

Administrative Office of Courts & Probation

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

District 5

Agency Facility County: Boone

Agency Name: Growth & Grace Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Growth & Grace Counsleing LLC	1114 W STATE ST Albion, NEBRASKA 68620	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation	Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation	Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com

Agency Facility County: Butler

Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	367 E St PO Box 185 David City, NEBRASKA	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
	68632	Adult Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
Thomalla, Eric	4024434414		ethomalla@bvbh.net		
White, Nichole	4022283386		nwhite@bvbh.net		

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 Abie, 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

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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 Abie, NEBRASKA 68002	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
		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 Facility County: Hamilton

Agency Name: Central Nebraska Mental Health

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1423 7th Street Aurora, NEBRASKA 68818	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)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Harmony Health Center LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aurora Harmony Health Center	302 South 16th Suite B Aurora, NEBRASKA 68818	Adult Co-Occurring Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradley	4024139147	Brad@cvharmonyhealth.org
		Adult Mental Health Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			De La Cruz, Andrea (Annie)	4029571476	annie@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org

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Aurora Harmony Health Center	302 South 16th Suite B Aurora, NEBRASKA 68818	Adult Mental Health Evaluation	Shay, Bradley	4024139147	Brad@cvharmonyhealth.org
		Adult Mental Health Outpatient Counseling (Individual)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			De La Cruz, Andrea (Annie)	4029571476	annie@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradley	4024139147	Brad@cvharmonyhealth.org
			Adult Substance Use Addendum	Allen, Siobhan	4024139147
		Hill, Victoria		4026317244	vicki@cvharmonyhealth.org
		James, Jennifer		4026041039	jenniferj@cvharmonyhealth.org
		Shay, Bradley		4024139147	Brad@cvharmonyhealth.org
		Threats, Debra		4024054617	dthreats1@hotmail.com
		Adult Substance Use Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Hill, Victoria	4026317244	vicki@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradley	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org

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Aurora Harmony Health Center	302 South 16th Suite B Aurora, NEBRASKA 68818	Adult Substance Use Intensive Outpatient Counseling (IOP)	James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com
		Adult Substance Use Outpatient Treatment (Group)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Hill, Victoria	4026317244	vicki@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Hill, Victoria	4026317244	vicki@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com
		Juvenile Co-Occurring Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Juvenile Mental Health Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			De La Cruz, Andrea	4029571476	annie@cvharmonyhealth.org

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Aurora Harmony Health Center	302 South 16th Suite B Aurora, NEBRASKA 68818	Juvenile Mental Health Evaluation	(Annie)		
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradley	4024139147	Brad@cvharmonyhealth.org
		Juvenile Mental Health Outpatient Counseling (Group)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradley	4024139147	Brad@cvharmonyhealth.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			De La Cruz, Andrea (Annie)	4029571476	annie@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradley	4024139147	Brad@cvharmonyhealth.org
		Juvenile Substance Use Addendum	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Hill, Victoria	4026317244	vicki@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradley	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com
		Juvenile Substance Use Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aurora Harmony Health Center	302 South 16th Suite B Aurora, NEBRASKA 68818	Juvenile Substance Use Evaluation	Hill, Victoria	4026317244	vicki@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Hill, Victoria	4026317244	vicki@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com

Agency Name: Sozo Family Services

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sozo Family Services	211 16th St Aurora, NEBRASKA 68818	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Nissen, Emily	4028743377	emily@sozofamilyservices.org
		Adult Substance Use Evaluation	Nissen, Emily	4028743377	emily@sozofamilyservices.org
		Adult Substance Use Outpatient Treatment (Individual)	Nissen, Emily	4028743377	emily@sozofamilyservices.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Facility County: Merrick

Agency Name: Faith Counseling Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Faith Counseling Center	717 16th St. Central City, NEBRASKA 68826	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		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
Faith Counseling Center	717 16th St. Central City, NEBRASKA 68826	Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Facility County: Nance

Agency Name: Central Nebraska Mental Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Central Nebraska Mental Health	418 1/2 Willard Avenue Genoa, NEBRASKA 68640	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)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Central Nebraska Mental Health	418 1/2 Willard Avenue Genoa, NEBRASKA 68640	Outpatient Treatment (Individual/Family)			

Agency Facility County: Platte

Agency Name: AMH Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1571 23rd Ave. Suite 1. Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			

Agency Name: Behavioral Health Specialists

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Behavioral Health Specialists- Seekers of Serenity	4432 Sunrise Place Columbus, NEBRASKA 68601	Adult Co-Occurring Capable Short-Term Residential			
		Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Group)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Behavioral Health Specialists- Seekers of Serenity	4432 Sunrise Place Columbus, NEBRASKA 68601	Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Alexander, Tessa	4025649994	talexander@4bhs.org
			Becher, Deborah	4025649994	dbecher@4bhs.org
			Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
		Adult Substance Use Evaluation	Alexander, Tessa	4025649994	talexander@4bhs.org
			Becher, Deborah	4025649994	dbecher@4bhs.org
			Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Alexander, Tessa	4025649994	talexander@4bhs.org
			Becher, Deborah	4025649994	dbecher@4bhs.org
			Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
		Adult Substance Use Outpatient Treatment (Group)	Alexander, Tessa	4025649994	talexander@4bhs.org
			Becher, Deborah	4025649994	dbecher@4bhs.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Behavioral Health Specialists- Seekers of Serenity	4432 Sunrise Place Columbus, NEBRASKA 68601	Adult Substance Use Outpatient Treatment (Group)	Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
		Adult Substance Use Outpatient Treatment (Individual)	Alexander, Tessa	4025649994	talexander@4bhs.org
			Becher, Deborah	4025649994	dbecher@4bhs.org
			Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
			Adult Substance Use Short-Term Residential	Alexander, Tessa	4025649994
		Beam, Brenae		4025649994	bbeam@4bhs.org
		Becher, Deborah		4025649994	dbecher@4bhs.org
		Hohbein, Kathy		4024169630	khohbein@4bhs.org
		Reyes, Juan		4025649994	jreyes@4bhs.org
		Torres, Gloria		4025649994	gtorres@4bhs.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
Juvenile Mental Health Outpatient Counseling (Individual/Family)					
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
Behavioral Health Specialists- Seekers of Serenity	4432 Sunrise Place Columbus, NEBRASKA 68601	Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Better Living Counseling Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Better Living Foster Care & Family Services Columbus	3154 18th Avenue Suite 6 Columbus, NEBRASKA 68601	Agency Supported Foster Care			
		Relative/Kinship Home Study			

Agency Name: COR Therapeutic Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3805 25th Street Columbus, NEBRASKA 68601	Adult Substance Use Intensive Outpatient Counseling (IOP)	Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Adult Substance Use Outpatient Treatment (Individual)	Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
	3805 25th Street Columbus, NEBRASKA 68601	Adult Substance Use Outpatient Treatment (Individual)	Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor@cortherapeutic.com	
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com	
		Day Reporting				
		General Education Class	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com	
			Burgoon, Andria	4025006870	andria.burgoon@cortherapeutic.com	
			Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com	
			Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com	
			Green, Caleb	4022904634	caleb.green@cortherapeutic.com	
			Jefferson, Javona	4029108704	javona.jefferson@cortherapeutic.com	
			Klinetobe, Sarah	4023400772	sarah.klinetobe@cortherapeutic.com	
			Laudenklos, Julianne	4025006870	julianne.laudenklos@cortherapeutic.com	
			Ohde, Ashton	4025006870	ashton.ohde@cortherapeutic.com	
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com	
			Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor@cortherapeutic.com	
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com	
			Webster, Lynne	4027411158	lynne.webster@cortherapeutic.com	
		Juvenile Co-Occurring Evaluation	Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com	
Saylor-	3088506395		stephanie.saylor@cortherapeutic.com			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3805 25th Street Columbus, NEBRASKA 68601	Juvenile Co-Occurring Evaluation	Bledsoe, Stephanie		
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juvenile Mental Health Evaluation	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Burgoon, Andria	4025006870	andria.burgoon@cortherapeutic.com
			Freudenburg, Kendra	4025006870	kendra.freudenburg@cortherapeutic.com
			Jefferson, Javona	4029108704	javona.jefferson@cortherapeutic.com
			Larson, Beth	4025006870	Beth.Larson@cortherapeutic.com
			Laudenklos, Julianne	4025006870	julianne.laudenklos@cortherapeutic.com
			Ohde, Ashton	4025006870	ashton.ohde@cortherapeutic.com
			Parsons, Kelli	4025006870	kelli.parsons@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Juvenile Mental Health Outpatient Counseling (Individual/Family)	Blase, Valerie	3089912360
		Brooks, Cristy		4025006870	cristy.brooks@cortherapeutic.com
		Burgoon, Andria		4025006870	andria.burgoon@cortherapeutic.com
		Freudenburg, Kendra		4025006870	kendra.freudenburg@cortherapeutic.com
		Green, Caleb		4022904634	caleb.green@cortherapeutic.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3805 25th Street Columbus, NEBRASKA 68601	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Jefferson, Javona	4029108704	javona.jefferson@cortherapeutic.com
			Larson, Beth	4025006870	Beth.Larson@cortherapeutic.com
			Laudenklos, Julianne	4025006870	julianne.laudenklos@cortherapeutic.com
			Ohde, Ashton	4025006870	ashton.ohde@cortherapeutic.com
			Parsons, Kelli	4025006870	kelli.parsons@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Webster, Lynne	4027411158	lynne.webster@cortherapeutic.com
		Juvenile Substance Use Addendum	Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Saylor-Bledsoe, Stephanie	3088506395	stephanie.saylor@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	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
	3805 25th Street Columbus, NEBRASKA 68601	PRS-BIP	Milander-Mace, Amanda	4025006870	amanda.Milandermace@Cortherapeutic.com

Agency Name: Colegrove Counseling Center LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Colegrove Counseling Center LLC	1460 35th Avenue Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Colegrove, Jill	4025626767	jill@colegrovecounseling.com	
			Cornwell, Shelli	4025626767	shelli@colegrovecounseling.com	
			Lawrence, Misty	4029103853	misty@colegrovecounseling.com	
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com	
		Adult Initial Diagnostic Interview (Medication Prescriber Only)				
		Adult Mental Health Evaluation	Colegrove, Jill	4025626767	jill@colegrovecounseling.com	
			Lawrence, Misty	4029103853	misty@colegrovecounseling.com	
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com	
		Adult Mental Health Outpatient Counseling (Individual)	Colegrove, Jill	4025626767	jill@colegrovecounseling.com	
			Cornwell, Shelli	4025626767	shelli@colegrovecounseling.com	
			Lawrence, Misty	4029103853	misty@colegrovecounseling.com	
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com	

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Colegrove Counseling Center LLC	1460 35th Avenue Columbus, NEBRASKA 68601	Adult Substance Use Addendum	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@colegrovecounseling.com
			Lawrence, Misty	4029103853	misty@colegrovecounseling.com
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Adult Substance Use Evaluation	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@colegrovecounseling.com
			Lawrence, Misty	4029103853	misty@colegrovecounseling.com
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@colegrovecounseling.com
			Lawrence, Misty	4029103853	misty@colegrovecounseling.com
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Co-Occurring Evaluation	Cornwell, Shelli	4025626767	shelli@colegrovecounseling.com
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Mental Health Evaluation	Lawrence, Misty	4029103853	misty@colegrovecounseling.com
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Mental Health Outpatient Counseling	Colegrove, Jill	4025626767	jill@colegrovecounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Colegrove Counseling Center LLC	1460 35th Avenue Columbus, NEBRASKA 68601	(Individual/Family)	Lawrence, Misty	4029103853	misty@colegrovecounseling.com
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Substance Use Addendum	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Substance Use Evaluation	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@colegrovecounseling.com
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Lawrence, Misty	4029103853	misty@colegrovecounseling.com
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com

Agency Name: Elissa Olson, MA, LMHP, LIMHP, LADC, CPC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Elissa Olson, MA, LMHP, LIMHP, LADC, CPC	1367 33rd Ave Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Adult Mental Health Evaluation	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Adult Psychological Evaluation			
		Adult Substance Use	Olson,	4024161348	elissaolson@protonmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Elissa Olson, MA, LMHP, LIMHP, LADC, CPC	1367 33rd Ave Columbus, NEBRASKA 68601	Addendum	Elissa		
		Adult Substance Use Evaluation	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Juvenile Mental Health Evaluation	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			

Agency Name: Embark Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Embark Counseling, LLC	3154 18th Avenue Suite 7 Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Adult Mental Health Outpatient Counseling (Individual)	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Adult Substance Use Addendum	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Adult Substance Use Evaluation	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Adult Substance Use Outpatient Treatment (Individual)	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Juvenile Co-Occurring	Muhle,	4029429005	mindy@embarkcounselingllc.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Embark Counseling, LLC	3154 18th Avenue Suite 7 Columbus, NEBRASKA 68601	Evaluation	Mindy		
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Juvenile Substance Use Addendum	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Juvenile Substance Use Evaluation	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com

Agency Name: Good Life Counseling & Support LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
	2277 22nd Avenue Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com	
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com	
		Adult Initial Diagnostic Interview (Medication Prescriber Only)				
		Adult Medication Management				
		Adult Mental Health Evaluation	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com	
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com	
		Adult Mental Health Outpatient Counseling (Individual)	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com	
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com	
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.com	

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2277 22nd Avenue Columbus, NEBRASKA 68601	Adult Mental Health Outpatient Counseling (Individual)	Christina		
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Adult Substance Use Addendum	Eich, Christy	4023713044	christy.eich@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Adult Substance Use Evaluation	Eich, Christy	4023713044	christy.eich@goodlifecounseling.com
			Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Eich, Christy	4023713044	christy.eich@goodlifecounseling.com
			Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Family Support	Hahn, Mary	4025620400	mary.hahn@goodlifecounseling.com
			Westerbuhr, Taylor	4022768777	taylor.westerbuhr@goodlifecounseling.com
			casanova, jaime	4024175587	jaime-casanova@live.com
		Intensive Family Preservation	Hahn, Mary	4025620400	mary.hahn@goodlifecounseling.com
			Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2277 22nd Avenue Columbus, NEBRASKA 68601	Intensive Family Preservation	Myla		
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.com
			casanova, jaime	4024175587	jaime-casanova@live.com
		Juvenile Co-Occurring Evaluation	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Substance Use Addendum	Eich, Christy	4023713044	christy.eich@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Substance Use Evaluation	Eich, Christy	4023713044	christy.eich@goodlifecounseling.com
			Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2277 22nd Avenue Columbus, NEBRASKA 68601	Juvenile Substance Use Intensive Outpatient (IOP)	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Eich, Christy	4023713044	christy.eich@goodlifecounseling.com
			Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		PRS-BIP			

Agency Name: **Mental & Behavioral Health, Inc.**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mental & Behavioral Health, Inc.	3314 26th Street, STE A Columbus, NEBRASKA 68638	Adult Substance Use Outpatient Treatment (Individual)	Griffin, Melissa	4025649888	melissa@mbhtherapy.com
			Matthews, Crystal	4025649888	crystal@mbhtherapy.com
		Juvenile Co-Occurring Evaluation	Griffin, Melissa	4025649888	melissa@mbhtherapy.com
		Juvenile Mental Health Evaluation	Griffin, Melissa	4025649888	melissa@mbhtherapy.com
			Krieger, Laura	4025649888	laura@mbhtherapy.com
			Matthews, Crystal	4025649888	crystal@mbhtherapy.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Griffin, Melissa	4025649888	melissa@mbhtherapy.com
			Krieger, Laura	4025649888	laura@mbhtherapy.com
			Matthews, Crystal	4025649888	crystal@mbhtherapy.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mental & Behavioral Health, Inc.	3314 26th Street, STE A Columbus, NEBRASKA 68638	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Crystal		
		Juvenile Substance Use Addendum	Griffin, Melissa	4025649888	melissa@mbhtherapy.com
		Juvenile Substance Use Evaluation	Griffin, Melissa	4025649888	melissa@mbhtherapy.com
			Matthews, Crystal	4025649888	crystal@mbhtherapy.com

Agency Name: Owens Educational Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OWENS-COLUMBUS	2320 13th Street Columbus, NEBRASKA 68601	Family Support	Adams, Brandi	4029750182	Brandi.Adams@owenseducationalservices.org
			Purintun, Dawn	3082792385	dawn.purintun@theowenscompanies.com

Agency Name: The Well

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Outpatient-Columbus	2718 13th Street Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Sullivan, Karen	4023710220	karensullivan@thewellne.org
		Adult Mental Health Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Sullivan, Karen	4023710220	karensullivan@thewellne.org
		Adult Mental Health Outpatient Counseling (Individual)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Sullivan, Karen	4023710220	karensullivan@thewellne.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Outpatient-Columbus	2718 13th Street Columbus, NEBRASKA 68601	Adult Substance Use Addendum	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Sullivan, Karen	4023710220	karensullivan@thewellne.org
		Adult Substance Use Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Sullivan, Karen	4023710220	karensullivan@thewellne.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Sullivan, Karen	4023710220	karensullivan@thewellne.org
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Sullivan, Karen	4023710220	karensullivan@thewellne.org
		Community Treatment Aide (CTA)			
		Juvenile Co-Occurring Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
		Juvenile Mental Health Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
		Juvenile Substance Use Addendum	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
		Juvenile Substance Use Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
		Juvenile Substance Use Intensive Outpatient (IOP)			
Juvenile Substance Use Outpatient Treatment					

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Outpatient-Columbus	2718 13th Street Columbus, NEBRASKA 68601	(Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org

Agency Facility County: Saunders

Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	355 E 4th St PO Box 5 Wahoo, NEBRASKA 68066	Adult Co-Occurring Evaluation			
		Adult Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net

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Agency Name: Future Focus Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Future Focus Counseling, LLC	136 E 5th St Ste 3 Wahoo, NEBRASKA 68066	Adult Mental Health Evaluation	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com
		Adult Mental Health Outpatient Counseling (Individual)	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com
		Juvenile Mental Health Evaluation	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com

Agency Name: S2 Psychotherapy, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
S2 Psychotherapy, LLC	132 South 30th St Ashland, NEBRASKA 68003	Adult Co-Occurring Evaluation	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.com
		Adult Mental Health Evaluation	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Schofield, Suzanne	4026196077	S2psychotherapy@gmail.com
		Adult Substance Use Addendum	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

Agency Name: Silver Sun Mental Health DBA Nebraska Mental Health Centers

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1320 E. 31st St. Wahoo, NEBRASKA 68066	Adult Co-Occurring Evaluation	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Mental Health Evaluation	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Adult Mental Health Outpatient Counseling (Individual)	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Adult Psychological Evaluation			
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)			
		Adult Substance Use Addendum	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Adult Substance Use Evaluation	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Adult Substance Use Outpatient Treatment (Individual)	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Juvenile Co-Occurring Evaluation	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Juvenile Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Mental Health Evaluation	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		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
	1320 E. 31st St. Wahoo, NEBRASKA 68066	Juvenile Psychiatric Evaluation	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Juvenile Substance Use Evaluation	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Vrbka, Anne	4024836990	avrbka@nmhc-clinics.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Risk Evaluation			
		PRS-BIP			

Agency Facility County: Seward

Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	459 S 6th St, Suite 1 Seward, NEBRASKA 68434	Adult Co-Occurring Evaluation			
		Adult Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	459 S 6th St, Suite 1 Seward, NEBRASKA 68434	Adult Substance Use Evaluation	Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net

Agency Name: Turning Point Behavioral Health & Addiction Counseling P.C.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Turning Point Behavioral Health	122 South 4th Street PO Box 30	Adult Co-Occurring Evaluation	Kenning, Tamara	4026412095	tamara@turningpointbhac.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
& Addiction Counseling P.C.	Seward, NEBRASKA 68434	Adult Mental Health Evaluation	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Adult Mental Health Outpatient Counseling (Individual)	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Adult Sex Offense-Specific Evaluation	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Adult Substance Use Addendum	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
			Toovey, Leslie	4026434954	leslie@turningpointbhac.com
		Adult Substance Use Evaluation	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
			Toovey, Leslie	4026434954	leslie@turningpointbhac.com
		Adult Substance Use Outpatient Treatment (Individual)	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
			Toovey, Leslie	4026434954	leslie@turningpointbhac.com
		Juvenile Co-Occurring Evaluation	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Juvenile Mental Health Evaluation	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Juvenile Substance Use Addendum	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Juvenile Substance Use Evaluation	Kenning, Tamara	4026412095	tamara@turningpointbhac.com

Agency Facility County: York

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Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	722 S Lincoln Ave, Suite 1 York, NEBRASKA 68467	Adult Co-Occurring Evaluation			
		Adult Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Group)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	722 S Lincoln Ave, Suite 1 York, NEBRASKA 68467	Juvenile Substance Use Evaluation	Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net

Agency Name: **Calm Horizons Counseling**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Calm Horizons Counseling	727 N. Lincoln Ave. Suite 1 York, NEBRASKA 68467	Adult Co-Occurring Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Adult Mental Health Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Adult Mental Health Outpatient Counseling (Individual)	Jones, Erika	4025760053	erika@counselingcalm.org
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Juvenile Co-Occurring Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Juvenile Mental Health Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Jones, Erika	4025760053	erika@counselingcalm.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Calm Horizons Counseling	727 N. Lincoln Ave. Suite 1 York, NEBRASKA 68467	Juvenile Substance Use Addendum	Jones, Erika	4025760053	erika@counselingcalm.org
		Juvenile Substance Use Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org

Agency Name: Epworth Village

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Epworth Village	116 S. Lincoln Ave Unit 3 P.O. box 503 York, NEBRASKA 68467	Agency Supported Foster Care			

Agency Name: Red Couch Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Red Couch Counseling, LLC	223 E 8th Street York, NEBRASKA 68467	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Renewed Horizon

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Renewed Horizon	824 N Lincoln Ave Ste C York, NEBRASKA 68467	Agency Supported Foster Care			

Agency Name: Sandra Hale Kroeker, PC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sandra Hale Kroeker, PC	1080 17th Street Henderson, NEBRASKA 68371	Adult Mental Health Outpatient Counseling (Individual)	Kroeker, Sandra	4027234883	office@sandrahalekroeker.com
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Kroeker, Sandra	4027234883	office@sandrahalekroeker.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Kroeker, Sandra	4027234883	office@sandrahalekroeker.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: Weber Behavioral Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Weber Behavioral Health	1100 North Lincoln Ave Ste F York, NEBRASKA 68467	Adult Co-Occurring Evaluation	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Initial Diagnostic Interview (Medication Prescriber Only)	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Mental Health Evaluation	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Weber Behavioral Health	1100 North Lincoln Ave Ste F York, NEBRASKA 68467	Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Psychiatric Evaluation			