

Administrative Office of Courts & Probation

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

District 11

Agency Facility County: Dawson

Agency Name: CK Counseling (CGZ Inc.)

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

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	910 AVENUE F Gothenburg, NEBRASKA 69138	Adult Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	910 AVENUE F Gothenburg, NEBRASKA 69138	Juvenile Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org

Agency Name: Insight Counseling & Recovery

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	815 Lake Ave Gothenburg, NEBRASKA 69138	Adult Substance Use Addendum	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Evaluation	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Outpatient Treatment (Group)	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Substance Use Addendum	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Substance Use Evaluation	Maxson, Tom	3082370391	tom@insightcounselingandrecovery.com

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

Agency Name: 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

Agency Name: Meadows Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Meadows Counseling LLC	916 Avenue F Gothenburg, NEBRASKA 69138	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: Misti Maddox

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Misti	1819 Little Sioux Ln	Invoice - Kinship	Maddox, Misti	3083253926	npacsoidc@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Maddox	Cozad, NEBRASKA 69130	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
	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
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Expedited Family Group Conference			
		Justice Wraparound	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	Hendon,	3082846767	aprilhendon@r2hs.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	307 E 5th P.O. Box 519 Lexington, NEBRASKA 68850	Evaluation	April		
		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 Outpatient Treatment (Group)	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Juvenile Substance Use Addendum	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Juvenile Substance Use Evaluation	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com
		Juvenile Substance Use Outpatient	Lange, Robyn	3087463959	twobridgescounseling@yahoo.com

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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	Treatment (Individual/Family)			

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	613 N. Washington Lexington, NEBRASKA 68850	Adult Co-Occurring Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Mental Health Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Addendum	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com

Agency Facility County: Frontier

Agency Name: Midwest Special Services, Inc

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			

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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	Juvenile Omaha Metro Transportation			
		Juvenile Transportation			

Agency Facility County: Keith

Agency Name: Ogallala Counseling, P.C.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ogallala Counseling, P.C.	418 N Spruce St Ogallala, NEBRASKA 69153	Adult Co-Occurring Evaluation	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Mental Health Evaluation	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Substance Use Evaluation	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Substance Use Evaluation	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com

Agency Name: Region II Human Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	401 W 1ST ST	Adult Co-Occurring Evaluation			

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	Ogallala, NEBRASKA 69153	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
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Expedited Family Group Conference			
		Justice Wraparound	Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
		Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com

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		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: Alabaster Therapy

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	410 B Street North Platte, NEBRASKA 69101	Adult Mental Health Outpatient Counseling (Individual)	Lieske, Donald	4023140673	Donald.lieske@doane.edu
		Adult Substance Use Addendum	Lieske, Donald	4023140673	Donald.lieske@doane.edu
		Adult Substance Use Evaluation	Lieske, Donald	4023140673	Donald.lieske@doane.edu
		Adult Substance Use Outpatient Treatment (Individual)	Lawton, Vicki	3085395177	alabastercounselingcenter@gmail.com
			Lieske, Donald	4023140673	Donald.lieske@doane.edu
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Lieske, Donald	4023140673	Donald.lieske@doane.edu
		Juvenile Substance Use Addendum	Lieske, Donald	4023140673	Donald.lieske@doane.edu
		Juvenile Substance Use Evaluation	Lieske, Donald	4023140673	Donald.lieske@doane.edu

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	308 West 4th, Suite	Adult Co-Occurring	Feldman,	3085209065	tfeldman@allophone.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Hope Counseling Center	1 North Platte, NEBRASKA 69101	Evaluation	Theresa		
		Adult Mental Health Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Adult Substance Use Addendum	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Adult Substance Use Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Adult Substance Use Outpatient Treatment (Individual)	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Co-Occurring Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Mental Health Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Substance Use Addendum	Feldman, Theresa	3085209065	tfeldman@allophone.com
		Juvenile Substance Use Evaluation	Feldman, Theresa	3085209065	tfeldman@allophone.com

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)	Hackett, Elizabeth	3084178959	beth.hackett@boystown.org
			Hickman, Scheyenne	3086607499	Scheyenne.Hickman@boystown.org
			Wright, Jaime	3086368312	jaime.wright@boystown.org

Agency Name: CITY OF NORTH PLATTE POLICE DEPT

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

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kyle L Britt Shelter	102 S Cedar Maxwell, NEBRASKA 69151	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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Matters Counseling	410 East B St North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Mental Health Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Sex Offense-Specific Evaluation			
		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
		Juveniles Who Sexually Harm Risk Evaluation			

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	2300 E 2nd Street	Case Managed	Johnson,	3082216306	sjohnsonfsb@live.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Building Services, LLC	North Platte, NEBRASKA 69101	Tutoring	Sara		
		Community Youth Coaching	Ballard, Lora	3086602420	Lballardsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Casper, Arianna	3082216287	ariannacasperfsb@gmail.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Curtis, Cynthia	3086960033	ccurtisfsb@gmail.com
			Deidel, Michael	3082216287	mdeidelfsb@gmail.com
			Elmshaeuser, Jessie	3082216287	jelmshaeuserfsb@outlook.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			League, Noel	3087370025	nleaguefsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Murphy, Jaemi	3082216287	jaemimurphyfsb@gmail.com
			Richardson, Dehjin	3085202952	drichardsonfsb@gmail.com
			Welk, Christen	3085309615	Cwelksfsb@gmail.com
			White, Denise	3082216287	dwhitefsb@gmail.com
			Continuous Alcohol Monitoring (CAM) with EM		
		Day Reporting	Ballard, Lora	3086602420	Lballardsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Crider,	3088820082	dcriderfsb@live.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Day Reporting	Deena		
			Elmshaeuser, Jessie	3082216287	jelmshaeuserfsb@outlook.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Richardson, Dehjin	3085202952	drichardsonfsb@gmail.com
			Weber, Taylor	3082216287	tweberfsb@gmail.com
			Welk, Christen	3085309615	Cwelksfsb@gmail.com
		Evening Reporting	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Welk, Christen	3085309615	Cwelksfsb@gmail.com
		Family Support	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Casper, Arianna	3082216287	ariannacasperfsb@gmail.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Curtis, Cynthia	3086960033	ccurtisfsb@gmail.com

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		Family Support	Deidel, Michael	3082216287	mdeidelfsb@gmail.com
			Elmshaeuser, Jessie	3082216287	jelmshaeuserfsb@outlook.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
			League, Noel	3087370025	nleaguefsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Murphy, Jaemi	3082216287	jaemimurphyfsb@gmail.com
			Richardson, Dehjin	3085202952	drichardsonfsb@gmail.com
			White, Denise	3082216287	dwhitefsb@gmail.com
		Invoice - Mileage	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com
		Juvenile Electronic Monitoring Cell Phone			
		Juvenile Electronic Monitoring GPS	Ballard, Lora	3086602420	Lballardfsb@outlook.com
			Casper, April	3085391386	acasperfsb@outlook.com
			Crider, Deena	3088820082	dcriderfsb@live.com
			Curtis, Cynthia	3086960033	ccurtisfsb@gmail.com
			Johnson, Sara	3082216306	sjohnsonfsb@live.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Juvenile Electronic Monitoring GPS	League, Noel	3087370025	nleaguefsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
			Welk, Christen	3085309615	Cwelksfsb@gmail.com
		Juvenile Electronic Monitoring Land Line			
		Thrive Mentoring	Crider, Deena	3088820082	dcriderfsb@live.com
			Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com

Agency Name: First Step to Freedom Counseling

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
First Step to Freedom Counseling	516 North Dewey, Suite 1 North Platte, NEBRASKA 69101	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
		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: Inspiring Transformations LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inspiring Transformations LLC	1101 North Jeffers North Platte, NEBRASKA 69101	Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Expedited Substance Use			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inspiring Transformations LLC	1101 North Jeffers North Platte, NEBRASKA 69101	Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

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
		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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	120 E 12th Street North Platte, NEBRASKA 68101	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: Modern Therapy Associates

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Modern Therapy Associates	1214 West A North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com
		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	Hageman, Wendy	3084178555	moderntherapyassociates@mail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Modern Therapy Associates	1214 West A North Platte, NEBRASKA 69101	(Individual)			
		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	3082216287	fsbservices01@live.com
		Shelter Care	Leonhardt-Driggs, Kendra	3082216287	fsbservices01@live.com
		Split Cost Group Home A			

Agency Name: Platte Valley Counseling, LLC

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

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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 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
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			

Agency Name: Region II Human Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region II Human Services	110 N Bailey Ave P.O. Box 1209 North Platte, NEBRASKA 69103	Adult Co-Occurring Evaluation	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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email	
Region II Human Services	110 N Bailey Ave P.O. Box 1209 North Platte, NEBRASKA 69103	Adult Mental Health Outpatient Counseling (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com	
		Adult Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com	
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com	
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com	
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com	
		Adult Substance Use Outpatient Treatment (Individual)	Hendon, April	3082846767	aprilhendon@r2hs.com	
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com	
		Expedited Family Group Conference				
		Justice Wraparound	Miller, Mykel	3083500894	mykelmiller@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	

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region II Human Services	110 N Bailey Ave P.O. Box 1209 North Platte, NEBRASKA 69103	Juvenile Substance Use Addendum	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hendon, April	3082846767	aprilhendon@r2hs.com
			Tidyman, Mary	3086602078	maggietidyman@r2hs.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	Lewis, Ashley	3085325050	directorshelter@gmail.com

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	Andrews, Katie	3083454067	katherineandrews04@gmail.com
			Andrews, Katie	3083454067	katherineandrews04@gmail.com
		Adult Mental Health Evaluation	Monie, Kyla	3086550635	kyla.monie95@gmail.com
			Andrews, Katie	3083454067	katherineandrews04@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Monie, Kyla	3086550635	kyla.monie95@gmail.com

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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			
		Juvenile Co-Occurring Evaluation	Andrews, Katie	3083454067	katherineandrews04@gmail.com
		Juvenile Mental Health Evaluation	Andrews, Katie	3083454067	katherineandrews04@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Andrews, Katie	3083454067	katherineandrews04@gmail.com
			Monie, Kyla	3086550635	kyla.monie95@gmail.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
Juvenile Substance Use Outpatient Treatment (Individual/Family)					

Agency Name: Center For Independent Living of Central Nebraska

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	322 NORRIS AVENUE McCook, NEBRASKA 69001	Adult Co-Occurring Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Adult Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Co-	Anson, Vicki	4023215435	vanson@irnebraska.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	322 NORRIS AVENUE McCook, NEBRASKA 69001	Occurring Evaluation			
		Juvenile Mental Health Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org
		Juvenile Substance Use Evaluation	Anson, Vicki	4023215435	vanson@irnebraska.org

Agency Name: Heidi J Bridgmon

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

Agency Name: 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	Hendon,	3082846767	aprilhendon@r2hs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1012 West Third P.O. Box 818 McCook, NEBRASKA 69001	Addendum	April		
			Smith, Judi	3083408435	judismith@r2hs.com
		Adult Substance Use Evaluation	Hendon, April	3082846767	aprilhendon@r2hs.com
			Smith, Judi	3083408435	judismith@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	Miller, Mykel	3083500894	mykelmiller@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	Hendon,	3082846767	aprilhendon@r2hs.com		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1012 West Third P.O. Box 818 McCook, NEBRASKA 69001	Outpatient Treatment (Individual/Family)	April		
			Smith, Judi	3083408435	judismith@r2hs.com

Agency Name: Study Recovery Tutoring Services, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Study Recovery Tutoring Services, LLC	1004 W 6th Street McCook, NEBRASKA 69001	Case Managed Tutoring	Branch, Rochelle (Shelly)	3075345432	sbranch@mccookbison.org

Agency Name: Sue Bade kinship inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sue Bade kinship inc	620 Taylor street Bartley, NEBRASKA 69020	Invoice - Kinship Foster Care			