Administrative Office of Courts & Probation

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District 5

Agency Facility County: Boone

Agency Name: Growth & Grace Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Growth & Grace Counsleing LLC	1114 W STATE ST Albion, NEBRASKA 68620	Adult Mental Health Evaluation	Childress, Brittany	4027419027	brittany@growthandgracecounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Childress, Brittany	4027419027	brittany@growthandgracecounseling.com
		Adult Substance Use Addendum	Childress, Brittany	4027419027	brittany@growthandgracecounseling.com
			Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com
		Adult Substance Use Evaluation	Childress, Brittany	4027419027	brittany@growthandgracecounseling.com
			Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Childress, Brittany	4027419027	brittany@growthandgracecounseling.com
			Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com
		Juvenile Mental Health Evaluation	Childress, Brittany	4027419027	brittany@growthandgracecounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Childress, Brittany	4027419027	brittany@growthandgracecounseling.com
		Juvenile Substance Use Addendum	Childress, Brittany	4027419027	brittany@growthandgracecounseling.com
			Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com
		Juvenile	Childress,	4027419027	brittany@growthandgracecounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Growth & Grace Counsleing LLC	1114 W STATE ST Albion, NEBRASKA 68620	Substance Use Evaluation	Brittany		
			Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Childress, Brittany	4027419027	brittany@growthandgracecounseling.com
			Niewohner, Kelli	4023965709	kelli@growthandgracecounseling.com

Agency Name: Positive Health and Wellness

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Positive Health and Wellness	PO Box 2 Albion, NEBRASKA 68620	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management	Dwyer, Jennifer	4026984326	jdwyer@positivetelehealth.com
		Adult Mental Health Evaluation			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			

Agency Facility County: Butler

Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	367 E St PO Box	Adult Co-Occurring	VanLaningham,	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
	185 David City, NEBRASKA 68632	Evaluation	Amanda		
		Adult Substance Use Addendum			
		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
			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
			White, Nichole	4022283386	nwhite@bvbh.net
		Expedited Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	White, Nichole	4022283386	nwhite@bvbh.net

Agency Facility County: Hamilton

Agency Name: Harmony Health Center LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aurora Harmony Health Center	1619 Ninth Street Aurora, NEBRASKA 68818	Adult Co-Occurring Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Adult Mental Health Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Adult Mental Health Outpatient Counseling (Individual)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Adult Substance Use Addendum	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Adult Substance Use Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay,	4024139147	Brad@cvharmonyhealth.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aurora Harmony Health Center	1619 Ninth Street Aurora, NEBRASKA 68818	Adult Substance Use Evaluation	Bradly		
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Adult Substance Use Outpatient Treatment (Group)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Adult Substance Use Outpatient Treatment (Individual)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Juvenile Co-Occurring Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Juvenile Mental Health Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Juvenile Mental Health Outpatient Counseling (Group)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Marcey-	4026946445	kathyf@cvharmonyhealth.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Aurora Harmony Health Center	1619 Ninth Street Aurora, NEBRASKA 68818	Juvenile Mental Health Outpatient Counseling (Group)	Fleming, Kathleen		
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Marcey-Fleming, Kathleen	4026946445	kathyf@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
		Juvenile Substance Use Addendum	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Juvenile Substance Use Evaluation	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Juvenile Substance Use Intensive Outpatient (IOP)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Juvenile Substance Use Outpatient Treatment (Group)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Threats, Debra	4024054617	DEb@cvharmonyhealth.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Allen, Siobhan	4024139147	siobhan@cvharmonyhealth.org
			Shay, Bradly	4024139147	Brad@cvharmonyhealth.org

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Aurora Harmony Health Center	1619 Ninth Street Aurora, NEBRASKA 68818	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Threats, Debra	4024054617	DEb@cvharmonyhealth.org

Agency Name: Seeds of Change Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Seeds of Change Counseling and Consulting	207 S 16th St. Ste. C Aurora, NEBRASKA 68818	Adult Co-Occurring Evaluation	De La Cruz, Andrea (Annie)	4029571476	andreadlc.lpc@gmail.com
		Adult Mental Health Evaluation	De La Cruz, Andrea (Annie)	4029571476	andreadlc.lpc@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	De La Cruz, Andrea (Annie)	4029571476	andreadlc.lpc@gmail.com
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)	De La Cruz, Andrea (Annie)	4029571476	andreadlc.lpc@gmail.com
		Juvenile Co-Occurring Evaluation	De La Cruz, Andrea (Annie)	4029571476	andreadlc.lpc@gmail.com
		Juvenile Mental Health Evaluation	De La Cruz, Andrea (Annie)	4029571476	andreadlc.lpc@gmail.com
		Juvenile Mental Health	De La	4029571476	andreadlc.lpc@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Seeds of Change Counseling and Consulting	207 S 16th St. Ste. C Aurora, NEBRASKA 68818	Outpatient Counseling (Individual/Family)	Cruz, Andrea (Annie)		
		Juvenile Substance Use Evaluation			

Agency Facility County: Platte

Agency Name: Behavioral Health Specialists

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Behavioral Health Specialists-Seekers of Serenity	4432 Sunrise Place Columbus, NEBRASKA 68601	Adult Co-Occurring Capable Short-Term Residential			
		Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Group)			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Alvarez, Rachel	4025649994	ralvarez@4bhs.org
			Claussen, Patricia	4023401158	anneclaussen27@gmail.com
			Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes,	4025649994	jreyes@4bhs.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Behavioral Health Specialists-Seekers of Serenity	4432 Sunrise Place Columbus, NEBRASKA 68601	Adult Substance Use Addendum	Juan		
			Schuettler, Jacob	4025649994	jschuettler@4bhs.org
			Smith, Tessa	4025649994	talexander@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
		Adult Substance Use Evaluation	Alvarez, Rachel	4025649994	ralvarez@4bhs.org
			Claussen, Patricia	4023401158	anneclaussen27@gmail.com
			Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Schuettler, Jacob	4025649994	jschuettler@4bhs.org
			Smith, Tessa	4025649994	talexander@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Smith, Tessa	4025649994	talexander@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
		Adult Substance Use Outpatient Treatment (Group)	Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Smith, Tessa	4025649994	talexander@4bhs.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Behavioral Health Specialists-Seekers of Serenity	4432 Sunrise Place Columbus, NEBRASKA 68601	Adult Substance Use Outpatient Treatment (Group)	Torres, Gloria	4025649994	gtorres@4bhs.org
		Adult Substance Use Outpatient Treatment (Individual)	Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Smith, Tessa	4025649994	talexander@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
		Adult Substance Use Short-Term Residential	Alvarez, Rachel	4025649994	ralvarez@4bhs.org
			Claussen, Patricia	4023401158	anneclaussen27@gmail.com
			Hohbein, Kathy	4024169630	khohbein@4bhs.org
			Reyes, Juan	4025649994	jreyes@4bhs.org
			Schuettler, Jacob	4025649994	jschuettler@4bhs.org
			Smith, Tessa	4025649994	talexander@4bhs.org
			Torres, Gloria	4025649994	gtorres@4bhs.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Behavioral Health Specialists-Seekers of Serenity	4432 Sunrise Place Columbus, NEBRASKA 68601	Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Better Living Counseling Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Better Living Foster Care & Family Services Columbus	3154 18th Avenue Suite 6 Columbus, NEBRASKA 68601	Agency Supported Foster Care			
		Relative/Kinship Home Study			

Agency Name: COR Therapeutic Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3805 25th Street Columbus, NEBRASKA 68601	Adult Substance Use Intensive Outpatient Counseling (IOP)	Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Adult Substance Use Outpatient Treatment (Individual)	Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Watson,	4024196211	syerrrawatson@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3805 25th Street Columbus, NEBRASKA 68601	Adult Substance Use Outpatient Treatment (Individual)	Syerra		
		Day Reporting			
		General Education Class	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Burgoon, Andria	4025006870	andria.burgoon@cortherapeutic.com
			Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Green, Caleb	4022904634	caleb.green@cortherapeutic.com
			Jefferson, Javona	4029108704	javona.jefferson@cortherapeutic.com
			Klinetobe, Sarah	4023400772	sarah.klinetobe@cortherapeutic.com
			Ohde, Ashton	4025006870	ashton.ohde@cortherapeutic.com
			Reese, Megan	4023672571	megan.reese@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juvenile Co-Occurring Evaluation	Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juvenile Mental Health Evaluation	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Burgoon, Andria	4025006870	andria.burgoon@cortherapeutic.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3805 25th Street Columbus, NEBRASKA 68601	Juvenile Mental Health Evaluation	Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Freudenburg, Kendra	4025006870	kendra.freudenburg@cortherapeutic.com
			Jefferson, Javona	4029108704	javona.jefferson@cortherapeutic.com
			Larson, Beth	4025006870	Beth.Larson@cortherapeutic.com
			Ohde, Ashton	4025006870	ashton.ohde@cortherapeutic.com
			Reese, Megan	4023672571	megan.reese@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Blase, Valerie	3089912360	valerie.blase@cortherapeutic.com
			Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Burgoon, Andria	4025006870	andria.burgoon@cortherapeutic.com
			Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Freudenburg, Kendra	4025006870	kendra.freudenburg@cortherapeutic.com
			Green, Caleb	4022904634	caleb.green@cortherapeutic.com
			Ibsen, Ally	4028850472	ally.ibsen@cortherapeutic.com
			Jefferson, Javona	4029108704	javona.jefferson@cortherapeutic.com
			Koperski-Bohn, Jenna	4025006870	jenna.koperski-bohn@cortherapeutic.com
			Larson, Beth	4025006870	Beth.Larson@cortherapeutic.com
			Ohde, Ashton	4025006870	ashton.ohde@cortherapeutic.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	3805 25th Street Columbus, NEBRASKA 68601	Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Reese, Megan	4023672571	megan.reese@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Watson, Syerra	4024196211	syerrrawatson@gmail.com
		Juvenile Substance Use Addendum	Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Duffy, Terry	4026401542	terry.duffy@cortherapeutic.com
			Ibsen, Ally	4028850472	ally.ibsen@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Watson, Syerra	4024196211	syerrrawatson@gmail.com
		Juvenile Substance Use Evaluation	Watson, Syerra	4024196211	syerrrawatson@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Cuevas, Tikisha	4028417633	tikisha.cuevas@cortherapeutic.com
			Ibsen, Ally	4028850472	ally.ibsen@cortherapeutic.com
			Watson, Syerra	4024196211	syerrrawatson@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		PRS-BIP	Milander-Mace, Amanda	4025006870	amanda.Milandermace@Cortherapeutic.com

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Agency Name: Colegrove Counseling Center LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Colegrove Counseling Center LLC	1460 35th Avenue Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@turningptrecovery.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@turningptrecovery.com
		Adult Substance Use Addendum	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@turningptrecovery.com
		Adult Substance Use Evaluation	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@turningptrecovery.com
		Adult Substance Use Outpatient Treatment (Individual)	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@turningptrecovery.com
		Juvenile Co-Occurring Evaluation	Cornwell, Shelli	4025626767	shelli@turningptrecovery.com
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
		Juvenile Substance	Colegrove,	4025626767	jill@colegrovecounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Colegrove Counseling Center LLC	1460 35th Avenue Columbus, NEBRASKA 68601	Use Addendum	Jill		
		Juvenile Substance Use Evaluation	Colegrove, Jill	4025626767	jill@colegrovecounseling.com
			Cornwell, Shelli	4025626767	shelli@turningptrecovery.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Colegrove, Jill	4025626767	jill@colegrovecounseling.com

Agency Name: Elissa Olson, MA, LMHP, LIMHP, LADC, CPC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Elissa Olson, MA, LMHP, LIMHP, LADC, CPC	1367 33rd Ave Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Adult Mental Health Evaluation	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Adult Psychological Evaluation			
		Adult Substance Use Addendum	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Adult Substance Use Evaluation	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Juvenile Mental Health Evaluation	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Olson, Elissa	4024161348	elissaolson@protonmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Elissa Olson, MA, LMHP, LIMHP, LADC, CPC	1367 33rd Ave Columbus, NEBRASKA 68601	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Olson, Elissa	4024161348	elissaolson@protonmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			

Agency Name: Embark Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Embark Counseling, LLC	3154 18th Avenue Suite 7 Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Adult Mental Health Outpatient Counseling (Individual)	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Adult Substance Use Addendum	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Adult Substance Use Evaluation	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Adult Substance Use Outpatient Treatment (Individual)	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Juvenile Co-Occurring Evaluation	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Juvenile Substance	Muhle,	4029429005	mindy@embarkcounselingllc.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Embark Counseling, LLC	3154 18th Avenue Suite 7 Columbus, NEBRASKA 68601	Use Addendum	Mindy		
		Juvenile Substance Use Evaluation	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Muhle, Mindy	4029429005	mindy@embarkcounselingllc.com

Agency Name: Good Life Counseling & Support LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2277 22nd Avenue Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Nelson, Jeanmarie	4025620400	jeanmarie.nelson@goodlifecounseling.com
			Osantowski,	4025620400	christina.osantowski@goodlifecounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2277 22nd Avenue Columbus, NEBRASKA 68601	Adult Mental Health Outpatient Counseling (Individual)	Christina		
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Adult Substance Use Addendum	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Adult Substance Use Evaluation	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Community Youth Coaching	Hahn, Mary	4025620400	mary.hahn@goodlifecounseling.com
			Viquez, Martha	4029100900	martha.viquez@goodlifecounseling.com
			Westerbuhr, Taylor	4022768777	taylor.westerbuhr@goodlifecounseling.com
		Family Support	Hahn, Mary	4025620400	mary.hahn@goodlifecounseling.com
			Lauterbach,	4026465792	tina.lauterbach@goodlifecounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2277 22nd Avenue Columbus, NEBRASKA 68601	Family Support	Tina		
			Westerbuhr, Taylor	4022768777	taylor.westerbuhr@goodlifecounseling.com
		Intensive Family Preservation	Hahn, Mary	4025620400	mary.hahn@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Nelson, Jeanmarie	4025620400	jeanmarie.nelson@goodlifecounseling.com
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.com
		Juvenile Co-Occurring Evaluation	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Nelson, Jeanmarie	4025620400	jeanmarie.nelson@goodlifecounseling.com
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Substance Use Addendum	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater,	4023713044	kendra.slater@goodlifecounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2277 22nd Avenue Columbus, NEBRASKA 68601	Juvenile Substance Use Addendum	Kendra		
		Juvenile Substance Use Evaluation	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Substance Use Intensive Outpatient (IOP)	Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Jackson, Myla	4028416149	myla.jackson@goodlifecounseling.com
			Kubo, Dana	4023713044	dana.kubo@goodlifecounseling.com
			Osantowski, Christina	4025620400	christina.osantowski@goodlifecounseling.com
			Slater, Kendra	4023713044	kendra.slater@goodlifecounseling.com
		PRS-BIP			

Agency Name: GracePoint Institute for Relational Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
GracePoint Institute for Relational Health	1470 23rd Ave Columbus, NEBRASKA 68601	Adult Mental Health Outpatient Counseling (Individual)	Hannemann, Aaron	4029102495	aaron@relationalhealth.org
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Outpatient Counseling	Hannemann, Aaron	4029102495	aaron@relationalhealth.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
GracePoint Institute for Relational Health	1470 23rd Ave Columbus, NEBRASKA 68601	(Individual/Family)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: JCB Youth & Family Support Services

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

Agency Name: Owens & Associates, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	2320 13th Street Columbus, NEBRASKA 68601	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
OWENS-COLUMBUS	2320 13th Street Columbus, NEBRASKA 68601	Continuous Alcohol Monitoring (CAM)		
		Family Support	Adams, Brandi	4029750182
			Jenkins, Roni	4022194667
			Purintun, Dawn	3082792385
			Wolff , Morgan	4029107828
		Juvenile Electronic Monitoring GPS	Randhawa, Jamie	7123333315

Agency Name: TRIPLE H HOUSE

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Agency Name: JCB Youth & Family Support Services

Agency Name: Owens & Associates, Inc.

Agency Name: Owens Educational Services, Inc.

Individual Email
Brandi.Adams@owenseducationalservices.org
Roni.jenkins@owenseducationalservices.org
dawn.purintun@theowenscompanies.com
morgan.wolff@theowenscompanies.com
jamie.randhawa@theowenscompanies.com

Agency Name: TRIPLE H HOUSE

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
TRIPLE H HOUSE	1822 6TH ST Columbus, NEBRASKA 68601	15 Day TL Extension - Level 1	Kruse, Luke	4026604476	lkruse@cruisecustomgolfcars.com
		15 Day TL Extension - Level 2	Kruse, Luke	4026604476	lkruse@cruisecustomgolfcars.com
		45 Day Transitional Living - Level 1	Kruse, Luke	4026604476	lkruse@cruisecustomgolfcars.com
		45 Day Transitional Living - Level 2	Kruse, Luke	4026604476	lkruse@cruisecustomgolfcars.com
		Transitional Living - Level 1	Kruse, Luke	4026604476	lkruse@cruisecustomgolfcars.com
		Transitional Living - Level 2	Kruse, Luke	4026604476	lkruse@cruisecustomgolfcars.com

Agency Name: The Well

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Outpatient-Columbus	2718 13th Street Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
		Adult Mental Health Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Outpatient-Columbus	2718 13th Street Columbus, NEBRASKA 68601	Adult Substance Use Addendum	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Azcunaga, Andrea	4029422683	andreaazcunaga15@icloud.com
			DeSilva, Kelly	4028385485	kellydesilva@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Adult Substance Use Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Azcunaga, Andrea	4029422683	andreaazcunaga15@icloud.com
			DeSilva, Kelly	4028385485	kellydesilva@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Azcunaga, Andrea	4029422683	andreaazcunaga15@icloud.com
			DeSilva, Kelly	4028385485	kellydesilva@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson,	4028811062	hannasamson@thewellne.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Outpatient-Columbus	2718 13th Street Columbus, NEBRASKA 68601	Adult Substance Use Intensive Outpatient Counseling (IOP)	Hanna		
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Adult Substance Use Outpatient Treatment (Group)	Azcunaga, Andrea	4029422683	andreaazcunaga15@icloud.com
			DeSilva, Kelly	4028385485	kellydesilva@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Azcunaga, Andrea	4029422683	andreaazcunaga15@icloud.com
			DeSilva, Kelly	4028385485	kellydesilva@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Community Treatment Aide (CTA)	VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Co-Occurring Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle,	4022700966	karmen_thompson@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Outpatient-Columbus	2718 13th Street Columbus, NEBRASKA 68601	Juvenile Co-Occurring Evaluation	Karmen		
		Juvenile Mental Health Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Substance Use Addendum	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Azcunaga, Andrea	4029422683	andreaazcunaga15@icloud.com
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Substance Use Evaluation	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Azcunaga, Andrea	4029422683	andreaazcunaga15@icloud.com
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle,	4022700966	karmen_thompson@hotmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Outpatient-Columbus	2718 13th Street Columbus, NEBRASKA 68601	Juvenile Substance Use Evaluation	Karmen		
		Juvenile Substance Use Intensive Outpatient (IOP)	Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Aschoff, Allison	4023710220	alliaschoff@thewellne.org
			Azcunaga, Andrea	4029422683	andreaazcunaga15@icloud.com
			Hamburger-Wademan, Madolyn	4023710220	madolynhamburger-wademan@thewellne.org
			Samson, Hanna	4028811062	hannasamson@thewellne.org
			VanDeWalle, Karmen	4022700966	karmen_thompson@hotmail.com

Agency Name: Turning Point Recovery, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Turning Point Recovery, LLC	1460 35th Ave Columbus, NEBRASKA 68601	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Turning Point Recovery, LLC	1460 35th Ave Columbus, NEBRASKA 68601	Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Uhl Educational Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Uhl Educational Services	1365 26th Avenue Columbus, NEBRASKA 68601	Day Reporting	Uhl, Susan	4026061309	uhl-ed-services@outlook.com

Agency Facility County: Saunders

Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	355 E 4th St PO Box 5 Wahoo, NEBRASKA	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
	68066	Adult Substance Use Addendum			
		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
			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
			White, Nichole	4022283386	nwhite@bvbh.net
		Expedited Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@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
			White, Nichole	4022283386	nwhite@bvbh.net

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Agency Name: Future Focus Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Future Focus Counseling, LLC	136 E 5th St Ste 3 Wahoo, NEBRASKA 68066	Adult Mental Health Evaluation	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com
		Adult Mental Health Outpatient Counseling (Individual)	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com
		Adult Substance Use Addendum	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com
		Adult Substance Use Evaluation	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com
		Adult Substance Use Outpatient Treatment (Individual)	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com
		Juvenile Mental Health Evaluation	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Camp, Codi	4024130159	codicamp@futurefocuscounsel.com

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

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	520 N. Linden St. Wahoo, NEBRASKA 68066	Adult Co-Occurring Evaluation	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Adult Initial Diagnostic Interview (Medication Prescriber Only)	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Mental Health Evaluation	Vrbka, Anne	4024836990	annev@nebraskamental.health

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	520 N. Linden St. Wahoo, NEBRASKA 68066	Adult Mental Health Outpatient Counseling (Individual)	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Adult Psychological Evaluation			
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)			
		Adult Substance Use Addendum	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Adult Substance Use Evaluation	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Adult Substance Use Outpatient Treatment (Individual)	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Juvenile Co-Occurring Evaluation	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Juvenile Competency Evaluation			
		Juvenile Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Mental Health Evaluation	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Psychiatric Evaluation	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Psychiatric Evaluation Interview Only			
		Juvenile Psychological Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	520 N. Linden St. Wahoo, NEBRASKA 68066	Juvenile Substance Use Addendum	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Juvenile Substance Use Evaluation	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Vrbka, Anne	4024836990	annev@nebraskamental.health
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			
		Juveniles Who Sexually Harm Risk Evaluation			
		PRS-BIP			

Agency Facility County: Seward

Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	459 S 6th St, Suite 1 Seward, NEBRASKA 68434	Adult Co-Occurring Evaluation	VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
		Adult Substance Use Addendum			
		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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	459 S 6th St, Suite 1 Seward, NEBRASKA 68434	Adult Substance Use Evaluation	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
			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
			Vandenberg, Laura	4026433343	lvandenberg@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Juvenile Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			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

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Agency Name: Turning Point Behavioral Health & Addiction Counseling P.C.

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

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Agency Facility County: York

Agency Name: Blue Valley Behavioral Health, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	722 S Lincoln Ave, Suite 1 York, NEBRASKA 68467	Adult Co-Occurring Evaluation	VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
		Adult Substance Use Addendum	Peters, Tanya	4022174266	tkronhofman@msn.com
		Adult Substance Use Evaluation	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Dietz, Kate	4028735505	kdietz@bvbh.net
			Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			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)	Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Group)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			White, Nichole	4022283386	nwhite@bvbh.net
		Adult Substance Use Outpatient Treatment (Individual)	Campbell, Peyton	4028010292	pcampbell@bvbh.net
			Peters, Tanya	4022174266	tkronhofman@msn.com
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			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
	722 S Lincoln Ave, Suite 1 York, NEBRASKA 68467	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
			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
			Thomalla, Eric	4024434414	ethomalla@bvbh.net
			VanLaningham, Amanda	4028262000	avanlaningham@bvbh.net
			Vandenberg, Laura	4026433343	lvandenberg@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
	722 S Lincoln Ave, Suite 1 York, NEBRASKA 68467	Juvenile Substance Use Outpatient Treatment (Individual/Family)	White, Nichole	4022283386	nwhite@bvbh.net

Agency Name: Calm Horizons Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Calm Horizons Counseling	727 N. Lincoln Ave. Suite 1 York, NEBRASKA 68467	Adult Co-Occurring Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Adult Mental Health Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Adult Mental Health Outpatient Counseling (Individual)	Jones, Erika	4025760053	erika@counselingcalm.org
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Juvenile Co-Occurring Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Juvenile Mental Health Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Jones, Erika	4025760053	erika@counselingcalm.org
		Juvenile Substance Use Addendum	Jones, Erika	4025760053	erika@counselingcalm.org
		Juvenile Substance Use Evaluation	Jones, Erika	4025760053	erika@counselingcalm.org

Agency Name: Epworth Family Resources

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Epworth	116 S. Lincoln Ave Unit 3 P.O. box	Agency Supported			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Village	503 York, NEBRASKA 68467	Foster Care			

Agency Name: Four Corners Health Department

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Four Corners Health Department	2101 N. Lincoln Avenue York, NEBRASKA 68467	Adult Co-Occurring Evaluation	Dubs-Cerny, Linda	4026413117	lindadc@fourcorners.ne.gov
		Adult Mental Health Evaluation	Dubs-Cerny, Linda	4026413117	lindadc@fourcorners.ne.gov
		Adult Mental Health Outpatient Counseling (Individual)	Dubs-Cerny, Linda	4026413117	lindadc@fourcorners.ne.gov
		Adult Psychological Evaluation			
		Adult Substance Use Addendum	Toovey, Leslie	4026434954	Ltoovey78@gmail.com
		Adult Substance Use Evaluation	Dubs-Cerny, Linda	4026413117	lindadc@fourcorners.ne.gov
			Toovey, Leslie	4026434954	Ltoovey78@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Dubs-Cerny, Linda	4026413117	lindadc@fourcorners.ne.gov
			Toovey, Leslie	4026434954	Ltoovey78@gmail.com
		Family Partner			
		Juvenile Co-Occurring Evaluation	Dubs-Cerny, Linda	4026413117	lindadc@fourcorners.ne.gov
		Juvenile Mental Health Evaluation	Dubs-Cerny, Linda	4026413117	lindadc@fourcorners.ne.gov
		Juvenile Mental Health	Dubs-	4026413117	lindadc@fourcorners.ne.gov

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Four Corners Health Department	2101 N. Lincoln Avenue York, NEBRASKA 68467	Outpatient Counseling (Individual/Family)	Cerny, Linda		
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Addendum	Toovey, Leslie	4026434954	Ltoovey78@gmail.com
		Juvenile Substance Use Evaluation	Toovey, Leslie	4026434954	Ltoovey78@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Toovey, Leslie	4026434954	Ltoovey78@gmail.com

Agency Name: Prairie Spring Health LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Prairie Spring Health LLC	1100 N Lincoln Ave Ste D2 York, NEBRASKA 68467	Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			

Agency Name: Red Couch Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Red Couch Counseling, LLC	223 E 8th Street York, NEBRASKA	Adult Co-Occurring Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Adult Mental Health	Alley-	4027100564	bobbie@redcouchcounseling.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Red Couch Counseling, LLC	68467	Evaluation	Tonniges, Bobbie		
			Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Adult Mental Health Outpatient Counseling (Individual)	Alley-Tonniges, Bobbie	4027100564	bobbie@redcouchcounseling.org
			Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Adult Substance Use Addendum	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Adult Substance Use Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Co-Occurring Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Mental Health Evaluation	Alley-Tonniges, Bobbie	4027100564	bobbie@redcouchcounseling.org
			Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Alley-Tonniges, Bobbie	4027100564	bobbie@redcouchcounseling.org
			Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Substance Use Addendum	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Substance Use Evaluation	Betka, Cindy	4028795959	cindy@redcouchcounseling.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Betka, Cindy	4028795959	cindy@redcouchcounseling.org

Agency Name: Renewed Horizon

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Renewed Horizon	824 N Lincoln Ave Ste C York, NEBRASKA 68467	Agency Supported Foster Care	Hultgrien, Heather	4027101357	heather.hultgrien@renewedhorizon.org
		Day Reporting	Hultgrien, Heather	4027101357	heather.hultgrien@renewedhorizon.org
		Family Partner	Hultgrien, Heather	4027101357	heather.hultgrien@renewedhorizon.org
		Family Support	Hultgrien, Heather	4027101357	heather.hultgrien@renewedhorizon.org
		Independent Living			
		Relative/ Kinship Home Study	Hultgrien, Heather	4027101357	heather.hultgrien@renewedhorizon.org

Agency Name: Weber Behavioral Health

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Weber Behavioral Health	1100 North Lincoln Ave Ste F York, NEBRASKA 68467	Adult Co-Occurring Evaluation	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Initial Diagnostic Interview (Medication Prescriber Only)	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Medication Management	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Adult Mental Health Evaluation	Weber, Kristi	4026468287	Kristi@weberbehavioralhealth.org
		Juvenile Co-Occurring Evaluation			
		Juvenile Medication Management			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Weber Behavioral Health	1100 North Lincoln Ave Ste F York, NEBRASKA 68467	Juvenile Mental Health Evaluation			
		Juvenile Psychiatric Evaluation			