Administrative Office of Courts & Probation

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# District 7

## Agency Facility County: Antelope

### Agency Name: County of Antelope-Antelope County Sheriff's Office

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| County of Antelope-Antelope County Sheriff's Office | 1102 L Street Neligh, NEBRASKA 68756 | Invoice - Law Enforcement Transportation | | | |

### Agency Name: Next Step Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Next Step Counseling, LLC Neligh Location | 760 E Hwy 275 Neligh, NEBRASKA 68756 | Adult Mental Health Outpatient Counseling (Individual) | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |
| | | Adult Substance Use Evaluation | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |
| | | Juvenile Substance Use Evaluation | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |

## Agency Facility County: Cuming

### Agency Name: Midtown Health Center, Inc.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Midtown Health Center--West | 303 Plaza Dr West Point, NEBRASKA | Adult Co-Occurring Evaluation | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Mental Health | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Point | 68787 | Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Substance Use Evaluation | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

## Agency Name: The Well

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Outpatient-West Point | 130 Anna Stalp Avenue West Point, NEBRASKA 68788 | Adult Co-Occurring Evaluation | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Adult Mental Health Evaluation | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Adult Substance Use Addendum | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Adult Substance Use Evaluation | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Adult Substance Use Outpatient Treatment | Damian Barrios, | 4023710220 | taniadamianbarrios@thewellne.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Outpatient-West Point | 130 Anna Stalp Avenue West Point, NEBRASKA 68788 | (Individual) | Tania | | |
| | | Juvenile Co-Occurring Evaluation | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Juvenile Mental Health Evaluation | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Juvenile Substance Use Addendum | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Juvenile Substance Use Evaluation | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |

## Agency Facility County: Knox

### Agency Name: Next Step Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Next Step Counseling, LLC Creighton Location | 712 Main Street Creighton, NEBRASKA 68729 | Adult Mental Health Outpatient Counseling (Individual) | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |
| | | Adult Substance Use Evaluation | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Next Step Counseling, LLC Creighton Location | 712 Main Street Creighton, NEBRASKA 68729 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |
| | | Juvenile Substance Use Evaluation | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Frank, Abigail | 4029295009 | abigail@counselingnextstep.com |

## Agency Name: Ponca Tribe of Nebraska

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Ponca Tribe of Nebraska-Niobrara | 2523 Woodbine St Niobrara, NEBRASKA 68760 | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |
| | | Adult Substance Use Addendum | Custer, Janet | 4028511605 | janetc@poncatribe-ne.org |
| | | Adult Substance Use Evaluation | Custer, Janet | 4028511605 | janetc@poncatribe-ne.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Custer, Janet | 4028511605 | janetc@poncatribe-ne.org |

## Agency Facility County: Madison

## Agency Name: AMH Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| AMH Counseling LLC | 1004 W. Norfolk, Ave Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Walton, Robert | 4028413791 | walton.rob@outlook.com |
| | | 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 |
|---|---|---|---|---|---|
| AMH Counseling LLC | 1004 W. Norfolk, Ave Norfolk, NEBRASKA 68701 | Adult Mental Health Outpatient Counseling (Individual) | Walton, Robert | 4028413791 | walton.rob@outlook.com |
| | | Adult Substance Use Addendum | Walton, Robert | 4028413791 | walton.rob@outlook.com |
| | | Adult Substance Use Evaluation | Walton, Robert | 4028413791 | walton.rob@outlook.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Walton, Robert | 4028413791 | walton.rob@outlook.com |

## Agency Name: Alicia Wagner Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Tranquil Lotus Collaborative | 1909 Vicki Lane Suite 105 Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Adult Mental Health Evaluation | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Adult Mental Health Outpatient Counseling (Group) | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Adult Substance Use Addendum | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Adult Substance Use Evaluation | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Adult Substance Use Outpatient Treatment (Group) | | | |
| | | Adult Substance Use Outpatient | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Tranquil Lotus Collaborative | 1909 Vicki Lane Suite 105 Norfolk, NEBRASKA 68701 | Treatment (Individual) | | | |
| | | Juvenile Co-Occurring Evaluation | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Juvenile Mental Health Evaluation | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | | | |
| | | Juvenile Substance Use Addendum | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Juvenile Substance Use Evaluation | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |

## Agency Name: Apex Therapy Services, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Apex Therapy Services, LLC | 1306 Andrews Drive Norfolk, NEBRASKA 68701 | Adult Psychological Evaluation | Hannappel, Mark | 4028514026 | mark@apextherapyservices.org |
| | | | Snitchler, Eric | 4028514026 | snitchler@apextherapyservices.org |
| | | Juvenile Psychological Evaluation | Hannappel, Mark | 4028514026 | mark@apextherapyservices.org |
| | | | Snitchler, Eric | 4028514026 | snitchler@apextherapyservices.org |
| | | Juveniles Who Sexually Harm Risk Evaluation | Hannappel, Mark | 4028514026 | mark@apextherapyservices.org |
| | | | Snitchler, Eric | 4028514026 | snitchler@apextherapyservices.org |

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## Agency Name: Associated Psychologists & Counselors, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Associated Psychologists & Counselors, LLC | 1306 N. 13th St. Suite 100 Norfolk, NEBRASKA 68701 | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Mental Health Evaluation | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Adult Psychological Evaluation | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Adult Sex Offense-Specific Evaluation | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Adult Substance Use Evaluation | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Juvenile Mental Health Evaluation | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Juvenile Psychological Evaluation | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |
| | | Juveniles Who Sexually Harm Risk Evaluation | Mitchell, David | 4023718218 | davidmitchell@apcnorfolk.org |

## Agency Name: Behavioral Health Specialists

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Behavioral Health Specialists | 1900 Vicki Lane Norfolk, NEBRASKA 68701 | Adult Co-Occurring Capable Short-Term Residential | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | Adult Co-Occurring Evaluation | Battle, Lisa | 4023703140 | lbattle@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | | Mulberry, Jessica | 6057606988 | jmulberry@4bhs.org |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Medication Management | | | |
| | | Adult Mental Health Evaluation | Battle, Lisa | 4023703140 | lbattle@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | | Mulberry, Jessica | 6057606988 | jmulberry@4bhs.org |
| | | Adult Mental Health Outpatient Counseling (Group) | Battle, Lisa | 4023703140 | lbattle@4bhs.org |
| | | | Korth, Brady | 4023703140 | bkorth@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Battle, Lisa | 4023703140 | lbattle@4bhs.org |
| | | | Korth, Brady | 4023703140 | bkorth@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | Adult Psychological Evaluation | | | |
| | | Adult Substance Use Addendum | Battle, Lisa | 4023703140 | lbattle@4bhs.org |
| | | | Hohbein, | 4024169630 | khohbein@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 | 1900 Vicki Lane Norfolk, NEBRASKA 68701 | Adult Substance Use Addendum | Kathy | | |
| | | | Korth, Brady | 4023703140 | bkorth@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | | Mulberry, Jessica | 6057606988 | jmulberry@4bhs.org |
| | | | Reyes, Juan | 4025649994 | jreyes@4bhs.org |
| | | Adult Substance Use Evaluation | Battle, Lisa | 4023703140 | lbattle@4bhs.org |
| | | | Hohbein, Kathy | 4024169630 | khohbein@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | | Reyes, Juan | 4025649994 | jreyes@4bhs.org |
| | | Adult Substance Use Halfway House | Becher, Deborah | 4025649994 | dbecher@4bhs.org |
| | | | Hohbein, Kathy | 4024169630 | khohbein@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Battle, Lisa | 4023703140 | lbattle@4bhs.org |
| | | | Hohbein, Kathy | 4024169630 | khohbein@4bhs.org |
| | | | Korth, Brady | 4023703140 | bkorth@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | | Mulberry, Jessica | 6057606988 | jmulberry@4bhs.org |
| | | | Pollard, James | 2403093852 | japoll01@wsc.edu |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Behavioral Health Specialists | 1900 Vicki Lane Norfolk, NEBRASKA 68701 | Adult Substance Use Intensive Outpatient Counseling (IOP) | Schliewe, Jennifer | 4023703140 | jschliewe@4bhs.org |
| | | | Vogeler, Amanda | 4023703140 | avogeler@4bhs.org |
| | | Adult Substance Use Outpatient Treatment (Group) | Battle, Lisa | 4023703140 | lbattle@4bhs.org |
| | | | Hohbein, Kathy | 4024169630 | khohbein@4bhs.org |
| | | | Korth, Brady | 4023703140 | bkorth@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | | Pollard, James | 2403093852 | japoll01@wsc.edu |
| | | | Vogeler, Amanda | 4023703140 | avogeler@4bhs.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Battle, Lisa | 4023703140 | lbattle@4bhs.org |
| | | | Hohbein, Kathy | 4024169630 | khohbein@4bhs.org |
| | | | Korth, Brady | 4023703140 | bkorth@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | | Pollard, James | 2403093852 | japoll01@wsc.edu |
| | | | Schliewe, Jennifer | 4023703140 | jschliewe@4bhs.org |
| | | | Vogeler, Amanda | 4023703140 | avogeler@4bhs.org |
| | | Adult Substance Use Short-Term Residential | Hohbein, Kathy | 4024169630 | khohbein@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | | Mulberry, | 6057606988 | jmulberry@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 | 1900 Vicki Lane Norfolk, NEBRASKA 68701 | Adult Substance Use Short-Term Residential | Jessica | | |
| | | | Pollard, James | 2403093852 | japoll01@wsc.edu |
| | | | Reyes, Juan | 4025649994 | jreyes@4bhs.org |
| | | | Schliewe, Jennifer | 4023703140 | jschliewe@4bhs.org |
| | | | Vogeler, Amanda | 4023703140 | avogeler@4bhs.org |
| | | Agency Supported Foster Care | Miller, Wesley | 4028416940 | wmiller@4bhs.org |
| | | Juvenile Co-Occurring Evaluation | | | |
| | | Juvenile Mental Health Evaluation | Korth, Brady | 4023703140 | bkorth@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Korth, Brady | 4023703140 | bkorth@4bhs.org |
| | | | Morris-Von Kampen, Carla | 4026407521 | cvonkampen@4bhs.org |
| | | | Mulberry, Jessica | 6057606988 | jmulberry@4bhs.org |
| | | Juvenile Substance Use Addendum | | | |
| | | Juvenile Substance Use Evaluation | | | |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Pollard, James | 2403093852 | japoll01@wsc.edu |
| | | Relative/Kinship Home Study | Miller, Wesley | 4028416940 | wmiller@4bhs.org |

Agency Name: COR Therapeutic Services, LLC

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Adult Sex Offense-Specific Outpatient Counseling (Individual/ Group) | Davies, Paul | 4023166570 | p.a.davies15@gmail.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Cuevas, Tikisha | 4028417633 | tikisha.cuevas@cortherapeutic.com |
| | | | Duffy, Terry | 4026401542 | terry.duffy@cortherapeutic.com |
| | | | Gadeken, Angela | 4023600782 | angela.gadeken@cortherapeutic.com |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Cuevas, Tikisha | 4028417633 | tikisha.cuevas@cortherapeutic.com |
| | | | Duffy, Terry | 4026401542 | terry.duffy@cortherapeutic.com |
| | | | Gadeken, Angela | 4023600782 | angela.gadeken@cortherapeutic.com |
| | | | Houser, Elisabeth | 4027419121 | elisabeth.houser@cortherapeutic.com |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | | Williams, Tina | 4023582047 | tina.williams@cortherapeutic.com |
| | | Day Reporting | Milander- | 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 |
|---|---|---|---|---|---|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Day Reporting | Mace, Amanda | | |
| | | | Schlake, Erin | 4026494479 | erin.schlake@cortherapeutic.com |
| | | Expedited Mental Health Evaluation | Brooks, Cristy | 4025006870 | cristy.brooks@cortherapeutic.com |
| | | | Burgoon, Andria | 4025006870 | andria.burgoon@cortherapeutic.com |
| | | | Davies, Paul | 4023166570 | p.a.davies15@gmail.com |
| | | | Freudenburg, Kendra | 4025006870 | kendra.freudenburg@cortherapeutic.com |
| | | | Gadeken, Angela | 4023600782 | angela.gadeken@cortherapeutic.com |
| | | | Kuchar, Tonya | 4025006870 | tonya.kuchar@cortherapeutic.com |
| | | | Larson, Beth | 4025006870 | Beth.Larson@cortherapeutic.com |
| | | | Laudenklos, Julianne | 4025006870 | julianne.laudenklos@cortherapeutic.com |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Lotz, Sharon | 4025006870 | sharon.lotz@cortherapeutic.com |
| | | | Milander-Mace, Amanda | 4025006870 | amanda.Milandermace@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 |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | | Williams, Tina | 4023582047 | tina.williams@cortherapeutic.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | General Education Class | Brooks, Cristy | 4025006870 | cristy.brooks@cortherapeutic.com |
| | | | Brugger , Siera | 4025006870 | siera.brugger@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 |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Lotz, Sharon | 4025006870 | sharon.lotz@cortherapeutic.com |
| | | | McGill, Pyper | 4028011689 | pyper.mcgill@cortherapeutic.com |
| | | | Milander-Mace, Amanda | 4025006870 | amanda.Milandermace@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 |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | Invoice - Mileage | | | |

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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Juvenile Co-Occurring Evaluation | Gadeken, Angela | 4023600782 | angela.gadeken@cortherapeutic.com |
| | | | Houser, Elisabeth | 4027419121 | elisabeth.houser@cortherapeutic.com |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | Juvenile Mental Health Evaluation | Brooks, Cristy | 4025006870 | cristy.brooks@cortherapeutic.com |
| | | | Burgoon, Andria | 4025006870 | andria.burgoon@cortherapeutic.com |
| | | | Davies, Paul | 4023166570 | p.a.davies15@gmail.com |
| | | | Freudenburg, Kendra | 4025006870 | kendra.freudenburg@cortherapeutic.com |
| | | | Gadeken, Angela | 4023600782 | angela.gadeken@cortherapeutic.com |
| | | | Jefferson, Javona | 4029108704 | javona.jefferson@cortherapeutic.com |
| | | | Kuchar, Tonya | 4025006870 | tonya.kuchar@cortherapeutic.com |
| | | | Larson, Beth | 4025006870 | Beth.Larson@cortherapeutic.com |
| | | | Laudenklos, Julianne | 4025006870 | julianne.laudenklos@cortherapeutic.com |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Lotz, Sharon | 4025006870 | sharon.lotz@cortherapeutic.com |
| | | | Milander-Mace, Amanda | 4025006870 | amanda.Milandermace@Cortherapeutic.com |
| | | | Ohde, Ashton | 4025006870 | ashton.ohde@cortherapeutic.com |

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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Juvenile Mental Health Evaluation | Reese, Megan | 4023672571 | megan.reese@cortherapeutic.com |
| | | | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | | Williams, Tina | 4023582047 | tina.williams@cortherapeutic.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/ Family) | Blase, Valerie | 3089912360 | valerie.blase@cortherapeutic.com |
| | | | Brooks, Cristy | 4025006870 | cristy.brooks@cortherapeutic.com |
| | | | Brouwer, Kyle | 4025006870 | Kyle.brouwer@cortherapeutic.com |
| | | | Brugger , Siera | 4025006870 | siera.brugger@cortherapeutic.com |
| | | | Burgoon, Andria | 4025006870 | andria.burgoon@cortherapeutic.com |
| | | | Davies, Paul | 4023166570 | p.a.davies15@gmail.com |
| | | | Freudenburg, Kendra | 4025006870 | kendra.freudenburg@cortherapeutic.com |
| | | | Gadeken, Angela | 4023600782 | angela.gadeken@cortherapeutic.com |
| | | | Green, Caleb | 4022904634 | caleb.green@cortherapeutic.com |
| | | | Houser, Elisabeth | 4027419121 | elisabeth.houser@cortherapeutic.com |
| | | | Jefferson, Javona | 4029108704 | javona.jefferson@cortherapeutic.com |
| | | | Kuchar, Tonya | 4025006870 | tonya.kuchar@cortherapeutic.com |
| | | | Larson, Beth | 4025006870 | Beth.Larson@cortherapeutic.com |
| | | | Laudenklos, Julianne | 4025006870 | julianne.laudenklos@cortherapeutic.com |

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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Juvenile Mental Health Outpatient Counseling (Individual/ Family) | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Lotz, Sharon | 4025006870 | sharon.lotz@cortherapeutic.com |
| | | | Milander-Mace, Amanda | 4025006870 | amanda.Milandermace@Cortherapeutic.com |
| | | | Ohde, Ashton | 4025006870 | ashton.ohde@cortherapeutic.com |
| | | | Reese, Megan | 4023672571 | megan.reese@cortherapeutic.com |
| | | | Reyes, Connie | 4029200524 | connie.reyes@cortherapeutic.com |
| | | | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | | Torres, Tamara | 4023694458 | tamara.torres@cortherapeutic.com |
| | | | Williams, Tina | 4023582047 | tina.williams@cortherapeutic.com |
| | | Juvenile Substance Use Addendum | Cuevas, Tikisha | 4028417633 | tikisha.cuevas@cortherapeutic.com |
| | | | Duffy, Terry | 4026401542 | terry.duffy@cortherapeutic.com |
| | | | Gadeken, Angela | 4023600782 | angela.gadeken@cortherapeutic.com |
| | | | Houser, Elisabeth | 4027419121 | elisabeth.houser@cortherapeutic.com |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |

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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Juvenile Substance Use Evaluation | Cuevas, Tikisha | 4028417633 | tikisha.cuevas@cortherapeutic.com |
| | | | Duffy, Terry | 4026401542 | terry.duffy@cortherapeutic.com |
| | | | Gadeken, Angela | 4023600782 | angela.gadeken@cortherapeutic.com |
| | | | Houser, Elisabeth | 4027419121 | elisabeth.houser@cortherapeutic.com |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | Juvenile Substance Use Outpatient Treatment (Group) | Duffy, Terry | 4026401542 | terry.duffy@cortherapeutic.com |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/ Family) | Cuevas, Tikisha | 4028417633 | tikisha.cuevas@cortherapeutic.com |
| | | | Duffy, Terry | 4026401542 | terry.duffy@cortherapeutic.com |
| | | | Gadeken, Angela | 4023600782 | angela.gadeken@cortherapeutic.com |
| | | | Houser, Elisabeth | 4027419121 | elisabeth.houser@cortherapeutic.com |
| | | | Leifeld, Katie | 4025006870 | katie.leifeld@cortherapeutic.com |
| | | | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |
| | | | Williams, | 4023582047 | tina.williams@cortherapeutic.com |

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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Juvenile Substance Use Outpatient Treatment (Individual/ Family) | Tina | | |
| | | Juveniles Who Sexually Harm Outpatient Treatment (Group) | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | Juveniles Who Sexually Harm Outpatient Treatment (Individual/ Family) | Davies, Paul | 4023166570 | p.a.davies15@gmail.com |
| | | PRS-BIP | Milander-Mace, Amanda | 4025006870 | amanda.Milandermace@Cortherapeutic.com |

Agency Name: Cara Leader Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Cara Leader Counseling, LLC | 1909 Vicki Lane Suite 105 Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | Adult Mental Health Evaluation | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | Adult Substance Use Addendum | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |

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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Cara Leader Counseling, LLC | 1909 Vicki Lane Suite 105 Norfolk, NEBRASKA 68701 | Adult Substance Use Evaluation | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Juvenile Co-Occurring Evaluation | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | Juvenile Mental Health Evaluation | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | Juvenile Substance Use Addendum | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Juvenile Substance Use Evaluation | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Leader, Cara | 4022567883 | cara@tranquillotuscollaborative.org |
| | | | Wagner, Alicia | 4022567883 | alicia@tranquillotuscollaborative.org |

## Agency Name: Crystal Matthews Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Crystal | 1909 Vicki Lane | Adult Co-Occurring | Matthews, | 4022567883 | crystal@tranquillotuscollaborative.org |

Administrative Office of Courts & Probation

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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Matthews Counseling, LLC | Suite 105 Norfolk, NEBRASKA 68701 | Evaluation | Crystal | | |
| | | Adult Mental Health Evaluation | Matthews, Crystal | 4022567883 | crystal@tranquillotuscollaborative.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Matthews, Crystal | 4022567883 | crystal@tranquillotuscollaborative.org |
| | | Adult Substance Use Addendum | Matthews, Crystal | 4022567883 | crystal@tranquillotuscollaborative.org |
| | | Adult Substance Use Evaluation | Matthews, Crystal | 4022567883 | crystal@tranquillotuscollaborative.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Matthews, Crystal | 4022567883 | crystal@tranquillotuscollaborative.org |

## Agency Name: Good Life Counseling & Support LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Good Life Counseling & Support LLC | 200 North 34th Street Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | | 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 | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |

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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Good Life Counseling & Support LLC | 200 North 34th Street Norfolk, NEBRASKA 68701 | Adult Mental Health Evaluation | Kleinschmit, Amy | 4023713044 | amy.kleinschmit@goodlifecounseling.com |
| | | | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Jackson, Myla | 4028416149 | myla.jackson@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | | Kleinschmit, Amy | 4023713044 | amy.kleinschmit@goodlifecounseling.com |
| | | | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Adult Substance Use Addendum | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Eich, Christy | 4023713044 | christy.eich@goodlifecounseling.com |
| | | | Jackson, Myla | 4028416149 | myla.jackson@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Adult Substance Use Evaluation | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Eich, Christy | 4023713044 | christy.eich@goodlifecounseling.com |
| | | | Jackson, Myla | 4028416149 | myla.jackson@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Adult Substance Use Intensive | | | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Good Life Counseling & Support LLC | 200 North 34th Street Norfolk, NEBRASKA 68701 | Outpatient Counseling (IOP) | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | Eich, Christy | 4023713044 | christy.eich@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | Community Youth Coaching | Baber, Levi | 4029921232 | levi.baber@goodlifecounseling.com |
| | | | Casanova, Jaime | 4024175587 | jaime-casanova@live.com |
| | | | Eich, Christy | 4023713044 | christy.eich@goodlifecounseling.com |
| | | | Perry, Gage | 4025629160 | Gageperry321@gmail.com |
| | | | SCHEER, JADE | 4028600673 | jade.scheer@goodlifecounseling.com |
| | | | Schmuecker , Kirsten | 4028449557 | kirsten.schmuecker@goodlifecounseling.com |
| | | Day Reporting | Baber, Levi | 4029921232 | levi.baber@goodlifecounseling.com |
| | | | SCHEER, JADE | 4028600673 | jade.scheer@goodlifecounseling.com |
| | | Family Support | Baber, Levi | 4029921232 | levi.baber@goodlifecounseling.com |
| | | | Casanova, Jaime | 4024175587 | jaime-casanova@live.com |
| | | | Hahn, Mary | 4025620400 | mary.hahn@goodlifecounseling.com |
| | | | Perry, Gage | 4025629160 | Gageperry321@gmail.com |
| | | | SCHEER, JADE | 4028600673 | jade.scheer@goodlifecounseling.com |
| | | | Schmuecker , Kirsten | 4028449557 | kirsten.schmuecker@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 |
| | | | Kleinschmit, | 4023713044 | amy.kleinschmit@goodlifecounseling.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Good Life Counseling & Support LLC | 200 North 34th Street Norfolk, NEBRASKA 68701 | Intensive Family Preservation | Amy | | |
| | | | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Invoice - Mileage | | | |
| | | Juvenile Co-Occurring Evaluation | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Juvenile Electronic Monitoring Cell Phone | | | |
| | | Juvenile Electronic Monitoring GPS | Baber, Levi | 4029921232 | levi.baber@goodlifecounseling.com |
| | | | Perry, Gage | 4025629160 | Gageperry321@gmail.com |
| | | | SCHEER, JADE | 4028600673 | jade.scheer@goodlifecounseling.com |
| | | | Schmuecker , Kirsten | 4028449557 | kirsten.schmuecker@goodlifecounseling.com |
| | | Juvenile Electronic Monitoring Land Line | | | |
| | | Juvenile Medication Management | | | |
| | | Juvenile Mental Health Evaluation | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | | Kleinschmit, Amy | 4023713044 | amy.kleinschmit@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 |
|---|---|---|---|---|---|
| Good Life Counseling & Support LLC | 200 North 34th Street Norfolk, NEBRASKA 68701 | Juvenile Mental Health Evaluation | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Juvenile Mental Health Intensive Outpatient Counseling (IOP) | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/ Family) | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Jackson, Myla | 4028416149 | myla.jackson@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | | Kleinschmit, Amy | 4023713044 | amy.kleinschmit@goodlifecounseling.com |
| | | | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Juvenile Psychiatric Evaluation | | | |
| | | Juvenile Substance Use Addendum | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Eich, Christy | 4023713044 | christy.eich@goodlifecounseling.com |
| | | | Jackson, Myla | 4028416149 | myla.jackson@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Juvenile Substance Use Evaluation | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Eich, Christy | 4023713044 | christy.eich@goodlifecounseling.com |
| | | | Jackson, Myla | 4028416149 | myla.jackson@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@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 |
|---|---|---|---|---|---|
| Good Life Counseling & Support LLC | 200 North 34th Street Norfolk, NEBRASKA 68701 | Juvenile Substance Use Evaluation | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Juvenile Substance Use Intensive Outpatient (IOP) | Eich, Christy | 4023713044 | christy.eich@goodlifecounseling.com |
| | | | Jackson, Myla | 4028416149 | myla.jackson@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/ Family) | Barr, Thomas | 4023713044 | tom.barr@goodlifecounseling.com |
| | | | Eich, Christy | 4023713044 | christy.eich@goodlifecounseling.com |
| | | | Jackson, Myla | 4028416149 | myla.jackson@goodlifecounseling.com |
| | | | Klassen, Ellie | 4027505920 | ellie.klassen@goodlifecounseling.com |
| | | | Kubo, Dana | 4023713044 | dana.kubo@goodlifecounseling.com |
| | | | Slater, Kendra | 4023713044 | kendra.slater@goodlifecounseling.com |
| | | PRS-BIP | | | |

## Agency Name: Jordan Willer

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Jordan Willer | 3901 W. Norfolk Ave. Ste. A Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Adult Mental Health Evaluation | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Adult Substance Use Addendum | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Adult Substance Use Evaluation | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Expedited Co-Occurring | Willer, Jordan | 4023600055 | jewiller@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Jordan Willer | 3901 W. Norfolk Ave. Ste. A Norfolk, NEBRASKA 68701 | Evaluation | | | |
| | | Expedited Mental Health Evaluation | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Expedited Substance Use Evaluation | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Juvenile Co-Occurring Evaluation | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Juvenile Mental Health Evaluation | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Juvenile Substance Use Addendum | Willer, Jordan | 4023600055 | jewiller@gmail.com |
| | | Juvenile Substance Use Evaluation | Willer, Jordan | 4023600055 | jewiller@gmail.com |

## Agency Name: Kelli Means Teletherapy

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Kelli Means Teletherapy | 714 E Park Ave Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Means, Kelli | 4025000028 | kmteletherapy@gmail.com |
| | | Adult Mental Health Evaluation | Means, Kelli | 4025000028 | kmteletherapy@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Means, Kelli | 4025000028 | kmteletherapy@gmail.com |
| | | Adult Substance Use Addendum | Means, Kelli | 4025000028 | kmteletherapy@gmail.com |
| | | Adult Substance Use Evaluation | Means, Kelli | 4025000028 | kmteletherapy@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Means, Kelli | 4025000028 | kmteletherapy@gmail.com |

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# District 7

## Agency Name: MADISON COUNTY SHERIFF'S OFFICE

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| MADISON COUNTY SHERIFF'S OFFICE | 1313 N MAIN ST PO BOX 209 Madison, NEBRASKA 68748 | Invoice - Law Enforcement Transportation | | | |

## Agency Name: Madison County Juvenile Accountability Unit

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Madison County Juvenile Accountability Unit | 123 North 4th Street Norfolk, NEBRASKA 68701 | Day Reporting | | | |

## Agency Name: Michael Sullivan Counseling

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Michael Sullivan Counseling | 110 N. 37th Street Suite 301 Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Sullivan, Michael | 4027507923 | ramsgaterecovery@gmail.com |
| | | Adult Mental Health Evaluation | Sullivan, Michael | 4027507923 | ramsgaterecovery@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Sullivan, Michael | 4027507923 | ramsgaterecovery@gmail.com |
| | | Adult Substance Use Addendum | Sullivan, Michael | 4027507923 | ramsgaterecovery@gmail.com |
| | | Adult Substance Use Evaluation | Sullivan, Michael | 4027507923 | ramsgaterecovery@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Sullivan, Michael | 4027507923 | ramsgaterecovery@gmail.com |

## Agency Name: Midtown Health Center, Inc.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Midtown | 302 W Phillip Ave | Adult Co-Occurring | Sotelo, | 4023718000 | jsotelo@midtownhealthne.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Health Center, Inc. | Norfolk, NEBRASKA 68701 | Evaluation | Jessica | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Substance Use Evaluation | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |
| Midtown Health Center--Madison | 222 S Main St Madison, NEBRASKA 68748 | Adult Co-Occurring Evaluation | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Substance Use Evaluation | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |
| Midtown Xpress Care | 210 S 3rd St Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Substance Use Evaluation | Sotelo, Jessica | 4023718000 | jsotelo@midtownhealthne.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

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## Agency Name: Northeast Nebraska Juvenile Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Northeast Nebraska Juvenile Services | 1313 1/2 N. Main Madison, NEBRASKA 68748 | Invoice - Secure Detention | | | |
| | | Invoice - Staff Detention | | | |

## Agency Name: Oasis Counseling International

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Oasis Counseling International | 333 W NORFOLK AVE, Suite 201 Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |
| | | | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | | Race, Chelsea | 7047288471 | crace@ocinternational.org |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Medication Management | Ottis, Bobbi | 4023792030 | bottis@ocinternational.org |
| | | Adult Mental Health Evaluation | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |
| | | | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |
| | | | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | | Race, Chelsea | 7047288471 | crace@ocinternational.org |
| | | Adult Psychological Evaluation | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | | Race, | 7047288471 | crace@ocinternational.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Oasis Counseling International | 333 W NORFOLK AVE, Suite 201 Norfolk, NEBRASKA 68701 | Adult Psychological Evaluation | Chelsea | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | Keller, Janie | 4029927206 | jkeller@ocinternational.org |
| | | | Oestreich, Rhonda | 4023792030 | roestreich@ocinternational.org |
| | | | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |
| | | | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | | Titus, Autumn | 4023792030 | atitus@ocinternational.org |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Keller, Janie | 4029927206 | jkeller@ocinternational.org |
| | | | Oestreich, Rhonda | 4023792030 | roestreich@ocinternational.org |
| | | | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |
| | | | Race, Chelsea | 7047288471 | crace@ocinternational.org |
| | | | Titus, Autumn | 4023792030 | atitus@ocinternational.org |
| | | Adult Substance Use Outpatient Treatment (Group) | Keller, Janie | 4029927206 | jkeller@ocinternational.org |
| | | | Oestreich, Rhonda | 4023792030 | roestreich@ocinternational.org |
| | | | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |
| | | | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | Adult Substance Use | Keller, | 4029927206 | jkeller@ocinternational.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Oasis Counseling International | 333 W NORFOLK AVE, Suite 201 Norfolk, NEBRASKA 68701 | Outpatient Treatment (Individual) | Janie | | |
| | | | Oestreich, Rhonda | 4023792030 | roestreich@ocinternational.org |
| | | | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |
| | | | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | | Race, Chelsea | 7047288471 | crace@ocinternational.org |
| | | | Titus, Autumn | 4023792030 | atitus@ocinternational.org |
| | | Community Treatment Aide (CTA) | Clyde, Jessica | 4023792030 | jclyde@ocinternational.org |
| | | | Donner, Kaylee | 4022173807 | kdonner@ocinternational.org |
| | | | Keller, Janie | 4029927206 | jkeller@ocinternational.org |
| | | Family Support | Clyde, Jessica | 4023792030 | jclyde@ocinternational.org |
| | | | Donner, Kaylee | 4022173807 | kdonner@ocinternational.org |
| | | | Keller, Janie | 4029927206 | jkeller@ocinternational.org |
| | | Juvenile Co-Occurring Evaluation | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |
| | | | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | | Race, Chelsea | 7047288471 | crace@ocinternational.org |
| | | Juvenile Medication Management | | | |
| | | Juvenile Mental Health Evaluation | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Oasis Counseling International | 333 W NORFOLK AVE, Suite 201 Norfolk, NEBRASKA 68701 | Juvenile Mental Health Evaluation | Ottis, Bobbi | 4023792030 | bottis@ocinternational.org |
| | | | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | | Race, Chelsea | 7047288471 | crace@ocinternational.org |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | | | |
| | | Juvenile Psychiatric Evaluation | Ottis, Bobbi | 4023792030 | bottis@ocinternational.org |
| | | Juvenile Substance Use Addendum | | | |
| | | Juvenile Substance Use Evaluation | Keller, Janie | 4029927206 | jkeller@ocinternational.org |
| | | | Oestreich, Rhonda | 4023792030 | roestreich@ocinternational.org |
| | | | Oltmer, Cynthia | 4023792030 | coltmer@ocinternational.org |
| | | | Petersen, Connie | 4028417720 | conpete@gmail.com |
| | | | Race, Chelsea | 7047288471 | crace@ocinternational.org |
| | | | Titus, Autumn | 4023792030 | atitus@ocinternational.org |

## Agency Name: Owens Educational Services, Inc.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| OWENS-NORFOLK | 1220 W Benjamin Ave Suite 1 Norfolk, NEBRASKA 68701 | Family Support | | | |

## Agency Name: PAC Counseling LLC

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| PAC Counseling LLC | 1909 Vicki Lane Ste 105 Norfolk, NEBRASKA 68701 | Adult Substance Use Addendum | Claussen, Patricia | 4023401158 | anne@tranquillotuscollaborative.org |
| | | Adult Substance Use Evaluation | Claussen, Patricia | 4023401158 | anne@tranquillotuscollaborative.org |
| | | Adult Substance Use Outpatient Treatment (Group) | Claussen, Patricia | 4023401158 | anne@tranquillotuscollaborative.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Claussen, Patricia | 4023401158 | anne@tranquillotuscollaborative.org |
| | | Juvenile Substance Use Addendum | Claussen, Patricia | 4023401158 | anne@tranquillotuscollaborative.org |
| | | Juvenile Substance Use Evaluation | Claussen, Patricia | 4023401158 | anne@tranquillotuscollaborative.org |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Claussen, Patricia | 4023401158 | anne@tranquillotuscollaborative.org |

## Agency Name: Ponca Tribe of Nebraska

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Ponca Tribe of Nebraska-Norfolk (Ponca Hills) | 1800 Syracuse Av Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Custer, Janet | 4028511605 | janetc@poncatribe-ne.org |
| | | Adult Mental Health Evaluation | Custer, Janet | 4028511605 | janetc@poncatribe-ne.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Custer, Janet | 4028511605 | janetc@poncatribe-ne.org |
| | | Adult Substance Use Addendum | Custer, Janet | 4028511605 | janetc@poncatribe-ne.org |
| | | | Thomas, Angela | 4027502449 | athomas@poncatribe-ne.gov |
| | | Adult Substance Use | Custer, Janet | 4028511605 | janetc@poncatribe- |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Ponca Tribe of Nebraska-Norfolk (Ponca Hills) | 1800 Syracuse Av Norfolk, NEBRASKA 68701 | Evaluation | | | ne.org |
| | | | Thomas, Angela | 4027502449 | athomas@poncatribe-ne.gov |
| | | Adult Substance Use Outpatient Treatment (Group) | Custer, Janet | 4028511605 | janetc@poncatribe-ne.org |
| | | | Thomas, Angela | 4027502449 | athomas@poncatribe-ne.gov |
| | | Adult Substance Use Outpatient Treatment (Individual) | Custer, Janet | 4028511605 | janetc@poncatribe-ne.org |
| | | | Thomas, Angela | 4027502449 | athomas@poncatribe-ne.gov |

## Agency Name: Ramsgate LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Ramsgate LLC | 1000 Koenigstein Avenue Norfolk, NEBRASKA 68701 | Transitional Living - Level 1 | Sullivan, Michael | 4027507923 | ramsgaterecovery@gmail.com |
| | | Transitional Living - Level 2 | Sullivan, Michael | 4027507923 | ramsgaterecovery@gmail.com |

## Agency Name: Steffen Social Work Services LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Steffen Social Work Services LLC | 1909 Vicki Lane Suite 105 Norfolk, NEBRASKA 68701 | Adult Mental Health Outpatient Counseling (Group) | Steffen, Lori | 4022567883 | lori@tranquillotuscollaborative.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Steffen, Lori | 4022567883 | lori@tranquillotuscollaborative.org |
| | | Juvenile Mental Health Outpatient Counseling (Group) | Steffen, Lori | 4022567883 | lori@tranquillotuscollaborative.org |
| | | Juvenile Mental Health Outpatient Counseling | Steffen, Lori | 4022567883 | lori@tranquillotuscollaborative.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Steffen Social Work Services LLC | 1909 Vicki Lane Suite 105 Norfolk, NEBRASKA 68701 | (Individual/Family) | | | |

## Agency Name: The Counseling & Enrichment Center

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| The Counseling & Enrichment Center | 105 S. 5th Street Norfolk, NEBRASKA 68701 | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

## Agency Name: The Link, Inc.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| The Link, Inc. | 1001 West Norfolk Ave. Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Halfway House | Nuss, William | 4023715310 | wnuss@link-recovery.org |
| | | Transitional Living - Level 1 | Nuss, William | 4023715310 | wnuss@link-recovery.org |
| | | Transitional Living - Level 2 | Nuss, William | 4023715310 | wnuss@link-recovery.org |

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# District 7

## Agency Name: The Well

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Dual Disorder Program | 910 W. Park Avenue Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | | Rech, Kim | 4028604014 | kimr@womenslifeline.net |
| | | Adult Mental Health Evaluation | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | | Rech, Kim | 4028604014 | kimr@womenslifeline.net |
| | | Adult Substance Use Addendum | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | | Rech, Kim | 4028604014 | kimr@womenslifeline.net |
| | | Adult Substance Use Evaluation | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | | Rech, Kim | 4028604014 | kimr@womenslifeline.net |
| Intermediate Residential/ Halfway House | 200 S. 13th Street Norfolk, NEBRASKA 68701 | Adult Substance Use Addendum | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | Adult Substance Use Evaluation | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | Adult Substance Use Halfway House | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| Men's Program | 306 W. Indiana Avenue Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Dual Residential (MH/SA) | | | |
| Mommy and Me | 512 Verges Avenue Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | Adult Mental Health Evaluation | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | Adult Substance Use Addendum | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Adult Substance Use | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Mommy and Me | 512 Verges Avenue Norfolk, NEBRASKA 68701 | Evaluation | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Adult Substance Use Halfway House | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Dual Residential (MH/SA) | | | |
| The Well | 1203 S. 8th Street Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Larson, Donielle | 4028410184 | donnyl@womenslifeline.net |
| | | | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Medication Management | | | |
| | | Adult Mental Health Evaluation | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Larson, Donielle | 4028410184 | donnyl@womenslifeline.net |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Adult Mental Health Outpatient Counseling (Individual) | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Larson, | 4028410184 | donnyl@womenslifeline.net |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| The Well | 1203 S. 8th Street Norfolk, NEBRASKA 68701 | Adult Mental Health Outpatient Counseling (Individual) | Donielle | | |
| | | | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Adult Substance Use Addendum | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Dannar, Karla | 4023710220 | karladannar@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |
| | | | Larson, Donielle | 4028410184 | donnyl@womenslifeline.net |
| | | | Lindahl, Tabitha | 4023710220 | tabithalindahl@thewellne.org |
| | | | Newcombe, Tera | 4023710220 | teranewcombe@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Adult Substance Use Evaluation | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Dannar, Karla | 4023710220 | karladannar@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |
| | | | Larson, Donielle | 4028410184 | donnyl@womenslifeline.net |
| | | | Lindahl, Tabitha | 4023710220 | tabithalindahl@thewellne.org |
| | | | Newcombe, Tera | 4023710220 | teranewcombe@thewellne.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| The Well | 1203 S. 8th Street Norfolk, NEBRASKA 68701 | Adult Substance Use Evaluation | Parr, Jessica | 4023793622 | jessicaparr@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Dannar, Karla | 4023710220 | karladannar@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |
| | | | Larson, Donielle | 4028410184 | donnyl@womenslifeline.net |
| | | | Lindahl, Tabitha | 4023710220 | tabithalindahl@thewellne.org |
| | | | Newcombe, Tera | 4023710220 | teranewcombe@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Adult Substance Use Outpatient Treatment (Group) | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |
| | | | Lindahl, Tabitha | 4023710220 | tabithalindahl@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Adult Substance Use Outpatient Treatment (Individual) | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Dannar, Karla | 4023710220 | karladannar@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |

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

# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| The Well | 1203 S. 8th Street Norfolk, NEBRASKA 68701 | Adult Substance Use Outpatient Treatment (Individual) | Lindahl, Tabitha | 4023710220 | tabithalindahl@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Community Treatment Aide (CTA) | James, Natalie | 4023710220 | nataliejames@thewellne.org |
| | | | Muncie, Brittney | 4023710220 | brittneymuncie@thewellne.org |
| | | Juvenile Co-Occurring Evaluation | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Larson, Donielle | 4028410184 | donnyl@womenslifeline.net |
| | | Juvenile Medication Management | | | |
| | | Juvenile Mental Health Evaluation | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Juvenile Mental Health Intensive Outpatient Counseling (IOP) | | | |
| | | Juvenile Mental Health Outpatient Counseling (Group) | | | |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Larson, | 4028410184 | donnyl@womenslifeline.net |

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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| The Well | 1203 S. 8th Street Norfolk, NEBRASKA 68701 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Donielle | | |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Juvenile Psychiatric Evaluation | | | |
| | | Juvenile Psychiatric Evaluation Interview Only | | | |
| | | Juvenile Substance Use Addendum | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Dannar, Karla | 4023710220 | karladannar@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |
| | | | Larson, Donielle | 4028410184 | donnyl@womenslifeline.net |
| | | | Lindahl, Tabitha | 4023710220 | tabithalindahl@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Juvenile Substance Use Evaluation | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Dannar, Karla | 4023710220 | karladannar@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |
| | | | Larson, Donielle | 4028410184 | donnyl@womenslifeline.net |
| | | | Lindahl, | 4023710220 | tabithalindahl@thewellne.org |

Administrative Office of Courts & Probation

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Lincoln, NE 68509
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# District 7

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| The Well | 1203 S. 8th Street Norfolk, NEBRASKA 68701 | Juvenile Substance Use Evaluation | Tabitha | | |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Juvenile Substance Use Intensive Outpatient (IOP) | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Lindahl, Tabitha | 4023710220 | tabithalindahl@thewellne.org |
| | | Juvenile Substance Use Outpatient Treatment (Group) | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |
| | | | Lindahl, Tabitha | 4023710220 | tabithalindahl@thewellne.org |
| | | | Rivest, Seth | 4023710220 | sethr@womenslifeline.net |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | Damian Barrios, Tania | 4023710220 | taniadamianbarrios@thewellne.org |
| | | | Dannar, Karla | 4023710220 | karladannar@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |
| | | | Larson, Donielle | 4028410184 | donnyl@womenslifeline.net |
| | | | Lindahl, Tabitha | 4023710220 | tabithalindahl@thewellne.org |
| Transitional Living | 510 Verges Avenue Norfolk, NEBRASKA 68701 | Transitional Living - Level 1 | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |
| | | Transitional Living - Level 2 | Aschoff, Allison | 4023710220 | alliaschoff@thewellne.org |
| | | | DeSilva, Kelly | 4028385485 | kellydesilva@thewellne.org |

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# District 7

## Agency Name: Women's House of Hope

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Open Doors | 106 W Spruce Avve Norfolk, NEBRASKA 68701 | Transitional Living - Level 1 | Merchant, Chad | 4029921119 | houseofhope91@yahoo.com |
| Women's House of Hope | 608 S 9th St. Norfolk, NEBRASKA 68701 | Transitional Living - Level 2 | Merchant, Chad | 4029921119 | houseofhope91@yahoo.com |

## Agency Facility County: Wayne

### Agency Name: CITY OF WAYNE POLICE DEPT

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| CITY OF WAYNE POLICE DEPT | PO BOX 8 Wayne, NEBRASKA 68787 | Invoice - Law Enforcement Transportation | | | |

### Agency Name: Renee R Wilson

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Wilson Wellness and Counseling | 904 Jaxon Street Wayne, NEBRASKA 68787 | Adult Substance Use Addendum | Wilson, Renee | 4023693007 | renee.r.wilson@hotmail.com |
| | | Adult Substance Use Evaluation | Wilson, Renee | 4023693007 | renee.r.wilson@hotmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Wilson, Renee | 4023693007 | renee.r.wilson@hotmail.com |
| | | Juvenile Substance Use Evaluation | Wilson, Renee | 4023693007 | renee.r.wilson@hotmail.com |

### Agency Name: Wayne County Sheriff's Office

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|---|---|---|---|
| Wayne County Sheriff's Office | 521 Lincoln St. Wayne, NEBRASKA 68787 | Invoice - Law Enforcement Transportation | | | |