

# 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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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 Mental Health Evaluation	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	dthreats1@hotmail.com
		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	dthreats1@hotmail.com
		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

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Aurora Harmony Health Center	302 South 16th Suite B Aurora, NEBRASKA 68818	Adult Substance Use Intensive Outpatient Counseling (IOP)	Threats, Debra	4024054617	dthreats1@hotmail.com
		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	dthreats1@hotmail.com
		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	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 (Annie)	4029571476	annie@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Juvenile Mental Health Outpatient Counseling	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org

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Aurora Harmony Health Center	302 South 16th Suite B Aurora, NEBRASKA 68818	(Group)	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	dthreats1@hotmail.com
		Juvenile Substance Use Evaluation	Allen, Siobhan	4024139147	siobhan@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

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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 Intensive Outpatient (IOP)	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
			James, Jennifer	4026041039	jenniferj@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	dthreats1@hotmail.com

### 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 Addendum	Nissen, Emily	4028743377	emily@sozofamilyservices.org
		Adult Substance Use Evaluation	Nissen, Emily	4028743377	emily@sozofamilyservices.org
		Adult Substance Use Outpatient Treatment	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	(Individual)			
		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			
		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**

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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	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 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			

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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	(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)			
		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,	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 Evaluation	Deborah		
			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
			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

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Behavioral Health Specialists- Seekers of Serenity	4432 Sunrise Place Columbus, NEBRASKA 68601	Adult Substance Use Short-Term Residential	Alexander, Tessa	4025649994	talexander@4bhs.org
			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			
		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			

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**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
			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	

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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	Sarah		
			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-Bledsoe, Stephanie	3088506395	stephanie.saylor@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

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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 Evaluation	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	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
			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	
	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		

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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 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
		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			

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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	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
		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

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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 Outpatient Treatment (Individual)	Shelli		
			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 (Individual/Family)	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			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

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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	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Karmen		

**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 Addendum	Olson, Elissa	4024161348	elissaolson@protonmail.com
		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			

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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	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 Evaluation	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		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**

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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 Co-Occurring Evaluation	Kubo, Dana	402371 3044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	402371 3044	kendra.slater@goodlifecounseling.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Kubo, Dana	402371 3044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	402371 3044	kendra.slater@goodlifecounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Jackson, Myla	402841 6149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	402371 3044	dana.kubo@goodlifecounseling.com
			Osantowski, Christina	402562 0400	christina.osantowski@goodlifecounseling.com
			Slater, Kendra	402371 3044	kendra.slater@goodlifecounseling.com
		Adult Substance Use Addendum	Eich, Christy	402371 3044	christy.eich@goodlifecounseling.com
			Kubo, Dana	402371 3044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	402371 3044	kendra.slater@goodlifecounseling.com
		Adult Substance Use Evaluation	Eich, Christy	402371 3044	christy.eich@goodlifecounseling.com
			Jackson, Myla	402841 6149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	402371 3044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	402371 3044	kendra.slater@goodlifecounseling.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Kubo, Dana	402371 3044	dana.kubo@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 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
			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	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@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	(Individual/Family)	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	
		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: 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	Family Support	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
	68601				

**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
		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.**

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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
		Adult Substance Use Addendum	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			DeSilva, Kelly	4026493269	kellydesilva@thewellne.org
			Sullivan, Karen	4023710220	karensullivan@thewellne.org
		Adult Substance Use Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			DeSilva, Kelly	4026493269	kellydesilva@thewellne.org
			Sullivan, Karen	4023710220	karensullivan@thewellne.org
Adult Substance Use	DeSilva, Kelly	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	Intensive Outpatient Counseling (IOP)	Kelly		
			Sullivan, Karen	4023710220	karensullivan@thewellne.org
		Adult Substance Use Outpatient Treatment (Group)	DeSilva, Kelly	4026493269	kellydesilva@thewellne.org
		Adult Substance Use Outpatient Treatment (Individual)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			DeSilva, Kelly	4026493269	kellydesilva@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 (Group)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
Juvenile Substance Use Outpatient Treatment (Individual/Family)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org		

**Agency Facility County: Saunders**

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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
	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, 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	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
Future Focus Counseling, LLC	136 E 5th St Ste 3 Wahoo, NEBRASKA 68066	(Individual)			
		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

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	avrba@nmhc-clinics.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Medication	Weber,	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
	1320 E. 31st St. Wahoo, NEBRASKA 68066	Management	Kristi		
		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)			
		Juvenile Psychiatric Evaluation	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Psychiatric Evaluation Interview Only			
Juvenile Psychological Evaluation					

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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 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
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
Adult Substance Use Outpatient Treatment	Campbell, Peyton	4028010292	pcampbell@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	(Individual)	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 & 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	4026434954	Linda@turningpointbhac.com
			Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Adult Mental Health	Dubs-	4026434954	Linda@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	Outpatient Counseling (Individual)	Cerny, Linda		
			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	Dubs-Cerny, Linda	4026434954	Linda@turningpointbhac.com
			Kenning, Tamara	4026412095	tamara@turningpointbhac.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dubs-Cerny, Linda	4026434954	Linda@turningpointbhac.com
			Kenning, Tamara	4026412095	tamara@turningpointbhac.com
Juvenile Substance Use Addendum	Kenning, Tamara	4026412095	tamara@turningpointbhac.com		
Juvenile Substance	Kenning,	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
Turning Point Behavioral Health & Addiction Counseling P.C.	122 South 4th Street PO Box 30 Seward, NEBRASKA 68434	Use Evaluation	Tamara		

### 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
		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	Campbell,	4028010292	pcampbell@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	Outpatient Treatment (Individual)	Peyton		
			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
		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			

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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	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 Village	116 S. Lincoln Ave Unit 3 P.O. box 503 York, NEBRASKA 68467	Agency Supported Foster Care			

### Agency Name: Gatlin Psychiatric Services LLC

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			

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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 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			
		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			