

# Administrative Office of Courts & Probation

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

## District 11

### Agency Facility County: Dawson

### Agency Name: CK Counseling (CGZ Inc.)

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	613 N. Washington Street Lexington, NEBRASKA 68850	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 Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

### Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	910 AVENUE F Gothenburg, NEBRASKA 69138	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	910 AVENUE F Gothenburg, NEBRASKA 69138	Juvenile Substance Use Evaluation			

### Agency Name: Insight Counseling & Recovery

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	815 Lake Ave Gothenburg, NEBRASKA 69138	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 (Individual/Family)			

### Agency Name: Kloch Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kloch Counseling	101 W. 8th St. Suite A Lexington, NEBRASKA 68850	Adult Co-Occurring Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Adult Mental Health Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Adult Psychological Evaluation			
		Adult Substance Use Addendum	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Adult Substance Use Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kloch Counseling	101 W. 8th St. Suite A Lexington, NEBRASKA 68850	Juvenile Co-Occurring Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Juvenile Substance Use Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com

### Agency Name: Lacy Dye Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lacy Dye Counseling	524 9th St Gothenburg, NEBRASKA 69138	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			

### Agency Name: MA Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
MA	101 W 8th Street,	Adult Mental Health	Avalos,	3083250627	macounseling@protonmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Counseling	Suite A Lexington, NEBRASKA 68850	Outpatient Counseling (Individual)	Mayra		
		Juvenile Mental Health Evaluation	Avalos, Mayra	3083250627	macounseling@protonmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Avalos, Mayra	3083250627	macounseling@protonmail.com

### Agency Name: Nebraska Counseling Associates

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	513 N. Grant, Suite D Lexington, NEBRASKA 68850	Adult Co-Occurring Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Mental Health Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Addendum	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Outpatient Treatment (Group)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	513 N. Grant, Suite D Lexington, NEBRASKA 68850	Juvenile Co-Occurring Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Eating Disorder Outpatient Treatment	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Mental Health Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Addendum	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Group)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
	916 Ave. F Gothenburg, NEBRASKA 69138	Adult Co-Occurring Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Mental Health Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Addendum	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use	Johnson,	3084408054	kittyaswegancounseling@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	916 Ave. F Gothenburg, NEBRASKA 69138	Intensive Outpatient Counseling (IOP)	Betty		
		Adult Substance Use Outpatient Treatment (Group)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Anger Management Class			
		Juvenile Co-Occurring Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Eating Disorder Outpatient Treatment	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Mental Health Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Addendum	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Group)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com

### **Agency Name: Region II Human Services**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	307 E 5th P.O. Box 519 Lexington, NEBRASKA 68850	Adult Co-Occurring Evaluation			

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	307 E 5th P.O. Box 519 Lexington, NEBRASKA 68850	Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Expedited Family Group Conference			
		Justice Wraparound	Cribbs, Brayden	3083500894	braydencribbs@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
Juvenile Mental Health Outpatient Counseling (Individual/Family)					

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	307 E 5th P.O. Box 519 Lexington, NEBRASKA 68850	Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

### Agency Name: Two Bridges Counselling Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Two Bridges Counselling Inc	513 North Grant Street Suite 3 Lexington, NEBRASKA 68850	Adult Substance Use Addendum	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Adult Substance Use Evaluation	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com

### Agency Name: Wellness Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wellness Counseling, LLC	120 E. 6th Street, Suite 4B Lexington, NEBRASKA 68850	Adult Co-Occurring Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Mental Health Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Addendum	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use	Brock,	4024994028	tory.brock.counseling@gmail.com



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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wellness Counseling, LLC	120 E. 6th Street, Suite 4B Lexington, NEBRASKA 68850	Evaluation	Tory		
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Juvenile Co-Occurring Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Juvenile Mental Health Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Juvenile Substance Use Addendum	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Juvenile Substance Use Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com

**Agency Facility County: Frontier**

**Agency Name: Midwest Special Services, Inc**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Midwest Special Services, Inc	404 W. 2nd P.O. Box 82 Curtis, NEBRASKA 69025	Adult Transportation			
		Invoice - Mileage			
		Juvenile Omaha Metro Transportation			
		Juvenile Transportation			

**Agency Facility County: Furnas**

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### Agency Name: Medicine Creek Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Medicine Creek Counseling	301 Nelson Street Cambridge, NEBRASKA 69022	Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			

### Agency Facility County: Keith

### Agency Name: BSM-McConaughy Discovery Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
BSM-McConaughy Discovery Center	401 N Spruce St PO Box 299 Ogallala, NEBRASKA 69153	Case Managed Tutoring			
		Employment Placement			
		Family Partner	DeLong, Alicia	4029923553	adelong@mdcenters.net
			Ewing, Christifer	3087377168	Cdewing@mdcenters.net
			Johnson, McKayla	3087089593	mckaylaj2001@gmail.com
			Leon, Maria	3083308465	Mleon@mdcenters.net
			Majer, Amanda	3082936861	amajer@mdcenters.net
			Nesiba, Allie	3087506208	anesiba@mdcenters.net
Pottorff, Skylar	3217457095	spottorff@mdcenters.net			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
BSM-McConaughy Discovery Center	401 N Spruce St PO Box 299 Ogallala, NEBRASKA 69153	Family Partner	Weatherly , Alexis	3085390970	afimple@mdcenters.net
		Family Support	DeLong, Alicia	4029923553	adelong@mdcenters.net
			Ewing, Christifer	3087377168	Cdewing@mdcenters.net
			Johnson, McKayla	3087089593	mckaylaj2001@gmail.com
			Leon, Maria	3083308465	Mleon@mdcenters.net
			Majer, Amanda	3082936861	amajer@mdcenters.net
			Nesiba, Allie	3087506208	anesiba@mdcenters.net
			Pottorff, Skylar	3217457095	spottorff@mdcenters.net
			Weatherly , Alexis	3085390970	afimple@mdcenters.net

### Agency Name: Ogallala Counseling, P.C.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ogallala Counseling, P.C.	103 East 10th St Ogallala, NEBRASKA 69153	Adult Co-Occurring Evaluation	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Mental Health Evaluation	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Substance Use Evaluation	Maupin, Edwin	3082846519	chip@ogallalacounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ogallala Counseling, P.C.	103 East 10th St Ogallala, NEBRASKA 69153	Adult Substance Use Evaluation	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Substance Use Evaluation	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com

### Agency Name: Region II Human Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	401 W 1ST ST Ogallala, NEBRASKA 69153	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use	Titus, Brooke	3083246754	brooketitus@r2hs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	401 W 1ST ST Ogallala, NEBRASKA 69153	Addendum			
		Adult Substance Use Evaluation	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Expedited Family Group Conference			
		Justice Wraparound	Cribbs, Brayden	3083500894	braydencribbs@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
Juvenile Substance Use Outpatient Treatment (Individual/Family)					

**Agency Facility County: Lincoln**

**Agency Name: Beacon of Hope Counseling Center**

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Beacon of Hope Counseling Center	308 West 4th, Suite 1 North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Bear, Angela	3085320777	abear@allophone.com
			Kurre, Casey	3085320777	ckurre@allophone.com
		Adult Mental Health Evaluation	Bear, Angela	3085320777	abear@allophone.com
		Adult Substance Use Addendum	Bear, Angela	3085320777	abear@allophone.com
			Kurre, Casey	3085320777	ckurre@allophone.com
		Adult Substance Use Evaluation	Bear, Angela	3085320777	abear@allophone.com
			Kurre, Casey	3085320777	ckurre@allophone.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Bear, Angela	3085320777	abear@allophone.com
		Adult Substance Use Outpatient Treatment (Individual)	Bear, Angela	3085320777	abear@allophone.com
			Kurre, Casey	3085320777	ckurre@allophone.com
		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: Boys Town

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town Western Nebraska In Home Family Services	1101 Cottonwood Street North Platte, NEBRASKA 69101	In Home Family Service (IHFS)	Andrews, Megan	3083901322	megan.andrews@boystown.org
			Kemp,	4024600606	laura.kemp@boystown.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town Western Nebraska In Home Family Services	1101 Cottonwood Street North Platte, NEBRASKA 69101	In Home Family Service (IHFS)	Laura		
			Mercer, Erik	5313553057	erik.mercer@boystown.org
			Motacek, Robin	3088337314	Robin.motacek@boystown.org

### Agency Name: CITY OF NORTH PLATTE POLICE DEPT

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CITY OF NORTH PLATTE POLICE DEPT	211 W 3rd St North Platte, NEBRASKA 69101	Invoice - Law Enforcement Transportation			

### Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kyle L Britt Shelter	102 S Cedar Maxwell, NEBRASKA 69151	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			
		Shelter Care			
	109 E 2ND ST SUITE 3 North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	109 E 2ND ST SUITE 3 North Platte, NEBRASKA 69101	Health Evaluation			
		Juvenile Substance Use Evaluation			

**Agency Name: Family Matters Counseling**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Matters Counseling	410 East B St North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Mental Health Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Substance Use Addendum	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Juvenile Co-Occurring Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Juvenile Mental Health Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com

**Agency Name: Family Skill Building Services, LLC**



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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Skill Building Services, LLC	403 East C Street North Platte, NEBRASKA 69101	Case Managed Tutoring			
		Community Youth Coaching	Baeza, Iris	3085391824	ibaezafsb@gmail.com
			Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Bennett, Morgan	3083029015	mbennettfsb@gmail.com
			Casper, april	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Lease, Jessica	3086960033	hr.fsbervices@outlook.com
			Leonhardt-Driggs, Kendra	3086960033	fsbervices01@live.com
			Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
			Sorge, Maci	3084142094	msorgefsb@gmail.com
		Continuous Alcohol Monitoring (CAM) with EM			
		Day Reporting	Baeza, Iris	3085391824	ibaezafsb@gmail.com
			Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Bennett, Morgan	3083029015	mbennettfsb@gmail.com
			Casper, april	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Lease, Jessica	3086960033	hr.fsbervices@outlook.com
			Leonhardt-Driggs,	3086960033	fsbervices01@live.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Skill Building Services, LLC	403 East C Street North Platte, NEBRASKA 69101	Day Reporting	Kendra		
			Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
			Sorge, Maci	3084142094	msorgefsb@gmail.com
		Evening Reporting	Baeza, Iris	3085391824	ibaezafsb@gmail.com
			Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Bennett, Morgan	3083029015	mbennettfsb@gmail.com
			Casper, april	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Lease, Jessica	3086960033	hr.fsbervices@outlook.com
			Leonhardt-Driggs, Kendra	3086960033	fsbervices01@live.com
			Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
			Sorge, Maci	3084142094	msorgefsb@gmail.com
		Family Support	Baeza, Iris	3085391824	ibaezafsb@gmail.com
			Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Bennett, Morgan	3083029015	mbennettfsb@gmail.com
			Casper, april	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Lease, Jessica	3086960033	hr.fsbervices@outlook.com
Leonhardt-Driggs,	3086960033		fsbervices01@live.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Skill Building Services, LLC	403 East C Street North Platte, NEBRASKA 69101	Family Support	Kendra		
			Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
			Sorge, Maci	3084142094	msorgefsb@gmail.com
		Invoice - Mileage	Baeza, Iris	3085391824	ibaezafsb@gmail.com
			Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Bennett, Morgan	3083029015	mbennettfsb@gmail.com
			Casper, april	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Lease, Jessica	3086960033	hr.fsbervices@outlook.com
			Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
			Sorge, Maci	3084142094	msorgefsb@gmail.com
			Juvenile Electronic Monitoring Cell Phone		
		Juvenile Electronic Monitoring GPS	Baeza, Iris	3085391824	ibaezafsb@gmail.com
			Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Bennett, Morgan	3083029015	mbennettfsb@gmail.com
			Casper, april	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Lease, Jessica	3086960033	hr.fsbervices@outlook.com
Leonhardt-Driggs,	3086960033		fsbervices01@live.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Skill Building Services, LLC	403 East C Street North Platte, NEBRASKA 69101	Juvenile Electronic Monitoring GPS	Kendra		
			Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
			Sorge, Maci	3084142094	msorgefsb@gmail.com
		Juvenile Electronic Monitoring Land Line			

### Agency Name: First Step to Freedom Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
First Step to Freedom Counseling	516 North Dewey, Suite 1 North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Mental Health Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Sex Offense-Specific Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Substance Use Addendum	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Substance Use Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Expedited Co-Occurring Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Expedited Mental Health	Sukup,	3086603257	Jenniferxfisher@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
First Step to Freedom Counseling	516 North Dewey, Suite 1 North Platte, NEBRASKA 69101	Evaluation	Jennifer			
		Expedited Substance Use Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com	
		Juvenile Co-Occurring Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com	
		Juvenile Mental Health Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com	
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com	
		Juvenile Substance Use Addendum	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com	
		Juvenile Substance Use Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com	
		Juveniles Who Sexually Harm Outpatient Treatment (Group)				
		Juveniles Who Sexually Harm Risk Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com	

### Agency Name: Inner Reflections Counseling Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inner Reflections Counseling Center	101 South Chestnut Suite #2 North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com
		Adult Mental Health Evaluation	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com
		Adult Mental Health Outpatient Counseling (Individual)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Inner Reflections Counseling Center	101 South Chestnut Suite #2 North Platte, NEBRASKA 69101	Adult Substance Use Addendum	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com	
		Adult Substance Use Evaluation	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com	
		Adult Substance Use Outpatient Treatment (Individual)				
		Juvenile Co-Occurring Evaluation	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com	
		Juvenile Mental Health Evaluation	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com	
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com	
		Juvenile Substance Use Addendum	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com	
		Juvenile Substance Use Evaluation	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com	
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com	

**Agency Name: LMCA - Las Manitas Community Advocates**

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LMCA - Las Manitas Community Advocates	408 North Dewey North Platte, NEBRASKA 69101	Case Managed Tutoring			
		Evening Reporting	Goytia, Eva	3086502286	lmcayouthadvocate@gmail.com
		Family Partner	Goytia, Eva	3086502286	lmcayouthadvocate@gmail.com
			Guillen, Evelia	3086604285	nfernandez.ne@gmail.com

### Agency Name: Lotus Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Counseling LLC	409 N. Jeffers St. North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Adult Mental Health Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Adult Mental Health Outpatient Counseling (Individual)	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Adult Substance Use Addendum	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Adult Substance Use Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Adult Substance Use Outpatient Treatment (Individual)	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Expedited Co-Occurring Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Expedited Mental Health Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Expedited Substance Use Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Juvenile Co-Occurring	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Counseling LLC	409 N. Jeffers St. North Platte, NEBRASKA 69101	Evaluation			
		Juvenile Mental Health Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org

**Agency Name: Lutheran Family Services**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	120 E 12th Street North Platte, NEBRASKA 68101	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Intensive Outpatient Counseling (IOP)	McCuiston, MenDi	3085320587	mendi.mccuiston@onelfs.org
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Medication Management			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Psychiatric			



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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	120 E 12th Street North Platte, NEBRASKA 68101	Evaluation Interview Only			
		Juvenile Substance Use Outpatient Treatment (Group)			

### Agency Name: Lylajo Childs

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lylajo Childs	114 N. Maple St. North Platte, NEBRASKA 69101	Case Managed Tutoring	Childs, Lylajo	3082411691	lchilds10@gmail.com

### Agency Name: Modern Therapy Associates

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Modern Therapy Associates	1214 West A North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Mental Health Evaluation	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Mental Health Outpatient Counseling (Individual)	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Substance Use Addendum	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Substance Use Evaluation	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Substance Use Outpatient Treatment (Individual)	Hageman, Wendy	3085320777	whageman@allophone.com
		Juvenile Co-Occurring Evaluation	Hageman, Wendy	3085320777	whageman@allophone.com
		Juvenile Substance Use	Hageman, Wendy	3085320777	whageman@allophone.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Modern Therapy Associates	1214 West A North Platte, NEBRASKA 69101	Addendum	Wendy		
		Juvenile Substance Use Evaluation	Hageman, Wendy	3085320777	whageman@allophone.com

### **Agency Name: Nebraska Youth Center**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Nebraska Youth Center	2300 E 2nd St North Platte, NEBRASKA 69101	Group Home A	Leonhardt-Driggs, Kendra	3086960033	fsbservices01@live.com
		Shelter Care	Leonhardt-Driggs, Kendra	3086960033	fsbservices01@live.com

### **Agency Name: Region II Human Services**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region II Human Services	110 N Bailey Ave P.O. Box 1209 North Platte, NEBRASKA 69103	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Titus, Brooke	3083246754	brooketitus@r2hs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region II Human Services	110 N Bailey Ave P.O. Box 1209 North Platte, NEBRASKA 69103	Expedited Family Group Conference			
		Justice Wraparound	Cribbs, Brayden	3083500894	braydencribbs@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
Juvenile Substance Use Evaluation					
Juvenile Substance Use Outpatient Treatment (Individual/Family)					

**Agency Name: The Connection Homeless Shelter, Inc.**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
The Connection Homeless Shelter, Inc.	414 East 6th Street North Platte, NEBRASKA 69101	Transitional Living - Level 2			

**Agency Facility County: Red Willow**

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**Agency Name: Ambience Counseling Center LLC**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ambience Counseling Center LLC	601 Norris Ave McCook, NEBRASKA 69001	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)			
		Family Support	Robinson, Jenna	3087378618	jennarstovall@gmail.com
			Schneider, Sarah	9144660043	kjendals@msn.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

**Agency Name: Center For Independent Living of Central Nebraska**

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	322 NORRIS AVENUE McCook, NEBRASKA 69001	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			

### Agency Name: Cora S Berry

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cora S Berry	812 West 13th Street Street 2 McCook, NEBRASKA 69001	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 Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
Juvenile Substance Use Outpatient Treatment (Individual/Family)					

### Agency Name: Heidi J Bridgmon

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Heidi J Bridgmon	1404 West 3rd Street McCook, NEBRASKA 69001	Invoice - Kinship Foster Care			

### Agency Name: Impactful Minds

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
iMPactful Minds	407 East 5th STREET McCook, NEBRASKA 69001	Case Managed Tutoring	Wolf, Ron	7854346216	rpwolf2228@gmail.com

### Agency Name: Region II Human Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1012 West Third P.O. Box 818 McCook, NEBRASKA 69001	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Smith, Judi	3083408435	judismith@r2hs.com
			Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Smith, Judi	3083408435	judismith@r2hs.com
Titus, Brooke	3083246754		brooketitus@r2hs.com		
Adult Substance Use Outpatient Treatment (Individual)	Smith, Judi	3083408435	judismith@r2hs.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1012 West Third P.O. Box 818 McCook, NEBRASKA 69001	Expedited Family Group Conference			
		Justice Wraparound	Cribbs, Brayden	3083500894	braydencribbs@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Smith, Judi	3083408435	judismith@r2hs.com
		Juvenile Substance Use Evaluation	Smith, Judi	3083408435	judismith@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Smith, Judi	3083408435	judismith@r2hs.com