### **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	Adult Co-Occurring Evaluation			
	Lexington, NEBRASKA 68850	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			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			

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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	•			

### Agency Name: Kloch Counseling

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kloch Counseling	101 W. 8th St. Suite A Lexington,	Adult Co-Occurring Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
	NEBRASKA 68850	Adult Mental Health Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Adult Mental Health Outpatient Counseling (Individual)	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Adult Psychological Evaluation			
		Adult Substance Use Addendum	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Adult Substance Use Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Adult Substance Use Outpatient Treatment (Individual)	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Juvenile Co-Occurring Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Juvenile Substance Use Evaluation	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com
		Juvenile Substance Use Outpatient Treatment	Kloch, Susan	3083247017	sue@lawtonklochcounseling.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kloch Counseling	101 W. 8th St. Suite A Lexington, NEBRASKA 68850	(Individual/Family)			

#### **Agency Name: Lacy Dye Counseling**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lacy Dye	524 9th St	Adult Co-Occurring Evaluation			
Counseling	Gothenburg, NEBRASKA 69138	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			

### **Agency Name: MA Counseling**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Counseling S	101 W 8th Street, Suite A Lexington, NEBRASKA 68850	Outpatient Counseling	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: Nebraska Counseling Associates**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	513 N. Grant, Suite D Lexington,	Adult Co-Occurring Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
	NEBRASKA 68850	Adult Mental Health Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Sex Offense- Specific Outpatient Counseling (Individual/Group)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Addendum	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Intensive Outpatient	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Counseling (IOP)	Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Outpatient Treatment	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		(Group)	Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Outpatient Treatment	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		(Individual)	Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Co-Occurring Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Eating Disorder Outpatient Treatment	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	513 N. Grant, Suite D Lexington,	Juvenile Mental Health Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
	NEBRASKA 68850	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Addendum	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Substance Use Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)  Juvenile Substance Use Outpatient Treatment (Individual/Family)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
			Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
	916 Ave. F Gothenburg,	Adult Co-Occurring Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
	NEBRASKA 69138	Adult Mental Health Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Sex Offense- Specific Outpatient Counseling (Individual/Group)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Adult Substance Use Addendum	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards,	3085298807	erikakileegarrettgage@gmail.com

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	916 Ave. F Gothenburg,	Adult Substance Use Addendum	Erika		
	NEBRASKA 69138	Adult Substance Use Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Intensive Outpatient	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Counseling (IOP)	Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Outpatient Treatment	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		(Group)	Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Anger Management Class			
		Juvenile Co-Occurring Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Eating Disorder Outpatient Treatment	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Mental Health Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		Juvenile Substance Use Addendum	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Substance Use Evaluation	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	916 Ave. F Gothenburg,	Juvenile Substance Use Evaluation	Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
	NEBRASKA 69138	Juvenile Substance Use Outpatient Treatment	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
		(Group)	Richards, Erika	3085298807	erikakileegarrettgage@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Johnson, Betty	3084408054	kittyaswegancounseling@yahoo.com
			Richards, Erika	3085298807	erikakileegarrettgage@gmail.com

#### **Agency Name: Region II Human Services**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	307 E 5th P.O. Box 519 Lexington, NEBRASKA				
	68850	Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Expedited Family Group			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	307 E 5th P.O. Box 519	Conference			
	Lexington, NEBRASKA 68850	Justice Wraparound	Cribbs, Brayden	3083500894	braydencribbs@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

### Agency Name: Two Bridges Counselling Inc

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

#### Agency Name: Wellness Counseling, LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wellness Counseling,	120 E. 6th Street, Suite 4B Lexington,	Adult Co-Occurring Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
LLC	NEBRASKA 68850	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
		Juvenile Co-Occurring Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Juvenile Mental Health Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
		Juvenile Substance Use Addendum	Brock, Tory	4024994028	tory.brock.counseling@gmail.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Wellness Counseling,	Suite 4B Lexington,	Juvenile Substance Use Evaluation	Brock, Tory	4024994028	tory.brock.counseling@gmail.com
LLC	NEBRASKA 68850	Juvenile Substance Use Outpatient Treatment (Individual/Family)	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	404 W. 2nd P.O. Box 82 Curtis,	Adult Transportation			
Services, Inc	NEBRASKA 69025	Invoice - Mileage			
		Juvenile Omaha Metro Transportation			
		Juvenile Transportation			

### **Agency Facility County: Furnas**

#### **Agency Name: Medicine Creek Counseling**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Medicine		Adult Mental Health Evaluation			
Creek Counseling	Cambridge, NEBRASKA 69022	Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			

# District 11

### **Agency Facility County: Keith**

#### **Agency Name: BSM-McConaughy Discovery Center**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
BSM- McConaughy	401 N Spruce St PO Box 299 Ogallala, NEBRASKA	Case Managed Tutoring			
Discovery Center	69153	Employment Placement			
		Family Partner	DeLong, Alicia	4029923553	adelong@mdcenters.net
			Ewing, Christifer	3087377168	Cdewing@mdcenters.net
			Johnson, McKayla	3087089593	mckaylaj2001@gmail.com
			Leon, Maria	3083308465	Mleon@mdcenters.net
			Majer, Amanda	3082936861	amajer@mdcenters.net
			Nesiba, Allie	3087506208	anesiba@mdcenters.net
			Pottorff, Skylar	3217457095	spottorff@mdcenters.net
			Weatherly , Alexis	3085390970	afimple@mdcenters.net
		Family Support	DeLong, Alicia	4029923553	adelong@mdcenters.net
			Ewing, Christifer	3087377168	Cdewing@mdcenters.net
			Johnson, McKayla	3087089593	mckaylaj2001@gmail.com
			Leon, Maria	3083308465	Mleon@mdcenters.net
			Majer, Amanda	3082936861	amajer@mdcenters.net
			Nesiba, Allie	3087506208	anesiba@mdcenters.net
			Pottorff, Skylar	3217457095	spottorff@mdcenters.net
			Weatherly , Alexis	3085390970	afimple@mdcenters.net

# District 11

### 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,	103 East 10th St Ogallala,	Adult Co-Occurring Evaluation	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
P.C.	NEBRASKA 69153		Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Mental Health Evaluation	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Mental Health Outpatient Counseling	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
		(Individual)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Adult Substance Use Evaluation  Adult Substance Use Outpatient Treatment (Individual)	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
			Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Mental Health Outpatient Counseling	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
		(Individual/Family)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Substance Use Evaluation	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
			Potter, Melinda	3082846519	melinda@ogallalacounseling.com
		Juvenile Substance Use Outpatient Treatment	Maupin, Edwin	3082846519	chip@ogallalacounseling.com
		(Individual/Family)	Potter, Melinda	3082846519	melinda@ogallalacounseling.com

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### **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			
	Ogallala, NEBRASKA 69153	Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Expedited Family Group Conference			
		Justice Wraparound	Cribbs, Brayden	3083500894	braydencribbs@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	Ogallala,	Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

### **Agency Facility County: Lincoln**

#### **Agency Name: Beacon of Hope Counseling Center**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Beacon of	308 West 4th, Suite 1	•	Bear, Angela	3085320777	abear@allophone.com
Hope Counseling	North Platte, NEBRASKA 69101	Evaluation	Kurre, Casey	3085320777	ckurre@allophone.com
Center		Adult Mental Health Evaluation	Bear, Angela	3085320777	abear@allophone.com
		Adult Substance Use	Bear, Angela	3085320777	abear@allophone.com
		Addendum	Kurre, Casey	3085320777	ckurre@allophone.com
		Adult Substance Use Evaluation	Bear, Angela	3085320777	abear@allophone.com
			Kurre, Casey	3085320777	ckurre@allophone.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Bear, Angela	3085320777	abear@allophone.com
		Adult Substance Use	Bear, Angela	3085320777	abear@allophone.com
		Outpatient Treatment (Individual)	Kurre, Casey	3085320777	ckurre@allophone.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Beacon of Hope Counseling	Hope North Platte,	Juvenile Mental Health Outpatient Counseling (Individual/Family)			
Center		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			

#### **Agency Name: Boys Town**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Boys Town Western Nebraska In Home	1101 Cottonwood Street North Platte,	In Home Family	Andrews, Megan	3083901322	megan.andrews@boystown.org
Family Services	NEBRASKA 69101	Service (IHFS)	Fees, James	5313551957	james.fees@boystown.org
			Flaxbeard, Jennie	5313553206	jennie.flaxbeard@boystown.org
			Kemp, Laura	4024600606	laura.kemp@boystown.org
			Mercer, Erik	5313553057	erik.mercer@boystown.org
			Moeller, Michelle	3083814444	michelle.moeller@boystown.org
			Motacek, Robin	3088337314	Robin.motacek@boystown.org

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

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

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kyle L Britt Shelter	102 S Cedar Maxwell, NEBRASKA 69151	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			
		Shelter Care			
	109 E 2ND ST SUITE 3 North Platte, NEBRASKA 69101	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			

### **Agency Name: Family Matters Counseling**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Matters	•	Adult Co-Occurring Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
Counseling		69101 Adult Mental Health Evaluation		3085393084	rayla.cooper@yahoo.com
		Adult Mental Health Outpatient Counseling (Individual)	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Substance Use Addendum	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com
		Adult Substance Use Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Matters Counseling		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			
		Juvenile Substance Use Evaluation	Cooper, Rayla	3085393084	rayla.cooper@yahoo.com

### **Agency Name: Family Skill Building Services, LLC**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Skill Building	403 East C Street North Platte,	Case Managed Tutoring			
Services, LLC	NEBRASKA 69101	Community Youth	Johnson, Sara	3082216306	sjohnsonfsb@live.com
		Coaching	Leonhardt- Driggs, Kendra	3086960033	fsbservices01@live.com
		Continuous Alcohol Monitoring (CAM) with EM			
		Day Reporting	Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Leonhardt- Driggs, Kendra	3086960033	fsbservices01@live.com
		Evening Reporting	Johnson, Sara	3082216306	sjohnsonfsb@live.com
			Leonhardt- Driggs,	3086960033	fsbservices01@live.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Family Skill	403 East C Street	Evening Reporting	Kendra		
Building Services, LLC	North Platte, NEBRASKA 69101	Family Support	Johnson, Sara	3082216306	sjohnsonfsb@live.com
	VICES, ELC INEDIVISION 05101		Leonhardt- Driggs, Kendra	3086960033	fsbservices01@live.com
		Invoice - Mileage			
		Juvenile Electronic Monitoring Cell Phone			
		Juvenile Electronic	Johnson, Sara	3082216306	sjohnsonfsb@live.com
		Monitoring GPS	Leonhardt- Driggs, Kendra	3086960033	fsbservices01@live.com
		Juvenile Electronic Monitoring Land Line			

#### **Agency Name: First Step to Freedom Counseling**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
First Step to Freedom	516 North Dewey, Suite 1 North Platte,	Adult Co-Occurring Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com
Counseling	NEBRASKA 69101	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

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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	516 North Dewey, Suite 1 North Platte,	Adult Substance Use Evaluation	Sukup, Jennifer	3086603257	Jenniferxfisher@yahoo.com	
Counseling	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: Inner Reflections Counseling Center**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Inner Reflections Counseling	Chestnut Suite	Adult Co- Occurring Evaluation	Stoll, Miranda	3088702630	miranda.stoll@healingheartsandfamilies.com

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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Outpatient Treatment (Individual/ Family)			

#### Agency Name: LMCA - Las Ma anitas Community Advocates

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

### **Agency Name: Lotus Counseling LLC**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Counseling	409 N. Jeffers St. North Platte,	Adult Co-Occurring Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
LLC	NEBRASKA 69101	Adult Mental Health Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Adult Mental Health Outpatient Counseling (Individual)	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Adult Substance Use Addendum	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Adult Substance Use Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Adult Substance Use	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Counseling	409 N. Jeffers St. North Platte,	Outpatient Treatment (Individual)			
LLC	NEBRASKA 69101	Expedited Co-Occurring Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Expedited Mental Health Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Expedited Substance Use Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Juvenile Co-Occurring Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Juvenile Mental Health Evaluation	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hill, Jenee	3085204528	jeneehill@lotuscounselingllc.org

#### **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	Adult Co-Occurring Evaluation			
	Platte, NEBRASKA 68101	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Intensive Outpatient Counseling (IOP)			
		Juvenile Medication Management			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Psychiatric Evaluation Interview Only			

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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	Juvenile Substance Use Outpatient Treatment (Group)			

### Agency Name: LylaJo Childs

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

#### **Agency Name: Modern Therapy Associates**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Modern Therapy	1214 West A North Platte, NEBRASKA	Adult Co-Occurring Evaluation	Hageman, Wendy	3085320777	whageman@allophone.com
Associates	69101	Adult Mental Health Evaluation	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Mental Health Outpatient Counseling (Individual)	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Substance Use Addendum	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Substance Use Evaluation	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Hageman, Wendy	3085320777	whageman@allophone.com
		Adult Substance Use Outpatient Treatment (Individual)	Hageman, Wendy	3085320777	whageman@allophone.com
		Juvenile Co-Occurring Evaluation	Hageman, Wendy	3085320777	whageman@allophone.com
		Juvenile Substance Use Addendum	Hageman, Wendy	3085320777	whageman@allophone.com
		Juvenile Substance Use	Hageman,	3085320777	whageman@allophone.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		Wendy		

### **Agency Name: Nebraska Youth Center**

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

### **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	110 N Bailey Ave P.O. Box 1209 North Platte,	Adult Co-Occurring Evaluation			
Services	NEBRASKA 69103	Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Evaluation	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Titus, Brooke	3083246754	brooketitus@r2hs.com

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Region II Human	110 N Bailey Ave P.O. Box 1209 North Platte,	Expedited Family Group Conference			
Services	NEBRASKA 69103	Justice Wraparound	Cribbs, Brayden	3083500894	braydencribbs@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero, Ana	3083200256	anaromero@r2hs.com
			Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

#### Agency Name: 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	Juvenile Medication Management			
		Transitional Living - Level 2			

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### **Agency Facility County: Red Willow**

#### **Agency Name: Ambience Counseling Center LLC**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ambience Counseling Center LLC	601 Norris Ave McCook, NEBRASKA 69001	Adult Co-Occurring Evaluation			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Family Support	Robinson, Jenna	3087378618	jennarstovall@gmail.com
			Schneider, Sarah	9144660043	kjendals@msn.com
		Juvenile Co-Occurring 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)			

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#### 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			
		Adult Mental Health Evaluation			
		Adult Substance Use Evaluation			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Substance Use Evaluation			

### **Agency Name: Cora S Berry**

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Cora S Berry	812 West 13th Street Street 2 McCook, NEBRASKA 69001	Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			

#### **Agency Name: Impactful Minds**

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
iMpactful Minds	407 East 5th STREET McCook, NEBRASKA 69001	•	Wolf, Ron	7854346216	rpwolf2228@gmail.com

### **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,	Adult Co-Occurring Evaluation			
	NEBRASKA 69001	Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum	Smith, Judi	3083408435	judismith@r2hs.com
			Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use	Smith, Judi	3083408435	judismith@r2hs.com
		Evaluation	Titus, Brooke	3083246754	brooketitus@r2hs.com
		Adult Substance Use Outpatient Treatment (Individual)	Smith, Judi	3083408435	judismith@r2hs.com
		Expedited Family Group Conference			
		Justice Wraparound	Cribbs, Brayden	3083500894	braydencribbs@r2hs.com
			Reed, Judd	3082800576	juddreed@r2hs.com
			Romero,	3083200256	anaromero@r2hs.com

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	1012 West Third P.O.	Justice Wraparound	Ana		
	Box 818 McCook, NEBRASKA 69001		Sonnenfeld, Jesi	3085391387	jesisonnenfeld@r2hs.com
			Vak, Ashley	3085391498	ashleyvak@r2hs.com
			White, Sarah	3083500678	sarahwhite@r2hs.com
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Smith, Judi	3083408435	judismith@r2hs.com
		Juvenile Substance Use Evaluation	Smith, Judi	3083408435	judismith@r2hs.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Smith, Judi	3083408435	judismith@r2hs.com