

# 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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P.O. Box 98910  
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## District 11

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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## District 11

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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P.O. Box 98910  
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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
	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
		Juvenile Anger Management Class			
		Juvenile Co-Occurring Evaluation	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	

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## District 11

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	916 Ave. F Gothenburg, NEBRASKA 69138	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	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Mental Health Outpatient Counseling (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
	Titus, Brooke		3083246754	brooketitus@r2hs.com	
	Expedited Family Group				

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## District 11

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	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	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com

### **Agency Name: Two Bridges Counselling Inc**

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

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P.O. Box 98910  
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## District 11

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

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### Agency Facility County: Frontier

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

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

### Agency Facility County: 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
			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	103 East 10th St	Adult Co-Occurring	Maupin,	3082846519	chip@ogallalacounseling.com

# Administrative Office of Courts & Probation

P.O. Box 98910  
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## District 11

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

**Agency Name: Region II Human Services**

# 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
	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	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Mental Health Outpatient Counseling (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			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	Hendon, April	3082846767	aprilhendon@r2hs.com

# Administrative Office of Courts & Probation

P.O. Box 98910  
Lincoln, NE 68509  
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## District 11

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	401 W 1ST ST Ogallala, NEBRASKA 69153	Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com

### 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
		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					

# 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
Beacon of Hope Counseling Center	308 West 4th, Suite 1 North Platte, NEBRASKA 69101	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
			Dicke, Mak	4026302912	mak.dicke@boystown.org
			Kindall, Cynthia	3082278390	Cindy.kindall@boystown.org
			Linden, Sarah	3082122382	sarah.linden@boystown.org
			Manning, Becky	3086607499	becky.manning@boystown.org
			Wilson, Trissa	3084178959	trissa.wilson@boystown.org
			Wright, Jaime	3086368312	jaime.wright@boystown.org

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

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

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

# 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
Kyle L Britt Shelter	102 S Cedar Maxwell, NEBRASKA 69151	Group Home A			
		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

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	Cooper,	3085393084	rayla.cooper@yahoo.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 Matters Counseling	410 East B St North Platte, NEBRASKA 69101	Outpatient Counseling (Individual)	Rayla		
		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	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

# 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	Johnson, Sara	3082216306	sjohnsonfsb@live.com	
			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	
		Continuous Alcohol Monitoring (CAM) with EM				
		Day Reporting	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	
			Evening Reporting	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,		3082216306	sjohnsonfsb@live.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	Evening Reporting	Sara		
			Lease, Jessica	3086960033	hr.fsbervices@outlook.com
			Leonhardt-Driggs, Kendra	3086960033	fsbervices01@live.com
			Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
		Family Support	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-Driggs, Kendra	3086960033	fsbervices01@live.com
			Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
		Invoice - Mileage	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

# 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	Invoice - Mileage	Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
		Juvenile Electronic Monitoring Cell Phone			
		Juvenile Electronic Monitoring GPS	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-Driggs, Kendra	3086960033	fsbervices01@live.com
			Quinonez, Jaquelyn	3083250888	jquinonezrazofsb@gmail.com
		Juvenile Electronic Monitoring Land Line			
		Thrive Mentoring	Crider, Deena	3088820082	dcriderfsb@live.com
Leonhardt-Driggs, Kendra	3086960033		fsbervices01@live.com		

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

# 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
First Step to Freedom Counseling	516 North Dewey, Suite 1 North Platte, NEBRASKA 69101	Juvenile Substance Use Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Risk Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com

### Agency Name: Inner Reflections Counseling Center

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

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

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

### Agency Name: Living Today 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
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: Lutheran Family Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	120 E 12th Street North Platte, NEBRASKA 68101	Adult Co-Occurring Evaluation	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
		Adult Mental Health Evaluation	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
		Adult Mental Health Outpatient Counseling (Individual)	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			Rich, Jamie	4023173269	Jrich@lfsneb.org
		Adult Substance Use Addendum	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			McCuiston, MenDi	3085320587	mendi.mccuiston@onelfs.org
		Adult Substance Use Evaluation	Holes, Crystal	3085329360	crystal.holes@onelfs.org
			McCuiston, MenDi	3085320587	mendi.mccuiston@onelfs.org

# 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 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: Lylajo Childs

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

### Agency Name: Modern Therapy Associates

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Modern Therapy	1214 West A North Platte,	Adult Co-Occurring Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.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
Associates	NEBRASKA 69101	Adult Mental Health Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Mental Health Outpatient Counseling (Individual)	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Substance Use Addendum	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Substance Use Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Adult Substance Use Outpatient Treatment (Individual)	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Juvenile Co-Occurring Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Juvenile Substance Use Addendum	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		Juvenile Substance Use Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com

### Agency Name: Nebraska Youth Center

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

### Agency Name: Platte Valley 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
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 Mental Health Outpatient Counseling (Individual/Family)	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
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	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	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Mental Health Outpatient Counseling (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			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		

# 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	Justice Wraparound	White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com

### Agency Name: Saint Francis Ministries

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	121 N Dewey Street North Platte, NEBRASKA 69101	Agency Supported Foster Care			
		Relative/Kinship Home Study			

### 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

# 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
Serenity Counseling Services	1300 East 4th St. STE H North Platte, NEBRASKA 69101	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
		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)			

# 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
Ambience Counseling Center LLC	601 Norris Ave McCook, NEBRASKA 69001	Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Family Support	Robinson, Jenna	3087378618	jennarstovall@gmail.com
			Schneider, Sarah	9144660043	kjendals@msn.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
Juvenile Substance Use Outpatient Treatment (Individual/Family)					

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

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

# 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
	322 NORRIS AVENUE McCook, NEBRASKA 69001	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

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			

# Administrative Office of Courts & Probation

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

## District 11

### Agency Name: Impactful Minds

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
iMpackful 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			

### 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	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Mental Health Outpatient Counseling (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
			Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
Smith, Judi	3083408435		judismith@r2hs.com		

# Administrative Office of Courts & Probation

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

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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	Adult Substance Use Evaluation	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
			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
		Juvenile Co-Occurring Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Mental Health Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
		Juvenile Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@r2hs.com