

Administrative Office of Courts & Probation

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

District 12

Agency Facility County: Box Butte

Agency Name: EVALS BY ECK, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
EVALS BY ECK, LLC	815 FLACK AVENUE Alliance, NEBRASKA 69301	Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Name: Healing Hope Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Hope Counseling LLC	815 Flack Ave Alliance, NEBRASKA 69301	Adult Co-Occurring Evaluation	Connor, Shawnda	3086242106	healinghope@therapist.net
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)	Connor, Shawnda	3086242106	healinghope@therapist.net
		Adult Substance Use Addendum	Connor, Shawnda	3086242106	healinghope@therapist.net
		Adult Substance Use Evaluation	Connor, Shawnda	3086242106	healinghope@therapist.net
			Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Connor, Shawnda	3086242106	healinghope@therapist.net
			Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Connor, Shawnda	3086242106	healinghope@therapist.net
			Gallant,	3083601080	gallant.r@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Hope Counseling LLC	815 Flack Ave Alliance, NEBRASKA 69301	Adult Substance Use Outpatient Treatment (Individual)	Rebecca		
		Intensive Family Preservation	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation	Gallant, Rebecca	3083601080	gallant.r@yahoo.com

Agency Name: Human Services, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Human Services, Inc	419 West 25th Street Alliance, NEBRASKA 69301	Adult Co-Occurring Capable Short-Term Residential			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Intensive Outpatient Counseling (IOP)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Adult Substance Use Short-Term Residential			
		Transitional Living - Level 2			

Agency Name: Native Futures

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Native Futures	217 Box Butte Alliance, NEBRASKA 69301	Day Reporting			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Native Futures	217 Box Butte Alliance, NEBRASKA 69301	Evening Reporting			
		Family Support			

Agency Name: Silver Lining Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Silver Lining Counseling LLC	2670 CR 57 Apt, suite, floor, etc. Alliance, NEBRASKA 69301	Adult Substance Use Addendum	Jines, Alex	3087631788	alex0jines@gmail.com	
		Adult Substance Use Evaluation	Jines, Alex	3087631788	alex0jines@gmail.com	
		Adult Substance Use Intensive Outpatient Counseling (IOP)				
		Adult Substance Use Outpatient Treatment (Group)				
		Adult Substance Use Outpatient Treatment (Individual)	Jines, Alex	3087631788	alex0jines@gmail.com	
		Juvenile Substance Use Addendum	Jines, Alex	3087631788	alex0jines@gmail.com	
		Juvenile Substance Use Evaluation	Jines, Alex	3087631788	alex0jines@gmail.com	
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Jines, Alex	3087631788	alex0jines@gmail.com	

Agency Facility County: Cheyenne

Agency Name: Cirrus House Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	941 8th Street	Adult Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	Sidney, NEBRASKA 69162	Adult Co-Occurring Evaluation	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Mental Health Outpatient Counseling (Individual)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Addendum	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Outpatient Treatment (Individual)	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net

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		Adult Substance Use Outpatient Treatment (Individual)	Evelina		
		Expedited Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Expedited Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Expedited Substance Use Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance Use Addendum	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org

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		Juvenile Substance Use Addendum	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net

Agency Facility County: Dawes

Agency Name: Pathways to Wellness, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pathways to Wellness Chadron Office	127 W. 2nd St Chadron, NEBRASKA 69337	Adult Co-Occurring Evaluation	Welling, Nancee	3086602324	mnancee@yahoo.com
		Adult Mental Health Evaluation	Welling, Nancee	3086602324	mnancee@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Welling, Nancee	3086602324	mnancee@yahoo.com
		Adult Substance Use Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pathways to Wellness Chadron Office	127 W. 2nd St Chadron, NEBRASKA 69337	Adult Substance Use Outpatient Treatment (Individual)	Welling, Nancee	3086602324	mnancee@yahoo.com
		Juvenile Co-Occurring Evaluation	Welling, Nancee	3086602324	mnancee@yahoo.com
		Juvenile Mental Health Evaluation	Welling, Nancee	3086602324	mnancee@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Welling, Nancee	3086602324	mnancee@yahoo.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Welling, Nancee	3086602324	mnancee@yahoo.com
Pathways to Wellness Crawford Office	11 Paddock St Crawford, NEBRASKA 69339	Adult Co-Occurring Evaluation	Welling, Nancee	3086602324	mnancee@yahoo.com
		Adult Mental Health Evaluation	Welling, Nancee	3086602324	mnancee@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Welling, Nancee	3086602324	mnancee@yahoo.com
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)	Welling, Nancee	3086602324	mnancee@yahoo.com
		Juvenile Co-Occurring Evaluation	Welling, Nancee	3086602324	mnancee@yahoo.com
		Juvenile Mental Health Evaluation	Welling, Nancee	3086602324	mnancee@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Pathways to Wellness Crawford Office	11 Paddock St Crawford, NEBRASKA 69339	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Welling, Nancee	3086602324	mnancee@yahoo.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Welling, Nancee	3086602324	mnancee@yahoo.com

Agency Facility County: Kimball

Agency Name: Cirrus House Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	509 West 5th St. Kimball, NEBRASKA 69145	Adult Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Mental Health Outpatient Counseling (Individual)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Addendum	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	509 West 5th St. Kimball, NEBRASKA 69145	Adult Substance Use Addendum	Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Outpatient Treatment (Individual)	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	509 West 5th St. Kimball, NEBRASKA 69145	Expedited Substance Use Evaluation	Cynthia		
		Juvenile Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Substance Use Addendum	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net

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Agency Facility County: Morrill

Agency Name: Family4ward, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family4ward, Inc	PO Box 63 Bayard, NEBRASKA 69334	Community Youth Coaching	Main, Abigail	3086724638	abigail.main@family4ward.com
		Day Reporting	Main, Abigail	3086724638	abigail.main@family4ward.com
		Evening Reporting	Main, Abigail	3086724638	abigail.main@family4ward.com
		Family Support	Main, Abigail	3086724638	abigail.main@family4ward.com
		Invoice - Mileage			
		Juvenile Electronic Monitoring GPS	Main, Abigail	3086724638	abigail.main@family4ward.com

Agency Name: Open Door Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	Prairie Winds Community Center 428 N Main St Bridgeport, NEBRASKA 69336	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			

Agency Facility County: Scotts Bluff

Agency Name: ACCS, Inc.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ACCS, Inc.net	1917 Avenue A Scottsbluff, NEBRASKA 69361	Adult Substance Use Addendum	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Adult Substance Use Evaluation	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Continuous Alcohol Monitoring (CAM)	Brandt, Jason	3086331390	jbrandt@accsinc.net
			Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Continuous Alcohol Monitoring (CAM) with EM	Brandt, Jason	3086331390	jbrandt@accsinc.net
			Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Expedited Substance Use Evaluation	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Invoice - Mileage			
		Juvenile Electronic Monitoring Cell Phone	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Juvenile Electronic Monitoring GPS	Brandt, Jason	3086331390	jbrandt@accsinc.net
			Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Juvenile Electronic Monitoring Land Line	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
Non-Monetary Continuous Alcohol Monitoring (CAM)					

Agency Name: CITY OF SCOTTSBLUFF

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
CITY OF SCOTTSBLUFF	2525 CIRCLE DRIVE Scottsbluff, NEBRASKA 69361	Invoice - Law Enforcement Transportation			

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Agency Name: Cirrus House Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cirrus House Inc.	1509 First Ave Scottsbluff, NEBRASKA 69361	Adult Co-Occurring Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Mental Health Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Mental Health Outpatient Counseling (Individual)	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Addendum	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com

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Cirrus House Inc.	1509 First Ave Scottsbluff, NEBRASKA 69361	Adult Substance Use Addendum	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Outpatient Treatment (Individual)	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
Garcia, Karri	3086334314		karrigarcia@sobermindllc.org		
Hall, Anthony	3086729374		ahall@cirrushouse.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cirrus House Inc.	1509 First Ave Scottsbluff, NEBRASKA 69361	Adult Substance Use Outpatient Treatment (Individual)	Anthony		
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Co-Occurring Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Mental Health Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cirrus House Inc.	1509 First Ave Scottsbluff, NEBRASKA 69361	Expedited Substance Use Evaluation	Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Co-Occurring Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
			Juvenile Mental Health Evaluation	Erdman, Jamie	3073598530
		Estrada, Marcia		3086352256	mestrada@cirrushouse.com
		Hall, Anthony		3086729374	ahall@cirrushouse.com
		Moreno, Evelina		3087655352	emoreno@morenocounseling.net
		Wiggins, Cynthia		3082203280	cwiggins@cirrushouse.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance	Cooper,	3086315523	pennycoopercounselingpractice@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cirrus House Inc.	1509 First Ave Scottsbluff, NEBRASKA 69361	Use Addendum	Penny		
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cirrus House Inc.	1509 First Ave Scottsbluff, NEBRASKA 69361	PRS-BIP	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com

Agency Name: Community Action Partnership of Western Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Community Action Health Center	975 Crescent Dr. Gering, NEBRASKA 69341	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			
		Adult Substance Use Evaluation			
		Adult Substance Use Intensive Outpatient Counseling (IOP)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Medication Management			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Community Action Health Center	975 Crescent Dr. Gering, NEBRASKA 69341	Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
	Youth Shelter 2426 Broadway Scottsbluff, NEBRASKA 69361	Group Home A	Gorsuch, Tricia	3086333317	tgorsuch@capwn.org
		Shelter Care	Gorsuch, Tricia	3086333317	tgorsuch@capwn.org

Agency Name: Dr. Gage Stermensky, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Dr. Gage Stermensky, LLC	1821 1st Ave Scottsbluff, NEBRASKA 69361	Adult Psychological Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org	
		Adult Sex Offense-Specific Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org	
		Adult Substance Use Evaluation				
		Juvenile Co-Occurring Evaluation				
		Juvenile Mental Health Evaluation				
		Juvenile Psychological Evaluation				
		Juvenile Substance Use				

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dr. Gage Stermensky, LLC	1821 1st Ave Scottsbluff, NEBRASKA 69361	Evaluation			

Agency Name: EVALS BY ECK, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
EVALS BY ECK, LLC	1503 19TH AVENUE POB 1603 Scottsbluff, NEBRASKA 69361	Adult Substance Use Addendum	ECKLAND, JULIE	3082254780	evalsbyeck@gmail.com
		Adult Substance Use Evaluation	ECKLAND, JULIE	3082254780	evalsbyeck@gmail.com
		Juvenile Substance Use Addendum	ECKLAND, JULIE	3082254780	evalsbyeck@gmail.com
		Juvenile Substance Use Evaluation	ECKLAND, JULIE	3082254780	evalsbyeck@gmail.com

Agency Name: Earl Bailey-STRIVE

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Earl Bailey-STRIVE	835 19th Street Gering, NEBRASKA 69341	Family Support	Adams, John	3086725008	bjimenez@ebstrive.com
			Jimenez, Bryana	3086410830	bryanajimenez9@gmail.com
			Larsen, Darci	3086721787	darcibailey21@gmail.com

Agency Name: Educational Services Unit 13

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Educational Services Unit 13	4215 Avenue I Scottsbluff, NEBRASKA 69361	In Home Family Service (IHFS)	Blanco, Sadishia	3082252904	sblanco@esu13.org
			Fox , Daniel	3075345688	dfox@esu13.org
			Jackson , Jeffrey	3086317838	jjackson@esu13.org
			Meister, Tristina	7202885879	tmeister@esu13.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Educational Services Unit 13	4215 Avenue I Scottsbluff, NEBRASKA 69361	In Home Family Service (IHFS)	Sarnirand , Nicole	3086720128	nsarnirand@esu13.org

Agency Name: Fulcrum Counseling Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Fulcrum Counseling Services, LLC	115 W Railway St STE 102A Scottsbluff, NEBRASKA 69361	Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com
		Juveniles Who Sexually Harm Risk Evaluation	Crouch, Samuel	3082250500	scrouch@fulcrumcs.com

Agency Name: Kathy Vallejo

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kathy Vallejo	115 W. Railway St Scottsbluff, NEBRASKA 69461	Adult Substance Use Addendum	Vallejo, Kathy	3086726587	kvallejo@fulcrumcs.com
		Adult Substance Use Evaluation	Vallejo, Kathy	3086726587	kvallejo@fulcrumcs.com
		Adult Substance Use Outpatient Treatment (Individual)	Vallejo, Kathy	3086726587	kvallejo@fulcrumcs.com

Agency Name: Life Counseling & Wellness Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Life Counseling & Wellness Center	1516 21ST Ave Scottsbluff, NEBRASKA 69361	Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Life Counseling & Wellness Center	1516 21ST Ave Scottsbluff, NEBRASKA 69361	Treatment (Individual)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Marcia L. Estrada LIMHP, LADC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Marcia L. Estrada LIMHP, LADC	416 Valley View Drive Suite 311 Scottsbluff, NEBRASKA 69361	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)			
		Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Marcia L. Estrada LIMHP, LADC	416 Valley View Drive Suite 311 Scottsbluff, NEBRASKA 69361	Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

Agency Name: Mediation West

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mediation West	615 S Beltline Hwy W Scottsbluff, NEBRASKA 69361	Expedited Family Group Conference			
		Mediation			

Agency Name: Moreno Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Moreno Counseling, LLC	1145 M Street Gering, NEBRASKA 69341	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Evaluation	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Outpatient Treatment (Individual)	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Co-Occurring Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Moreno Counseling, LLC	1145 M Street Gering, NEBRASKA 69341	Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance Use Evaluation	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

Agency Name: Motivational Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Motivational Counseling LLC	1502 2nd Ave Suite 2 Scottsbluff, NEBRASKA 69361	Adult Co-Occurring Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
		Adult Mental Health Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
		Juvenile Co-Occurring Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
		Juvenile Mental Health Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Motivational Counseling LLC	1502 2nd Ave Suite 2 Scottsbluff, NEBRASKA 69361	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Erdman, Jamie	3073598530	jamie.purple35@gmail.com

Agency Name: Open Door Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Open Door Counseling, LLC	1870 9TH St Gering, NEBRASKA 69341	Adult Co-Occurring Evaluation	Raney, Sandra	3082254335	opendoor@allophone.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation	Raney, Sandra	3082254335	opendoor@allophone.com
		Adult Mental Health Outpatient Counseling (Group)	Raney, Sandra	3082254335	opendoor@allophone.com
		Adult Mental Health Outpatient Counseling (Individual)	Raney, Sandra	3082254335	opendoor@allophone.com
		Adult Sex Offense-Specific Evaluation	Raney, Sandra	3082254335	opendoor@allophone.com
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Raney, Sandra	3082254335	opendoor@allophone.com
		Adult Substance Use Addendum	Raney, Sandra	3082254335	opendoor@allophone.com
		Adult Substance Use	Raney,	3082254335	opendoor@allophone.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Open Door Counseling, LLC	1870 9TH St Gering, NEBRASKA 69341	Evaluation	Sandra		
		Adult Substance Use Outpatient Treatment (Individual)	Raney, Sandra	3082254335	opendoor@allophone.com
		Juvenile Co-Occurring Evaluation	Raney, Sandra	3082254335	opendoor@allophone.com
		Juvenile Mental Health Evaluation	Raney, Sandra	3082254335	opendoor@allophone.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Raney, Sandra	3082254335	opendoor@allophone.com
		Juvenile Substance Use Addendum	Raney, Sandra	3082254335	opendoor@allophone.com
		Juvenile Substance Use Evaluation	Raney, Sandra	3082254335	opendoor@allophone.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Raney, Sandra	3082254335	opendoor@allophone.com
		Juveniles Who Sexually Harm Risk Evaluation	Raney, Sandra	3082254335	opendoor@allophone.com

Agency Name: Optimal Family Preservation LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Optimal Family Preservation LLC	1145 M Street Gering, NEBRASKA 69341	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
	120105 County Rd 33 Minatare, NEBRASKA 69356	Adult Mental Health Outpatient Counseling (Individual)			
		Crisis Stabilization			
		Group Home A			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Optimal Family Preservation LLC	120105 County Rd 33 Minatare, NEBRASKA 69356	Shelter Care			

Agency Name: Penny Cooper

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Penny Cooper	1145 M Street Gering, NEBRASKA 69341	Adult Matrix Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
		Adult Substance Use Addendum	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
		Adult Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
		Expedited Co-Occurring Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
		Expedited Mental Health Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
		Expedited Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
		Juvenile Substance Use Addendum	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
		Juvenile Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com

Agency Name: SCOTTS BLUFF COUNTY

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
SCOTTS BLUFF COUNTY	1825 10th St Gering, NEBRASKA 69341	Invoice - Law Enforcement Transportation			

Agency Name: Sober Mind LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sober Mind LLC	1502 2nd Ave Suite 3 Scottsbluff, NEBRASKA 69361	Adult Substance Use Addendum	Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
		Adult Substance Use Evaluation	Garcia, Karri	3086334314	karrigarcia@sobermindllc.org
		Adult Substance Use Outpatient Treatment (Individual)	Garcia, Karri	3086334314	karrigarcia@sobermindllc.org

Agency Name: Tranquility Premier Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Tranquility Premier Counseling, LLC	1145 M Street Gering, NEBRASKA 69341	Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Unleashed Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Unleashed Counseling LLC	1335 M Street Gering, NEBRASKA 69341	Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Valley Youth Connections, LLC.

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Valley Youth Connections, LLC.	29. S Beltline HWY W Scottsbluff, NEBRASKA 69361	Case Managed Tutoring			
		Day Reporting	Hoagland, Crystal	3086330110	c.hoagland@valleyyouthconnections.com
		Evening Reporting	Hoagland, Crystal	3086330110	c.hoagland@valleyyouthconnections.com
		Family Support	Hoagland, Crystal	3086330110	c.hoagland@valleyyouthconnections.com
		Intensive Family Preservation			

Agency Facility County: Sheridan

Agency Name: North East Panhandle Substance Abuse Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
North East Panhandle Substance Abuse Center	305 Foch St Gordon, NEBRASKA 69343	Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			

Agency Name: Talkington Counseling and Wellness Services, LLC (461097)

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mental Health Alliance	203 Klueffer Street Rushville, NEBRASKA 69360	Adult Substance Use Evaluation	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Gallant, Rebecca	3083601080	gallant.r@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Mental Health Alliance	203 Klueffer Street Rushville, NEBRASKA 69360	Juvenile Substance Use Evaluation	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
Talkington Counseling and Wellness Services, LLC (461097)	701 North Main Street Gordon, NEBRASKA 69343	Adult Co-Occurring Evaluation			
		Adult Substance Use Addendum	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Adult Substance Use Evaluation	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Family Partner			
		Intensive Family Preservation	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Substance Use Addendum	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Juvenile Substance Use Evaluation	Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Gallant, Rebecca	3083601080	gallant.r@yahoo.com