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Agency Facility County: Box Butte

Agency Name: City of Alliance Police Department

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
City of Alliance Police Department	324 Laramie Ave Alliance, NEBRASKA 69301	Invoice - Law Enforcement Transportation			

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	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: 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	212 Box Butte Alliance, NEBRASKA 69301	Adult Co-Occurring Evaluation	Connor, Shawnda	3086298380	shawndaconnor@sandhillscenter.net
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)	Connor, Shawnda	3086298380	shawndaconnor@sandhillscenter.net
		Adult Substance Use Addendum	Connor, Shawnda	3086298380	shawndaconnor@sandhillscenter.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Healing Hope Counseling LLC	212 Box Butte Alliance, NEBRASKA 69301	Adult Substance Use Evaluation	Connor, Shawnda	3086298380	shawndaconnor@sandhillscenter.net
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Connor, Shawnda	3086298380	shawndaconnor@sandhillscenter.net
		Adult Substance Use Outpatient Treatment (Individual)	Connor, Shawnda	3086298380	shawndaconnor@sandhillscenter.net
		Intensive Family Preservation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

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 Substance Use Addendum	Hood, Colleen	3087627177	chood@hsinc.org
		Adult Substance Use Evaluation	Hood, Colleen	3087627177	chood@hsinc.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hood, Colleen	3087627177	chood@hsinc.org
		Adult Substance Use Outpatient Treatment (Individual)	Hood, Colleen	3087627177	chood@hsinc.org

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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 Substance Use Short-Term Residential	Hood, Colleen	3087627177	chood@hsinc.org
		Transitional Living - Level 2	Hood, Colleen	3087627177	chood@hsinc.org

Agency Name: Hummingbird Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Hummingbird Counseling LLC	1243 Mississippi Ave Alliance, NEBRASKA 69301	Adult Substance Use Addendum	Sulzbach, Kristina	3087638680	kristi62579@gmail.com
		Adult Substance Use Evaluation	Sulzbach, Kristina	3087638680	kristi62579@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Sulzbach, Kristina	3087638680	kristi62579@gmail.com
		Juvenile Substance Use Addendum	Sulzbach, Kristina	3087638680	kristi62579@gmail.com
		Juvenile Substance Use Evaluation	Sulzbach, Kristina	3087638680	kristi62579@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Sulzbach, Kristina	3087638680	kristi62579@gmail.com

Agency Name: Just Breathe Counseling Services LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Just Breathe Counseling Services LLC	212 Box Butte Avenue Alliance, NEBRASKA 69301	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Eggleston, Dustin	3087602679	echowaves37@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Just Breathe Counseling Services LLC	212 Box Butte Avenue Alliance, NEBRASKA 69301	Adult Substance Use Evaluation	Eggleston, Dustin	3087602679	echowaves37@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Eggleston, Dustin	3087602679	echowaves37@gmail.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Name: LAJ Inc. dba Snowy Peak Community Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LAJ Inc. dba Snowy Peak Community Services	5430 Brown Rd Alliance, NEBRASKA 69301	Family Support	Linden, Sarah	3082899069	sarah.linden@snowypeakcs.com

Agency Name: Native Futures

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Native Futures	217 Box Butte Alliance, NEBRASKA 69301	Day Reporting	Red Nest III, Edison	3084587795	wahohpiluta@yahoo.com
		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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Silver Lining Counseling LLC	212 Box Butte Ave Alliance, NEBRASKA 69301	Adult Co-Occurring Evaluation	Jines, Alex	3087631788	alex0jines@gmail.com
		Adult Mental Health Evaluation	Jines, Alex	3087631788	alex0jines@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Jines, Alex	3087631788	alex0jines@gmail.com
		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)	Jines, Alex	3087631788	alex0jines@gmail.com
		Adult Substance Use Outpatient Treatment (Group)	Jines, Alex	3087631788	alex0jines@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Jines, Alex	3087631788	alex0jines@gmail.com
		Juvenile Co-Occurring Evaluation	Jines, Alex	3087631788	alex0jines@gmail.com
		Juvenile Mental Health Evaluation	Jines, Alex	3087631788	alex0jines@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	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 Name: Sober Mind LLC

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sober Mind LLC	212 Box Butte Ave Alliance, NEBRASKA 69301	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 Facility County: Cheyenne

Agency Name: Cirrus House Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	941 8th Street Sidney, NEBRASKA 69162	Adult Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Adult Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Adult Mental Health Outpatient Counseling (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Adult Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Adult Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Adult Substance Use Outpatient Treatment (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	941 8th Street Sidney, NEBRASKA 69162	Adult Substance Use Outpatient Treatment (Individual)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Expedited Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Expedited Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Expedited Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	941 8th Street Sidney, NEBRASKA 69162	Juvenile Substance Use Outpatient Treatment (Individual/Family)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com

Agency Name: Family4ward, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Sidney Office	2201 Suite B Illinois Ave, Sidney, NEBRASKA 69162	Community Youth Coaching	Farrell, Delina	6208039492	delina.farrell@family4ward.com
		Day Reporting			
		Evening Reporting			
		Family Support	Farrell, Delina	6208039492	delina.farrell@family4ward.com

Agency Name: Rise From The Ashes Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	941 8th St. Sidney, NEBRASKA 69162	Adult Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Adult Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Adult Mental Health Outpatient Counseling (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Adult Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Adult Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Adult Substance Use Outpatient Treatment (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	941 8th St. Sidney, NEBRASKA 69162	Expedited Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Expedited Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Expedited Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			

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	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins,	3082203280	cwiggins@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	509 West 5th St. Kimball, NEBRASKA 69145	Adult Co-Occurring Evaluation	Cynthia		
		Adult Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Mental Health Outpatient Counseling (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Outpatient Treatment (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins,	3082203280	cwiggins@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	509 West 5th St. Kimball, NEBRASKA 69145	Adult Substance Use Outpatient Treatment (Individual)	Cynthia		
		Expedited Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	509 West 5th St. Kimball, NEBRASKA 69145	Juvenile Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
		Juvenile Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com

Agency Name: Rise From The Ashes Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Rise From The Ashes Counseling,	509 W 5th St. Kimball, NEBRASKA	Adult Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
LLC	69145	Adult Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Adult Mental Health Outpatient Counseling (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Adult Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Adult Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Adult Substance Use Outpatient Treatment (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Expedited Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Expedited Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Expedited Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/Family)			

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Agency Facility County: Morrill

Agency Name: Family4ward, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family4ward, Inc	PO Box 63 Bayard, NEBRASKA 69334	Community Youth Coaching	Farrell, Delina	6208039492	delina.farrell@family4ward.com
			Rippe, Christine	3087608814	babytruepurple@yahoo.com
		Day Reporting	Rippe, Christine	3087608814	babytruepurple@yahoo.com
		Evening Reporting	Farrell, Delina	6208039492	delina.farrell@family4ward.com
			Rippe, Christine	3087608814	babytruepurple@yahoo.com
		Family Support	Farrell, Delina	6208039492	delina.farrell@family4ward.com
			Rippe, Christine	3087608814	babytruepurple@yahoo.com
		Invoice - Mileage	Rippe, Christine	3087608814	babytruepurple@yahoo.com

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)	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Continuous Alcohol	Rodriguez,	3086312285	jrodriguez@accsinc.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
ACCS, Inc.net	1917 Avenue A Scottsbluff, NEBRASKA 69361	Monitoring (CAM) with EM	Juanita		
		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	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		Juvenile Electronic Monitoring Land Line	Rodriguez, Juanita	3086312285	jrodriguez@accsinc.net
		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
		Non-Monetary Remote Alcohol Testing			
		Remote Alcohol Testing			
		Remote Alcohol Testing - DUI			

Agency Name: Ascendancy Mental and Behavioral Health Services, LLC.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ascendancy Mental and Behavioral Health Services, LLC.	115 railway street Scottsbluff, NEBRASKA 69361	Adult Co-Occurring Evaluation	Walgren, Sarah	3086352800	swalgren83@yahoo.com
		Adult Mental Health Evaluation	Walgren, Sarah	3086352800	swalgren83@yahoo.com
		Adult Mental Health Outpatient Counseling	Walgren, Sarah	3086352800	swalgren83@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ascendancy Mental and Behavioral Health Services, LLC.	115 railway street Scottsbluff, NEBRASKA 69361	(Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation	Walgren, Sarah	3086352800	swalgren83@yahoo.com
		Juvenile Mental Health Evaluation	Walgren, Sarah	3086352800	swalgren83@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Walgren, Sarah	3086352800	swalgren83@yahoo.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

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	1509 First Ave Scottsbluff,	Adult Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inc.	NEBRASKA 69361	Adult Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Mental Health Outpatient Counseling (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Wiggins,	3082203280	cwiggins@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Adult Substance Use Addendum	Cynthia		
		Adult Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Adult Substance Use Outpatient Treatment (Individual)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall,	3086729374	ahall@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Expedited Mental Health Evaluation	Anthony		
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Expedited Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Co-Occurring Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Mental Health Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Mental Health Outpatient Counseling	Benish, Kathryn	4029153388	kbenish@cirrushouse.com

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		(Individual/Family)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Substance Use Addendum	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Substance Use Evaluation	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins, Cynthia	3082203280	cwiggins@cirrushouse.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Benish, Kathryn	4029153388	kbenish@cirrushouse.com
			Estrada, Marcia	3086352256	mestrada@cirrushouse.com
			Hall, Anthony	3086729374	ahall@cirrushouse.com
			Spurgeon, Teresa	3086728698	tspurgeon@cirrushouse.com
			Wiggins,	3082203280	cwiggins@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cynthia		
		PRS-BIP	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	Matilainen, Rodney	3086335690	rmatilainen@capwn.org
		Adult Substance Use Evaluation	Matilainen, Rodney	3086335690	rmatilainen@capwn.org
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Matilainen, Rodney	3086335690	rmatilainen@capwn.org
		Adult Substance Use Outpatient Treatment (Individual)	Matilainen, Rodney	3086335690	rmatilainen@capwn.org
		Juvenile Medication Management			
		Juvenile Mental Health			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Community Action Health Center	975 Crescent Dr. Gering, NEBRASKA 69341	Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Matilainen, Rodney	3086335690	rmatilainen@capwn.org
		Juvenile Substance Use Evaluation	Matilainen, Rodney	3086335690	rmatilainen@capwn.org
	Youth Shelter 2426 Broadway Scottsbluff, NEBRASKA 69361	Group Home A			
		Shelter Care			

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	1807 Avenue A Scottsbluff, NEBRASKA 69361	Adult Co-Occurring Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Adult Mental Health Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Adult Psychological Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
		Adult Sex Offense-Specific Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
		Adult Sex	Stermensky,	4174130085	gage21lincoln@drstermensky.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dr. Gage Stermensky, LLC	1807 Avenue A Scottsbluff, NEBRASKA 69361	Offense-Specific Outpatient Counseling (Individual/ Group)	Gage		
		Adult Substance Use Evaluation	Ramirez, LaTashia	3086318633	secondchancecounselingllc@gmail.com
			Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Ramirez, LaTashia	3086318633	secondchancecounselingllc@gmail.com
			Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Ramirez, LaTashia	3086318633	secondchancecounselingllc@gmail.com
			Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Expedited Co-Occurring Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Expedited Mental Health Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Expedited Substance Use Evaluation	Ramirez, LaTashia	3086318633	secondchancecounselingllc@gmail.com
			Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dr. Gage Stermensky, LLC	1807 Avenue A Scottsbluff, NEBRASKA 69361	Expedited Substance Use Evaluation	Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Juvenile Co-Occurring Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Juvenile Competency Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
		Juvenile Mental Health Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Juvenile Psychological Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
		Juvenile Substance Use Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org
			Thomas, Frances	3086318412	frances.romerothomas@gmail.com
		Juveniles Who Sexually Harm Risk Evaluation	Stermensky, Gage	4174130085	gage21lincoln@drstermensky.org

Agency Name: EVALS BY ECK, LLC

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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	Community Youth Coaching	Jimenez, Bryana	3086410830	bryanajimenez9@gmail.com
			Larsen, Darci	3086721787	darcibailey21@gmail.com
			Lopez, Paige	3086417169	plopez@ebstrive.com
		Family Support	Jimenez, Bryana	3086410830	bryanajimenez9@gmail.com
			Larsen, Darci	3086721787	darcibailey21@gmail.com
			Lopez, Paige	3086417169	plopez@ebstrive.com
		Invoice - Mileage	Jimenez, Bryana	3086410830	bryanajimenez9@gmail.com
			Larsen, Darci	3086721787	darcibailey21@gmail.com

Agency Name: Educational Services Unit 13

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Educational Services Unit 13	4215 Avenue I Scottsbluff, NEBRASKA 69361	In Home Family Service (IHFS)	Nielsen, Danielle	3086353696	dnielsen@esu13.org

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Agency Name: Family4ward, Inc

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Scottsbluff Office	1603 2nd Ave Scottsbluff, NEBRASKA 69361	Community Youth Coaching			
		Day Reporting			
		Evening Reporting			
		Family Support			

Agency Name: Hope In-Home Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Hope In-Home Counseling Services	1145 M St Gering, NEBRASKA 69341	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (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.	416 Valley View	Adult Co-Occurring	Estrada,	3086352256	mestrada@cirrushouse.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Estrada LIMHP, LADC	Drive Suite 311 Scottsbluff, NEBRASKA 69361	Evaluation	Marcia		
		Adult Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Adult Mental Health Outpatient Counseling (Individual)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Adult Substance Use Addendum	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Adult Substance Use Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Adult Substance Use Outpatient Treatment (Individual)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Expedited Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Expedited Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Expedited Substance Use Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Co-Occurring Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Mental Health Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Substance Use Addendum	Estrada, Marcia	3086352256	mestrada@cirrushouse.com
		Juvenile Substance Use Evaluation	Estrada, Marcia	3086352256	mestrada@cirrushouse.com

Agency Name: Mediation West

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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	Lieske, Charles	3086333673	charles@mediationwest.org
		Mediation - Juvenile	Lieske, Charles	3086333673	charles@mediationwest.org

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	1517 Broadway Suite 107 Scottsbluff, NEBRASKA 69361	Adult Co-Occurring Evaluation	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Mental Health Evaluation	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Mental Health Outpatient Counseling (Individual)	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Addendum	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Evaluation	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Adult Substance Use Outpatient Treatment (Individual)	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Co-Occurring Evaluation	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Mental Health Evaluation	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance Use Addendum	Moreno, Evelina	3087655352	emoreno@morenocounseling.net

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Moreno Counseling, LLC	1517 Broadway Suite 107 Scottsbluff, NEBRASKA 69361	Juvenile Substance Use Evaluation	Moreno, Evelina	3087655352	emoreno@morenocounseling.net
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Moreno, Evelina	3087655352	emoreno@morenocounseling.net

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	3086332049	jamieerdman@motivationalcounseling.org
		Adult Gambling Intensive Outpatient Counseling (Individual/ Group)	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Adult Mental Health Evaluation	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Adult Mental Health Outpatient Counseling (Individual)	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Adult Sex Offense-Specific Evaluation	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Adult Sex Offense-Specific Outpatient Counseling (Individual/	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Motivational Counseling LLC	1502 2nd Ave Suite 2 Scottsbluff, NEBRASKA 69361	Group)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Adult Substance Use Outpatient Treatment (Individual)	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Expedited Co-Occurring Evaluation	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Expedited Mental Health Evaluation	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Expedited Substance Use Evaluation	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Juvenile Co-Occurring Evaluation	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Juvenile Mental Health Evaluation	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Juvenile Substance Use Addendum			
		Juvenile	Erdman,	3086332049	jamieerdman@motivationalcounseling.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Motivational Counseling LLC	1502 2nd Ave Suite 2 Scottsbluff, NEBRASKA 69361	Substance Use Evaluation	Jamie		
		Juvenile Substance Use Outpatient Treatment (Individual/ Family)	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Juveniles Who Sexually Harm Outpatient Treatment (Individual/ Family)	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		Juveniles Who Sexually Harm Risk Evaluation	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org
		PRS-BIP	Erdman, Jamie	3086332049	jamieerdman@motivationalcounseling.org

Agency Name: Optimal Family Preservation LLC

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

Agency Name: Penny Cooper

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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: Perfectly Imperfect Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Perfectly Imperfect	1502 2nd Ave Ste 2 Scottsbluff, NEBRASKA	Adult Co-Occurring Evaluation			
		Adult Matrix Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Counseling LLC	69361	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			

Agency Name: SCOTTS BLUFF COUNTY

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: Teresa Vang-Freeling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Teresa Vang-Freeling	1145 M St Gering, NEBRASKA 69341	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Expedited Co-Occurring Evaluation			
		Expedited Mental Health Evaluation			
		Expedited Substance Use			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Teresa Vang-Freeling	1145 M St Gering, NEBRASKA 69341	Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			

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 Co-Occurring Evaluation	Dominguez, Alicia	3087658971	tranquilitypcounseling@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Dominguez, Alicia	3087658971	tranquilitypcounseling@gmail.com
		Juvenile Co-Occurring Evaluation	Dominguez, Alicia	3087658971	tranquilitypcounseling@gmail.com
		Juvenile Mental Health Evaluation	Dominguez, Alicia	3087658971	tranquilitypcounseling@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dominguez, Alicia	3087658971	tranquilitypcounseling@gmail.com
		Juvenile Substance Use Evaluation	Dominguez, Alicia	3087658971	tranquilitypcounseling@gmail.com

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	1517 Broadway STE 107 Scottsbluff, NEBRASKA	Adult Co-Occurring Evaluation	Hieatt, April	3087658619	unleashedcounselingllc@outlook.com
		Adult Mental Health Evaluation	Hieatt, April	3087658619	unleashedcounselingllc@outlook.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Unleashed Counseling LLC	69361	Adult Mental Health Outpatient Counseling (Individual)	Hieatt, April	3087658619	unleashedcounselingllc@outlook.com
		Expedited Mental Health Evaluation	Hieatt, April	3087658619	unleashedcounselingllc@outlook.com
		Expedited Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation	Hieatt, April	3087658619	unleashedcounselingllc@outlook.com
		Juvenile Mental Health Evaluation	Hieatt, April	3087658619	unleashedcounselingllc@outlook.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Hieatt, April	3087658619	unleashedcounselingllc@outlook.com
		Juvenile Substance Use Evaluation	Hieatt, April	3087658619	unleashedcounselingllc@outlook.com

Agency Name: Valley Youth Connections, LLC.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Valley Youth Connections, LLC.	1712 Avenue B Scottsbluff, NEBRASKA 69361	Case Managed Tutoring			
		Day Reporting	Gabel-Garcia, Bradley	3084658398	b.gabel-garcia@valleyyouthconnections.com
		Evening Reporting	Corona, Rosaria	3086373334	r.corona@valleyyouthconnections.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Valley Youth Connections, LLC.	1712 Avenue B Scottsbluff, NEBRASKA 69361	Evening Reporting	Gabel-Garcia, Bradley	3084658398	b.gabel-garcia@valleyyouthconnections.com
		Family Support	Arriaga, Lizbeth	7204954309	l.arriaga@valleyyouthconnections.com
			Corona, Rosaria	3086373334	r.corona@valleyyouthconnections.com
			Gabel-Garcia, Bradley	3084658398	b.gabel-garcia@valleyyouthconnections.com
		Intensive Family Preservation			