

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 | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Adult Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Adult Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Co-Occurring Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |

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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 Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |

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 | Maxson, Tom | 3082370391 | tom@insightcounselingandrecovery.com |
| | | | Richards, Erika | 3085298807 | erikakileegarrettgage@gmail.com |
| | | Adult Substance Use Evaluation | Maxson, Tom | 3082370391 | tom@insightcounselingandrecovery.com |
| | | | Richards, Erika | 3085298807 | erikakileegarrettgage@gmail.com |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Maxson, Tom | 3082370391 | tom@insightcounselingandrecovery.com |
| | | | Richards, Erika | 3085298807 | erikakileegarrettgage@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Group) | Maxson, Tom | 3082370391 | tom@insightcounselingandrecovery.com |
| | | | Richards, Erika | 3085298807 | erikakileegarrettgage@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Maxson, Tom | 3082370391 | tom@insightcounselingandrecovery.com |
| | | | Richards, Erika | 3085298807 | erikakileegarrettgage@gmail.com |
| | | Juvenile Substance Use Addendum | Maxson, Tom | 3082370391 | tom@insightcounselingandrecovery.com |
| | | | Richards, Erika | 3085298807 | erikakileegarrettgage@gmail.com |
| | | Juvenile Substance Use Evaluation | Maxson, Tom | 3082370391 | tom@insightcounselingandrecovery.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|---|---------------------------------|------------------|--------------------------------------|
| | 815 Lake Ave Gothenburg, NEBRASKA 69138 | Juvenile Substance Use Evaluation | Richards, Erika | 3085298807 | erikakileegarrettgage@gmail.com |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Maxson, Tom | 3082370391 | tom@insightcounselingandrecovery.com |
| | | | Richards, Erika | 3085298807 | erikakileegarrettgage@gmail.com |

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 |
| | | Juvenile Co-Occurring Evaluation | Kloch, Susan | 3083247017 | sue@lawtonklochcounseling.com |
| | | Juvenile Mental Health Evaluation | | | |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | | | |
| Juvenile Substance Use | Kloch, | | 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 | Addendum | Susan | | |
| | | 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 Counseling | 101 W 8th Street, Suite A Lexington, NEBRASKA 68850 | Adult Mental Health Outpatient Counseling (Individual) | Avalos, Mayra | 3083250627 | macounseling@protonmail.com |
| | | Juvenile Mental Health Evaluation | Avalos, Mayra | 3083250627 | macounseling@protonmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Avalos, Mayra | 3083250627 | macounseling@protonmail.com |

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District 11

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 |
| | | 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 | Johnson, | 3084408054 | kittyaswegancounseling@yahoo.com | |

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|-----------------------|---|---|----------------------------------|------------------|----------------------------------|
| | 513 N. Grant, Suite D Lexington, NEBRASKA 68850 | Addendum | Betty | | |
| | | 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 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 |
| | | Anger Management Class | | | |
| Juvenile Co-Occurring | Johnson, | 3084408054 | kittyaswegancounseling@yahoo.com | | |

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|----------------------|---|--|---------------------------------|------------------|----------------------------------|
| | 916 Ave. F Gothenburg, NEBRASKA 69138 | Evaluation | Betty | | |
| | | 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 | | | |
| | | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Medication Management | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Adult Mental Health Outpatient Counseling (Individual) | | | |

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|---|--|--|---------------------------------|------------------|-------------------------|
| | 307 E 5th P.O. Box 519 Lexington, NEBRASKA 68850 | 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) | | | |
| | | Juvenile Substance Use Addendum | | | |
| Juvenile Substance Use Evaluation | | | | | |
| Juvenile Substance Use Outpatient Treatment (Individual/Family) | | | | | |

Agency Name: Two Bridges Counselling Inc

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|-----------------------------|--|---|---------------------------------|------------------|--------------------------------|
| 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 Evaluation | Brock, Tory | 4024994028 | tory.brock.counseling@gmail.com |
| | | 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 |

Agency Facility County: Frontier

Agency Name: Midwest Special Services, Inc

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District 11

| 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

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 | Johnson, McKayla | 3087089593 | mckaylaj2001@gmail.com |

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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 | Leon, Maria | 3083308465 | Mleon@mdcenters.net |
| | | | Pottorff, Skylar | 3217457095 | spottorff@mdcenters.net |
| | | Family Support | Johnson, McKayla | 3087089593 | mckaylaj2001@gmail.com |
| | | | Leon, Maria | 3083308465 | Mleon@mdcenters.net |
| | | | Pottorff, Skylar | 3217457095 | spottorff@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 |
| | | | 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 | Maupin, | 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 | Outpatient Counseling (Individual/Family) | Edwin | | |
| | | | 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 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 | | | |

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|----------------------|---|--|---------------------------------|------------------|-------------------------|
| | 401 W 1ST ST Ogallala, NEBRASKA 69153 | 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

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------------------|--|-------------------------------------|---------------------------------|------------------|----------------------|
| 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 |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------------|--|--|---------------------------------|------------------|----------------------|
| Beacon of Hope Counseling Center | 308 West 4th, Suite 1 North Platte, NEBRASKA 69101 | 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, Laura | 4024600606 | laura.kemp@boystown.org |
| | | | Mercer, Erik | 5313553057 | erik.mercer@boystown.org |
| | | | Motacek, Robin | 3088337314 | Robin.motacek@boystown.org |

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District 11

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 | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Shelter Care | | | |
| | 109 E 2ND ST SUITE 3 North Platte, NEBRASKA 69101 | Adult Co-Occurring Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Adult Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Adult Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Co-Occurring Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |

Agency Name: Family Matters Counseling

Administrative Office of Courts & Probation

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

District 11

| 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 | Cooper, Rayla | 3085393084 | rayla.cooper@yahoo.com |
| | | 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 | Cooper, Rayla | 3085393084 | rayla.cooper@yahoo.com |
| Juvenile Substance Use Evaluation | Cooper, Rayla | 3085393084 | rayla.cooper@yahoo.com | | |

Agency Name: Family Skill Building Services, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|-------------------------------------|---------------------------------|------------------|------------------------|
| Family Skill Building Services, LLC | 2300 E 2nd Street North Platte, NEBRASKA 69101 | Case Managed Tutoring | | | |
| | | Community Youth Coaching | Baeza, Iris | 3085391824 | ibaezafsb@gmail.com |
| | | | Ballard, Lora | 3086602420 | Lballardsb@outlook.com |
| | | | Bennett, | 3083029015 | mbennettfsb@gmail.com |

Administrative Office of Courts & Probation

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

District 11

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|---|---------------------------------|------------------|----------------------------|
| Family Skill Building Services, LLC | 2300 E 2nd Street North Platte, NEBRASKA 69101 | Community Youth Coaching | Morgan | | |
| | | | Casper, april | 3085391386 | acasperfsb@outlook.com |
| | | | Crider, Deena | 3088820082 | dcriderfsb@live.com |
| | | | Curtis, Cynthia | 3086960033 | ccurtisfsb@gmail.com |
| | | | Johnson, Sara | 3082216306 | sjohnsonfsb@live.com |
| | | | League, Noel | 3087370025 | nleaguefsb@live.com |
| | | | Lease, Jessica | 3086960033 | hr.fsbservices@outlook.com |
| | | | Leonhardt-Driggs, Kendra | 3086960033 | fsbservices01@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.fsbservices@outlook.com |
| | | | Leonhardt-Driggs, Kendra | 3086960033 | fsbservices01@live.com |
| | | | Quinonez, | 3083250888 | jquinonezrazofsb@gmail.com |

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Phone: (402) 471-3730

District 11

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|-------------------------------------|---------------------------------|------------------|----------------------------|
| Family Skill Building Services, LLC | 2300 E 2nd Street North Platte, NEBRASKA 69101 | Day Reporting | Jaquelyn | | |
| | | | 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 |
| | | | Curtis, Cynthia | 3086960033 | ccurtisfsb@gmail.com |
| | | | Johnson, Sara | 3082216306 | sjohnsonfsb@live.com |
| | | | League, Noel | 3087370025 | nleaguefsb@live.com |
| Lease, Jessica | 3086960033 | | hr.fsbervices@outlook.com | | |
| Leonhardt- | 3086960033 | | fsbervices01@live.com | | |

Administrative Office of Courts & Probation

P.O. Box 98910
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Phone: (402) 471-3730

District 11

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|-------------------------------------|---|------------------|----------------------------|
| Family Skill Building Services, LLC | 2300 E 2nd Street North Platte, NEBRASKA 69101 | Family Support | Driggs, 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.fsb@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 |
| | | | Curtis, Cynthia | 3086960033 | ccurtisfsb@gmail.com |
| | | | Johnson, Sara | 3082216306 | sjohnsonfsb@live.com |

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District 11

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------------|--|--|---------------------------------|---------------------|----------------------------|
| Family Skill Building Services, LLC | 2300 E 2nd Street North Platte, NEBRASKA 69101 | Juvenile Electronic Monitoring GPS | League, Noel | 3087370025 | nleaguefsb@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 | |
| | | 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 | Sukup, Jennifer | 3086603257 | Jenniferxfisher@yahoo.com |

Administrative Office of Courts & Probation

P.O. Box 98910
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Phone: (402) 471-3730

District 11

| 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 | (Individual) | | | |
| | | Expedited Co-Occurring Evaluation | Sukup, Jennifer | 3086603257 | Jenniferxfisher@yahoo.com |
| | | Expedited Mental Health Evaluation | Sukup, Jennifer | 3086603257 | Jenniferxfisher@yahoo.com |
| | | 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 |

Administrative Office of Courts & Probation

P.O. Box 98910
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 Phone: (402) 471-3730

District 11

| 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 Mental Health Outpatient Counseling (Individual) | | | |
| | | 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 |

Administrative Office of Courts & Probation

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

District 11

Agency Name: LMCA - Las Mañanitas Community Advocates

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|--|-------------------------------------|---------------------------------|------------------|-----------------------------|
| LMCA - Las Mañanitas 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: Living Today Counseling LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-----------------------------|---|--|---------------------------------|------------------|---------------------------------|
| Living Today Counseling LLC | 409 N Jeffers Street North Platte, NEBRASKA 69101 | Adult Co-Occurring Evaluation | Fear, Janet | 3085325565 | livingtodaycounseling@gmail.com |
| | | Adult Mental Health Evaluation | Fear, Janet | 3085325565 | livingtodaycounseling@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Fear, Janet | 3085325565 | livingtodaycounseling@gmail.com |
| | | Adult Substance Use Addendum | Fear, Janet | 3085325565 | livingtodaycounseling@gmail.com |
| | | Adult Substance Use Evaluation | Fear, Janet | 3085325565 | livingtodaycounseling@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Fear, Janet | 3085325565 | livingtodaycounseling@gmail.com |

Agency Name: Lotus Counseling LLC

Administrative Office of Courts & Probation

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

District 11

| 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 | jeneehill08@gmail.com |
| | | Adult Mental Health Evaluation | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Adult Substance Use Addendum | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Adult Substance Use Evaluation | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Expedited Co-Occurring Evaluation | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Expedited Mental Health Evaluation | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Expedited Substance Use Evaluation | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Juvenile Co-Occurring Evaluation | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Juvenile Mental Health Evaluation | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | Juvenile Substance Use Addendum | | | |
| | | Juvenile Substance Use Evaluation | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| Juvenile Substance Use Outpatient Treatment (Individual/Family) | Hill, Jenee | 3085204528 | jeneehill08@gmail.com | | |

Agency Name: Lutheran Family Services

Administrative Office of Courts & Probation

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

District 11

| 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 | Holes, Crystal | 3085329360 | crystal.holes@onelfs.org |
| | | | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Mental Health Evaluation | Holes, Crystal | 3085329360 | crystal.holes@onelfs.org |
| | | Adult Mental Health Outpatient Counseling (Individual) | Holes, Crystal | 3085329360 | crystal.holes@onelfs.org |
| | | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | McCuiston, MenDi | 3085320587 | mendi.mccuiston@onelfs.org |
| | | Adult Substance Use Intensive Outpatient Counseling (IOP) | Holes, Crystal | 3085329360 | crystal.holes@onelfs.org |
| | | | McCuiston, MenDi | 3085320587 | mendi.mccuiston@onelfs.org |
| | | | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Substance Use Outpatient Treatment (Group) | McCuiston, MenDi | 3085320587 | mendi.mccuiston@onelfs.org |
| | | | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Adult Substance Use Outpatient Treatment (Individual) | Holes, Crystal | 3085329360 | crystal.holes@onelfs.org |
| | | | McCuiston, MenDi | 3085320587 | mendi.mccuiston@onelfs.org |
| | | | Rich, Jamie | 4023173269 | Jrich@lfsneb.org |
| | | Juvenile Medication Management | | | |
| | | Juvenile Mental Health Outpatient Counseling (Group) | | | |
| Juvenile Psychiatric Evaluation Interview Only | | | | | |
| Juvenile Substance Use Outpatient Treatment (Group) | | | | | |

Agency Name: Lylalo Childs

Administrative Office of Courts & Probation

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

District 11

| 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 Addendum | Hageman, Wendy | 3085320777 | whageman@allophone.com |
| | | 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 | 2300 E 2nd St North | Group Home A | Leonhardt- | 3086960033 | fsbservices01@live.com |

Administrative Office of Courts & Probation

P.O. Box 98910
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Phone: (402) 471-3730

District 11

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------------|-------------------------------------|---------------------------------|------------------|------------------------|
| Youth Center | Platte, NEBRASKA 69101 | | Driggs, Kendra | | |
| | | Shelter Care | Leonhardt-Driggs, Kendra | 3086960033 | fsbservices01@live.com |

Agency Name: Platte Valley Counseling, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|-------------------------------|---|--|---------------------------------|------------------|----------------------------------|
| Platte Valley Counseling, LLC | 409 North Jeffers Street North Platte, NEBRASKA 69101 | Adult Co-Occurring Evaluation | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |
| | | Adult Mental Health Evaluation | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |
| | | Adult Substance Use Addendum | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |
| | | Adult Substance Use Evaluation | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |
| | | Juvenile Co-Occurring Evaluation | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |
| | | Juvenile Mental Health Evaluation | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |
| | | Juvenile Substance Use Addendum | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |
| | | Juvenile Substance Use Evaluation | Morse, Stephaine | 3085325565 | plattevalleycounseling@yahoo.com |

Agency Name: Region II Human Services

Administrative Office of Courts & Probation

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

District 11

| 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 |
| | | 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 | | | | | |

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District 11

| 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 | 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: Serenity Counseling Services

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|--|--|---------------------------------|------------------|-----------------------|
| Serenity Counseling Services | 1300 East 4th St. STE H North Platte, NEBRASKA 69101 | Adult Co-Occurring Evaluation | Gill, Leva Janeen | 3087371351 | ljaneengill@gmail.com |
| | | Adult Mental Health Evaluation | Gill, Leva Janeen | 3087371351 | ljaneengill@gmail.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Gill, Leva Janeen | 3087371351 | ljaneengill@gmail.com |
| | | Adult Substance Use Addendum | Gill, Leva Janeen | 3087371351 | ljaneengill@gmail.com |
| | | Adult Substance Use Evaluation | Gill, Leva Janeen | 3087371351 | ljaneengill@gmail.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Gill, Leva Janeen | 3087371351 | ljaneengill@gmail.com |
| | | Juvenile Mental Health Evaluation | Gill, Leva Janeen | 3087371351 | ljaneengill@gmail.com |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Gill, Leva Janeen | 3087371351 | ljaneengill@gmail.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|------------------------------|--|---|---------------------------------|------------------|-----------------------|
| Serenity Counseling Services | 1300 East 4th St. STE H North Platte, NEBRASKA 69101 | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Gill, Leva Janeen | 3087371351 | ljaneengill@gmail.com |

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

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 | | | | |

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District 11

| 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 | 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 |
|----------------------|---|-------------------------------------|---------------------------------|------------------|-----------------------|
| | 322 NORRIS AVENUE McCook, NEBRASKA 69001 | Adult Co-Occurring Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Adult Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Adult Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Co-Occurring Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Mental Health Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |
| | | Juvenile Substance Use Evaluation | Anson, Vicki | 4023215435 | vanson@irnebraska.org |

Agency Name: Cora S Berry

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District 11

| 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

| 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: Kimberly M Solorzano

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|-------------------------------------|---------------------------------|------------------|------------------|
| Kimberly M Solorzano | 1410 W Fairacres Dr McCook, NEBRASKA 69001 | Invoice - Kinship Foster Care | | | |

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District 11

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 |
| | | 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 | | | |

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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 | 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 |