

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 |

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|----------------------|--|--|---------------------------------|------------------|--|
| | 938 E Zero St Ainsworth, NEBRASKA 69210 | Adult Substance Use Outpatient Treatment (Individual) | | | |
| | | Juvenile Anger Management 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

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|---|--|--|---------------------------------|------------------|-----------------------|
| Lotus Counseling LLC | 356 S Main Ste B Ainsworth, NEBRASKA 69210 | Adult Co-Occurring Evaluation | Hill, Jenee | 3085204528 | jeneehill08@gmail.com |
| | | 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 | | |

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Agency Facility County: Cherry

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 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 Outpatient Counseling (Individual) | Carr, Kathy | 4023890174 | kathycarr09@gmail.com |
| | | | Davis-Jackson, Sally | 4026842908 | sally@midwestcountryclinic.com |

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|----------------------|--|--|---------------------------------|------------------|------------------------------------|
| | 308 Main Street Valentine, NEBRASKA 69201 | Adult Mental Health Outpatient Counseling (Individual) | 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 |
| | | Juvenile Substance Use Addendum | Davis-Jackson, | 4026842908 | sally@midwestcountryclinic.com |

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

Agency Name: Pathways to Wellness, LLC

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|--|---|--|---------------------------------|------------------|-----------------------|
| Pathways to Wellness Home Office | 32518 W. Pioneer School Rd Merriman, NEBRASKA 69218 | Adult Co-Occurring Evaluation | Skinner, Ashley | 3082072300 | ashley@pathwaysne.com |
| | | Adult Mental Health Evaluation | Skinner, Ashley | 3082072300 | ashley@pathwaysne.com |
| | | Adult Mental Health Outpatient Counseling (Individual) | Skinner, Ashley | 3082072300 | ashley@pathwaysne.com |
| | | Adult Substance Use Addendum | Skinner, Ashley | 3082072300 | ashley@pathwaysne.com |
| | | Adult Substance Use Evaluation | Skinner, Ashley | 3082072300 | ashley@pathwaysne.com |
| | | Adult Substance Use Outpatient Treatment (Individual) | Skinner, Ashley | 3082072300 | ashley@pathwaysne.com |
| | | Juvenile Anger Management Class | | | |
| | | Juvenile Co-Occurring Evaluation | Skinner, Ashley | 3082072300 | ashley@pathwaysne.com |
| | | Juvenile Mental Health Evaluation | Skinner, Ashley | 3082072300 | ashley@pathwaysne.com |
| | | Juvenile Mental Health Outpatient Counseling | Skinner, Ashley | 3082072300 | ashley@pathwaysne.com |

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|----------------------------------|---|---|---------------------------------|------------------|-----------------------|
| Pathways to Wellness Home Office | 32518 W. Pioneer School Rd Merriman, NEBRASKA 69218 | (Individual/Family) | | | |
| | | Juvenile Substance Use Addendum | | | |
| | | Juvenile Substance Use Evaluation | | | |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Skinner, Ashley | 3082072300 | ashley@pathwaysne.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 |
| | | | Keefe, Amber | 4023809249 | amber@midwestcountryclinic.com |

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|----------------------|---|--|---------------------------------|------------------|------------------------------------|
| | 805 S F Street Suite 20 Broken Bow, NEBRASKA 68822 | 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 |
| | | Adult Substance Use | Carr, Kathy | 4023890174 | kathycarr09@gmail.com |

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| | 805 S F Street Suite 20 Broken Bow, NEBRASKA 68822 | Outpatient Treatment (Individual) | Kathy | | |
| | | | 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

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--------------------------|-------------------------------------|---------------------------------|------------------|------------------------------------|
| | 807 H Street Burwell, | Adult Co-Occurring Evaluation | Carr, Kathy | 4023890174 | kathycarr09@gmail.com |
| | | | Dearmont, | 4026842908 | MCCoffice@midwestcountryclinic.com |

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|----------------------|-------------------|--|---------------------------------|------------------|------------------------------------|
| | NEBRASKA 68823 | Adult Co-Occurring Evaluation | Melissa | | |
| | | | 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 |
| | | | Keefe, Amber | 4023809249 | amber@midwestcountryclinic.com |

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|----------------------|------------------|--|---------------------------------|------------------|------------------------------------|
| | | 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

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|------------------|-------------------------------------|---------------------------------|------------------|-------------------------------------|
| Ally | 614 N 4th St. | Adult Co-Occurring | Williamson, | 4023361306 | kelly@allycounselingservicesllc.com |

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|--------------------------|---|--|---------------------------------|------------------|-------------------------------------|
| Counseling Services, LLC | Suite 108 O ² Neill, NEBRASKA 68763 | Evaluation | Michael | | |
| | | | 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 (Individual/Family) | Williamson, Michael | 4023361306 | kelly@allycounselingservicesllc.com |
| | | | Willis, | 4023401946 | poptimes16@gmail.com |

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|----------------------|------------------|--|---------------------------------|------------------|-------------------------------------|
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Keith | | |
| | | 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: 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

| 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 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 |

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|----------------------|--|---|---------------------------------|------------------|---------------------------------------|
| | 614 N 4th Street O Neill, NEBRASKA 68763 | Adult Substance Use Addendum | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@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 |
| | | | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@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 |
| | | | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@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 |

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| 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 | General Education Class | Rowley, Abbie | 4025006870 | abbie.rowley@cortherapeutic.com |
| | | | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@cortherapeutic.com |
| | | | 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 |
| | | | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@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 |
| | | | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | Streff, Tobin | 4025006870 | tobin.streff@cortherapeutic.com |

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District 8

| 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 | 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 |
| | | | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@cortherapeutic.com |
| | | | Stahlecker, Rebecca | 4025006870 | rebecca.stahlecker@cortherapeutic.com |
| | | | 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 |
| | | | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@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 |
| | Saylor-Bledsoe, Stephanie | | 3088506395 | stephanie.saylor@cortherapeutic.com | |
| | Stahlecker, Rebecca | | 4025006870 | rebecca.stahlecker@cortherapeutic.com | |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|---------------------------------------|
| | 614 N 4th Street O ^o Neill, NEBRASKA 68763 | Juvenile Substance Use Evaluation | 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 |
| | | | Saylor-Bledsoe, Stephanie | 3088506395 | stephanie.saylor@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.

| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|---|---|---------------------------------|------------------|--|
| | 221 W. Douglas St. O ^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 |

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| 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 Gambling Outpatient Counseling (Individual/Group) | 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 |
| | | | Swanson, Jewel | 4024943337 | jewel@heartlandcounselingservices.com |
| | | Adult Mental Health Outpatient Counseling (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 |

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| 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 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 | fehrringer@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 | fehrringer@heartlandcounselingservices.com |
| | | | Hingst, Michelle | 4029921680 | mahingst2@gmail.com |
| | | | Pospisil, Morgann | 4024943337 | morgann@heartlandcounselingservices.com |
| | | | Swanson, Jewel | 4024943337 | jewel@heartlandcounselingservices.com |
| | | 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 | Fehringer, Diane | 4024943337 | fehrringer@heartlandcounselingservices.com |

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| 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 | (Group) | 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 |
| | | Juvenile Anger Management Class | Fehringer, Diane | 4024943337 | fehrringer@heartlandcounselingservices.com |
| | | | Hingst, Michelle | 4029921680 | mahingst2@gmail.com |
| | | | Pospisil, Morgann | 4024943337 | morgann@heartlandcounselingservices.com |
| | | | Swanson, Jewel | 4024943337 | jewel@heartlandcounselingservices.com |
| | | Juvenile Co-Occurring Evaluation | Fehringer, Diane | 4024943337 | fehrringer@heartlandcounselingservices.com |
| | | | Pospisil, Morgann | 4024943337 | morgann@heartlandcounselingservices.com |
| | | | Swanson, Jewel | 4024943337 | jewel@heartlandcounselingservices.com |
| | | Juvenile Mental Health Evaluation | Fehringer, Diane | 4024943337 | fehrringer@heartlandcounselingservices.com |
| | | | Hingst, Michelle | 4029921680 | mahingst2@gmail.com |
| | | | Pospisil, | 4024943337 | morgann@heartlandcounselingservices.com |

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| 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 Mental Health Evaluation | Morgann | | |
| | | | Swanson, Jewel | 4024943337 | jewel@heartlandcounselingservices.com |
| | | Juvenile Mental Health Outpatient Counseling (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 |
| | | Juvenile Mental Health Outpatient Counseling (Individual/Family) | Fehringer, Diane | 4024943337 | fehrringer@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 | fehrringer@heartlandcounselingservices.com |
| | | | Pospisil, Morgann | 4024943337 | morgann@heartlandcounselingservices.com |
| | | | Swanson, Jewel | 4024943337 | jewel@heartlandcounselingservices.com |
| | | Juvenile Substance Use 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 |

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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 ^o Neill, NEBRASKA 68763 | Juvenile 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 |
| | | Juvenile Substance Use Outpatient Treatment (Individual/Family) | Fehringer, Diane | 4024943337 | fehrringer@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

| 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 ^o Neill, NEBRASKA 68763 | Adult Initial Diagnostic Interview (Medication Prescriber Only) | | | |
| | | Adult Medication Management | | | |
| | | Adult Mental Health Evaluation | | | |
| | | Juvenile Medication Management | | | |

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| 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 ^o Neill, NEBRASKA 68763 | 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 ^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 ^o Neill, NEBRASKA 68763 | Adult Substance Use Addendum | | | |
| | | Adult Substance Use Evaluation | | | |
| | | Adult Substance Use Outpatient Treatment (Individual) | | | |

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 | 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 |
|----------------------------|--|--|---------------------------------|------------------|------------------------------------|
| Midwest Country Clinic LLC | PO Box 26 407 S Clark St Bassett, NEBRASKA 68714 | (Individual) | | | |
| | | 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, NEBRASKA 68714 | Adult Co-Occurring 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 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 |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|------------------------------------|
| | 407 S Clark St Bassett, NEBRASKA 68714 | Adult Mental Health Evaluation | Jennifer | | |
| | | 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 |
| | | 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 |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--|---------------------------------|------------------|------------------------------------|
| | 407 S Clark St Bassett, NEBRASKA 68714 | Adult Substance Use Outpatient Treatment (Individual) | 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 (Individual/Family) | Davis- Jackson, Sally | 4026842908 | sally@midwestcountryclinic.com |
| | | | 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, | 4026842908 | sally@midwestcountryclinic.com |

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| Agency Facility Name | Facility Address | Agency Facility Service Description | Approved Individual for Service | Individual Phone | Individual Email |
|----------------------|--|--------------------------------------|---------------------------------|------------------|------------------------------------|
| | 407 S Clark St Bassett, NEBRASKA 68714 | Juvenile Substance Use Evaluation | Sally | | |
| | | | 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 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 |

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| 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 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 |
| | | 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 |
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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 | 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

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 |

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|----------------------|--|--|---------------------------------|------------------|------------------------------------|
| | 314 S 14th St Ord, NEBRASKA 68862 | Adult Mental Health Evaluation | 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 |
| | | | 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 |

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|----------------------|--|--|---------------------------------|------------------|------------------------------------|--|
| | 314 S 14th St Ord, NEBRASKA 68862 | Juvenile Co-Occurring Evaluation | 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, 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 | |