

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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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)			
		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 Facility County: Cherry

Agency Name: Counseling Services

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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	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Mental Health Evaluation	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Substance Use Addendum	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Substance Use Evaluation	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
	308 Main Street Valentine, NEBRASKA 69201	Adult Substance Use Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Substance Use Outpatient Treatment (Individual)	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, 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 Name: Pathways to Wellness, LLC

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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	Morrow, Joseph	4027050139	joseph@pathwaysne.com	
			Skinner, Ashley	3082072300	ashley@pathwaysne.com	
		Adult Mental Health Evaluation	Morrow, Joseph	4027050139	joseph@pathwaysne.com	
			Skinner, Ashley	3082072300	ashley@pathwaysne.com	
		Adult Mental Health Outpatient Counseling (Individual)	Morrow, Joseph	4027050139	joseph@pathwaysne.com	
			Skinner, Ashley	3082072300	ashley@pathwaysne.com	
		Adult Substance Use Addendum	Morrow, Joseph	4027050139	joseph@pathwaysne.com	
			Skinner, Ashley	3082072300	ashley@pathwaysne.com	
		Adult Substance Use Evaluation	Morrow, Joseph	4027050139	joseph@pathwaysne.com	
			Skinner, Ashley	3082072300	ashley@pathwaysne.com	
		Adult Substance Use Outpatient Treatment (Individual)	Morrow, Joseph	4027050139	joseph@pathwaysne.com	
			Skinner, Ashley	3082072300	ashley@pathwaysne.com	
		Anger Management Class				
		Juvenile Co-Occurring Evaluation	Morrow, Joseph	4027050139	joseph@pathwaysne.com	
			Skinner, Ashley	3082072300	ashley@pathwaysne.com	
		Juvenile Mental Health Evaluation	Morrow, Joseph	4027050139	joseph@pathwaysne.com	
			Skinner, Ashley	3082072300	ashley@pathwaysne.com	
		Juvenile Mental Health	Morrow,	4027050139	joseph@pathwaysne.com	

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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	Outpatient Counseling (Individual/Family)	Joseph		
			Skinner, Ashley	3082072300	ashley@pathwaysne.com
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Morrow, Joseph	4027050139	joseph@pathwaysne.com
Skinner, Ashley	3082072300		ashley@pathwaysne.com		

Agency Facility County: Custer

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	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Addendum	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com

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	805 S F Street Suite 20 Broken Bow, NEBRASKA 68822	Adult Substance Use Outpatient Treatment (Individual)	Keefe, Amber	4023809249	amber@midwestcountryclinic.com	
		Juvenile Co-Occurring Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com	
		Juvenile Eating Disorder Outpatient Treatment				
		Juvenile Mental Health Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com	
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Keefe, Amber	4023809249	amber@midwestcountryclinic.com	
		Juvenile Substance Use Addendum	Keefe, Amber	4023809249	amber@midwestcountryclinic.com	
		Juvenile Substance Use Evaluation	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, NEBRASKA 68823	Adult Co-Occurring Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.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
	807 H Street Burwell, NEBRASKA 68823	Adult Substance Use Addendum	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Outpatient Treatment (Individual)	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Eating Disorder Outpatient Treatment	Dearmont, Melissa	4026842908	MCCoffice@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

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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 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

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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 ^o Neill, NEBRASKA 68763	Juvenile Mental Health Evaluation	Keith		
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Williamson, Michael	4023361306	kelly@allycounselingservicesllc.com
			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: 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 ^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 ^o Neill, NEBRASKA	Adult Sex Offense-Specific Outpatient Counseling	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
	68763	(Individual/Group)			
		Adult 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
		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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		General Education Class	Brooks, Cristy	4025006870	cristy.brooks@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 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

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Juvenile Mental Health Evaluation	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
			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		

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
		Juvenile Substance Use Evaluation	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 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 □ Neill, NEBRASKA 68763	Adult Co-Occurring Evaluation	Cochran, Virginia	4024943337	virginia@heartlandcounselingservices.com
			Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com
			Swanson,	4024943337	jewel@heartlandcounselingservices.com

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	221 W. Douglas St. O ^o Neill, NEBRASKA 68763	Adult Co-Occurring Evaluation	Jewel		
		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
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Adult Mental Health Outpatient Counseling (Individual)	Fehringer, Diane	4024943337	fehrringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.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 Mental Health Outpatient Counseling (Individual)	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	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	

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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 Substance Use Intensive Outpatient Counseling (IOP)	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
		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

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	221 W. Douglas St. O'Neill, NEBRASKA 68763	Juvenile 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
		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

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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 Substance Use Evaluation	Michelle			
			Pospisil, Morgann	4024943337	morgann@heartlandcounselingservices.com	
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com	
		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: Oasis Counseling International

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Oasis	221 Douglas Street	Adult Mental Health Evaluation			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Counseling International	O'Neill, NEBRASKA 68763	Adult Substance Use Outpatient Treatment (Individual)			

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: 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

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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	Juvenile Eating Disorder Outpatient Treatment			
		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	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Mental Health Evaluation	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Substance Use Addendum	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@midwestcountryclinic.com
		Adult Substance Use Evaluation	Davis-Jackson, Sally	4026842908	sally@midwestcountryclinic.com
			Dearmont, Melissa	4026842908	MCCoffice@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)	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 Eating Disorder Outpatient Treatment	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, 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: Sherman

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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	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Addendum	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		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 Eating Disorder Outpatient Treatment			
		Juvenile Mental Health Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com

Agency Facility County: Valley

Agency Name: Midwest Country Clinic LLC

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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			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Individual)			
		Adult Substance Use Addendum			
		Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Juvenile Co-Occurring Evaluation			
		Juvenile Eating Disorder Outpatient Treatment			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation			