Administrative Office of Courts & Probation

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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 Facility County: Hamilton

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	1619 Ninth Street Aurora, NEBRASKA 68818	Adult Co-Occurring Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Adult Mental Health	Allen,	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	1619 Ninth Street Aurora, NEBRASKA 68818	Evaluation	Siobhan		
			De La Cruz, Andrea (Annie)	4029571476	annie@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradly	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, Bradly	4024139147	Brad@cvharmonyhealth.org
		Adult Substance Use Addendum	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Adult Substance Use Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@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	1619 Ninth Street Aurora, NEBRASKA 68818	Adult Substance Use Intensive Outpatient Counseling (IOP)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Adult Substance Use Outpatient Treatment (Group)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Adult Substance Use Outpatient Treatment (Individual)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		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 (Annie)	4029571476	annie@cvharmonyhealth.org
			Marcey-	4026946445	kathyf@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	1619 Ninth Street Aurora, NEBRASKA 68818	Juvenile Mental Health Evaluation	Fleming, Kathleen		
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Juvenile Mental Health Outpatient Counseling (Group)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradly	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, Bradly	4024139147	Brad@cvharmonyhealth.org
		Juvenile Substance Use Addendum	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Juvenile Substance Use Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@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	1619 Ninth Street Aurora, NEBRASKA 68818	Juvenile Substance Use Evaluation	Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Juvenile Substance Use Outpatient Treatment (Group)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org

Agency Name: Sozo Family Services

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	Nissen, Emily	4028743377	emily@sozofamilyservices.org

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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	Addendum			
		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: 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	4432 Sunrise Place	Adult Co-Occurring			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Specialists- Seekers of Serenity	Columbus, NEBRASKA 68601	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)			
		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	Alexander,	4025649994	talexander@4bhs.org

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		Intensive Outpatient Counseling (IOP)	Tessa		
			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
			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	talexander@4bhs.org
			Becher, Deborah	4025649994	dbecher@4bhs.org
			Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Adult Substance Use Short-Term Residential	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			
		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

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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 Intensive Outpatient Counseling (IOP)	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
			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
			Reese, Megan	4023672571	megan.reese@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@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
	3805 25th Street Columbus, NEBRASKA 68601	General Education Class	Webster, Lynne	4027411158	lynne.webster@cortherapeutic.com
		Juvenile Co-Occurring Evaluation	Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			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
			Reese, Megan	4023672571	megan.reese@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Blase, Valerie	3089912360	valerie.blase@cortherapeutic.com
			Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Burgoon, Andria	4025006870	andria.burgoon@cortherapeutic.com
			Freudenburg, Kendra	4025006870	kendra.freudenburg@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)	Green, Caleb	4022904634	caleb.green@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
			Reese, Megan	4023672571	megan.reese@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@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
			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
		PRS-BIP	Milander-Mace,	4025006870	amanda.Milandermace@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		Amanda		

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,	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	Casanova, Jaime	4024175587	jaime-casanova@live.com
			Hahn, Mary	4025620400	mary.hahn@goodlifecounseling.com
			Westerbuhr, Taylor	4022768777	taylor.westerbuhr@goodlifecounseling.com
		Intensive Family Preservation	Casanova, Jaime	4024175587	jaime-casanova@live.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	Hahn, Mary	4025620400	mary.hahn@goodlifecounseling.com
			Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.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: GracePoint Institute for Relational Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
GracePoint Institute for Relational Health	1470 23rd Ave Columbus, NEBRASKA 68601	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: JCB Youth & Family Support Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
JCB Youth & Family Support Services	PO Box 264 Columbus, NEBRASKA 68601	Family Support	Casanova, Jaime	4024175587	jaime-casanova@live.com

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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: TRIPLE H HOUSE

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
TRIPLE H HOUSE	1822 6TH ST Columbus, NEBRASKA 68601	Transitional Living - Level 1			
		Transitional Living - Level 2	KRUSE, LUKE	4026604476	lkruse@cruisecustomgolfcars.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	karen@reviveinc.org
		Adult Mental Health Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Sullivan, Karen	4023710220	karen@reviveinc.org
		Adult Mental Health Outpatient Counseling (Individual)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Sullivan, Karen	4023710220	karen@reviveinc.org
		Adult Substance Use Addendum	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			DeSilva,	4026493269	kellydesilva@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	Kelly		
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Sullivan, Karen	4023710220	karen@reviveinc.org
		Adult Substance Use Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			DeSilva, Kelly	4026493269	kellydesilva@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Sullivan, Karen	4023710220	karen@reviveinc.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			DeSilva, Kelly	4026493269	kellydesilva@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Sullivan, Karen	4023710220	karen@reviveinc.org
		Adult Substance Use Outpatient Treatment (Group)	DeSilva, Kelly	4026493269	kellydesilva@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
		Adult Substance Use Outpatient Treatment (Individual)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			DeSilva, Kelly	4026493269	kellydesilva@thewellne.org
			Hamburger-Wademan,	4023710220	madolynhamburger-wademan@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 Outpatient Treatment (Individual)	Madolyn		
			Sullivan, Karen	4023710220	karen@reviveinc.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
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
		Juvenile Substance Use Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
		Juvenile Substance Use Outpatient Treatment (Group)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org

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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

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,	136 E 5th St Ste 3 Wahoo, NEBRASKA	Adult Mental Health Evaluation	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LLC	68066	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: Silver Sun Mental Health DBA Nebraska Mental Health Centers

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

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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 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)			
		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			

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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
			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

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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	Juvenile Substance Use Outpatient Treatment (Individual/Family)	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 & Addiction Counseling P.C.	122 South 4th Street PO Box 30 Seward, NEBRASKA 68434	Adult Co-Occurring Evaluation	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Adult Mental Health Evaluation	Dubs-Cerny, Linda	4026413117	Linda@turningpointbhac.com
			Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Adult Mental Health Outpatient Counseling (Individual)	Dubs-Cerny, Linda	4026413117	Linda@turningpointbhac.com
			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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Turning Point Behavioral Health & Addiction Counseling P.C.	122 South 4th Street PO Box 30 Seward, NEBRASKA 68434	Juvenile Co-Occurring Evaluation	Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Juvenile Mental Health Evaluation	Dubs-Cerny, Linda	4026413117	Linda@turningpointbhac.com
			Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dubs-Cerny, Linda	4026413117	Linda@turningpointbhac.com
			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

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

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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	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
			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,	4022283386	nwhite@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 Outpatient Treatment (Individual/Family)	Nichole		

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
		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	116 S. Lincoln Ave Unit 3 P.O. box 503	Agency Supported			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Village	York, NEBRASKA 68467	Foster Care			

Agency Name: Four Corners Health Department

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Four Corners Health Department	2101 N. Lincoln Avenue York, NEBRASKA 68467	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Psychological Evaluation			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Family Partner			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Gatlin Psychiatric Services LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Gatlin Psychiatric Services LLC	1100 N Lincoln Ave - Weber behavioral health Ste F York, NEBRASKA 68467	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Psychiatric Evaluation			
		Juvenile Psychiatric Evaluation Interview Only			

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	Alley-Tonniges, Bobbie	4027100564	bobbie@redcouchcounseling.org
		Adult Mental Health Outpatient Counseling (Individual)	Alley-Tonniges, Bobbie	4027100564	bobbie@redcouchcounseling.org
		Adult Substance Use			

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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	Addendum			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation	Alley-Tonniges, Bobbie	4027100564	bobbie@redcouchcounseling.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Alley-Tonniges, Bobbie	4027100564	bobbie@redcouchcounseling.org
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Renewed Horizon

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	Kroeker, Sandra	4027234883	office@sandrahalekroeker.com

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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	(Individual/Group)			
		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
		Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Psychiatric Evaluation			