

# Administrative Office of Courts & Probation

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

## District 7

### Agency Facility County: Antelope

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

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

### Agency Facility County: Cuming

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

| Agency Facility Name              | Facility Address                        | Agency Facility Service Description                    | Approved Individual for Service | Individual Phone | Individual Email            |
|-----------------------------------|---|--|---------------------------------|------------------|-----------------------------|
| Midtown Health Center--West Point | 303 Plaza Dr West Point, NEBRASKA 68787 | Adult Co-Occurring Evaluation                          | Sotelo, Jessica                 | 4023718000       | jsotelo@midtownhealthne.org |
|                                   |   | Adult Mental Health Evaluation                         |                                 |                  |                             |
|                                   |   | Adult Mental Health Outpatient Counseling (Individual) | Sotelo, Jessica                 | 4023718000       | jsotelo@midtownhealthne.org |
|                                   |   | Adult Substance Use Evaluation                         | Sotelo, Jessica                 | 4023718000       | jsotelo@midtownhealthne.org |
|                                   |   | Adult Substance Use Outpatient Treatment (Individual)  |                                 |                  |                             |

### Agency Facility County: Knox

#### Agency Name: Ponca Tribe of Nebraska

| Agency Facility Name             | Facility Address                          | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Ponca Tribe of Nebraska-Niobrara | 2523 Woodbine St Niobrara, NEBRASKA 68760 | Adult Substance Use Addendum        |                                 |                  |                  |
|                                  |   | Adult Substance Use Evaluation      |                                 |                  |                  |
|                                  |   | Adult Substance Use                 |                                 |                  |                  |

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| Agency Facility Name             | Facility Address                                | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Ponca Tribe of Nebraska-Niobrara | 2523 Woodbine St<br>Niobrara, NEBRASKA<br>68760 | Outpatient Treatment (Individual)   |                                 |                  |                  |

### Agency Facility County: Madison

### Agency Name: AMH Counseling LLC

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

### Agency Name: Alicia Wagner Counseling LLC

| Agency Facility Name         | Facility Address                                     | Agency Facility Service Description                    | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|--|--|---------------------------------|------------------|------------------|
| Tranquil Lotus Collaborative | 1909 Vicki Lane Suite 105<br>Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation                          |                                 |                  |                  |
|                              |  | Adult Mental Health Evaluation                         |                                 |                  |                  |
|                              |  | Adult Mental Health Outpatient Counseling (Individual) |                                 |                  |                  |
|                              |  | Adult Substance Use Addendum                           |                                 |                  |                  |
|                              |  | Adult Substance Use Evaluation                         |                                 |                  |                  |

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|------------------------------|--|---|---------------------------------|------------------|------------------|
| Tranquil Lotus Collaborative | 1909 Vicki Lane Suite 105<br>Norfolk, NEBRASKA 68701 | Adult Substance Use Outpatient Treatment (Individual)           |                                 |                  |                  |
|                              |  | Juvenile Co-Occurring Evaluation                                |                                 |                  |                  |
|                              |  | Juvenile Mental Health Evaluation                               |                                 |                  |                  |
|                              |  | Juvenile Substance Use Addendum                                 |                                 |                  |                  |
|                              |  | Juvenile Substance Use Evaluation                               |                                 |                  |                  |
|                              |  | Juvenile Substance Use Outpatient Treatment (Individual/Family) |                                 |                  |                  |

### Agency Name: Anchor House (Fisherman of Men LLC)

| Agency Facility Name                | Facility Address                               | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Anchor House (Fisherman of Men LLC) | 1208 W. Norfolk Ave<br>Norfolk, NEBRASKA 68701 | Transitional Living - Level 1       |                                 |                  |                  |
|                                     |  | Transitional Living - Level 2       |                                 |                  |                  |

### Agency Name: Apex Therapy Services, LLC

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

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| Agency Facility Name       | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                  |
|----------------------------|--|-------------------------------------|---------------------------------|------------------|-----------------------------------|
| Apex Therapy Services, LLC | 1306 Andrews Drive<br>Norfolk, NEBRASKA<br>68701 | Evaluation                          | Snitchler, Eric                 | 4028514026       | snitchler@apextherapyservices.org |

### **Agency Name: Associated Psychologists & Counselors, LLC**

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

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|--|--|---|---------------------------------|------------------|------------------------------|
| Associated Psychologists & Counselors, LLC | 1306 N. 13th St. Suite 100 Norfolk, NEBRASKA 68701 | Treatment (Individual/Family)               |                                 |                  |                              |
|  |  | Juveniles Who Sexually Harm Risk Evaluation | Mitchell, David                 | 4023718218       | davidmitchell@apcnorfolk.org |

### Agency Name: BPH Counseling, LLC

| Agency Facility Name  | Facility Address                                  | Agency Facility Service Description                    | Approved Individual for Service | Individual Phone | Individual Email |
|---|---|--|---------------------------------|------------------|------------------|
| BPH Counseling, LLC   | 1909 Vicki Lane Suite 105 Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation                          |                                 |                  |                  |
|   |   | Adult Mental Health Evaluation                         |                                 |                  |                  |
|   |   | Adult Mental Health Outpatient Counseling (Individual) |                                 |                  |                  |
|   |   | Adult Substance Use Addendum                           |                                 |                  |                  |
|   |   | Adult Substance Use Evaluation                         |                                 |                  |                  |
|   |   | Adult Substance Use Outpatient Treatment (Individual)  |                                 |                  |                  |
|   |   | Juvenile Co-Occurring Evaluation                       |                                 |                  |                  |
|   |   | Juvenile Mental Health Evaluation                      |                                 |                  |                  |
|   |   | Juvenile Substance Use Addendum                        |                                 |                  |                  |
|   |   | Juvenile Substance Use Evaluation                      |                                 |                  |                  |
| Juvenile Substance Use Outpatient Treatment (Individual/Family) |   |  |                                 |                  |                  |

### 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 | 1900 Vicki Lane Norfolk, NEBRASKA 68701 | Adult Co-Occurring Capable Short-Term Residential | Morris-Von Kampen, Carla        | 4026407521       | cvonkampen@4bhs.org |
|                               |   | Adult Co-Occurring                                | Battle, Lisa                    | 4023703140       | lbattle@4bhs.org    |

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|--------------------------------|---|---|---------------------------------|------------------|---------------------|--|
| Behavioral Health Specialists  | 1900 Vicki Lane<br>Norfolk,<br>NEBRASKA 68701 | Evaluation  | Morris-Von Kampen, Carla        | 4026407521       | cvonkampen@4bhs.org |  |
|                                |   |   | Steffen, Lori                   | 4023703140       | lsteffen@4bhs.org   |  |
|                                |   | Adult Initial Diagnostic Interview (Medication Prescriber Only) |                                 |                  |                     |  |
|                                |   | Adult Medication Management                                     |                                 |                  |                     |  |
|                                |   | Adult Mental Health Evaluation                                  | Battle, Lisa                    | 4023703140       | lbattle@4bhs.org    |  |
|                                |   |   | Morris-Von Kampen, Carla        | 4026407521       | cvonkampen@4bhs.org |  |
|                                |   |   | Steffen, Lori                   | 4023703140       | lsteffen@4bhs.org   |  |
|                                |   | Adult Mental Health Outpatient Counseling (Group)               | Battle, Lisa                    | 4023703140       | lbattle@4bhs.org    |  |
|                                |   |   | Morris-Von Kampen, Carla        | 4026407521       | cvonkampen@4bhs.org |  |
|                                |   |   | Steffen, Lori                   | 4023703140       | lsteffen@4bhs.org   |  |
|                                |   | Adult Mental Health Outpatient Counseling (Individual)          | Battle, Lisa                    | 4023703140       | lbattle@4bhs.org    |  |
|                                |   |   | Morris-Von Kampen, Carla        | 4026407521       | cvonkampen@4bhs.org |  |
|                                |   |   | Steffen, Lori                   | 4023703140       | lsteffen@4bhs.org   |  |
|                                |   | Adult Psychological Evaluation                                  |                                 |                  |                     |  |
|                                |   | Adult Substance Use Addendum                                    | Battle, Lisa                    | 4023703140       | lbattle@4bhs.org    |  |
|                                |   |   | Hohbein, Kathy                  | 4024169630       | khohbein@4bhs.org   |  |
| Morris-Von Kampen, Carla       | 4026407521                                    |   | cvonkampen@4bhs.org             |                  |                     |  |
| Adult Substance Use Evaluation | Battle, Lisa                                  | 4023703140  | lbattle@4bhs.org                |                  |                     |  |

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|--|---|---|---------------------------------|------------------|---------------------|
| Behavioral Health Specialists              | 1900 Vicki Lane<br>Norfolk,<br>NEBRASKA 68701 | Adult Substance Use Evaluation                            | Hohbein, Kathy                  | 4024169630       | khohbein@4bhs.org   |
|  |   |   | Morris-Von Kampen, Carla        | 4026407521       | cvonkampen@4bhs.org |
|  |   |   | Steffen, Lori                   | 4023703140       | lsteffen@4bhs.org   |
|  |   | Adult Substance Use Intensive Outpatient Counseling (IOP) | Battle, Lisa                    | 4023703140       | lbattle@4bhs.org    |
|  |   |   | Hohbein, Kathy                  | 4024169630       | khohbein@4bhs.org   |
|  |   |   | Morris-Von Kampen, Carla        | 4026407521       | cvonkampen@4bhs.org |
|  |   |   | Steffen, Lori                   | 4023703140       | lsteffen@4bhs.org   |
|  |   | Adult Substance Use Outpatient Treatment (Group)          | Battle, Lisa                    | 4023703140       | lbattle@4bhs.org    |
|  |   |   | Hohbein, Kathy                  | 4024169630       | khohbein@4bhs.org   |
|  |   |   | Morris-Von Kampen, Carla        | 4026407521       | cvonkampen@4bhs.org |
|  |   |   | Steffen, Lori                   | 4023703140       | lsteffen@4bhs.org   |
|  |   | Adult Substance Use Outpatient Treatment (Individual)     | Battle, Lisa                    | 4023703140       | lbattle@4bhs.org    |
|  |   |   | Hohbein, Kathy                  | 4024169630       | khohbein@4bhs.org   |
|  |   |   | Morris-Von Kampen, Carla        | 4026407521       | cvonkampen@4bhs.org |
|  |   |   | Steffen, Lori                   | 4023703140       | lsteffen@4bhs.org   |
| Adult Substance Use Short-Term Residential | Hohbein, Kathy                                | 4024169630  | khohbein@4bhs.org               |                  |                     |
|  | Morris-Von Kampen, Carla                      | 4026407521  | cvonkampen@4bhs.org             |                  |                     |
|  | Steffen, Lori                                 | 4023703140  | lsteffen@4bhs.org               |                  |                     |

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|-------------------------------|---|--|---------------------------------|------------------|--------------------|
| Behavioral Health Specialists | 1900 Vicki Lane<br>Norfolk,<br>NEBRASKA 68701 | Agency Supported Foster Care                                     | Lopez, Juana                    | 4026403154       | jlopez@4bhs.org    |
|                               |   |  | Thompson, Julie                 | 4028416940       | jthompson@4bhs.org |
|                               |   | Juvenile Co-Occurring Evaluation                                 |                                 |                  |                    |
|                               |   | Juvenile Mental Health Evaluation                                |                                 |                  |                    |
|                               |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                    |
|                               |   | Juvenile Substance Use Addendum                                  |                                 |                  |                    |
|                               |   | Juvenile Substance Use Evaluation                                |                                 |                  |                    |
|                               |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                    |
|                               |   | Relative/Kinship Home Study                                      |                                 |                  | Lopez, Juana       |
| Thompson, Julie               | 4028416940                                    |  |                                 |                  | jthompson@4bhs.org |

### Agency Name: COR Therapeutic Services, LLC

| Agency Facility Name          | Facility Address                                       | Agency Facility Service Description                                 | Approved Individual for Service | Individual Phone | Individual Email                      |
|-------------------------------|--|---|---------------------------------|------------------|---------------------------------------|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Adult Sex Offense-Specific Outpatient Counseling (Individual/Group) | Davies, Paul                    | 4023166570       | p.a.davies15@gmail.com                |
|                               |  |   | Stahlecker, Rebecca             | 4025006870       | rebecca.stahlecker@cortherapeutic.com |
|                               |  | Adult Substance Use Intensive Outpatient                            | Cuevas, Tikisha                 | 4028417633       | tikisha.cuevas@cortherapeutic.com     |
|                               |  |   | Duffy, Terry                    | 4026401542       | terry.duffy@cortherapeutic.com        |



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|-------------------------------|--|---|---------------------------------|------------------|---------------------------------------|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Counseling (IOP)                                      | Frank, Abigail                  | 4027502211       | abigail.frank@cortherapeutic.com      |
|                               |  |   | Gadeken, Angela                 | 4023600782       | angela.gadeken@cortherapeutic.com     |
|                               |  |   | Loberg, Katie                   | 4025006870       | katie.loberg@cortherapeutic.com       |
|                               |  |   | Rowley, Abbie                   | 4025006870       | abbie.rowley@cortherapeutic.com       |
|                               |  |   | Saylor-Bledsoe, Stephanie       | 3088506395       | stephanie.saylor@cortherapeutic.com   |
|                               |  |   | Stahlecker, Rebecca             | 4025006870       | rebecca.stahlecker@cortherapeutic.com |
|                               |  |   | Streff, Tobin                   | 4025006870       | tobin.streff@cortherapeutic.com       |
|                               |  |   | warner, roland                  | 4023854597       | roland.warner@cortherapeutic.com      |
|                               |  | Adult Substance Use Outpatient Treatment (Individual) | Cuevas, Tikisha                 | 4028417633       | tikisha.cuevas@cortherapeutic.com     |
|                               |  |   | Duffy, Terry                    | 4026401542       | terry.duffy@cortherapeutic.com        |
|                               |  |   | Frank, Abigail                  | 4027502211       | abigail.frank@cortherapeutic.com      |
|                               |  |   | Gadeken, Angela                 | 4023600782       | angela.gadeken@cortherapeutic.com     |
|                               |  |   | Loberg, Katie                   | 4025006870       | katie.loberg@cortherapeutic.com       |
|                               |  |   | Rowley, Abbie                   | 4025006870       | abbie.rowley@cortherapeutic.com       |
|                               |  |   | Saylor-Bledsoe, Stephanie       | 3088506395       | stephanie.saylor@cortherapeutic.com   |
|                               |  |   | Stahlecker, Rebecca             | 4025006870       | rebecca.stahlecker@cortherapeutic.com |
|                               |  |   | Streff, Tobin                   | 4025006870       | tobin.streff@cortherapeutic.com       |
|                               |  |   | warner, roland                  | 4023854597       | roland.warner@cortherapeutic.com      |

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|-------------------------------|--|-------------------------------------|---------------------------------|------------------|--|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Day Reporting                       | Milander-Mace, Amanda           | 4025006870       | amanda.Milandermace@Cortherapeutic.com |
|                               |  |                                     | Schlake, Erin                   | 4026494479       | erin.schlake@cortherapeutic.com        |
|                               |  | Expedited Mental Health Evaluation  | Brooks, Cristy                  | 4025006870       | cristy.brooks@cortherapeutic.com       |
|                               |  |                                     | Burgoon, Andria                 | 4025006870       | andria.burgoon@cortherapeutic.com      |
|                               |  |                                     | Davies, Paul                    | 4023166570       | p.a.davies15@gmail.com                 |
|                               |  |                                     | Frank, Abigail                  | 4027502211       | abigail.frank@cortherapeutic.com       |
|                               |  |                                     | Freudenburg, Kendra             | 4025006870       | kendra.freudenburg@cortherapeutic.com  |
|                               |  |                                     | Gadeken, Angela                 | 4023600782       | angela.gadeken@cortherapeutic.com      |
|                               |  |                                     | Kallhoff, Paige                 | 4025006870       | paige.kallhoff@cortherapeutic.com      |
|                               |  |                                     | Kuchar, Tonya                   | 4025006870       | tonya.kuchar@cortherapeutic.com        |
|                               |  |                                     | Laudenklos, Julianne            | 4025006870       | julianne.laudenklos@cortherapeutic.com |
|                               |  |                                     | Loberg, Katie                   | 4025006870       | katie.loberg@cortherapeutic.com        |
|                               |  |                                     | Lotz, Sharon                    | 4025006870       | sharon.lotz@cortherapeutic.com         |
|                               |  |                                     | Martin, Jennifer                | 7122590437       | jenny.martin@cortherapeutic.com        |
|                               |  |                                     | Milander-Mace, Amanda           | 4025006870       | amanda.Milandermace@Cortherapeutic.com |
|                               |  |                                     | Ohde, Ashton                    | 4025006870       | ashton.ohde@cortherapeutic.com         |
| Rowley, Abbie                 | 4025006870   | abbie.rowley@cortherapeutic.com     |                                 |                  |  |
| Saylor-Bledsoe,               | 3088506395   | stephanie.saylor@cortherapeutic.com |                                 |                  |  |

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|-------------------------------|--|-------------------------------------|---------------------------------|------------------|--|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Expedited Mental Health Evaluation  | Stephanie                       |                  |  |
|                               |  |                                     | Stahlecker, Rebecca             | 4025006870       | rebecca.stahlecker@cortherapeutic.com  |
|                               |  |                                     | Streff, Tobin                   | 4025006870       | tobin.streff@cortherapeutic.com        |
|                               |  |                                     | warner, roland                  | 4023854597       | roland.warner@cortherapeutic.com       |
|                               |  | General Education Class             | Beck, Alexya                    | 4029924134       | lexy.beck@cortherapeutic.com           |
|                               |  |                                     | Brooks, Cristy                  | 4025006870       | cristy.brooks@cortherapeutic.com       |
|                               |  |                                     | Brugger , Siera                 | 4025006870       | siera.brugger@cortherapeutic.com       |
|                               |  |                                     | Burgoon, Andria                 | 4025006870       | andria.burgoon@cortherapeutic.com      |
|                               |  |                                     | Duffy, Terry                    | 4026401542       | terry.duffy@cortherapeutic.com         |
|                               |  |                                     | Frank, Abigail                  | 4027502211       | abigail.frank@cortherapeutic.com       |
|                               |  |                                     | Green, Caleb                    | 4022904634       | caleb.green@cortherapeutic.com         |
|                               |  |                                     | Jefferson, Javona               | 4029108704       | javona.jefferson@cortherapeutic.com    |
|                               |  |                                     | Kallhoff, Paige                 | 4025006870       | paige.kallhoff@cortherapeutic.com      |
|                               |  |                                     | Klinetobe, Sarah                | 4023400772       | sarah.klinetobe@cortherapeutic.com     |
|                               |  |                                     | Laudenklos, Julianne            | 4025006870       | julianne.laudenklos@cortherapeutic.com |
|                               |  |                                     | Loberg, Katie                   | 4025006870       | katie.loberg@cortherapeutic.com        |
|                               |  |                                     | Lotz, Sharon                    | 4025006870       | sharon.lotz@cortherapeutic.com         |
|                               |  |                                     | Martin, Jennifer                | 7122590437       | jenny.martin@cortherapeutic.com        |
|                               |  |                                     | Milander-Mace, Amanda           | 4025006870       | amanda.Milandermace@Cortherapeutic.com |
| Ohde,                         | 4025006870   | ashton.ohde@cortherapeutic.com      |                                 |                  |  |

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| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | General Education Class             | Ashton                            |                  |                                       |
|                               |  |                                     | Rowley, Abbie                     | 4025006870       | abbie.rowley@cortherapeutic.com       |
|                               |  |                                     | Saylor-Bledsoe, Stephanie         | 3088506395       | stephanie.saylor@cortherapeutic.com   |
|                               |  |                                     | Stahlecker, Rebecca               | 4025006870       | rebecca.stahlecker@cortherapeutic.com |
|                               |  |                                     | Streff, Tobin                     | 4025006870       | tobin.streff@cortherapeutic.com       |
|                               |  |                                     | warner, roland                    | 4023854597       | roland.warner@cortherapeutic.com      |
|                               |  | Invoice - Mileage                   |                                   |                  |                                       |
|                               |  | Juvenile Co-Occurring Evaluation    | Gadeken, Angela                   | 4023600782       | angela.gadeken@cortherapeutic.com     |
|                               |  |                                     | Houser, Elisabeth                 | 4027419121       | elisabeth.houser@cortherapeutic.com   |
|                               |  |                                     | Loberg, Katie                     | 4025006870       | katie.loberg@cortherapeutic.com       |
|                               |  |                                     | Rowley, Abbie                     | 4025006870       | abbie.rowley@cortherapeutic.com       |
|                               |  |                                     | Saylor-Bledsoe, Stephanie         | 3088506395       | stephanie.saylor@cortherapeutic.com   |
|                               |  |                                     | Stahlecker, Rebecca               | 4025006870       | rebecca.stahlecker@cortherapeutic.com |
|                               |  |                                     | Streff, Tobin                     | 4025006870       | tobin.streff@cortherapeutic.com       |
|                               |  |                                     | Juvenile Mental Health Evaluation | Brooks, Cristy   | 4025006870                            |
|                               |  | Burgoon, Andria                     |                                   | 4025006870       | andria.burgoon@cortherapeutic.com     |
|                               |  | Davies, Paul                        |                                   | 4023166570       | p.a.davies15@gmail.com                |
|                               |  | Frank, Abigail                      |                                   | 4027502211       | abigail.frank@cortherapeutic.com      |

# Administrative Office of Courts & Probation

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## District 7

| Agency Facility Name              | Facility Address                                       | Agency Facility Service Description | Approved Individual for Service | Individual Phone                 | Individual Email                       |
|-----------------------------------|--|-------------------------------------|---------------------------------|----------------------------------|--|
| COR Therapeutic Services, LLC     | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Juvenile Mental Health Evaluation   | Freudenburg, Kendra             | 4025006870                       | kendra.freudenburg@cortherapeutic.com  |
|                                   |  |                                     | Gadeken, Angela                 | 4023600782                       | angela.gadeken@cortherapeutic.com      |
|                                   |  |                                     | Jefferson, Javona               | 4029108704                       | javona.jefferson@cortherapeutic.com    |
|                                   |  |                                     | Kallhoff, Paige                 | 4025006870                       | paige.kallhoff@cortherapeutic.com      |
|                                   |  |                                     | Kuchar, Tonya                   | 4025006870                       | tonya.kuchar@cortherapeutic.com        |
|                                   |  |                                     | Laudenklos, Julianne            | 4025006870                       | julianne.laudenklos@cortherapeutic.com |
|                                   |  |                                     | Loberg, Katie                   | 4025006870                       | katie.loberg@cortherapeutic.com        |
|                                   |  |                                     | Lotz, Sharon                    | 4025006870                       | sharon.lotz@cortherapeutic.com         |
|                                   |  |                                     | Martin, Jennifer                | 7122590437                       | jenny.martin@cortherapeutic.com        |
|                                   |  |                                     | Milander-Mace, Amanda           | 4025006870                       | amanda.Milandermace@Cortherapeutic.com |
|                                   |  |                                     | Ohde, Ashton                    | 4025006870                       | ashton.ohde@cortherapeutic.com         |
|                                   |  |                                     | Rowley, Abbie                   | 4025006870                       | abbie.rowley@cortherapeutic.com        |
|                                   |  |                                     | Saylor-Bledsoe, Stephanie       | 3088506395                       | stephanie.saylor@cortherapeutic.com    |
|                                   |  |                                     | Stahlecker, Rebecca             | 4025006870                       | rebecca.stahlecker@cortherapeutic.com  |
|                                   |  |                                     | Streff, Tobin                   | 4025006870                       | tobin.streff@cortherapeutic.com        |
|                                   |  | warner, roland                      | 4023854597                      | roland.warner@cortherapeutic.com |  |
| Juvenile Mental Health Outpatient |  | Brooks, Cristy                      | 4025006870                      | cristy.brooks@cortherapeutic.com |  |
|                                   |  | Brugger ,                           | 4025006870                      | siera.brugger@cortherapeutic.com |  |

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|-------------------------------|--|-------------------------------------|---------------------------------|------------------|--|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Counseling (Individual/Family)      | Siera                           |                  |  |
|                               |  |                                     | Burgoon, Andria                 | 4025006870       | andria.burgoon@cortherapeutic.com      |
|                               |  |                                     | Davies, Paul                    | 4023166570       | p.a.davies15@gmail.com                 |
|                               |  |                                     | Frank, Abigail                  | 4027502211       | abigail.frank@cortherapeutic.com       |
|                               |  |                                     | Freudenburg, Kendra             | 4025006870       | kendra.freudenburg@cortherapeutic.com  |
|                               |  |                                     | Gadeken, Angela                 | 4023600782       | angela.gadeken@cortherapeutic.com      |
|                               |  |                                     | Green, Caleb                    | 4022904634       | caleb.green@cortherapeutic.com         |
|                               |  |                                     | Houser, Elisabeth               | 4027419121       | elisabeth.houser@cortherapeutic.com    |
|                               |  |                                     | Jefferson, Javona               | 4029108704       | javona.jefferson@cortherapeutic.com    |
|                               |  |                                     | Kallhoff, Paige                 | 4025006870       | paige.kallhoff@cortherapeutic.com      |
|                               |  |                                     | Laudenklos, Julianne            | 4025006870       | julianne.laudenklos@cortherapeutic.com |
|                               |  |                                     | Loberg, Katie                   | 4025006870       | katie.loberg@cortherapeutic.com        |
|                               |  |                                     | Lotz, Sharon                    | 4025006870       | sharon.lotz@cortherapeutic.com         |
|                               |  |                                     | Martin, Jennifer                | 7122590437       | jenny.martin@cortherapeutic.com        |
|                               |  |                                     | Milander-Mace, Amanda           | 4025006870       | amanda.Milandermace@Cortherapeutic.com |
| Ohde, Ashton                  | 4025006870   | ashton.ohde@cortherapeutic.com      |                                 |                  |  |
| Rowley, Abbie                 | 4025006870   | abbie.rowley@cortherapeutic.com     |                                 |                  |  |
| Saylor-Bledsoe, Stephanie     | 3088506395   | stephanie.saylor@cortherapeutic.com |                                 |                  |  |

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## District 7

| Agency Facility Name          | Facility Address                                       | Agency Facility Service Description | Approved Individual for Service | Individual Phone                 | Individual Email                      |
|-------------------------------|--|-------------------------------------|---------------------------------|----------------------------------|---------------------------------------|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 |                                     | Stahlecker, Rebecca             | 4025006870                       | rebecca.stahlecker@cortherapeutic.com |
|                               |  |                                     | Streff, Tobin                   | 4025006870                       | tobin.streff@cortherapeutic.com       |
|                               |  |                                     | warner, roland                  | 4023854597                       | roland.warner@cortherapeutic.com      |
|                               |  | Juvenile Substance Use Addendum     | Cuevas, Tikisha                 | 4028417633                       | tikisha.cuevas@cortherapeutic.com     |
|                               |  |                                     | Duffy, Terry                    | 4026401542                       | terry.duffy@cortherapeutic.com        |
|                               |  |                                     | Frank, Abigail                  | 4027502211                       | abigail.frank@cortherapeutic.com      |
|                               |  |                                     | Gadeken, Angela                 | 4023600782                       | angela.gadeken@cortherapeutic.com     |
|                               |  |                                     | Houser, Elisabeth               | 4027419121                       | elisabeth.houser@cortherapeutic.com   |
|                               |  |                                     | Loberg, Katie                   | 4025006870                       | katie.loberg@cortherapeutic.com       |
|                               |  |                                     | Rowley, Abbie                   | 4025006870                       | abbie.rowley@cortherapeutic.com       |
|                               |  |                                     | Saylor-Bledsoe, Stephanie       | 3088506395                       | stephanie.saylor@cortherapeutic.com   |
|                               |  |                                     | Stahlecker, Rebecca             | 4025006870                       | rebecca.stahlecker@cortherapeutic.com |
|                               |  |                                     | Streff, Tobin                   | 4025006870                       | tobin.streff@cortherapeutic.com       |
|                               |  | warner, roland                      | 4023854597                      | roland.warner@cortherapeutic.com |                                       |
|                               |  | Juvenile Substance Use Evaluation   | Cuevas, Tikisha                 | 4028417633                       | tikisha.cuevas@cortherapeutic.com     |
|                               |  |                                     | Duffy, Terry                    | 4026401542                       | terry.duffy@cortherapeutic.com        |
|                               |  |                                     | Frank, Abigail                  | 4027502211                       | abigail.frank@cortherapeutic.com      |
|                               |  |                                     | Gadeken, Angela                 | 4023600782                       | angela.gadeken@cortherapeutic.com     |
|                               |  |                                     | Houser,                         | 4027419121                       | elisabeth.houser@cortherapeutic.com   |

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## District 7

| Agency Facility Name          | Facility Address                                       | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email                      |
|-------------------------------|--|---|---------------------------------|------------------|---------------------------------------|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Juvenile Substance Use Evaluation                               | Elisabeth                       |                  |                                       |
|                               |  |   | Loberg, Katie                   | 4025006870       | katie.loberg@cortherapeutic.com       |
|                               |  |   | Rowley, Abbie                   | 4025006870       | abbie.rowley@cortherapeutic.com       |
|                               |  |   | Saylor-Bledsoe, Stephanie       | 3088506395       | stephanie.saylor@cortherapeutic.com   |
|                               |  |   | Stahlecker, Rebecca             | 4025006870       | rebecca.stahlecker@cortherapeutic.com |
|                               |  |   | Streff, Tobin                   | 4025006870       | tobin.streff@cortherapeutic.com       |
|                               |  |   | warner, roland                  | 4023854597       | roland.warner@cortherapeutic.com      |
|                               |  | Juvenile Substance Use Outpatient Treatment (Group)             | Duffy, Terry                    | 4026401542       | terry.duffy@cortherapeutic.com        |
|                               |  |   | Loberg, Katie                   | 4025006870       | katie.loberg@cortherapeutic.com       |
|                               |  |   | Saylor-Bledsoe, Stephanie       | 3088506395       | stephanie.saylor@cortherapeutic.com   |
|                               |  |   | Stahlecker, Rebecca             | 4025006870       | rebecca.stahlecker@cortherapeutic.com |
|                               |  |   | Streff, Tobin                   | 4025006870       | tobin.streff@cortherapeutic.com       |
|                               |  |   | warner, roland                  | 4023854597       | roland.warner@cortherapeutic.com      |
|                               |  | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Cuevas, Tikisha                 | 4028417633       | tikisha.cuevas@cortherapeutic.com     |
|                               |  |   | Duffy, Terry                    | 4026401542       | terry.duffy@cortherapeutic.com        |
|                               |  |   | Frank, Abigail                  | 4027502211       | abigail.frank@cortherapeutic.com      |
|                               |  |   | Gadeken, Angela                 | 4023600782       | angela.gadeken@cortherapeutic.com     |
|                               |  |   | Loberg, Katie                   | 4025006870       | katie.loberg@cortherapeutic.com       |
|                               |  |   | Rowley, Abbie                   | 4025006870       | abbie.rowley@cortherapeutic.com       |
|                               |  |   | Saylor-                         | 3088506395       | stephanie.saylor@cortherapeutic.com   |



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## District 7

| Agency Facility Name          | Facility Address                                       | Agency Facility Service Description                                  | Approved Individual for Service        | Individual Phone                 | Individual Email                      |
|-------------------------------|--|--|--|----------------------------------|---------------------------------------|
| COR Therapeutic Services, LLC | 1800 W Pasewalk Avenue Suite A Norfolk, NEBRASKA 68701 | Juvenile Substance Use Outpatient Treatment (Individual/Family)      | Bledsoe, Stephanie                     |                                  |                                       |
|                               |  |  | Stahlecker, Rebecca                    | 4025006870                       | rebecca.stahlecker@cortherapeutic.com |
|                               |  |  | Streff, Tobin                          | 4025006870                       | tobin.streff@cortherapeutic.com       |
|                               |  | warner, roland   | 4023854597                             | roland.warner@cortherapeutic.com |                                       |
|                               |  | Juveniles Who Sexually Harm Outpatient Treatment (Group)             | Stahlecker, Rebecca                    | 4025006870                       | rebecca.stahlecker@cortherapeutic.com |
|                               |  | Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family) | Davies, Paul                           | 4023166570                       | p.a.davies15@gmail.com                |
| PRS-BIP                       | Milander-Mace, Amanda                                  | 4025006870   | amanda.Milandermace@Cortherapeutic.com |                                  |                                       |

### **Agency Name: Cara Leader Counseling, LLC**

| Agency Facility Name        | Facility Address                                  | Agency Facility Service Description                   | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|---|---|---------------------------------|------------------|------------------|
| Cara Leader Counseling, LLC | 1909 Vicki Lane Suite 105 Norfolk, NEBRASKA 68701 | Adult Substance Use Addendum                          |                                 |                  |                  |
|                             |   | Adult Substance Use Evaluation                        |                                 |                  |                  |
|                             |   | Adult Substance Use Outpatient Treatment (Individual) |                                 |                  |                  |
|                             |   | Juvenile Substance Use Addendum                       |                                 |                  |                  |
|                             |   | Juvenile Substance Use Evaluation                     |                                 |                  |                  |
|                             |   | Juvenile Substance Use Outpatient Treatment           |                                 |                  |                  |

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| Agency Facility Name        | Facility Address                                     | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Cara Leader Counseling, LLC | 1909 Vicki Lane Suite 105<br>Norfolk, NEBRASKA 68701 | (Individual/Family)                 |                                 |                  |                  |

### Agency Name: Carmichael Counseling

| Agency Facility Name  | Facility Address                                    | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------|---|--|---------------------------------|------------------|------------------|
| Carmichael Counseling | 110 North 37th Suite 301<br>Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation                                    |                                 |                  |                  |
|                       |   | Adult Mental Health Evaluation                                   |                                 |                  |                  |
|                       |   | Adult Mental Health Outpatient Counseling (Individual)           |                                 |                  |                  |
|                       |   | Adult Substance Use Addendum                                     |                                 |                  |                  |
|                       |   | Adult Substance Use Evaluation                                   |                                 |                  |                  |
|                       |   | Adult Substance Use Outpatient Treatment (Individual)            |                                 |                  |                  |
|                       |   | Juvenile Mental Health Outpatient Counseling (Individual/Family) |                                 |                  |                  |
|                       |   | Juvenile Substance Use Outpatient Treatment (Individual/Family)  |                                 |                  |                  |

### Agency Name: Good Life Counseling & Support LLC

| Agency Facility Name               | Facility Address                                 | Agency Facility Service Description            | Approved Individual for Service | Individual Phone | Individual Email                     |
|------------------------------------|--|--|---------------------------------|------------------|--------------------------------------|
| Good Life Counseling & Support LLC | 200 North 34th Street<br>Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation                  | Barr, Thomas                    | 4023713044       | tom.barr@goodlifecounseling.com      |
|                                    |  |  | Klassen, Ellie                  | 4027505920       | ellie.klassen@goodlifecounseling.com |
|                                    |  |  | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com     |
|                                    |  |  | Slater, Kendra                  | 4023713044       | kendra.slater@goodlifecounseling.com |
|                                    |  | Adult Initial Diagnostic Interview (Medication | HANSON, AMBER                   | 4023713044       | amber.hanson@goodlifecounseling.com  |

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## District 7

| Agency Facility Name               | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service                        | Individual Phone | Individual Email                       |
|------------------------------------|--|-------------------------------------|--|------------------|--|
| Good Life Counseling & Support LLC | 200 North 34th Street<br>Norfolk, NEBRASKA 68701 | Prescriber Only)                    |  |                  |  |
|                                    |  | Adult Medication Management         | HANSON, AMBER  | 4023713044       | amber.hanson@goodlifecounseling.com    |
|                                    |  | Adult Mental Health Evaluation      | Barr, Thomas   | 4023713044       | tom.barr@goodlifecounseling.com        |
|                                    |  |                                     | Klassen, Ellie   | 4027505920       | ellie.klassen@goodlifecounseling.com   |
|                                    |  |                                     | Kleinschmit, Amy                                       | 4023713044       | amy.kleinschmit@goodlifecounseling.com |
|                                    |  |                                     | Kubo, Dana   | 4023713044       | dana.kubo@goodlifecounseling.com       |
|                                    |  |                                     | Slater, Kendra   | 4023713044       | kendra.slater@goodlifecounseling.com   |
|                                    |  |                                     | Adult Mental Health Outpatient Counseling (Individual) | Barr, Thomas     | 4023713044                             |
|                                    |  | Jackson, Myla                       |  | 4028416149       | myla.jackson@goodlifecounseling.com    |
|                                    |  | Klassen, Ellie                      |  | 4027505920       | ellie.klassen@goodlifecounseling.com   |
|                                    |  | Kleinschmit, Amy                    |  | 4023713044       | amy.kleinschmit@goodlifecounseling.com |
|                                    |  | Kubo, Dana                          |  | 4023713044       | dana.kubo@goodlifecounseling.com       |
|                                    |  | Slater, Kendra                      |  | 4023713044       | kendra.slater@goodlifecounseling.com   |
|                                    |  | Adult Substance Use Addendum        | Barr, Thomas   | 4023713044       | tom.barr@goodlifecounseling.com        |
|                                    |  |                                     | Drudik, Cheyenne                                       | 3082230429       | cheyenne.drudik@goodlifecounseling.com |
|                                    |  |                                     | Klassen, Ellie   | 4027505920       | ellie.klassen@goodlifecounseling.com   |
|                                    |  |                                     | Kubo, Dana   | 4023713044       | dana.kubo@goodlifecounseling.com       |
|                                    |  |                                     | Slater, Kendra   | 4023713044       | kendra.slater@goodlifecounseling.com   |
|                                    |  | Adult Substance Use Evaluation      | Barr, Thomas   | 4023713044       | tom.barr@goodlifecounseling.com        |
|                                    |  |                                     | Drudik, Cheyenne                                       | 3082230429       | cheyenne.drudik@goodlifecounseling.com |

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| Agency Facility Name               | Facility Address                                       | Agency Facility Service Description                       | Approved Individual for Service | Individual Phone | Individual Email                        |  |
|------------------------------------|--|---|---------------------------------|------------------|---|--|
| Good Life Counseling & Support LLC | 200 North 34th Street<br>Norfolk,<br>NEBRASKA<br>68701 | Adult Substance Use Evaluation                            | Jackson, Myla                   | 4028416149       | myla.jackson@goodlifecounseling.com     |  |
|                                    |  |   | Klassen, Ellie                  | 4027505920       | ellie.klassen@goodlifecounseling.com    |  |
|                                    |  |   | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com        |  |
|                                    |  |   | Slater, Kendra                  | 4023713044       | kendra.slater@goodlifecounseling.com    |  |
|                                    |  | Adult Substance Use Intensive Outpatient Counseling (IOP) |                                 |                  |   |  |
|                                    |  | Adult Substance Use Outpatient Treatment (Individual)     | Klassen, Ellie                  | 4027505920       | ellie.klassen@goodlifecounseling.com    |  |
|                                    |  | Community Youth Coaching                                  | Baber, Levi                     | 4029921232       | levi.baber@goodlifecounseling.com       |  |
|                                    |  |   | Carson, Haley                   | 4023691715       | haley.carson@goodlifecounseling.com     |  |
|                                    |  |   | Hart, Kenneth                   | 4029929993       | kenny.hart@goodlifecounseling.com       |  |
|                                    |  |   | Luna, Abigail                   | 4028513580       | abigail.luna@goodlifecounseling.com     |  |
|                                    |  |   | SCHEER, JADE                    | 4028600673       | jade.scheer@goodlifecounseling.com      |  |
|                                    |  |   | Turek, Haley                    | 3085502457       | haley.turek@goodlifecounseling.com      |  |
|                                    |  |   | Vanderbeek, Laura               | 4023407006       | laura.vanderbeek@goodlifecounseling.com |  |
|                                    |  |   | Zeigler, Heidi                  | 4027600528       | heidi.zeigler@goodlifecounseling.com    |  |
|                                    |  |   | casanova, jaime                 | 4024175587       | jaime-casanova@live.com                 |  |
|                                    |  | Day Reporting   | Baber, Levi                     | 4029921232       | levi.baber@goodlifecounseling.com       |  |
|                                    |  |   | Carson, Haley                   | 4023691715       | haley.carson@goodlifecounseling.com     |  |
|                                    |  |   | Hart,                           | 4029929993       | kenny.hart@goodlifecounseling.com       |  |

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| Agency Facility Name               | Facility Address                                       | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email                        |                                      |
|------------------------------------|--|-------------------------------------|---------------------------------|------------------|---|--------------------------------------|
| Good Life Counseling & Support LLC | 200 North 34th Street<br>Norfolk,<br>NEBRASKA<br>68701 | Day Reporting                       | Kenneth                         |                  |   |                                      |
|                                    |  |                                     | SCHEER, JADE                    | 4028600673       | jade.scheer@goodlifecounseling.com      |                                      |
|                                    |  |                                     | Zeigler, Heidi                  | 4027600528       | heidi.zeigler@goodlifecounseling.com    |                                      |
|                                    |  | Family Support                      | Baber, Levi                     | 4029921232       | levi.baber@goodlifecounseling.com       |                                      |
|                                    |  |                                     | Carson, Haley                   | 4023691715       | haley.carson@goodlifecounseling.com     |                                      |
|                                    |  |                                     | Goodwin, Tamara                 | 4028606713       | tammy.goodwin@goodlifecounseling.com    |                                      |
|                                    |  |                                     | Hahn, Mary                      | 4025620400       | mary.hahn@goodlifecounseling.com        |                                      |
|                                    |  |                                     | Hart, Kenneth                   | 4029929993       | kenny.hart@goodlifecounseling.com       |                                      |
|                                    |  |                                     | Luna, Abigail                   | 4028513580       | abigail.luna@goodlifecounseling.com     |                                      |
|                                    |  |                                     | SCHEER, JADE                    | 4028600673       | jade.scheer@goodlifecounseling.com      |                                      |
|                                    |  |                                     | Turek, Haley                    | 3085502457       | haley.turek@goodlifecounseling.com      |                                      |
|                                    |  |                                     | Vanderbeek, Laura               | 4023407006       | laura.vanderbeek@goodlifecounseling.com |                                      |
|                                    |  |                                     | Zeigler, Heidi                  | 4027600528       | heidi.zeigler@goodlifecounseling.com    |                                      |
|                                    |  |                                     | casanova, jaime                 | 4024175587       | jaime-casanova@live.com                 |                                      |
|                                    |  |                                     | Intensive Family Preservation   | Goodwin, Tamara  | 4028606713                              | tammy.goodwin@goodlifecounseling.com |
|                                    |  |                                     |                                 | Hahn, Mary       | 4025620400                              | mary.hahn@goodlifecounseling.com     |
|                                    |  | Hart, Kenneth                       |                                 | 4029929993       | kenny.hart@goodlifecounseling.com       |                                      |
|                                    |  | Jackson, Myla                       |                                 | 4028416149       | myla.jackson@goodlifecounseling.com     |                                      |
|                                    |  | Kleinschmit, Amy                    |                                 | 4023713044       | amy.kleinschmit@goodlifecounseling.com  |                                      |

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## District 7

| Agency Facility Name               | Facility Address                                       | Agency Facility Service Description       | Approved Individual for Service | Individual Phone | Individual Email                     |
|------------------------------------|--|---|---------------------------------|------------------|--------------------------------------|
| Good Life Counseling & Support LLC | 200 North 34th Street<br>Norfolk,<br>NEBRASKA<br>68701 | Intensive Family Preservation             | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com     |
|                                    |  |   | Slater, Kendra                  | 4023713044       | kendra.slater@goodlifecounseling.com |
|                                    |  |   | casanova, jaime                 | 4024175587       | jaime-casanova@live.com              |
|                                    |  | Juvenile Co-Occurring Evaluation          | Barr, Thomas                    | 4023713044       | tom.barr@goodlifecounseling.com      |
|                                    |  |   | Klassen, Ellie                  | 4027505920       | ellie.klassen@goodlifecounseling.com |
|                                    |  |   | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com     |
|                                    |  |   | Slater, Kendra                  | 4023713044       | kendra.slater@goodlifecounseling.com |
|                                    |  | Juvenile Electronic Monitoring Cell Phone |                                 |                  |                                      |
|                                    |  | Juvenile Electronic Monitoring GPS        | Baber, Levi                     | 4029921232       | levi.baber@goodlifecounseling.com    |
|                                    |  |   | Carson, Haley                   | 4023691715       | haley.carson@goodlifecounseling.com  |
|                                    |  |   | Luna, Abigail                   | 4028513580       | abigail.luna@goodlifecounseling.com  |
|                                    |  |   | SCHEER, JADE                    | 4028600673       | jade.scheer@goodlifecounseling.com   |
|                                    |  |   | Turek, Haley                    | 3085502457       | haley.turek@goodlifecounseling.com   |
|                                    |  |   | Zeigler, Heidi                  | 4027600528       | heidi.zeigler@goodlifecounseling.com |
|                                    |  | Juvenile Electronic Monitoring Land Line  |                                 |                  |                                      |
|                                    |  | Juvenile Medication Management            | HANSON, AMBER                   | 4023713044       | amber.hanson@goodlifecounseling.com  |
|                                    |  | Juvenile Mental Health Evaluation         | Barr, Thomas                    | 4023713044       | tom.barr@goodlifecounseling.com      |

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## District 7

| Agency Facility Name               | Facility Address                                       | Agency Facility Service Description                              | Approved Individual for Service | Individual Phone | Individual Email                       |
|------------------------------------|--|--|---------------------------------|------------------|--|
| Good Life Counseling & Support LLC | 200 North 34th Street<br>Norfolk,<br>NEBRASKA<br>68701 | Juvenile Mental Health Evaluation                                | Klassen, Ellie                  | 4027505920       | ellie.klassen@goodlifecounseling.com   |
|                                    |  |  | Kleinschmit, Amy                | 4023713044       | amy.kleinschmit@goodlifecounseling.com |
|                                    |  |  | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com       |
|                                    |  |  | Slater, Kendra                  | 4023713044       | kendra.slater@goodlifecounseling.com   |
|                                    |  | Juvenile Mental Health Intensive Outpatient Counseling (IOP)     | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com       |
|                                    |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Barr, Thomas                    | 4023713044       | tom.barr@goodlifecounseling.com        |
|                                    |  |  | Jackson, Myla                   | 4028416149       | myla.jackson@goodlifecounseling.com    |
|                                    |  |  | Klassen, Ellie                  | 4027505920       | ellie.klassen@goodlifecounseling.com   |
|                                    |  |  | Kleinschmit, Amy                | 4023713044       | amy.kleinschmit@goodlifecounseling.com |
|                                    |  |  | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com       |
|                                    |  | Juvenile Psychiatric Evaluation                                  | Slater, Kendra                  | 4023713044       | kendra.slater@goodlifecounseling.com   |
|                                    |  |  | HANSON, AMBER                   | 4023713044       | amber.hanson@goodlifecounseling.com    |
|                                    |  | Juvenile Substance Use Addendum                                  | Barr, Thomas                    | 4023713044       | tom.barr@goodlifecounseling.com        |
|                                    |  |  | Drudik, Cheyenne                | 3082230429       | cheyenne.drudik@goodlifecounseling.com |
|                                    |  |  | Klassen, Ellie                  | 4027505920       | ellie.klassen@goodlifecounseling.com   |
|                                    |  |  | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com       |
|                                    |  |  | Slater, Kendra                  | 4023713044       | kendra.slater@goodlifecounseling.com   |
|                                    |  | Juvenile Substance Use Evaluation                                | Barr, Thomas                    | 4023713044       | tom.barr@goodlifecounseling.com        |

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| Agency Facility Name               | Facility Address                                 | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email                       |  |
|------------------------------------|--|---|---------------------------------|------------------|--|--|
| Good Life Counseling & Support LLC | 200 North 34th Street<br>Norfolk, NEBRASKA 68701 | Juvenile Substance Use Evaluation                               | Drudik, Cheyenne                | 3082230429       | cheyenne.drudik@goodlifecounseling.com |  |
|                                    |  |   | Jackson, Myla                   | 4028416149       | myla.jackson@goodlifecounseling.com    |  |
|                                    |  |   | Klassen, Ellie                  | 4027505920       | ellie.klassen@goodlifecounseling.com   |  |
|                                    |  |   | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com       |  |
|                                    |  |   | Slater, Kendra                  | 4023713044       | kendra.slater@goodlifecounseling.com   |  |
|                                    |  | Juvenile Substance Use Intensive Outpatient (IOP)               |                                 |                  |  |  |
|                                    |  | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Barr, Thomas                    | 4023713044       | tom.barr@goodlifecounseling.com        |  |
|                                    |  |   | Drudik, Cheyenne                | 3082230429       | cheyenne.drudik@goodlifecounseling.com |  |
|                                    |  |   | Jackson, Myla                   | 4028416149       | myla.jackson@goodlifecounseling.com    |  |
|                                    |  |   | Klassen, Ellie                  | 4027505920       | ellie.klassen@goodlifecounseling.com   |  |
|                                    |  |   | Kubo, Dana                      | 4023713044       | dana.kubo@goodlifecounseling.com       |  |
|                                    |  |   | Slater, Kendra                  | 4023713044       | kendra.slater@goodlifecounseling.com   |  |
|                                    |  | PRS-BIP   |                                 |                  |  |  |

### Agency Name: Jordan Willer

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



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

### Agency Name: MADISON COUNTY SHERIFF'S OFFICE

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

### Agency Name: Madison County Juvenile Accountability Unit

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

### Agency Name: Michael Sullivan Counseling

| Agency Facility Name | Facility Address                         | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------|--|-------------------------------------|---------------------------------|------------------|----------------------------|
| Michael Sullivan     | 110 N. 37th Street<br>Suite 301 Norfolk, | Adult Co-Occurring Evaluation       | Sullivan, Michael               | 4027507923       | ramsgaterecovery@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description                    | Approved Individual for Service | Individual Phone | Individual Email           |
|----------------------|------------------|--|---------------------------------|------------------|----------------------------|
| Counseling           | NEBRASKA 68701   | Adult Mental Health Evaluation                         | Sullivan, Michael               | 4027507923       | ramsgaterecovery@gmail.com |
|                      |                  | Adult Mental Health Outpatient Counseling (Individual) | Sullivan, Michael               | 4027507923       | ramsgaterecovery@gmail.com |
|                      |                  | Adult Substance Use Addendum                           | Sullivan, Michael               | 4027507923       | ramsgaterecovery@gmail.com |
|                      |                  | Adult Substance Use Evaluation                         | Sullivan, Michael               | 4027507923       | ramsgaterecovery@gmail.com |
|                      |                  | Adult Substance Use Outpatient Treatment (Individual)  | Sullivan, Michael               | 4027507923       | ramsgaterecovery@gmail.com |

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

| Agency Facility Name               | Facility Address                                | Agency Facility Service Description                    | Approved Individual for Service | Individual Phone | Individual Email            |
|------------------------------------|---|--|---------------------------------|------------------|-----------------------------|
| Midtown Health Center, Inc.        | 302 W Phillip Ave<br>Norfolk,<br>NEBRASKA 68701 | Adult Co-Occurring Evaluation                          | Sotelo, Jessica                 | 4023718000       | jsotelo@midtownhealthne.org |
|                                    |   | Adult Mental Health Evaluation                         |                                 |                  |                             |
|                                    |   | Adult Mental Health Outpatient Counseling (Individual) | Sotelo, Jessica                 | 4023718000       | jsotelo@midtownhealthne.org |
|                                    |   | Adult Substance Use Evaluation                         | Sotelo, Jessica                 | 4023718000       | jsotelo@midtownhealthne.org |
|                                    |   | Adult Substance Use Outpatient Treatment (Individual)  |                                 |                  |                             |
| Midtown Health Center--<br>Madison | 222 S Main St<br>Madison,<br>NEBRASKA 68748     | Adult Co-Occurring Evaluation                          | Sotelo, Jessica                 | 4023718000       | jsotelo@midtownhealthne.org |
|                                    |   | Adult Mental Health Evaluation                         |                                 |                  |                             |
|                                    |   | Adult Mental Health Outpatient Counseling (Individual) | Sotelo, Jessica                 | 4023718000       | jsotelo@midtownhealthne.org |

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

### Agency Name: Norfolk Group Home

| Agency Facility Name        | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|--|-------------------------------------|---------------------------------|------------------|------------------|
| Norfolk Group Home          | 201 n 12th st Norfolk,<br>NEBRASKA 68701         | Group Home A                        |                                 |                  |                  |
|                             |  | Shelter Care                        |                                 |                  |                  |
| Norfolk Transitional Living | 1201 WEST PHILLIP AVE<br>Norfolk, NEBRASKA 68701 | Independent Living                  |                                 |                  |                  |

### Agency Name: Northeast Nebraska Juvenile Services

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

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## District 7

**Agency Name: Oasis Counseling International**

| Agency Facility Name           | Facility Address  | Agency Facility Service Description                       | Approved Individual for Service | Individual Phone | Individual Email               |
|--------------------------------|---|---|---------------------------------|------------------|--------------------------------|
| Oasis Counseling International | 333 W NORFOLK AVE,<br>Suite 201 Suite 201<br>Norfolk, NEBRASKA<br>68701 | Adult Co-Occurring Evaluation                             | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
|                                |   |   | Race, Chelsea                   | 7047288471       | crace@ocinternational.org      |
|                                |   | Adult Medication Management                               |                                 |                  |                                |
|                                |   | Adult Mental Health Evaluation                            | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
|                                |   |   | Petersen, Connie                | 4023792030       | cpetersen@ocinternational.org  |
|                                |   | Adult Mental Health Outpatient Counseling (Individual)    | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
|                                |   |   | Petersen, Connie                | 4023792030       | cpetersen@ocinternational.org  |
|                                |   |   | Race, Chelsea                   | 7047288471       | crace@ocinternational.org      |
|                                |   | Adult Psychological Evaluation                            | Race, Chelsea                   | 7047288471       | crace@ocinternational.org      |
|                                |   | Adult Substance Use Evaluation                            | Oestreich, Rhonda               | 4023792030       | roestreich@ocinternational.org |
|                                |   |   | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
|                                |   |   | Petersen, Connie                | 4023792030       | cpetersen@ocinternational.org  |
|                                |   | Adult Substance Use Intensive Outpatient Counseling (IOP) | Oestreich, Rhonda               | 4023792030       | roestreich@ocinternational.org |
|                                |   |   | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
|                                |   |   | Race, Chelsea                   | 7047288471       | crace@ocinternational.org      |
|                                |   |   | Specht, Amy                     | 4022764486       | aspecth@ocinternational.org    |

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| Agency Facility Name           | Facility Address  | Agency Facility Service Description                   | Approved Individual for Service | Individual Phone | Individual Email               |
|--------------------------------|---|---|---------------------------------|------------------|--------------------------------|
| Oasis Counseling International | 333 W NORFOLK AVE,<br>Suite 201 Suite 201<br>Norfolk, NEBRASKA<br>68701 | Adult Substance Use Outpatient Treatment (Group)      | Oestreich, Rhonda               | 4023792030       | roestreich@ocinternational.org |
|                                |   |   | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
|                                |   |   | Petersen, Connie                | 4023792030       | cpetersen@ocinternational.org  |
|                                |   | Adult Substance Use Outpatient Treatment (Individual) | Oestreich, Rhonda               | 4023792030       | roestreich@ocinternational.org |
|                                |   |   | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
|                                |   |   | Petersen, Connie                | 4023792030       | cpetersen@ocinternational.org  |
|                                |   |   | Race, Chelsea                   | 7047288471       | crace@ocinternational.org      |
|                                |   | Community Treatment Aide (CTA)                        | Clyde, Jessica                  | 4023792030       | jclyde@ocinternational.org     |
|                                |   |   | Specht, Amy                     | 4022764486       | aspecth@ocinternational.org    |
|                                |   | Family Support  | Clyde, Jessica                  | 4023792030       | jclyde@ocinternational.org     |
|                                |   |   | Specht, Amy                     | 4022764486       | aspecth@ocinternational.org    |
|                                |   | Juvenile Co-Occurring Evaluation                      | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
|                                |   |   | Petersen, Connie                | 4023792030       | cpetersen@ocinternational.org  |
|                                |   |   | Race, Chelsea                   | 7047288471       | crace@ocinternational.org      |
|                                |   | Juvenile Mental Health Evaluation                     | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
| Petersen, Connie               | 4023792030  |   | cpetersen@ocinternational.org   |                  |                                |
| Race, Chelsea                  | 7047288471  |   | crace@ocinternational.org       |                  |                                |

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| Agency Facility Name           | Facility Address  | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email               |
|--------------------------------|---|-------------------------------------|---------------------------------|------------------|--------------------------------|
| Oasis Counseling International | 333 W NORFOLK AVE,<br>Suite 201 Suite 201<br>Norfolk, NEBRASKA<br>68701 | Juvenile Mental Health Evaluation   | Chelsea                         |                  |                                |
|                                |   |                                     | Specht, Amy                     | 4022764486       | aspecht@ocinternational.org    |
|                                |   | Juvenile Psychiatric Evaluation     |                                 |                  |                                |
|                                |   | Juvenile Substance Use Evaluation   | Oestreich, Rhonda               | 4023792030       | roestreich@ocinternational.org |
|                                |   |                                     | Oltmer, Cynthia                 | 4023792030       | coltmer@ocinternational.org    |
|                                |   |                                     | Petersen, Connie                | 4023792030       | cpetersen@ocinternational.org  |
|                                |   |                                     | Race, Chelsea                   | 7047288471       | crace@ocinternational.org      |

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

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

### Agency Name: Ponca Tribe of Nebraska

| Agency Facility Name                          | Facility Address                               | Agency Facility Service Description                    | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|--|---------------------------------|------------------|------------------|
| Ponca Tribe of Nebraska-Norfolk (Ponca Hills) | 1800 Syracuse Av<br>Norfolk, NEBRASKA<br>68701 | Adult Co-Occurring Evaluation                          |                                 |                  |                  |
|   |  | Adult Mental Health Evaluation                         |                                 |                  |                  |
|   |  | Adult Mental Health Outpatient Counseling (Individual) |                                 |                  |                  |
|   |  | Adult Substance Use Addendum                           |                                 |                  |                  |

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| Agency Facility Name                          | Facility Address                               | Agency Facility Service Description                   | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|---|---------------------------------|------------------|------------------|
| Ponca Tribe of Nebraska-Norfolk (Ponca Hills) | 1800 Syracuse Av<br>Norfolk, NEBRASKA<br>68701 | Adult Substance Use Evaluation                        |                                 |                  |                  |
|   |  | Adult Substance Use Outpatient Treatment (Individual) |                                 |                  |                  |

### Agency Name: Ramsgate LLC

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

### Agency Name: The Counseling & Enrichment Center

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

### Agency Name: The Link, Inc.

| Agency Facility Name | Facility Address                                  | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| The Link, Inc.       | 1001 West Norfolk Ave.<br>Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation       |                                 |                  |                  |
|                      |   | Adult Mental Health Evaluation      |                                 |                  |                  |
|                      |   | Adult Substance Use                 |                                 |                  |                  |

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

### Agency Name: Women's Empowering Life Line

| Agency Facility Name                    | Facility Address                           | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email             |
|---|--|-------------------------------------|---------------------------------|------------------|------------------------------|
| Dual Disorder Program                   | 910 W. Park Avenue Norfolk, NEBRASKA 68701 | Adult Co-Occurring Evaluation       | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|   |  |                                     | Rech, Kim                       | 4028604014       | kimr@womenslifeline.net      |
|   |  | Adult Mental Health Evaluation      | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|   |  |                                     | Rech, Kim                       | 4028604014       | kimr@womenslifeline.net      |
|   |  | Adult Substance Use Addendum        | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|   |  |                                     | Rech, Kim                       | 4028604014       | kimr@womenslifeline.net      |
|   |  | Adult Substance Use Evaluation      | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|   |  |                                     | Rech, Kim                       | 4028604014       | kimr@womenslifeline.net      |
| Intermediate Residential/ Halfway House | 200 S. 13th Street Norfolk, NEBRASKA 68701 | Adult Substance Use Addendum        | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|   |  | Adult Substance Use Evaluation      | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|   |  | Adult Substance Use                 | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |



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| Agency Facility Name                       | Facility Address                                 | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email             |
|--|--|-------------------------------------|---------------------------------|------------------|------------------------------|
| Intermediate Residential/<br>Halfway House | 200 S. 13th Street<br>Norfolk,<br>NEBRASKA 68701 | Halfway House                       |                                 |                  |                              |
| Men's Program                              | 306 W. Indiana Avenue Norfolk,<br>NEBRASKA 68701 | Adult Co-Occurring Evaluation       |                                 |                  |                              |
|  |  | Adult Mental Health Evaluation      |                                 |                  |                              |
|  |  | Adult Substance Use Addendum        |                                 |                  |                              |
|  |  | Adult Substance Use Evaluation      |                                 |                  |                              |
|  |  | Dual Residential (MH/SA)            |                                 |                  |                              |
| Mommy and Me                               | 512 Verges Avenue Norfolk,<br>NEBRASKA 68701     | Adult Co-Occurring Evaluation       | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|  |  | Adult Mental Health Evaluation      | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|  |  | Adult Substance Use Addendum        | Rivest, Seth                    | 4023710220       | sethr@womenslifeline.net     |
|  |  | Adult Substance Use Evaluation      | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|  |  |                                     | Rivest, Seth                    | 4023710220       | sethr@womenslifeline.net     |
|  |  | Adult Substance Use Halfway House   | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|  |  |                                     | Rivest, Seth                    | 4023710220       | sethr@womenslifeline.net     |
| Dual Residential (MH/SA)                   |  |                                     |                                 |                  |                              |
| Transitional Living                        | 510 Verges Avenue Norfolk,<br>NEBRASKA 68701     | Transitional Living - Level 1       | Aschoff, Allison                | 4023710220       | allisona@womenslifeline.net  |
|  |  |                                     | Perley, Kelly                   | 4026493269       | kellyp@womenslifeline.net    |
|  |  | Transitional Living - Level 2       | Aschoff, Allison                | 4023710220       | allisona@womenslifeline.net  |
|  |  |                                     | Perley, Kelly                   | 4026493269       | kellyp@womenslifeline.net    |

# Administrative Office of Courts & Probation

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

## District 7

| Agency Facility Name         | Facility Address                                 | Agency Facility Service Description                    | Approved Individual for Service | Individual Phone  | Individual Email             |  |  |
|------------------------------|--|--|---------------------------------|---|------------------------------|--|--|
| Women's Empowering Life Line | 1203 S. 8th Street<br>Norfolk,<br>NEBRASKA 68701 | Adult Co-Occurring Evaluation                          | Aschoff, Allison                | 4023710220  | allisona@womenslifeline.net  |  |  |
|                              |  |  | Larson, Donielle                | 4028410184  | donnyl@womenslifeline.net    |  |  |
|                              |  |  | Parr, Jessica                   | 4023793622  | jessicahe@womenslifeline.net |  |  |
|                              |  |  |                                 | Adult Initial Diagnostic Interview (Medication Prescriber Only) |                              |  |  |
|                              |  | Adult Mental Health Evaluation                         | Aschoff, Allison                | 4023710220  | allisona@womenslifeline.net  |  |  |
|                              |  |  | Larson, Donielle                | 4028410184  | donnyl@womenslifeline.net    |  |  |
|                              |  | Adult Mental Health Outpatient Counseling (Individual) | Aschoff, Allison                | 4023710220  | allisona@womenslifeline.net  |  |  |
|                              |  |  | Larson, Donielle                | 4028410184  | donnyl@womenslifeline.net    |  |  |
|                              |  |  | Parr, Jessica                   | 4023793622  | jessicahe@womenslifeline.net |  |  |
|                              |  | Adult Substance Use Addendum                           | Aschoff, Allison                | 4023710220  | allisona@womenslifeline.net  |  |  |
|                              |  |  | Dannar, Karla                   | 4023710220  | karlad@womenslifeline.net    |  |  |
|                              |  |  | Larson, Donielle                | 4028410184  | donnyl@womenslifeline.net    |  |  |
|                              |  |  | Newcombe, Tera                  | 4023710220  | teran@womenslifeline.net     |  |  |
|                              |  |  | Rivest, Seth                    | 4023710220  | sethr@womenslifeline.net     |  |  |
|                              |  | Adult Substance Use Evaluation                         | Aschoff, Allison                | 4023710220  | allisona@womenslifeline.net  |  |  |
|                              |  |  | Dannar, Karla                   | 4023710220  | karlad@womenslifeline.net    |  |  |
|                              |  |  | Larson, Donielle                | 4028410184  | donnyl@womenslifeline.net    |  |  |
|                              |  |  | Newcombe, Tera                  | 4023710220  | teran@womenslifeline.net     |  |  |

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|---|--|--|---------------------------------|------------------|------------------------------|
| Women's Empowering Life Line              | 1203 S. 8th Street<br>Norfolk,<br>NEBRASKA 68701 | Adult Substance Use Evaluation                                   | Parr, Jessica                   | 4023793622       | jessicahe@womenslifeline.net |
|   |  |  | Rivest, Seth                    | 4023710220       | sethr@womenslifeline.net     |
|   |  | Adult Substance Use Intensive Outpatient Counseling (IOP)        | Aschoff, Allison                | 4023710220       | allisona@womenslifeline.net  |
|   |  |  | Dannar, Karla                   | 4023710220       | karlad@womenslifeline.net    |
|   |  |  | Larson, Donielle                | 4028410184       | donnyl@womenslifeline.net    |
|   |  |  | Newcombe, Tera                  | 4023710220       | teran@womenslifeline.net     |
|   |  |  | Rivest, Seth                    | 4023710220       | sethr@womenslifeline.net     |
|   |  |  | Emergency SA Evaluation         |                  |                              |
|   |  | Juvenile Co-Occurring Evaluation                                 | Aschoff, Allison                | 4023710220       | allisona@womenslifeline.net  |
|   |  |  | Larson, Donielle                | 4028410184       | donnyl@womenslifeline.net    |
|   |  | Juvenile Medication Management                                   |                                 |                  |                              |
|   |  | Juvenile Mental Health Intensive Outpatient Counseling (IOP)     |                                 |                  |                              |
|   |  | Juvenile Mental Health Outpatient Counseling (Group)             |                                 |                  |                              |
|   |  | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Aschoff, Allison                | 4023710220       | allisona@womenslifeline.net  |
|   |  |  | Larson, Donielle                | 4028410184       | donnyl@womenslifeline.net    |
|   |  |  | Rivest, Seth                    | 4023710220       | sethr@womenslifeline.net     |
|   |  | Juvenile Psychiatric Evaluation                                  |                                 |                  |                              |
| Juvenile Psychiatric Evaluation Interview |  |  |                                 |                  |                              |

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## District 7

| Agency Facility Name         | Facility Address                                 | Agency Facility Service Description                             | Approved Individual for Service | Individual Phone | Individual Email            |
|------------------------------|--|---|---------------------------------|------------------|-----------------------------|
| Women's Empowering Life Line | 1203 S. 8th Street<br>Norfolk,<br>NEBRASKA 68701 | Only  |                                 |                  |                             |
|                              |  | Juvenile Substance Use Addendum                                 | Aschoff, Allison                | 4023710220       | allisona@womenslifeline.net |
|                              |  |   | Dannar, Karla                   | 4023710220       | karlad@womenslifeline.net   |
|                              |  |   | Larson, Donielle                | 4028410184       | donnyl@womenslifeline.net   |
|                              |  |   | Rivest, Seth                    | 4023710220       | sethr@womenslifeline.net    |
|                              |  | Juvenile Substance Use Evaluation                               | Aschoff, Allison                | 4023710220       | allisona@womenslifeline.net |
|                              |  |   | Dannar, Karla                   | 4023710220       | karlad@womenslifeline.net   |
|                              |  |   | Larson, Donielle                | 4028410184       | donnyl@womenslifeline.net   |
|                              |  |   | Rivest, Seth                    | 4023710220       | sethr@womenslifeline.net    |
|                              |  | Juvenile Substance Use Outpatient Treatment (Group)             | Rivest, Seth                    | 4023710220       | sethr@womenslifeline.net    |
|                              |  | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Aschoff, Allison                | 4023710220       | allisona@womenslifeline.net |
|                              |  |   | Dannar, Karla                   | 4023710220       | karlad@womenslifeline.net   |
|                              |  |   | Larson, Donielle                | 4028410184       | donnyl@womenslifeline.net   |

### Agency Name: Women's House of Hope

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

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## District 7

### Agency Facility County: Wayne

#### Agency Name: CITY OF WAYNE POLICE DEPT

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

#### Agency Name: Renee R Wilson

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

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

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