

Administrative Office of Courts & Probation

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

District 8

Agency Facility County: Brown

Agency Name: Heartland Counseling Services, Inc.

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	938 E Zero St Ainsworth, NEBRASKA 69210	Adult Co-Occurring Evaluation	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
		Adult Gambling Outpatient Counseling (Individual/Group)			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Group)			
		Adult Mental Health Outpatient Counseling (Individual)	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
		Adult Substance Use Outpatient Treatment (Group)	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	938 E Zero St Ainsworth, NEBRASKA 69210	Adult Substance Use Outpatient Treatment (Individual)			
		General Education Class			
		Juvenile Co-Occurring Evaluation	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: Lotus Counseling LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus	356 S Main Ste B	Adult Co-Occurring	Hill, Jenee	3085204528	jeneehill08@gmail.com

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Counseling LLC	Ainsworth, NEBRASKA 69210	Evaluation			
		Adult Mental Health Evaluation	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Adult Substance Use Addendum	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Adult Substance Use Evaluation	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Expedited Co-Occurring Evaluation	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Expedited Mental Health Evaluation	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Expedited Substance Use Evaluation	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Juvenile Co-Occurring Evaluation	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Juvenile Mental Health Evaluation	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation	Hill, Jenee	3085204528	jeneehill08@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hill, Jenee	3085204528	jeneehill08@gmail.com

Agency Facility County: Cherry

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District 8

Agency Name: Counseling Services

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Counseling Services	442 N Cherry St. Valentine, NEBRASKA 69201	Adult Mental Health Evaluation	Tetherow, Janice	4023761000	jant@shwisp.com
		Adult Mental Health Outpatient Counseling (Individual)	Tetherow, Janice	4023761000	jant@shwisp.com
		Adult Substance Use Addendum	Tetherow, Janice	4023761000	jant@shwisp.com
		Adult Substance Use Evaluation	Tetherow, Janice	4023761000	jant@shwisp.com
		Adult Substance Use Outpatient Treatment (Individual)	Tetherow, Janice	4023761000	jant@shwisp.com
		Juvenile Substance Use Addendum	Tetherow, Janice	4023761000	jant@shwisp.com
		Juvenile Substance Use Evaluation	Tetherow, Janice	4023761000	jant@shwisp.com

Agency Name: Midwest Country Clinic LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	308 Main Street Valentine, NEBRASKA 69201	Adult Co-Occurring Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Mental Health	Carr, Kathy	4023890174	kathycarr09@gmail.com

Administrative Office of Courts & Probation

P.O. Box 98910
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District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	308 Main Street Valentine, NEBRASKA 69201	Outpatient Counseling (Individual)	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Substance Use Addendum	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Substance Use Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Juvenile Mental Health Evaluation	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com

Administrative Office of Courts & Probation

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District 8

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	308 Main Street Valentine, NEBRASKA 69201	Juvenile Substance Use Addendum	Davis- Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Juvenile Substance Use Evaluation	Davis- Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com

Agency Facility County: Custer

Agency Name: Dezarey Williams

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Dezarey Williams	828 Judge St Broken Bow, NEBRASKA 68822	Invoice - Kinship Foster Care			

Agency Name: Kevin Williams

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Kevin Williams	828 Judge St Broken Bow, NEBRASKA 68822	Invoice - Kinship Foster Care			

Agency Name: Midwest Country Clinic LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	805 S F Street Suite 20 Broken Bow, NEBRASKA 68822	Adult Co-Occurring Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com

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District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	805 S F Street Suite 20 Broken Bow, NEBRASKA 68822	Adult Co-Occurring Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Addendum	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com

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District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	805 S F Street Suite 20 Broken Bow, NEBRASKA 68822	Adult Substance Use Evaluation	Amber		
		Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com

Agency Facility County: Garfield

Agency Name: Midwest Country Clinic LLC

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P.O. Box 98910
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District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	807 H Street Burwell, NEBRASKA 68823	Adult Co-Occurring Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Addendum	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com

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District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	807 H Street Burwell, NEBRASKA 68823	Adult Substance Use Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com

Agency Facility County: Holt

Agency Name: Ally Counseling Services, LLC

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ally Counseling Services, LLC	614 N 4th St. Suite 108 O'Neill, NEBRASKA 68763	Adult Co-Occurring Evaluation	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Mental Health Evaluation	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Psychological Evaluation	Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Substance Use Addendum	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Substance Use Evaluation	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Juvenile Co-Occurring Evaluation	Willis, Keith	4023401946	poptimes16@gmail.com
		Juvenile Mental Health Evaluation	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Juvenile Mental Health Outpatient Counseling	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Ally Counseling Services, LLC	614 N 4th St. Suite 108 O'Neill, NEBRASKA 68763	(Individual/Family)	Willis, Keith	4023401946	poptimes16@gmail.com
		Juvenile Psychological Evaluation	Willis, Keith	4023401946	poptimes16@gmail.com
		Juvenile Substance Use Addendum	Willis, Keith	4023401946	poptimes16@gmail.com
		Juvenile Substance Use Evaluation	Willis, Keith	4023401946	poptimes16@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Willis, Keith	4023401946	poptimes16@gmail.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com

Agency Name: Be Salty LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Be Salty LLC	418 North 2nd Street O'Neill, NEBRASKA 68763	Thrive Mentoring	Dempster, Kelli	4023366337	kellidempster@gmail.com

Agency Name: Building Blocks for Community Enrichment

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Building Blocks for Community Enrichment	118 North 5th Street O'Neill, NEBRASKA 68763	Agency Supported Foster Care			
		Relative/Kinship Home Study			

Agency Name: COR Therapeutic Services, LLC

Administrative Office of Courts & Probation

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

District 8

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	614 N 4th Street O ^o Neill, NEBRASKA 68763	Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)	Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		Adult Substance Use Addendum	Gadeken, Angela	4023600782	angela.gadeken@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Adult Substance Use Evaluation	Gadeken, Angela	4023600782	angela.gadeken@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Adult Substance Use Outpatient Treatment (Individual)	Gadeken, Angela	4023600782	angela.gadeken@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		General Education Class	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Ohde, Ashton	4025006870	ashton.ohde@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com

Administrative Office of Courts & Probation

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

District 8

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	614 N 4th Street O ^o Neill, NEBRASKA 68763	General Education Class	Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Juvenile Co-Occurring Evaluation	Gadeken, Angela	4023600782	angela.gadeken@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Juvenile Mental Health Evaluation	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Gadeken, Angela	4023600782	angela.gadeken@cortherapeutic.com
			Ohde, Ashton	4025006870	ashton.ohde@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Brooks, Cristy	4025006870	cristy.brooks@cortherapeutic.com
			Gadeken, Angela	4023600782	angela.gadeken@cortherapeutic.com
			Ohde, Ashton	4025006870	ashton.ohde@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com

Administrative Office of Courts & Probation

P.O. Box 98910
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District 8

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	614 N 4th Street O ^o Neill, NEBRASKA 68763	Juvenile Mental Health Outpatient Counseling (Individual/Family)	Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Juvenile Substance Use Addendum	Gadeken, Angela	4023600782	angela.gadeken@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Juvenile Substance Use Evaluation	Gadeken, Angela	4023600782	angela.gadeken@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Gadeken, Angela	4023600782	angela.gadeken@cortherapeutic.com
			Rowley, Abbie	4025006870	abbie.rowley@cortherapeutic.com
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)	Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
		PRS-BIP			

Agency Name: Heartland Counseling Services, Inc.

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District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	221 W. Douglas St. O'Neill, NEBRASKA 68763	Adult Co-Occurring Evaluation	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Adult Gambling Outpatient Counseling (Individual/Group)	Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation	Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Group)	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	221 W. Douglas St. Omaha, NEBRASKA 68102	Adult Mental Health Outpatient Counseling (Group)	Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Individual)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Outpatient Counseling (Individual/Group)			
		Adult Substance Use Addendum	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Adult Substance Use Evaluation	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	221 W. Douglas St. Omaha, NEBRASKA 68102	Adult Substance Use Evaluation	Jewel		
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Adult Substance Use Outpatient Treatment (Group)	Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Adult Substance Use Outpatient Treatment (Individual)	Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		General Education Class			
		Juvenile Co-Occurring Evaluation	Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	221 W. Douglas St. O'Neill, NEBRASKA 68763	Juvenile Co-Occurring Evaluation	Jewel		
		Juvenile Mental Health Evaluation	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Juvenile Mental Health Outpatient Counseling (Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Juvenile Substance Use Addendum	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Juvenile Substance	Fehringer,	4024943337	fehringer@heartlandcounselingservices.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	221 W. Douglas St. Omaha, NEBRASKA 68102	Use Evaluation	Diane		
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Juvenile Substance Use Outpatient Treatment (Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: **My Mindful Solutions**

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
My Mindful Solutions	614 North 4th Street Suite 104 O'Neill, NEBRASKA 68763	Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Medication Management			
		Adult Mental Health Evaluation			
		Juvenile Medication Management			
		Juvenile Mental Health Evaluation			
		Juvenile Psychiatric Evaluation			

Agency Name: Oasis Counseling International

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Oasis Counseling International	221 Douglas Street O'Neill, NEBRASKA 68763	Adult Mental Health Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)	Keller, Janie	4029927206	jkeller@ocinternational.org

Agency Name: The Counseling & Enrichment Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	614 N 4th Street O'Neill, NEBRASKA 68763	Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			

Agency Facility County: Howard

Agency Name: Van Winkle Wellness LLC

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Van Winkle Wellness LLC	411 Roger Welsch Ave E Dannebrog, NEBRASKA 68831	Juvenile Mental Health Outpatient Counseling (Individual/Family)			

Agency Facility County: Rock

Agency Name: Midwest Country Clinic LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Midwest Country Clinic LLC	PO Box 26 407 S Clark St Bassett, NEBRASKA 68714	Adult Co-Occurring Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Outpatient Treatment (Individual)	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
	407 S Clark St Bassett,	Adult Co-Occurring Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	NEBRASKA 68714	Adult Co-Occurring Evaluation	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Substance Use Addendum	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Adult Substance Use Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Co-Occurring Evaluation	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Mental Health Evaluation	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Mental Health Outpatient Counseling	Davis-Jackson,	4026842908	sally@midwestcountryclinic.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		(Individual/Family)	Sally		
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Substance Use Addendum	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Substance Use Evaluation	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com

Agency Facility County: Sherman

Agency Name: Midwest Country Clinic LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	816 O Street Loup City, NEBRASKA 68853	Adult Co-Occurring Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health	Carr, Kathy	4023890174	kathycarr09@gmail.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	816 O Street Loup City, NEBRASKA 68853	Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Addendum	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	816 O Street Loup City, NEBRASKA 68853	Adult Substance Use Outpatient Treatment (Individual)	Amber		
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com

Agency Facility County: Valley

Administrative Office of Courts & Probation

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

District 8

Agency Name: Midwest Country Clinic LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	314 S 14th St Ord, NEBRASKA 68862	Adult Co-Occurring Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Addendum	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	314 S 14th St Ord, NEBRASKA 68862	Adult Substance Use Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Eating Disorder Outpatient Treatment			
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe,	4023809249	amber@midwestcountryclinic.com

Administrative Office of Courts & Probation

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

District 8

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	314 S 14th St Ord, NEBRASKA 68862	Juvenile Substance Use Addendum	Amber		
		Juvenile Substance Use Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com