Administrative Office of Courts & Probation

P.O. Box 98910
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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			
		Adult Gambling Outpatient Counseling (Individual/Group)			
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation			
		Adult Mental Health Outpatient Counseling (Group)			
		Adult Mental Health Outpatient Counseling (Individual)			
		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)			
		Adult Substance Use Outpatient Treatment (Group)			
		Adult Substance Use Outpatient Treatment (Individual)			
		General Education Class			
		Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Evaluation			
		Juvenile Mental Health Outpatient Counseling (Group)			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Addendum			

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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	Juvenile Substance Use Evaluation			
		Juvenile Substance Use Outpatient Treatment (Group)			
		Juvenile Substance Use Outpatient Treatment (Individual/Family)			
		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 Counseling LLC	356 S Main Ste B Ainsworth, NEBRASKA 69210	Adult Co-Occurring Evaluation	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Adult Mental Health Evaluation	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Adult Mental Health Outpatient Counseling (Individual)	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Adult Substance Use Addendum	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Adult Substance Use Evaluation	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Adult Substance Use Outpatient Treatment (Individual)	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Expedited Co-Occurring Evaluation	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Expedited Mental Health Evaluation	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Expedited Substance Use Evaluation	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Juvenile Co-Occurring	Hill,	4023820155	jeneehill@lotuscounselingllc.org

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Lotus Counseling LLC	356 S Main Ste B Ainsworth, NEBRASKA 69210	Evaluation	Jenee'		
		Juvenile Mental Health Evaluation	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Juvenile Substance Use Addendum			
		Juvenile Substance Use Evaluation	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org
		Juvenile Substance Use Outpatient Treatment (Individual/Family)	Hill, Jenee'	4023820155	jeneehill@lotuscounselingllc.org

Agency Facility County: Cherry

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
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
		Adult Substance Use	Carr,	4023890174	kathycarr09@gmail.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	Addendum	Kathy		
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
		Adult Substance Use Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
		Juvenile Substance Use Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
		Juvenile Substance Use Intensive Outpatient (IOP)			
		Juvenile Substance	Dearmont,	4026842908	melissa@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	Use Outpatient Treatment (Individual/Family)	Melissa		
			Gallant, Rebecca	3083601080	gallant.r@yahoo.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	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com

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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 Mental Health Evaluation	Dearmont, Melissa	4026842908	melissa@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	melissa@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	melissa@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	melissa@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	melissa@midwestcountryclinic.com

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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 Outpatient Treatment (Individual)	Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	melissa@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	melissa@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, NEBRASKA 68823	Adult Co-Occurring Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@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
	807 H Street Burwell, NEBRASKA 68823	Adult Co-Occurring Evaluation	Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@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	melissa@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	melissa@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	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use	Carr,	4023890174	kathycarr09@gmail.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	Outpatient Treatment (Individual)	Kathy		
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com

Agency Facility County: Holt

Agency Name: A Better Spirit Counseling Center

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	405 1/2 W. Douglas St O[illegible]Neill, NEBRASKA	Adult Mental Health Outpatient Counseling (Individual)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
	68763	Adult Substance Use Evaluation			
		Adult Substance Use Outpatient Treatment (Individual)			
		Expedited Substance Use Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			

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&#65533;Neill, NEBRASKA 68763	Adult Co-Occurring Evaluation	Williamson, Michael	4023361306	mike@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Mental Health Evaluation	Williamson, Michael	4023361306	mike@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Williamson, Michael	4023361306	mike@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Psychological Evaluation	Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Substance Use Addendum	Williamson, Michael	4023361306	mike@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Substance Use Evaluation	Williamson, Michael	4023361306	mike@allycounselingservicesllc.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'Neill, NEBRASKA 68763	Adult Substance Use Evaluation	Willis, Keith	4023401946	poptimes16@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Williamson, Michael	4023361306	mike@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	mike@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Williamson, Michael	4023361306	mike@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	mike@allycounselingservicesllc.com
			Willis, Keith	4023401946	poptimes16@gmail.com

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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&#65533;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&#65533;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&#65533;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

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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&#65533;Neill, NEBRASKA 68763	Adult Substance Use Evaluation	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
			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,	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
	614 N 4th Street O&#65533;Neill, NEBRASKA 68763	Juvenile Mental Health Evaluation	Abbie		
			Stahlecker, Rebecca	4025006870	rebecca.stahlecker@cortherapeutic.com
			Streff, Tobin	4025006870	tobin.streff@cortherapeutic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Bender, Yasmine	4029203757	yasmine.bender@cortherapeutic.com
			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
			Shabram, Isaiah	4023405222	isaiah.shabram@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
			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

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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&#65533;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
			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&#65533;Neill, NEBRASKA 68763	Adult Co-Occurring Evaluation	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
		Adult Gambling Outpatient Counseling (Individual/ Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
		Adult Initial Diagnostic Interview (Medication Prescriber Only)			
		Adult Mental Health Evaluation	Fehringer, Diane	4024943337	fehringer@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&#65533;Neill, NEBRASKA 68763	Adult Mental Health Outpatient Counseling (Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
		Adult Mental Health Outpatient Counseling (Individual)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
		Adult Sex Offense-Specific Evaluation			
		Adult Sex Offense-Specific Outpatient Counseling (Individual/ Group)			
		Adult Substance Use Addendum	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
		Adult Substance Use Evaluation	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
		Adult Substance Use Intensive Outpatient Counseling (IOP)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
		Adult Substance Use Outpatient Treatment (Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Fehringer, Diane	4024943337	fehringer@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	General Education Class			
		Juvenile Co-Occurring Evaluation	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
		Juvenile Mental Health Evaluation	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.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
		Juvenile Mental Health Outpatient Counseling (Individual/ Family)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
			Swanson, Jewel	4024943337	jewel@heartlandcounselingservices.com
		Juvenile Substance Use Addendum	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
		Juvenile Substance Use Evaluation	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
		Juvenile Substance Use Outpatient Treatment (Group)	Fehringer, Diane	4024943337	fehringer@heartlandcounselingservices.com
			Hingst, Michelle	4029921680	mahingst2@gmail.com
		Juvenile Substance Use	Fehringer, Diane	4024943337	fehringer@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&#65533;Neill, NEBRASKA 68763	Outpatient Treatment (Individual/ Family)	Hingst, Michelle	4029921680	mahingst2@gmail.com
		Juveniles Who Sexually Harm Outpatient Treatment (Group)			
		Juveniles Who Sexually Harm Risk Evaluation			

Agency Name: O'neill Police Department

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
O'neill Police Department	401 E Fremont St O&#65533;Neill, NEBRASKA 68763	Invoice - Law Enforcement Transportation			

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&#65533;Neill, NEBRASKA 68763	Adult Mental Health Evaluation	Morrow, Laurie	4023409131	lmorrow@ocinternational.org
		Adult Substance Use Outpatient Treatment (Individual)	Keller, Janie	4029927206	jkeller@ocinternational.org

Agency Name: Prairie Spring Health LLC

Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Prairie Spring	614 N. 4th St Ste 104 O&#65533;Neill, NEBRASKA	Adult Mental Health Outpatient Counseling (Individual)			

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Agency Facility Name	Facility Address	Agency Facility Service Description	Approved Individual for Service	Individual Phone	Individual Email
Health LLC	68763	Juvenile Co-Occurring Evaluation			
		Juvenile Mental Health Outpatient Counseling (Individual/Family)			
		Juvenile Substance Use Evaluation			

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	Franssen, Tracee	3083806180	traceelynn16@gmail.com
			Gallant, Rebecca	3083601080	gallant.r@yahoo.com
		Adult Substance Use Evaluation	Franssen, Tracee	3083806180	traceelynn16@gmail.com
			Gallant, Rebecca	3083601080	gallant.r@yahoo.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Outpatient Treatment (Individual)	Franssen, Tracee	3083806180	traceelynn16@gmail.com
			Gallant, Rebecca	3083601080	gallant.r@yahoo.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	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	Franssen, Tracee	3083806180	traceelynn16@gmail.com
			Gallant, Rebecca	3083601080	gallant.r@yahoo.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Intensive Outpatient (IOP)			
	407 S Clark St Bassett, NEBRASKA 68714	Adult Co-Occurring Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Mental Health Outpatient	Carr, Kathy	4023890174	kathycarr09@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	Counseling (Individual)	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Substance Use Addendum	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Substance Use Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	melissa@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	Juvenile Substance Use Addendum	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Substance Use Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
		Juvenile Substance Use Intensive Outpatient (IOP)			

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	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Adult Mental Health Evaluation	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe,	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 Mental Health Evaluation	Amber		
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Adult Mental Health Outpatient Counseling (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@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	melissa@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	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Adult Substance Use Outpatient Treatment (Individual)	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr,	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
	816 O Street Loup City, NEBRASKA 68853	Adult Substance Use Outpatient Treatment (Individual)	Jennifer		
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
			Maloley, Rita	4027591794	ritam@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance	Dearmont,	4026842908	melissa@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	Use Evaluation	Melissa		
			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	melissa@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	melissa@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	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe,	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
	314 S 14th St Ord, NEBRASKA 68862	Adult Mental Health Outpatient Counseling (Individual)	Amber		
		Adult Substance Use Addendum	Carr, Kathy	4023890174	kathycarr09@gmail.com
			Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Adult Substance Use Evaluation	Dearmont, Melissa	4026842908	melissa@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	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Co-Occurring Evaluation	Dearmont, Melissa	4026842908	melissa@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	melissa@midwestcountryclinic.com

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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	Juvenile Mental Health Evaluation	Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Mental Health Outpatient Counseling (Individual/Family)	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Addendum	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com
		Juvenile Substance Use Evaluation	Dearmont, Melissa	4026842908	melissa@midwestcountryclinic.com
			Einspahr, Jennifer	3083891187	jenkerkman@gmail.com
			Keefe, Amber	4023809249	amber@midwestcountryclinic.com