

# Administrative Office of Courts & Probation

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

## District 1

### Agency Facility County: Fillmore

#### Agency Name: FGH Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
FGH inc.	422 N 17th St Geneva, NEBRASKA 68361	Adult Co-Occurring Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Adult Mental Health Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Adult Mental Health Outpatient Counseling (Individual)	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Adult Substance Use Addendum	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Adult Substance Use Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Adult Substance Use Outpatient Treatment (Individual)	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Co-Occurring Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Mental Health Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Substance Use Addendum	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Substance Use Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Betka, Cindy	4028795959	cindy@redcouchcounseling.org

#### Agency Name: Fillmore County Hospital

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fillmore County Hospital	1900 F Street Geneva, NEBRASKA 68361	Adult Co-Occurring Evaluation	Hoffman, Tabitha	4027593192	thoffman@myfch.org
			Knight, Stephanie	4027593192	sknight@myfch.org
			Schleif, Laurin	4027593192	lschleif@myfch.org
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Hoffman, Tabitha	4027593192	thoffman@myfch.org
			Knight, Stephanie	4027593192	sknight@myfch.org
			Schleif, Laurin	4027593192	lschleif@myfch.org
		Adult Mental Health Outpatient Counseling (Group)	Hoffman, Tabitha	4027593192	thoffman@myfch.org
			Schleif, Laurin	4027593192	lschleif@myfch.org
		Adult Mental Health Outpatient Counseling (Individual)	Hoffman, Tabitha	4027593192	thoffman@myfch.org
			Knight, Stephanie	4027593192	sknight@myfch.org
			Schleif, Laurin	4027593192	lschleif@myfch.org
		Adult Substance Use Evaluation	Hoffman, Tabitha	4027593192	thoffman@myfch.org
			Knight, Stephanie	4027593192	sknight@myfch.org
			Schleif, Laurin	4027593192	lschleif@myfch.org
		Adult Substance Use Outpatient Treatment (Group)	Hoffman, Tabitha	4027593192	thoffman@myfch.org
			Schleif, Laurin	4027593192	lschleif@myfch.org
		Adult Substance Use Outpatient Treatment (Individual)	Hoffman, Tabitha	4027593192	thoffman@myfch.org
			Schleif, Laurin	4027593192	lschleif@myfch.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Fillmore County Hospital	1900 F Street Geneva, NEBRASKA 68361	Juvenile Co-Occurring Evaluation	Schleif, Laurin	4027593192	lschleif@myfch.org	
		Juvenile Medication Management				
		Juvenile Mental Health Evaluation	Hoffman, Tabitha	4027593192	thoffman@myfch.org	
			McGill, Kirsten	4057593192	kmcgill@myfch.org	
			Schleif, Laurin	4027593192	lschleif@myfch.org	
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hoffman, Tabitha	4027593192	thoffman@myfch.org	
			Knight, Stephanie	4027593192	sknight@myfch.org	
			McGill, Kirsten	4057593192	kmcgill@myfch.org	
			Schleif, Laurin	4027593192	lschleif@myfch.org	
		Juvenile Psychiatric Evaluation				
		Juvenile Psychiatric Evaluation Interview Only				
		Juvenile Substance Use Evaluation	McGill, Kirsten	4057593192	kmcgill@myfch.org	
			Schleif, Laurin	4027593192	lschleif@myfch.org	
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Schleif, Laurin	4027593192	lschleif@myfch.org	

### **Agency Name: Heartland Boys Home**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heartland Boys Home	914 Rd P 914 Rd P Geneva, NEBRASKA 68361	Group Home A			

### **Agency Facility County: Gage**

### **Agency Name: Blue Valley Behavioral Health, Inc**

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Blue Valley Behavioral Health, Inc	1123 North 9th Street Beatrice, NEBRASKA 68310	Adult Co-Occurring Evaluation	VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
		Adult Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Group)	White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Expedited Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net

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Blue Valley Behavioral Health, Inc	1123 North 9th Street Beatrice, NEBRASKA 68310	Expedited Substance Use Evaluation	VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@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
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net

**Agency Name: CASA of Gage County**

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CASA of Gage County	205 N 4th Street Suite 2B Beatrice, NEBRASKA 68310	Thrive Mentoring	Lovitt, Amber	4028062546	director@casaofgagecounty.org

### Agency Name: City of Beatrice

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
City of Beatrice	400 Ella St Beatrice, NEBRASKA 68310	Invoice - Law Enforcement Transportation			

### Agency Name: Directions Counseling Center P.C.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Directions Counseling Center P.C.	500 Market St. Beatrice, NEBRASKA 68310	Adult Co-Occurring Evaluation	Antons, Justin	4022397844	justin.antons@icloud.com
		Adult Mental Health Evaluation	Antons, Justin	4022397844	justin.antons@icloud.com
		Adult Mental Health Outpatient Counseling (Individual)	Antons, Justin	4022397844	justin.antons@icloud.com
		Adult Substance Use Evaluation	Antons, Justin	4022397844	justin.antons@icloud.com
			Black, Cynthia	4028743268	cblack0218@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Antons, Justin	4022397844	justin.antons@icloud.com
			Black, Cynthia	4028743268	cblack0218@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Antons, Justin	4022397844	justin.antons@icloud.com
			Black, Cynthia	4028743268	cblack0218@gmail.com

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
	110 N. 9th St. Beatrice, NEBRASKA 68310	Adult Co-Occurring Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health	
			Magold, Josh	7089274052	drmagold@nebraskamental.health	
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health	
			Zlomke, Leland	4024836990	lzphd1@gmail.com	
		Adult Gambling Outpatient Counseling (Individual/Group)				
		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	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health	
			Magold, Josh	7089274052	drmagold@nebraskamental.health	
			Zlomke, Leland	4024836990	lzphd1@gmail.com	
		Adult Mental Health Outpatient Counseling (Individual)	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health	
			Groeteke, Olivia	4024836990	oliviag@nebraskamental.health	
			Magold, Josh	7089274052	drmagold@nebraskamental.health	
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health	
			Zlomke, Leland	4024836990	lzphd1@gmail.com	
		Adult Psychological	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health	

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	110 N. 9th St. Beatrice, NEBRASKA 68310	Evaluation	Ashleigh		
			Magold, Josh	7089274052	drmagold@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Adult Sex Offense-Specific Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Adult Substance Use Addendum	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Magold, Josh	7089274052	drmagold@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Adult Substance Use Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Magold, Josh	7089274052	drmagold@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com

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	110 N. 9th St. Beatrice, NEBRASKA 68310	Adult Substance Use Outpatient Treatment (Individual)	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Magold, Josh	7089274052	drmagold@nebraskamental.health
			Monfelt- Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Co-Occurring Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Magold, Josh	7089274052	drmagold@nebraskamental.health
			Monfelt- Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Competency Evaluation			
		Juvenile Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Mental Health Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Magold, Josh	7089274052	drmagold@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Groeteke, Olivia	4024836990	oliviag@nebraskamental.health
			Magold, Josh	7089274052	drmagold@nebraskamental.health

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	110 N. 9th St. Beatrice, NEBRASKA 68310	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Psychiatric Evaluation	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Psychological Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Magold, Josh	7089274052	drmagold@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Substance Use Addendum	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Magold, Josh	7089274052	drmagold@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Substance Use Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Magold, Josh	7089274052	drmagold@nebraskamental.health
			Monfelt-Siems, Jamie	4024836990	jamiem@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juvenile Substance Use Outpatient Treatment	Groeteke, Olivia	4024836990	oliviag@nebraskamental.health

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	110 N. 9th St. Beatrice, NEBRASKA 68310	(Individual/Family)	Magold, Josh	7089274052	drmagold@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)	Zlomke, Leland	4024836990	lzphd1@gmail.com
		Juveniles Who Sexually Harm Risk Evaluation	Clarke, Ashleigh	4024836990	drclarke@nebraskamental.health
			Zlomke, Leland	4024836990	lzphd1@gmail.com
		PRS-BIP			

### Agency Name: The Resolution Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Resolution Center	120 S. 5th St. Beatrice, NEBRASKA 68310	Expedited Family Group Conference			
		Mediation			

### Agency Facility County: Jefferson

### Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	521 E St PO Box 120 Fairbury, NEBRASKA 68352	Adult Co-Occurring Evaluation	VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
		Adult Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	521 E St PO Box 120 Fairbury, NEBRASKA 68352	Adult Substance Use Evaluation	Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@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
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Expedited Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@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
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@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		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	521 E St PO Box 120 Fairbury, NEBRASKA 68352	Juvenile Substance Use Outpatient Treatment (Individual/Family)	VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net

### Agency Name: Owens & Associates, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OWENS & ASSOCIATES - FAIRBURY	422 E Street Fairbury, NEBRASKA 68352	Continuous Alcohol Monitoring (CAM)			

### Agency Name: Owens Educational Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
OWENS- FAIRBURY	422 E Street Fairbury, NEBRASKA 68352	Continuous Alcohol Monitoring (CAM)			
		Family Support			

### Agency Facility County: Nemaha

### Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	820 Central Ave, Suite 4 Auburn, NEBRASKA 68305	Adult Co-Occurring Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
		Adult Substance Use Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net

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	820 Central Ave, Suite 4 Auburn, NEBRASKA 68305	Adult Substance Use Evaluation	Dietz, Kate	4028735505	kdietz@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Expedited Substance Use Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
Campbell, Peyton	4028010292		pcampbell@bvbh.net		

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	820 Central Ave, Suite 4 Auburn, NEBRASKA 68305	Juvenile Substance Use Evaluation	Peyton		
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
White, Nichole	4022283386	nwhite@bvbh.net			

**Agency Name: Sandra Pasco Armstrong MS, PLADC, PLMHP**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sandra Pasco Armstrong MS, PLADC, PLMHP	2313 P street Auburn, NEBRASKA 68305	Adult Co-Occurring Evaluation	Pasco-Armstrong, Sandra	4024140767	sandy@inspireempowerrestore.com
		Adult Mental Health Evaluation	Pasco-Armstrong, Sandra	4024140767	sandy@inspireempowerrestore.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sandra Pasco Armstrong MS, PLADC, PLMHP	2313 P street Auburn, NEBRASKA 68305	Adult Substance Use Evaluation	Pasco- Armstrong, Sandra	4024140767	sandy@inspireempowerrestore.com

### Agency Facility County: Otoe

### Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1903 4th Corso Nebraska City, NEBRASKA 68410	Adult Co-Occurring Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
		Adult Substance Use Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
	Stanek, Sean		4028735505	sstanek@bvbh.net	
	Thomalla, Eric		4024434414	ethomalla@bvbh.net	
	VanLaningham, Amanda		4028262000	avanlaningham@bvbh.net	
	Adult Substance Use Intensive Outpatient Counseling (IOP)		Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
			Attoungble, Ashley	4028740541	aattoungble@bvbh.net
Dietz, Kate			4028735505	kdietz@bvbh.net	
Stanek, Sean			4028735505	sstanek@bvbh.net	
Thomalla, Eric			4024434414	ethomalla@bvbh.net	

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1903 4th Corso Nebraska City, NEBRASKA 68410	Adult Substance Use Intensive Outpatient Counseling (IOP)	White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Group)	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
			Expedited Substance Use Evaluation	Attoungble, Ashley	4028740541
		Campbell, Peyton		4028010292	pcampbell@bvbh.net
		Stanek, Sean		4028735505	sstanek@bvbh.net
		Thomalla, Eric		4024434414	ethomalla@bvbh.net
		Vonderschmidt, Rebecca		4022454458	rvonderschmidt@bvbh.net
		White, Nichole		4022283386	nwhite@bvbh.net
		Juvenile Substance Use	Attoungble,	4028740541	aattoungble@bvbh.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1903 4th Corso Nebraska City, NEBRASKA 68410	Evaluation	Ashley		
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Stanek, Sean	4028735505	sstanek@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net

### Agency Name: ESH Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ESH Counseling	917 Wildwood Lane 108 Nebraska City, NEBRASKA 68410	Adult Substance Use Addendum	Black, Cynthia	4028743268	cblack0218@gmail.com
		Adult Substance Use Evaluation	Black, Cynthia	4028743268	cblack0218@gmail.com

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### Agency Name: Emerson Mental Health & Substance Use Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Emerson Mental Health & Substance Use Counseling LLC	985 Midland St Syracuse, NEBRASKA 68446	Adult Co-Occurring Evaluation	Emerson, Ashley	4028640778	ashleyemerson2012@gmail.com
		Adult Mental Health Evaluation	Emerson, Ashley	4028640778	ashleyemerson2012@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Emerson, Ashley	4028640778	ashleyemerson2012@gmail.com
		Adult Substance Use Addendum	Emerson, Ashley	4028640778	ashleyemerson2012@gmail.com
		Adult Substance Use Evaluation	Emerson, Ashley	4028640778	ashleyemerson2012@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Emerson, Ashley	4028640778	ashleyemerson2012@gmail.com
		Juvenile Co-Occurring Evaluation	Emerson, Ashley	4028640778	ashleyemerson2012@gmail.com
		Juvenile Mental Health Evaluation	Emerson, Ashley	4028640778	ashleyemerson2012@gmail.com

### Agency Name: Impact Behavioral Health, LCC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Impact Behavioral Health, LLC	PO Box 252 Palmyra, NEBRASKA 68418	Adult Co-Occurring Evaluation	Moser, Olivia	4024305171	Impactbxhealth@gmail.com
		Adult Mental Health Evaluation	Moser, Olivia	4024305171	Impactbxhealth@gmail.com
		Adult Sex Offense-Specific Evaluation	Moser, Olivia	4024305171	Impactbxhealth@gmail.com
			Simonsen, Stacy	4028795860	StacySimonsen14@gmail.com

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### Agency Name: Lewis Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lewis Counseling Services	3825 Ames ave Douglas, NEBRASKA 68111	Adult Co-Occurring Evaluation	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com
		Adult Mental Health Evaluation	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com
		Adult Mental Health Outpatient Counseling (Group)	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com
		Adult Mental Health Outpatient Counseling (Individual)	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com
		Adult Substance Use Evaluation	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com
		Day Reporting	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com
		Family Support	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com
		Juvenile Co-Occurring Evaluation	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com
		Juvenile Mental Health Evaluation	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com
		Juvenile Substance Use Evaluation	Lewis, Monica	4023203566	Monicalewis@lewiscounselingservices.com

### Agency Name: Sandra Pasco Armstrong MS, PLADC, PLMHP

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sandra Pasco Armstrong MS, PLADC, PLMHP	917 Wildwood Office Number 108 Nebraska City, NEBRASKA 68410	Adult Co-Occurring Evaluation			
		Adult Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sandra Pasco Armstrong MS, PLADC, PLMHP	917 Wildwood Office Number 108 Nebraska City, NEBRASKA 68410	Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			

### **Agency Name: Saved to Serve Counseling**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Saved to Serve Counseling	11907 Arbor Street STE C Douglas, NEBRASKA 68144	Adult Co-Occurring Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Adult Mental Health Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Adult Substance Use Addendum	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Adult Substance Use Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Expedited Co- Occurring Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Expedited Mental Health Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Expedited Substance Use Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Juvenile Co- Occurring Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Juvenile Mental Health Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Saved to Serve Counseling	11907 Arbor Street STE C Douglas, NEBRASKA 68144	Juvenile Substance Use Addendum	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com
		Juvenile Substance Use Evaluation	Riley, LaTaunya	5312504099	saved2servecounseling@yahoo.com

### Agency Name: Sybil Jackson PC Corp

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Sybil Jackson PC Corp	8424 W Center Rd Douglas, NEBRASKA 68124	Adult Mental Health Outpatient Counseling (Individual)	Jackson, Sybil	4027799438	sybiljackson75@gmail.com	
		Adult Substance Use Evaluation	Jackson, Sybil	4027799438	sybiljackson75@gmail.com	
		Family Partner				
		Family Support	Jackson, Sybil	4027799438	sybiljackson75@gmail.com	
		Intensive Family Preservation				
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Jackson, Sybil	4027799438	sybiljackson75@gmail.com	
		Juvenile Substance Use Evaluation	Jackson, Sybil	4027799438	sybiljackson75@gmail.com	

### Agency Name: Syracuse Area Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Syracuse Area Health	2731 Healthcare Dr Syracuse, NEBRASKA 68446	Adult Co-Occurring Evaluation	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Adult Mental Health Evaluation	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Adult Mental Health Outpatient Counseling (Individual)	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Adult Psychological			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Syracuse Area Health	2731 Healthcare Dr Syracuse, NEBRASKA 68446	Evaluation			
		Adult Substance Use Addendum	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Adult Substance Use Evaluation	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Adult Substance Use Outpatient Treatment (Individual)	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Juvenile Co-Occurring Evaluation	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Juvenile Mental Health Evaluation	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Juvenile Psychiatric Evaluation			
		Juvenile Substance Use Addendum	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
		Juvenile Substance Use Evaluation	Maher, Nicole	4022692411	nmaher@syracuseareahealth.com
Juvenile Substance Use Outpatient Treatment (Individual/Family)					

### **Agency Name: Torrent Counseling LLC**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Torrent Counseling LLC	995 12th St Syracuse, NEBRASKA 68446	Adult Co-Occurring Evaluation	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Adult Mental Health Evaluation	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Adult Mental Health Outpatient Counseling	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Torrent Counseling LLC	995 12th St Syracuse, NEBRASKA 68446	(Individual)			
		Adult Substance Use Addendum	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Adult Substance Use Evaluation	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Juvenile Co-Occurring Evaluation	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Juvenile Mental Health Evaluation	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Juvenile Substance Use Addendum	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Juvenile Substance Use Evaluation	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Burr, Chelsey	4027801210	chelsey@torrentcounseling.com

### Agency Facility County: Pawnee

### Agency Name: Directions Counseling Center P.C.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pawnee County Court House	625 6th St. Pawnee City, NEBRASKA 68420	Adult Substance Use Intensive Outpatient Counseling (IOP)	Antons, Justin	4022397844	justin.antons@icloud.com
			Black, Cynthia	4028743268	cblack0218@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Antons, Justin	4022397844	justin.antons@icloud.com
			Black, Cynthia	4028743268	cblack0218@gmail.com

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### Agency Facility County: Richardson

### Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	103 E 35th St, Suite A Falls City, NEBRASKA 68355	Adult Co-Occurring Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
		Adult Substance Use Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
White, Nichole	4022283386		nwhite@bvbh.net		
Expedited Substance Use Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net		
	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
	103 E 35th St, Suite A Falls City, NEBRASKA 68355	Expedited Substance Use Evaluation	Thomalla, Eric	4024434414	ethomalla@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Evaluation	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Attoungble, Ashley	4028740541	aattoungble@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vonderschmidt, Rebecca	4022454458	rvonderschmidt@bvbh.net
		White, Nichole	4022283386	nwhite@bvbh.net	

**Agency Name: Directions Counseling Center P.C.**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Richardson County	65086 706 Trail Falls City,	Adult Substance Use Intensive Outpatient	Antons, Justin	4022397844	justin.antons@icloud.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sheriffs Office	NEBRASKA 68355	Counseling (IOP)	Black, Cynthia	4028743268	cblack0218@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Antons, Justin	4022397844	justin.antons@icloud.com
			Black, Cynthia	4028743268	cblack0218@gmail.com

### Agency Facility County: Saline

### Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1212 Ivy Ave, Suite 2 PO Box 326 Crete, NEBRASKA 68333	Adult Co-Occurring Evaluation	VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
		Adult Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
			Adult Substance Use Outpatient Treatment (Individual)	Campbell, Peyton	4028010292
		Thomalla, Eric		4024434414	ethomalla@bvbh.net
		VanLaningham, Amanda		4028262000	avanlaningham@bvbh.net
		Vandenberg, Laura		4026433343	lvandenberg@bvbh.net
		Expedited Substance Use Evaluation	White, Nichole	4022283386	nwhite@bvbh.net
			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
	1212 Ivy Ave, Suite 2 PO Box 326 Crete, NEBRASKA 68333	Expedited Substance Use Evaluation	Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@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
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
			Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net

### Agency Name: CITY OF CRETE POLICE DEPT

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CITY OF CRETE POLICE DEPT	243 E 13TH ST Crete, NEBRASKA 68333	Invoice - Law Enforcement Transportation			

### Agency Name: Cazares Counseling LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cazares Counseling LLC	1244 Main Ave Crete, NEBRASKA 68333	Adult Co-Occurring Evaluation	Cazares, Marysol	4029370281	marysol@cazarescounseling.com
		Adult Matrix Evaluation			
		Adult Mental Health Evaluation	Cazares, Marysol	4029370281	marysol@cazarescounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Cazares, Marysol	4029370281	marysol@cazarescounseling.com
		Adult Substance Use Addendum	Cazares, Marysol	4029370281	marysol@cazarescounseling.com
		Adult Substance Use Evaluation	Cazares, Marysol	4029370281	marysol@cazarescounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Cazares, Marysol	4029370281	marysol@cazarescounseling.com