

# Administrative Office of Courts & Probation

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

## District 1

**Agency Facility County: Fillmore**

**Agency Name: Fillmore County Hospital**

| Agency Facility Name     | Facility Address                           | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email   |
|--------------------------|--------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|--------------------|
| Fillmore County Hospital | 1900 F Street<br>Geneva,<br>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 |

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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<br>Geneva,<br>NEBRASKA 68361 | Adult Substance Use Outpatient Treatment (Individual)            | Hoffman, Tabitha                | 4027593192       | thoffman@myfch.org |
|                          |                                            |                                                                  | Schleif, Laurin                 | 4027593192       | lschleif@myfch.org |
|                          |                                            | Juvenile Co-Occurring Evaluation                                 | Schleif, Laurin                 | 4027593192       | lschleif@myfch.org |
|                          |                                            | Juvenile Medication Management                                   |                                 |                  |                    |
|                          |                                            | Juvenile Mental Health Evaluation                                | Hoffman, Tabitha                | 4027593192       | thoffman@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  |
|                          |                                            |                                                                  | Schleif, Laurin                 | 4027593192       | lschleif@myfch.org |
|                          |                                            | Juvenile Psychiatric Evaluation                                  |                                 |                  |                    |
|                          |                                            | Juvenile Psychiatric Evaluation Interview Only                   |                                 |                  |                    |
|                          |                                            | Juvenile Substance Use Evaluation                                | 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,<br>NEBRASKA 68361 | Group Home A                        |                                 |                  |                  |

### Agency Name: The Next Right Step Recovery

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| Agency Facility Name         | Facility Address                          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|-------------------------------------------|-------------------------------------|---------------------------------|------------------|------------------|
| The Next Right Step Recovery | 320 South 12th St. Geneva, NEBRASKA 68361 | Family Partner                      |                                 |                  |                  |

### Agency Facility County: Gage

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

| 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  |

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|------------------------------------|------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|-------------------------|
| Blue Valley Behavioral Health, Inc | 1123 North 9th Street Beatrice, NEBRASKA 68310 | Adult Substance Use Outpatient Treatment (Individual)           | 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      |
|                                    |                                                |                                                                 | 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  |

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|------------------------------------|------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|-------------------------|
| Blue Valley Behavioral Health, Inc | 1123 North 9th Street Beatrice, NEBRASKA 68310 | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Vandenberg, Laura               | 4026433343       | lvandenberg@bvbh.net    |
|                                    |                                                |                                                                 | Vonderschmidt, Rebecca          | 4022454458       | rvonderschmidt@bvbh.net |
|                                    |                                                |                                                                 | White, Nichole                  | 4022283386       | nwhite@bvbh.net         |

### Agency Name: CASA of Gage County

| Agency Facility Name | Facility Address                                   | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email              |
|----------------------|----------------------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------------|
| 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                                    | Antons,                         | 4022397844       | justin.antons@icloud.com |

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|-----------------------------------|-----------------------------------------------|-------------------------------------------------------|---------------------------------|------------------|--------------------------|
| Directions Counseling Center P.C. | 500 Market St.<br>Beatrice,<br>NEBRASKA 68310 | Intensive Outpatient Counseling (IOP)                 | Justin                          |                  |                          |
|                                   |                                               |                                                       | 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

| Agency Facility Name | Facility Address                              | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email                 |
|----------------------|-----------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|----------------------------------|
|                      | 110 N. 9th St.<br>Beatrice,<br>NEBRASKA 68310 | Adult Co-Occurring Evaluation                                   | Clarke, Ashleigh                | 4024836990       | drclarke@nebraskamental.health   |
|                      |                                               |                                                                 | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health   |
|                      |                                               |                                                                 | Mathieu, Celia                  | 5154012470       | drmathieu@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   |

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|----------------------|--------------------------------------------------|---------------------------------------------------------------------|---------------------------------|------------------|---------------------------------|
|                      | 110 N. 9th St.<br>Beatrice,<br>NEBRASKA<br>68310 | Adult Mental Health Evaluation                                      | Mathieu, Celia                  | 5154012470       | drmathieu@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  |
|                      |                                                  |                                                                     | Mathieu, Celia                  | 5154012470       | drmathieu@nebraskamental.health |
|                      |                                                  |                                                                     | Monfelt-Siems, Jamie            | 4024836990       | jamiem@nebraskamental.health    |
|                      |                                                  |                                                                     | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                |
|                      |                                                  | Adult Psychological Evaluation                                      | Clarke, Ashleigh                | 4024836990       | drclarke@nebraskamental.health  |
|                      |                                                  |                                                                     | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health  |
|                      |                                                  |                                                                     | Mathieu, Celia                  | 5154012470       | drmathieu@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    |

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|----------------------|--------------------------------------------------|---------------------------------------------------------------------|---------------------------------|------------------|---------------------------------|
|                      | 110 N. 9th St.<br>Beatrice,<br>NEBRASKA<br>68310 | Adult Sex Offense-Specific Outpatient Counseling (Individual/Group) | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                |
|                      |                                                  | Adult Substance Use Addendum                                        | Clarke, Ashleigh                | 4024836990       | drclarke@nebraskamental.health  |
|                      |                                                  |                                                                     | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health  |
|                      |                                                  |                                                                     | Mathieu, Celia                  | 5154012470       | drmathieu@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  |
|                      |                                                  |                                                                     | Mathieu, Celia                  | 5154012470       | drmathieu@nebraskamental.health |
|                      |                                                  |                                                                     | Monfelt-Siems, Jamie            | 4024836990       | jamiem@nebraskamental.health    |
|                      |                                                  |                                                                     | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                |
|                      |                                                  | Adult Substance Use Outpatient Treatment (Individual)               | Clarke, Ashleigh                | 4024836990       | drclarke@nebraskamental.health  |
|                      |                                                  |                                                                     | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health  |
|                      |                                                  |                                                                     | Mathieu, Celia                  | 5154012470       | drmathieu@nebraskamental.health |
|                      |                                                  |                                                                     | Monfelt-Siems, Jamie            | 4024836990       | jamiem@nebraskamental.health    |
|                      |                                                  |                                                                     | Zlomke,                         | 4024836990       | lzphd1@gmail.com                |

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|----------------------|--------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------------------|
|                      | 110 N. 9th St.<br>Beatrice,<br>NEBRASKA<br>68310 | Adult Substance Use Outpatient Treatment (Individual)            | Leland                          |                  |                                  |
|                      |                                                  | Juvenile Co-Occurring Evaluation                                 | Clarke, Ashleigh                | 4024836990       | drclarke@nebraskamental.health   |
|                      |                                                  |                                                                  | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health   |
|                      |                                                  |                                                                  | Mathieu, Celia                  | 5154012470       | drmathieu@nebraskamental.health  |
|                      |                                                  |                                                                  | Monfelt-Siems, Jamie            | 4024836990       | jamiem@nebraskamental.health     |
|                      |                                                  |                                                                  | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                 |
|                      |                                                  | Juvenile Competency Evaluation                                   | Clarke, Ashleigh                | 4024836990       | drclarke@nebraskamental.health   |
|                      |                                                  | Juvenile Medication Management                                   | Weber, Kristi                   | 4026468287       | Kristi@weberbehavioralhealth.org |
|                      |                                                  | Juvenile Mental Health Evaluation                                | Clarke, Ashleigh                | 4024836990       | drclarke@nebraskamental.health   |
|                      |                                                  |                                                                  | Cort□s Babilonia, Caroline      | 7875686300       | carolinecb@nebraskamental.health |
|                      |                                                  |                                                                  | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health   |
|                      |                                                  |                                                                  | Mathieu, Celia                  | 5154012470       | drmathieu@nebraskamental.health  |
|                      |                                                  |                                                                  | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                 |
|                      |                                                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Clarke, Ashleigh                | 4024836990       | drclarke@nebraskamental.health   |
|                      |                                                  |                                                                  | Cort□s Babilonia, Caroline      | 7875686300       | carolinecb@nebraskamental.health |
|                      |                                                  |                                                                  | Groeteke,                       | 4024836990       | oliviag@nebraskamental.health    |

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|----------------------|--------------------------------------------------|------------------------------------------------------------------|---------------------------------|------------------|----------------------------------|
|                      | 110 N. 9th St.<br>Beatrice,<br>NEBRASKA<br>68310 | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Olivia                          |                  |                                  |
|                      |                                                  |                                                                  | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health   |
|                      |                                                  |                                                                  | Mathieu, Celia                  | 5154012470       | drmathieu@nebraskamental.health  |
|                      |                                                  |                                                                  | 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   |
|                      |                                                  |                                                                  | Mathieu, Celia                  | 5154012470       | drmathieu@nebraskamental.health  |
|                      |                                                  |                                                                  | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                 |
|                      |                                                  | Juvenile Substance Use Addendum                                  | Clarke, Ashleigh                | 4024836990       | drclarke@nebraskamental.health   |
|                      |                                                  |                                                                  | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health   |
|                      |                                                  |                                                                  | Mathieu, Celia                  | 5154012470       | drmathieu@nebraskamental.health  |
|                      |                                                  |                                                                  | Monfelt-Siems, Jamie            | 4024836990       | jamiem@nebraskamental.health     |
|                      |                                                  |                                                                  | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                 |
|                      |                                                  | Juvenile Substance Use                                           | Clarke,                         | 4024836990       | drclarke@nebraskamental.health   |

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|----------------------|--------------------------------------------------|----------------------------------------------------------------------|---------------------------------|------------------|---------------------------------|
|                      | 110 N. 9th St.<br>Beatrice,<br>NEBRASKA<br>68310 | Evaluation                                                           | Ashleigh                        |                  |                                 |
|                      |                                                  |                                                                      | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health  |
|                      |                                                  |                                                                      | Mathieu, Celia                  | 5154012470       | drmathieu@nebraskamental.health |
|                      |                                                  |                                                                      | Monfelt-Siems, Jamie            | 4024836990       | jamiem@nebraskamental.health    |
|                      |                                                  |                                                                      | Zlomke, Leland                  | 4024836990       | lzphd1@gmail.com                |
|                      |                                                  | Juvenile Substance Use Outpatient Treatment (Individual/Family)      | Groeteke, Olivia                | 4024836990       | oliviag@nebraskamental.health   |
|                      |                                                  |                                                                      | Magold, Josh                    | 7089274052       | drmagold@nebraskamental.health  |
|                      |                                                  |                                                                      | Mathieu, Celia                  | 5154012470       | drmathieu@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**

# Administrative Office of Courts & Probation

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## District 1

| 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 - Juvenile                |                                 |                  |                  |

### 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<br>Fairbury,<br>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         |
|                      |                                                    |                                                       | 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 |

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## District 1

| Agency Facility Name | Facility Address                                   | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|----------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|-------------------------|
|                      | 521 E St PO Box 120<br>Fairbury,<br>NEBRASKA 68352 | Expedited Substance Use Evaluation                              | 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      |
|                      |                                                    |                                                                 | 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, | Community Youth                     | Adams, Brandi                   | 4029750182       | Brandi.Adams@owenseducationalservices.org |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                          |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|-------------------------------------------|
| OWENS-FAIRBURY       | NEBRASKA 68352   | Coaching                            |                                 |                  |                                           |
|                      |                  | Family Support                      | Adams, Brandi                   | 4029750182       | Brandi.Adams@owenseducationalservices.org |

**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    |
|                      |                                                 |                                          | Fletcher, Samantha              | 4028735505       | sfletcher@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         |
|                      |                                                 |                                          | Fletcher, Samantha              | 4028735505       | sfletcher@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 | Attoungble, Ashley              | 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        |
|----------------------|-------------------------------------------------------|-------------------------------------|---------------------------------|------------------|-------------------------|
|                      | 820 Central Ave,<br>Suite 4 Auburn,<br>NEBRASKA 68305 | (Individual)                        | Campbell, Peyton                | 4028010292       | pcampbell@bvbh.net      |
|                      |                                                       |                                     | Dietz, Kate                     | 4028735505       | kdietz@bvbh.net         |
|                      |                                                       |                                     | Fletcher, Samantha              | 4028735505       | sfletcher@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      |
|                      |                                                       |                                     | Fletcher, Samantha              | 4028735505       | sfletcher@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      |
|                      |                                                       |                                     | Dietz, Kate                     | 4028735505       | kdietz@bvbh.net         |
|                      |                                                       |                                     | Fletcher, Samantha              | 4028735505       | sfletcher@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        |
|----------------------|-------------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|-------------------------|
|                      | 820 Central Ave,<br>Suite 4 Auburn,<br>NEBRASKA 68305 | Juvenile Substance Use Evaluation                               | 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         |
|                      |                                                       |                                                                 | Fletcher, Samantha              | 4028735505       | sfletcher@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<br>Auburn,<br>NEBRASKA<br>68305 | Adult Co-Occurring Evaluation       | Pasco-Armstrong, Sandra         | 4024140767       | sandy@inspireempowerrestore.com |
|                                         |                                               | Adult Mental Health Evaluation      | Pasco-Armstrong, Sandra         | 4024140767       | sandy@inspireempowerrestore.com |
|                                         |                                               | Adult Substance Use Evaluation      | Pasco-Armstrong, Sandra         | 4024140767       | sandy@inspireempowerrestore.com |

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**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<br>Nebraska City,<br>NEBRASKA 68410 | Adult Co-Occurring Evaluation                             | Attoungble, Ashley              | 4028740541       | aattoungble@bvbh.net    |
|                      |                                                    |                                                           | Fletcher, Samantha              | 4028735505       | sfletcher@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         |
|                      |                                                    |                                                           | Fletcher, Samantha              | 4028735505       | sfletcher@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 Intensive Outpatient Counseling (IOP) | Attoungble, Ashley              | 4028740541       | aattoungble@bvbh.net    |
|                      |                                                    |                                                           | Dietz, Kate                     | 4028735505       | kdietz@bvbh.net         |
|                      |                                                    |                                                           | Stanek, Sean                    | 4028735505       | sstanek@bvbh.net        |
|                      |                                                    |                                                           | Thomalla, Eric                  | 4024434414       | ethomalla@bvbh.net      |
|                      |                                                    |                                                           | White, Nichole                  | 4022283386       | nwhite@bvbh.net         |
|                      |                                                    | Adult Substance Use Outpatient Treatment (Group)          | Attoungble, Ashley              | 4028740541       | aattoungble@bvbh.net    |

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## District 1

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

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## District 1

| Agency Facility Name | Facility Address                                   | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|----------------------------------------------------|-----------------------------------------------------------------|---------------------------------|------------------|-------------------------|
|                      | 1903 4th Corso<br>Nebraska City,<br>NEBRASKA 68410 | Juvenile Substance Use Evaluation                               | Campbell, Peyton                | 4028010292       | pcampbell@bvbh.net      |
|                      |                                                    |                                                                 | Dietz, Kate                     | 4028735505       | kdietz@bvbh.net         |
|                      |                                                    |                                                                 | Fletcher, Samantha              | 4028735505       | sfletcher@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         |
|                      |                                                    |                                                                 | Fletcher, Samantha              | 4028735505       | sfletcher@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<br>Nebraska City, NEBRASKA | Adult Substance Use Addendum        | Black, Cynthia                  | 4028743268       | cblack0218@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email     |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|----------------------|
| ESH Counseling       | 68410            | Adult Substance Use Evaluation      | Black, Cynthia                  | 4028743268       | cblack0218@gmail.com |

### 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<br>Syracuse,<br>NEBRASKA<br>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, LLC

| Agency Facility Name          | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email         |
|-------------------------------|------------------------------------------|-------------------------------------|---------------------------------|------------------|--------------------------|
| Impact Behavioral Health, LLC | PO Box 252<br>Palmyra,<br>NEBRASKA 68418 | Adult Co-Occurring Evaluation       | Moser, Olivia                   | 4024305171       | Impactbxhealth@gmail.com |

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| Agency Facility Name          | Facility Address                         | Agency Facility Service Description   | Approved Individual for Service | Individual Phone | Individual Email          |
|-------------------------------|------------------------------------------|---------------------------------------|---------------------------------|------------------|---------------------------|
| Impact Behavioral Health, LLC | PO Box 252<br>Palmyra,<br>NEBRASKA 68418 | 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 |

### 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@lewisounselingservices.com |
|                           |                                       | Adult Mental Health Evaluation                         | Lewis, Monica                   | 4023203566       | Monicalewis@lewisounselingservices.com |
|                           |                                       | Adult Mental Health Outpatient Counseling (Group)      | Lewis, Monica                   | 4023203566       | Monicalewis@lewisounselingservices.com |
|                           |                                       | Adult Mental Health Outpatient Counseling (Individual) | Lewis, Monica                   | 4023203566       | Monicalewis@lewisounselingservices.com |
|                           |                                       | Adult Substance Use Evaluation                         | Lewis, Monica                   | 4023203566       | Monicalewis@lewisounselingservices.com |
|                           |                                       | Day Reporting                                          | Lewis, Monica                   | 4023203566       | Monicalewis@lewisounselingservices.com |
|                           |                                       | Family Support                                         | Lewis, Monica                   | 4023203566       | Monicalewis@lewisounselingservices.com |
|                           |                                       | Juvenile Co-Occurring Evaluation                       | Lewis, Monica                   | 4023203566       | Monicalewis@lewisounselingservices.com |
|                           |                                       | Juvenile Mental Health Evaluation                      | Lewis, Monica                   | 4023203566       | Monicalewis@lewisounselingservices.com |
|                           |                                       | Juvenile Substance                                     | Lewis,                          | 4023203566       | Monicalewis@lewisounselingservices.com |

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| 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 | Use Evaluation                      | Monica                          |                  |                  |

### 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 Evaluation                         |                                 |                  |                  |
|                                         |                                                              | Adult Mental Health Outpatient Counseling (Individual) |                                 |                  |                  |
|                                         |                                                              | Adult Substance Use Evaluation                         |                                 |                  |                  |

### 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                                           | Jackson, Sybil                  | 4027799438       | sybiljackson75@gmail.com |

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| 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<br>Douglas, NEBRASKA<br>68124 | Evaluation                          |                                 |                  |                  |

### 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 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 |

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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 | 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 (Individual)           | Burr, Chelsey                   | 4027801210       | chelsey@torrentcounseling.com |
|                        |                                      | 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 |

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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<br>Syracuse,<br>NEBRASKA<br>68446 | Juvenile Substance Use<br>Outpatient Treatment<br>(Individual/Family) | Burr,<br>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.<br>Pawnee City,<br>NEBRASKA 68420 | Adult Substance Use<br>Intensive Outpatient<br>Counseling (IOP) | Antons, Justin                  | 4022397844       | justin.antons@icloud.com |
|                           |                                               |                                                                 | Black, Cynthia                  | 4028743268       | cblack0218@gmail.com     |
|                           |                                               | Adult Substance Use<br>Outpatient Treatment<br>(Individual)     | Antons, Justin                  | 4022397844       | justin.antons@icloud.com |
|                           |                                               |                                                                 | Black, Cynthia                  | 4028743268       | cblack0218@gmail.com     |

### 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<br>A Falls City,<br>NEBRASKA 68355 | Adult Co-Occurring<br>Evaluation    | Attoungble,<br>Ashley           | 4028740541       | aattoungble@bvbh.net   |
|                      |                                                         |                                     | VanLaningham,<br>Amanda         | 4028262000       | avanlaningham@bvbh.net |
|                      |                                                         | Adult Substance Use<br>Evaluation   | Attoungble,<br>Ashley           | 4028740541       | aattoungble@bvbh.net   |
|                      |                                                         |                                     | Campbell,<br>Peyton             | 4028010292       | pcampbell@bvbh.net     |
|                      |                                                         |                                     | Dietz, Kate                     | 4028735505       | kdietz@bvbh.net        |
|                      |                                                         |                                     | Thomalla, Eric                  | 4024434414       | ethomalla@bvbh.net     |
|                      |                                                         |                                     | VanLaningham,<br>Amanda         | 4028262000       | avanlaningham@bvbh.net |

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## District 1

| Agency Facility Name | Facility Address                                     | Agency Facility Service Description                   | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|------------------------------------------------------|-------------------------------------------------------|---------------------------------|------------------|-------------------------|
|                      | 103 E 35th St, Suite A<br>Falls City, NEBRASKA 68355 | Adult Substance Use Evaluation                        | 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      |
|                      |                                                      |                                                       | 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 |

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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 | Juvenile Substance Use Evaluation                               | 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 Sheriffs Office | 65086 706 Trail Falls City, NEBRASKA 68355 | 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 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, | Adult Co-Occurring Evaluation       | VanLaningham, Amanda            | 4028262000       | avanlaningham@bvbh.net |

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| Agency Facility Name | Facility Address | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email        |
|----------------------|------------------|------------------------------------------------------------------|---------------------------------|------------------|-------------------------|
|                      | NEBRASKA 68333   | Adult Substance Use Evaluation                                   | Campbell, Peyton                | 4028010292       | pcampbell@bvbh.net      |
|                      |                  |                                                                  | Dietz, Kate                     | 4028735505       | kdietz@bvbh.net         |
|                      |                  |                                                                  | Thomalla, Eric                  | 4024434414       | ethomalla@bvbh.net      |
|                      |                  |                                                                  | VanLanningham, Amanda           | 4028262000       | avanlanningham@bvbh.net |
|                      |                  |                                                                  | Vandenberg, Laura               | 4026433343       | lvandenberg@bvbh.net    |
|                      |                  |                                                                  | White, Nichole                  | 4022283386       | nwhite@bvbh.net         |
|                      |                  | Adult Substance Use Outpatient Treatment (Individual)            | Campbell, Peyton                | 4028010292       | pcampbell@bvbh.net      |
|                      |                  |                                                                  | Thomalla, Eric                  | 4024434414       | ethomalla@bvbh.net      |
|                      |                  |                                                                  | VanLanningham, Amanda           | 4028262000       | avanlanningham@bvbh.net |
|                      |                  |                                                                  | Vandenberg, Laura               | 4026433343       | lvandenberg@bvbh.net    |
|                      |                  |                                                                  | White, Nichole                  | 4022283386       | nwhite@bvbh.net         |
|                      |                  | Expedited Substance Use Evaluation                               | Campbell, Peyton                | 4028010292       | pcampbell@bvbh.net      |
|                      |                  |                                                                  | Thomalla, Eric                  | 4024434414       | ethomalla@bvbh.net      |
|                      |                  |                                                                  | VanLanningham, Amanda           | 4028262000       | avanlanningham@bvbh.net |
|                      |                  |                                                                  | Vandenberg, Laura               | 4026433343       | lvandenberg@bvbh.net    |
|                      |                  |                                                                  | White, Nichole                  | 4022283386       | nwhite@bvbh.net         |
|                      |                  | Juvenile Mental Health Evaluation                                | VanLanningham, Amanda           | 4028262000       | avanlanningham@bvbh.net |
|                      |                  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | VanLanningham, Amanda           | 4028262000       | avanlanningham@bvbh.net |
|                      |                  | Juvenile Substance Use Evaluation                                | Campbell, Peyton                | 4028010292       | pcampbell@bvbh.net      |
|                      |                  |                                                                  | Dietz, Kate                     | 4028735505       | kdietz@bvbh.net         |

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| Agency Facility Name | Facility Address | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email       |
|----------------------|------------------|-----------------------------------------------------------------|---------------------------------|------------------|------------------------|
|                      |                  | Juvenile 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 Outpatient Treatment (Individual/Family) | 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

| 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 |

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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<br>Crete,<br>NEBRASKA<br>68333 | 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 |