	
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org	
		Juvenile Mental Health Outpatient Counseling (Group)	Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org	
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org	
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org	
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org	
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org	
		Juvenile Mental Health Outpatient Counseling	Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org	

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	(Individual/Family)	Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org	
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org	
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org	
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org	
		Juvenile Psychiatric Evaluation				
		Juvenile Psychiatric Evaluation Interview Only				
		Juvenile Substance Use Addendum	Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org	
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org	
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org	
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org	
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org	
		Juvenile Substance Use Evaluation	Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org	
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org	
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org	
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org	
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org	
		Juvenile Substance Use	Carlson,	4025527062	hcarlson@heartlandfamilyservice.org	

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Sarpy Office	302 American Parkway Papillion, NEBRASKA 68046	Outpatient Treatment (Group)	Heather		
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Carlson, Heather	4025527062	hcarlson@heartlandfamilyservice.org
			Cassidy, Victoria	4025527015	Vcassidy@heartlandfamilyservice.org
			Stephen, Caitlin	4025547204	cstephen@heartlandfamilyservice.org
			Sweat, Alice	4025527064	asweat@heartlandfamilyservice.org
			Walsh, Natasha	4025527499	nwalsh@heartlandfamilyservice.org
			PRS-BIP		

**Agency Name: James Laufenberg LMHP LADC**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
James Laufenberg LMHP LADC	10748 Virginia Plaza Sutie 107 La Vista, NEBRASKA 68128	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
James Laufenberg LMHP LADC	10748 Virginia Plaza Sutie 107 La Vista, NEBRASKA 68128	Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

### Agency Name: Leading Light Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Leading Light Counseling LLC	1410 E Gold Coast Rd. STE 700 Papillion, NEBRASKA 68046	Adult Co-Occurring Evaluation	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
		Adult Mental Health Evaluation	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
		Adult Mental Health Outpatient Counseling (Individual)	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
		Adult Substance Use Addendum	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
			Carter, Evan	4026587315	ecarter@leadinglight-ne.com
		Adult Substance Use Evaluation	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
			Carter, Evan	4026587315	ecarter@leadinglight-ne.com
		Adult Substance Use Outpatient Treatment (Individual)	Cappellano, Kimberly	4022376415	kcappellano88@outlook.com
Carter, Evan	4026587315		ecarter@leadinglight-ne.com		

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Lincoln, NE 68509  
Phone: (402) 471-3730

## District 2

### Agency Name: Lutheran Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
	11515 S 39th Street, Ste 300 Bellevue, NEBRASKA 68123	Adult Co-Occurring Evaluation	Carter, Alyson	5314445100	alyson.carter@onelfs.org	
			McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org	
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org	
		Adult Initial Diagnostic Interview (Medication Prescriber Only)				
		Adult Matrix Evaluation	VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org	
		Adult Mental Health Evaluation	Carter, Alyson	5314445100	alyson.carter@onelfs.org	
			McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org	
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org	
		Adult Mental Health Outpatient Counseling (Individual)	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org	
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org	
		Adult Psychological Evaluation				
		Adult Sex Offense-Specific Evaluation				
		Adult Sex Offense-Specific Polygraph Examination				
		Adult Substance Use Addendum	Carter, Alyson	5314445100	alyson.carter@onelfs.org	
			McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org	
VanNordstrand, Laura	4026613125		laura.vannordstrand@onelfs.org			
Adult Substance Use Evaluation	Carter, Alyson	5314445100	alyson.carter@onelfs.org			



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	11515 S 39th Street, Ste 300 Bellevue, NEBRASKA 68123	Adult Substance Use Evaluation	McCollister, Suzanne	4025025132	suzanne.mccollister@onelfs.org
			VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	VanNordstrand, Laura	4026613125	laura.vannordstrand@onelfs.org
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Agency Supported Foster Care			
		Continuous Alcohol Monitoring (CAM)			
		Family Partner			
		Family Support			
		Juvenile Eating Disorder Intensive Outpatient Counseling (IOP)			
		Juvenile Eating Disorder Outpatient Treatment			
		Juvenile Eating Disorders Day Treatment			
		Juvenile Medication Management			
		Juvenile Mental Health Intensive Outpatient Counseling (IOP)			
Juvenile Mental Health					

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	11515 S 39th Street, Ste 300 Bellevue, NEBRASKA 68123	Outpatient Counseling (Group)			
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile SUD Medical Detox			
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juveniles Who Sexually Harm Risk Evaluation			
		Relative/Kinship Home Study			

### Agency Name: Maggett Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Maggett Counseling LLC	1620 Willshire Dr. Suite 222 null Bellevue, NEBRASKA 68005	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		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)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Maggett Counseling LLC	1620 Willshire Dr. Suite 222 null Bellevue, NEBRASKA 68005	Juvenile Substance Use Outpatient Treatment (Individual/Family)			

### Agency Name: Mechere Campbell

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mechere Campbell	PO Box 1735 Bellevue, NEBRASKA 68005	Family Partner	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
		Family Support	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com
		Intensive Family Preservation	Campbell, Mechere	4026309705	mcampbell2k@hotmail.com
			Maggett, Joseph	4023126840	joseph@maggett-counseling.com

### Agency Name: New Path Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
New Path Counseling	916 Village Sq Gretna, NEBRASKA 68028	Adult Co-Occurring Evaluation	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.com
		Adult Substance Use Evaluation	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.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
New Path Counseling	916 Village Sq Gretna, NEBRASKA 68028	Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

**Agency Name: Patrick J. Thomas Juvenile Justice Center**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Patrick J. Thomas Juvenile Justice Center	9701 Portal Road La Vista, NEBRASKA 68127	Anger Management Class			
		Day Reporting			
		EM Sarpy CARE			
		Evening Reporting			
		General Education Class			

**Agency Name: Rainbow of Hope**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kathleen P. McIntyre	10018 South 14th Street Bellevue, NEBRASKA 68123	Adult Substance Use Addendum	McIntyre-Moore, Kathleen	4022136884	Godfirst3_2000@yahoo.com
		Adult Substance Use Evaluation	McIntyre-Moore, Kathleen	4022136884	Godfirst3_2000@yahoo.com

**Agency Name: Resurgence Recovery Services**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Resurgence Recovery Services	817 Donegal Dr Papillion, NEBRASKA 68046	Adult Substance Use Addendum			
		Adult Substance Use Evaluation			

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### Agency Name: Sarpy County Juvenile Justice Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Patrick J. Thomas Juvenile Justice Center	9701 Portal Road La Vista, NEBRASKA 68128	Invoice - Secure Detention			
		Invoice - Staff Detention			

### Agency Name: The Greater Works Networks

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Greater Works Networks	1103 Galvin Road S Ste L 1/2 Bellevue, NEBRASKA 68005	Case Managed Tutoring			
		Day Reporting	Manns, Erica	5313297899	ekeyes@thegwn.org
		Employment Placement	Manns, Erica	5313297899	ekeyes@thegwn.org
		Evening Reporting	Manns, Erica	5313297899	ekeyes@thegwn.org
		Family Partner	Manns, Erica	5313297899	ekeyes@thegwn.org
		Family Support	Manns, Erica	5313297899	ekeyes@thegwn.org
		General Education Class			
		Relative/Kinship Home Study	Manns, Erica	5313297899	ekeyes@thegwn.org

### Agency Name: Thrival Academy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Chad Cawthon	11755 Glenn St. Bellevue, NEBRASKA 68046	Family Partner	Cawthon, Chad	4028122802	chadcawthon78@gmail.com