

Administrative Office of Courts & Probation

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

District 12

Agency Facility County: Box Butte

Agency Name: EVALS BY ECK, LLC

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

Agency Name: Healing Hope Counseling LLC

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

Administrative Office of Courts & Probation

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District 12

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

Agency Name: Human Services, Inc

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

Agency Name: Native Futures

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Native	217 Box Butte Alliance,	Day Reporting	Red Nest III,	3084587795	wahohpiluta@yahoo.com

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District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Futures	NEBRASKA 69301		Edison		
		Evening Reporting	Red Nest III, Edison	3084587795	wahohpiluta@yahoo.com
		Family Support	Red Nest III, Edison	3084587795	wahohpiluta@yahoo.com

Agency Name: Silver Lining Counseling LLC

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

Agency Facility County: Cheyenne

Agency Name: Cirrus House Inc.

Administrative Office of Courts & Probation

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

District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	941 8th Street Sidney, NEBRASKA 69162	Adult Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Mental Health Outpatient Counseling (Individual)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Addendum	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Outpatient Treatment (Individual)	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Expedited Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net

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District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	941 8th Street Sidney, NEBRASKA 69162	Expedited Co-Occurring Evaluation	Evelina		
		Expedited Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Expedited Substance Use Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance Use Addendum	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance Use Evaluation	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net

Administrative Office of Courts & Probation

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District 12

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	941 8th Street Sidney, NEBRASKA 69162	Juvenile Substance Use Evaluation	Evelina		
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net

Agency Facility County: Dawes

Agency Name: Pathways to Wellness, LLC

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

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District 12

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

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District 12

Agency Facility County: Kimball

Agency Name: Cirrus House Inc.

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

Administrative Office of Courts & Probation

P.O. Box 98910
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District 12

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

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District 12

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

Administrative Office of Courts & Probation

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

District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	509 West 5th St. Kimball, NEBRASKA 69145	Treatment (Individual/Family)	Moreno, Evelina	3087655352	emoreno@morenocounseling.net

Agency Facility County: Morrill

Agency Name: Family4ward, Inc

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

Agency Name: Open Door Counseling, LLC

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

Administrative Office of Courts & Probation

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

District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	Prairie Winds Community Center 428 N Main St Bridgeport, NEBRASKA 69336	Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			

Agency Facility County: Scotts Bluff

Agency Name: ACCS, Inc.net

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

Administrative Office of Courts & Probation

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

District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ACCS, Inc.net	1917 Avenue A Scottsbluff, NEBRASKA 69361	Monitoring Land Line	Juanita		
		Juvenile Substance Use Addendum	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Juvenile Substance Use Evaluation	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Non-Monetary Continuous Alcohol Monitoring (CAM)	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net

Agency Name: CITY OF SCOTTSBLUFF

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

Agency Name: Cirrus House Inc.

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

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District 12

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

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District 12

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Cirrus House Inc.	1509 First Ave Scottsbluff, NEBRASKA 69361	Adult Substance Use Evaluation	Anthony		
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Outpatient Treatment (Individual)	Cooper, Penny	3086315523	pennycoopercounselingpractice@gmail.com
			Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Moreno, Evelina	3087655352	emoreno@morenocounseling.net
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
			Expedited Co-Occurring Evaluation	Erdman, Jamie	3073598530
		Estrada, Marcia		3086352256	mestrada@cirrushouse.com
		Hall, Anthony		3086729374	ahall@cirrushouse.com
		Moreno, Evelina		3087655352	emoreno@morenocounseling.net
		Wiggins, Cynthia		3082203280	cwiggins@cirrushouse.com
		Expedited Mental Health Evaluation	Erdman, Jamie	3073598530	jamie.purple35@gmail.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com

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District 12

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

Administrative Office of Courts & Probation

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

District 12

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

Administrative Office of Courts & Probation

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

District 12

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

Agency Name: Community Action Partnership of Western Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Community Action Health Center	975 Crescent Dr. Gering, NEBRASKA 69341	Adult Co-Occurring Evaluation			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use			

Administrative Office of Courts & Probation

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

District 12

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

Agency Name: Dr. Gage Stermensky, LLC

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

Administrative Office of Courts & Probation

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

District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dr. Gage Stermensky, LLC	1821 1st Ave Scottsbluff, NEBRASKA 69361	Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Psychological Evaluation			
		Juvenile Substance Use Evaluation			
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: EVALS BY ECK, LLC

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

Agency Name: Earl Bailey-STRIVE

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

Agency Name: Educational Services Unit 13

Administrative Office of Courts & Probation

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

District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Educational Services Unit 13	4215 Avenue I Scottsbluff, NEBRASKA 69361	In Home Family Service (IHFS)	Blanco, Sadishia	3082252904	sblanco@esu13.org
			Fox , Daniel	3075345688	dfox@esu13.org
			Jackson , Jeffrey	3086317838	jjackson@esu13.org
			Meister, Tristina	7202885879	tmeister@esu13.org
			Sarnirand , Nicole	3086720128	nsarnirand@esu13.org

Agency Name: Fulcrum Counseling Services, LLC

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

Agency Name: Kathy Vallejo

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

Agency Name: Life Counseling & Wellness Center

Administrative Office of Courts & Probation

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

District 12

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

Agency Name: Marcia L. Estrada LIMHP, LADC

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

Administrative Office of Courts & Probation

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

District 12

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

Agency Name: Mediation West

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

Agency Name: Moreno Counseling, LLC

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

Administrative Office of Courts & Probation

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

District 12

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

Agency Name: Motivational Counseling LLC

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

Administrative Office of Courts & Probation

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

District 12

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

Agency Name: Open Door Counseling, LLC

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

Administrative Office of Courts & Probation

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

District 12

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

Agency Name: Optimal Family Preservation LLC

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

Administrative Office of Courts & Probation

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

District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Optimal Family Preservation LLC	Minatare, NEBRASKA 69356	Outpatient Counseling (Individual)			
		Crisis Stabilization			
		Group Home A			
		Shelter Care			

Agency Name: Penny Cooper

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

Agency Name: SCOTTS BLUFF COUNTY

Administrative Office of Courts & Probation

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

District 12

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

Agency Name: Sober Mind LLC

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

Agency Name: Tranquility Premier Counseling, LLC

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

Agency Name: Unleashed Counseling LLC

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

Agency Name: Valley Youth Connections, LLC.

Administrative Office of Courts & Probation

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

District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Valley Youth Connections, LLC.	29. S Beltline HWY W Scottsbluff, NEBRASKA 69361	Case Managed Tutoring			
		Day Reporting	Hoagland, Crystal	3086330110	c.hoagland@valleyyouthconnections.com
			Knaub, Kirsten	3086330110	k.knaub@valleyyouthconnections.com
			Loomis, Reina	3086330110	R.Loomis@valleyyouthconnections.com
			McCormick, Caitlin	3086330110	c.mccormick@valleyyouthconnections.com
			Millay, Maddie	3086330110	maddie.millay@valleyyouthconnections.com
		Evening Reporting	Hoagland, Crystal	3086330110	c.hoagland@valleyyouthconnections.com
			Knaub, Kirsten	3086330110	k.knaub@valleyyouthconnections.com
			Loomis, Reina	3086330110	R.Loomis@valleyyouthconnections.com
			McCormick, Caitlin	3086330110	c.mccormick@valleyyouthconnections.com
			Millay, Maddie	3086330110	maddie.millay@valleyyouthconnections.com
		Family Support	Hoagland, Crystal	3086330110	c.hoagland@valleyyouthconnections.com
			Knaub, Kirsten	3086330110	k.knaub@valleyyouthconnections.com
			Loomis, Reina	3086330110	R.Loomis@valleyyouthconnections.com
			McCormick, Caitlin	3086330110	c.mccormick@valleyyouthconnections.com
			Millay, Maddie	3086330110	maddie.millay@valleyyouthconnections.com

Administrative Office of Courts & Probation

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

District 12

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Valley Youth Connections, LLC.	29. S Beltline HWY W Scottsbluff, NEBRASKA 69361	Intensive Family Preservation			

Agency Facility County: Sheridan

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

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

Administrative Office of Courts & Probation

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

District 12

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