

Virtual Meeting of the Nebraska Opioid Settlement Remediation Advisory Committee
December 10th, 2025
Nebraska Association of County Officials (NACO) Offices, 1335 H Street, Lincoln, NE
10:00 a.m. – 1:00 p.m.
Meeting Minutes DRAFT

1. Call Meeting to Order:

Chairperson Todd Stull called the meeting to order at 10:03 a.m. and welcomed all attendees to the meeting. In accordance with § 84-1411(2)(b) of the Open Meetings Act, a copy of all documents being considered at the meeting, an electronic copy of this agenda, and a current copy of the Open Meetings Act are available at the Nebraska Opioid Settlement Remediation Advisory Committee's webpage at <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>. The Open Meetings Act is also located at the front of the meeting room.

- a) Chairperson Stull reminded Committee members that for virtual meetings, Committee members may attend virtually or be physically present at the meeting site to be counted for quorum, and to vote.
- b) Roll call was conducted, and a quorum was determined to exist, with 9 voting members present.

Voting Members

Members in Attendance: Ann Anderson-Berry, Mary Ann Borgeson, Amy Holman, Amy Reynoldson, Cory Schmidt, Riley Slezak (late arrival), Jason Scott, Todd Stull, Mike Tefft, Christa Yoakum (late arrival).

Members Absent: Brandon Kelliher, Paul Vrbka.

Non-Voting Members in Attendance: Kevin Borcher, Sara Howard, Jerome Kramer, Paul Price.

Non-Voting Members Absent: John Massey, Kevin Spencer, Bill Tielke.

Others in Attendance: CJ Alberico, Holly Brandt, Reecha Dixit, Ingrid Gansebom, Thomas Janousek, Trinia Janis, Patti Jurjevich, Eric Kauffman, Katie McCarthy, Jessica McDevitt, Diana Meadors, Rachel Meier.

- c) Chairperson Stull stated that on November 21st, 2025, a notice of this meeting with the agenda and other materials were provided to the public and all members of the Committee. Notice of this meeting with the agenda and other materials were available for public inspection at the Nebraska Department of Health and Human Services (DHHS), Division of Behavioral Health (DBH), 301 Centennial Mall South, 4th Floor in Lincoln, Nebraska. An electronic copy of the agenda, all documents being considered at the meeting, and a link to the current version of the Open Meetings Act were posted on the DHHS website at <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>.
- d) Chairperson Stull informed attendees about the location of the Open Meetings Act, which is accessible to members of the public in the meeting room, and at <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>, along with a copy of all reproducible written materials to be discussed at this meeting.

e) Public Comment: Pursuant to the Open Meetings Act, the Chair of the Committee reserves the right to limit comments on agenda items. Chairperson Stull stated that public comments will be heard on agenda items 4, 5, and 6. Each commenter will have five minutes to speak. Pursuant to § 84-1412(3), any member of the public desiring to address the body shall identify their name, including an address and the name of any organization represented by such person. Public members may sign up on the list at the front of the room or submit their name via the virtual chat box if attending virtually.

2. Consider a motion to approve the minutes from September 3, 2025.

Chairperson Stull opened the floor for a motion to approve the minutes from the September 3rd, 2025, meeting.

Motion was made by Mike Tefft seconded by Amy Reynoldson to approve the minutes as written. Chairperson Stull opened the floor for discussion. Hearing none, the motion to approve September 3rd, 2025, minutes passed with the following results:

Yay=8: Ann Anderson-Berry, Mary Ann Borgeson, Amy Holman, Amy Reynoldson, Cory Schmidt, Jason Scott, Todd Stull, Mike Tefft.

Nay=0

Abstain=0

Absent=4: Brandon Kelliher, Riley Slezak, Paul Vrbka, Christa Yoakum.

3. Jackie Alba, Nebraska Senior Outreach Coordinator at Oxford House, speaks about Oxford Nebraska.

Jackie Alba, Nebraska Senior Outreach Coordinator at Oxford House, gave a presentation on what Oxford House does and what's worked for the organization. Jackie discussed Oxford Houses origin, how their services are provided, as well as the structure, benefits, and success of Oxford House.

Oxford House is approved by Substance Abuse and Mental Health Services Administration (SAMHSA) as a Level 1 house.

Part of Oxford Houses' goals in Nebraska is expanding out to Scottsbluff and the Panhandle. However, they moved into the western part of the state very fast, recently, and are looking to stabilize their operations prior to further expansion.

A question was posed on what resources Oxford House would need to expand to the Panhandle and how it would be funded. Oxford House would need one (1) more outreach member to establish a house, and the individual would need to be in Scottsbluff for at least two (2) years. Currently, the organization is receiving funding from the State Opioid Response (SOR) grant. Prior to using SOR, Oxford House utilized the American Rescue Plan Act (ARPA) grant.

Another question was directed at the organization about what Oxford House looks for in a community to support the residents. Jackie stated that Oxford House looks at the population. They look at where they can draw referrals from. They look to see if there are

treatment centers nearby. They also look at the recovery community to make sure there are adequate meetings for someone to attend.

Committee member Jerome Kramer stated that he owns the house in North Platte and is the serving community outreach member for the area. Oxford House is looking for a female community member in the area and in rural community since there is a gap in referrals.

A question was posed on how people entered the program. Many individuals enter Oxford House through a variety of ways. Members have entered through the Department of Corrections (DOC), jails, treatment centers, through the homeless shelters, and others enter through word-of-mouth.

Chairperson Stull expressed gratitude for the presentation and the sharing of information and resources to the public. If there are other presentations which can introduce resources or share resources with others, they would be welcomed at the advisory committee meeting.

4. **DHHS Division of Behavioral Health updates, Dr. Thomas Janousek, Director.**
Director of Behavioral Health, Dr. Thomas Janousek, provided updates to the committee since the last meeting. Previously, the committee was informed of the Request for Applications (RFA) process as the division was amid the evaluation process.

The state manages the Opioid Treatment Infrastructure Cash Fund which is separate from the funds that the Regional Behavioral Health Authority (RBHA) and the Local Public Health Departments (LPHD) receive. The Opioid Treatment Infrastructure Cash Fund is a unique funding source since it is used for infrastructure projects, primarily to build and renovate buildings to establish new programs in communities.

The division served preliminary awards to five (5) organizations. The division focused on organizations who would fulfill the need and core of the settlement dollars. Part of the need includes services such as crisis stabilization withdraws. These programs are needed in areas of the Panhandle and the northern Nebraska area as groups such as law enforcement and hospitals are overwhelmed.

The two (2) biggest projects, where a significant portion of funding is going to, will be addressing these concerns. The two (2) crisis stabilization centers where funding was awarded are Central Wyoming Counseling Center (CWCC) and Heartland Counseling Services.

CWCC is coming from out of state and will be setting up a crisis stabilization withdrawal center in Kimball County, near the Scottsbluff and Panhandle area. There are only two (2) crisis stabilization centers in the state: Grand Island and Lincoln. Another one is coming up in Omaha soon as well.

Heartland Counseling Services is bringing up a crisis stabilization center in South Sioux City.

Including the two (2) entities, the other three (3) entities are:

- Alcoholics Resocialization Conditioning Help (ARCH): They were provided funding for their substance use treatment program; they are based in Omaha.
- Bryan Medical Center: They were provided with funding to renovate, update, and expand their withdrawal management unit in Lincoln.
- CenterPointe: They were provided funding for their short-term residential programming to focus residential substance use treatment.

The total amount of funding to be distributed would be approximately \$10.5 million. Since capital projects are new for DHHS, the state is analyzing viability and sustainability of services following the creation of physical infrastructure. The analysis will establish a firm foundation for the execution of the projects. The establishment of the crisis stabilization center in Scottsbluff will help with the center in Grand Island as they receive many patients from the Scottsbluff area.

DBH Deputy Director of Clinical Operations Jessica (Jessie) McDevitt, who is overseeing the process, expressed appreciation for the providers for their patience. The Regional Administrators are also involved in these discussions since the project will impact each Region. From a state perspective, many different groups are being brought to the table. During the process there has been a fiscal, facilities, and the grant draft writing and reporting requirement groups which has informed the process.

Dr. Janousek also added that part of the requirement for the project was to include a 10% in-kind match to get the project started. This is so the projects are successful with investment, outreach, and effort from the organization and community.

A question was asked concerning the number of beds in the Kimball and South Sioux facilities. At least sixteen (16) beds would be present in both facilities. Dr. Janousek added that in Medicaid, the Institution for Mental Diseases (IMD) exclusion limits Medicaid funding depending on bed amount due to historical treatment of mental health patients in the U.S.

Chairperson Stull asked about future opportunities for funding. Dr. Janousek discussed the Rural Transformation funding opportunity, which is an opportunity resulting from the Big Beautiful Bill. The funding source will provide opportunity to fund for crisis stabilization centers and crisis services in the state. Date and opportunity on any future grant are currently TBD until the current disbursement has been made.

Chairperson Stull expressed appreciation for DBH's efforts.

5. Nebraska Regional Behavioral Health Authorities update.

Chairperson Stull stated that one of the committee members suggested that starting the next meeting, a one-page summary will be provided to the committee to share Region activities. This can be an opportunity to provide and share resources to let the group know what treatment options are available in the Region. The committee members can then take that information and utilize it in their area or share it. If there are no updates, the Regions may state that there is no new information. This information can also help inform the timing of the committee meeting for the next year, so it matches the distribution of the funds.

Vice-Chair Mary Ann Borgeson suggested other entities which have received funding should be sent an invite to these meetings to discuss their activities.

It was noted that this could help address duplication of services and the education of resources in the state.

Regional Updates are provided below.

Region 1: Regional Administrator Holly Brandt has just one new update for the group. Since the last meeting, Region 1 awarded \$100,000 to CWCC to purchase a mobile crisis unit to be used in western Nebraska, Panhandle.

Clarification was requested about CWCC receiving money from DBH for infrastructure, as stated previously, and from Region 1 for treatment. It was confirmed that this was the case, and the Region 1 funds would be combined with the crisis stabilization unit and would be used for crisis response.

Region 2: Regional Administrator Katie McCarthy stated that there have been no new updates since last committee meeting.

Region 3: No updates were provided.

Region 4: Regional Administrator Ingrid Gansebom provided an update to the committee. Region 4 received \$257,499.00 from the Opioid Treatment and Prevention Cash Fund back in July, as stated in the last committee meeting. Region 4 released a grant application at the beginning of October, and they received eight (8) applications. The Region awarded four (4) awards. In the previous application process, they provided awards to some crisis stabilization units as well and those projects are ongoing. For this process they awarded to:

- Local coalition: For education and prevention of opioids with youth and families in Norfork.
- Women's Empowering Lifeline.
- The Well: They are being awarded dollars for continued implementation and renovation on their building on crisis stabilization and medication assisted treatment (MAT).

The Region purchased some vehicles for providers to help with transportation in the Region as that is a challenge they experience.

Region 5: The Region Administrator for the Region was not present at the meeting but the Opioid Project Manager with Region 5, Trina Janis, was present to update the committee. The Region released a grant back in July. The goal was to award over \$650,000.00 in that cycle. The Region received twenty-six (26) applications. One (1) applicant withdrew, another one (1) did not make it through the risk review process for the Region. Around twenty-four (24) applications were awarded funding to a total of \$2,650,135.00 million. For this application process, they awarded twelve (12) applications for a total of \$600,000.00. In the chart, which is attached, shows the organization and what they do. Out of the total, fourteen (14) priority areas were recognized, the Region funded for twelve (12) of those areas.

Chairperson Stull added that the one-pagers can be directed to Reecha Dixit, the secretary of the committee, a week before the meeting so members can review the information before the meeting.

Region 6: Regional Administrator, Patti Jurjevich, updated the committee on activities from the Region. Region 6 shared a summary report of the organizations they provided funds, how much they disbursed, and brief outcomes.

It was noted by Chairperson Stull that disbursement of funds from both DHHS and the Regions undergo processes and channels before the distribution is initiated. The Chairperson inquired about the timeline for the disbursement of funds in the next year.

Dr. Janousek confirmed that funds are likely to be disbursed at the end of June and confirmed that the parent fund sits with around \$30 million for next year. However, the specific amount for each entity is unconfirmed.

6. Public Comments.

Joe LeDuc, a member of the public, spoke about their appreciation for the committee, the members, and the priorities of the group based on the activities, conversation, and discussion in the committee meeting.

7. Discussion of Meeting Dates for Calendar Year 2026.

Discussion of possible upcoming meeting dates in 2026 was held. Possible dates were discussed that would align with funding disbursement, but no dates were confirmed during this meeting.

Voting member Jason Scott brought and introduced members of the Nebraska State Patrol, Eric Kauffman and CJ Alberico, to the committee. The introduction was made to provide a resource as the Nebraska State Patrol has a pharmaceutical team, their services and resources can be

provided to areas in Nebraska that would like subject matter experts in their opioid teams, groups, and committees.

A discussion was had on a potential presentation at the next meeting.

8. Consider a motion to adjourn.

The meeting agenda having been completed, Chairperson Stull has confirmed that a meeting will be held with DHHS, Chair, and Vice-Chair at the beginning of the next calendar year to confirm meeting dates for 2026.

Chairperson Stull asked for a motion to adjourn the meeting. Motion was made by Jason Scott and seconded by Christa Yoakum . Roll call vote was conducted. The motion passed with the following results.

Yay=10: Ann Anderson-Berry, Mary Ann Borgeson, Amy Holman, Brandon Kelliher, Amy Reynoldson, Cory Schmidt, Riley Slezak, Todd Stull, Paul Vrbka, Christa Yoakum.

Nay=0

Abstain=0

Absent=2: Brandon Kelliher, Paul Vrbka.

The meeting adjourned at 11:40 a.m.

OXFORD HOUSE

Peer-Support Recovery with Proven Success

Jackie Alba
Nebraska Senior Outreach Coordinator



Three Core Principles

Oxford House Inc. Charter Requirements:

- Democratically ran
- Financially self-supporting
- Immediate expulsion for relapse

Also:

- Gender specific
- Minimum of 6 adult beds
- Adherence to Oxford House Model, Traditions & Manual

Origin

- The first Oxford House was opened in Silver Spring, MD in 1975.
- Since then Oxford House has expanded to:
 - 4100+ Houses
 - 46 States
 - 5 Countries
- No one ever asked to leave without cause.
- Houses available to:
 - Men
 - Women
 - Women & Children
 - Men & Children

HOUSES



Oxford House Overcomer in Lincoln, NE

- Large homes
- Nice neighborhoods
- Long-term leases
- Adequate parking
- Close to public transportation
- Close to employment
- Close to 12-step meetings

VACANCY WEBSITE

State

All

▼

County

All

▼

Gender

All

▼

Show Only Vacancies

Search

Search

Enter a location

Search by Zip

House Name	Gender	City	House #	County	Contact	Contact #	Interviews	Capacity	Vacancies	Distance	Last Updated
11th Ave	W	Belmar	(732) 556-0566	Monmouth	Sarah	(856) 278-2124	Mon 8:30pm	8	1	Enter a location	06/14/2016 3:41PM
11th Street	M	Hickory	(828) 569-2149	Catawba	Dana	(727) 272-5112	Tue 9:30pm	8	1	Enter a location	06/14/2016 8:22PM
13th Ave	M	Belmar	(848) 404-9808	Monmouth	Keiran	(908) 202-5919	Mon 9:30pm	9	0	Enter a location	06/14/2016 4:02PM
16th Street	M	Sioux City	(712) 560-4134	Woodbury	Dan	(712) 251-7003	Sun 7:00pm	8	0	Enter a location	06/14/2016 3:58PM
45th Place	M	Washington	(202) 506-7754	District Of Columbia	Ed	(202) 717-5649	Tue 6:30pm	11	2	Enter a location	06/14/2016 5:51PM
4th Avenue	M	Asbury Park	(732) 988-0404	Monmouth	Jay	(732) 859-0868	Tue 6:30pm	8	0	Enter a location	06/09/2016 3:12PM
5th Avenue	WC	Brick	(732) 746-3264	Ocean	Heather	(240) 500-0948	Wed 9:00pm	11	0	Enter a location	06/14/2016 3:50PM
8th Street	W	Wilmington	(302) 575-9018	New Castle	Tamu	(302) 602-5454		8	2	Enter a location	06/14/2016 5:00PM

BECOMING A MEMBER

- Fill out application (found at www.oxfordhouse.org)
- Call a house to set-up an interview
- Show up on time for interview
- Be open and honest during interview
- Acceptance = 80% yes vote by members
- If accepted, new member may move in immediately

STRUCTURE

House Officers: (six month terms)

- President
- Secretary
- Treasurer
- Comptroller
- Chore Coordinator
- Housing Services Rep.

STRUCTURE

House Meeting

- Weekly
- Parliamentary Procedure
- Democracy in action
- Financial decisions
- Contracts
- Majority Rules

STRUCTURE

- Over 40 years of experience of what works
- Three core charter requirements
- Nine traditions to follow
- House manual
- Chapter support
- State Association support
- Alumni support
- Outreach support
- Oxford House World Services Support

PRINCIPLES OF SUCCESS

- Recovery
- Responsibility
- Accountability
- Communication
- Unity/Fun

BENEFITS

Members Receive:

- 24/7 peer support
- Accountability
- Responsibility
- Safety
- Stability
- Greater chance of success
- Self Efficacy

Nebraska

Total Houses:

- 100

Total beds:

- 869

Total Chapters:

- 9

Total Cities:

- 13 (Omaha, Papillion, Bellevue, Lincoln, Fremont, Beatrice, Columbus, Norfolk, Grand Island, Hastings, Kearney, and North Platte, South Sioux City)

SAMHSA SUPPORT



Future Goals

- ◆ Expansion into the panhandle to include Scottsbluff
- ◆ Other possible areas of expansion include Nebraska City, York, Lexington, Alliance, Blair, Plattsmouth
- ◆ Annual Leadership Retreats
- ◆ Annual State Conventions
- ◆ Regional Conventions and World Conventions

Opioid Settlement Funds Grant Application Recommendations

Cycle 2 - September 2025

Agency	Proposed Funding Amount	Counties Served	Priority Areas - Extra point areas in bold/blue								Description of Project
			A: Treatment	B: Recovery	C: Harm Reduction	D: Connections to Care	E: Criminal Justice Involved	F: Prevention	G: Providers and Health Systems	H: Public Safety/First Responders	
Asian Center	\$17,215.85	Lancaster						F:3			Creation of a multimedia opioid abuse prevention campaign for immigrants and refugees in Lincoln, NE.
Blue Valley Behavioral Health	\$57,279.20	Saline	A:1	B:3			E:3				To provide Spanish interpretation services for substance abuse evaluation, treatment, and an online addictions education course and provide access to a online addictions education course for adults and youth who have been charged with their first offense of alcohol or drug related crimes.
Center Pointe	\$67,440.00	Lancaster		B:2				F:3			To provide support to the Centered for Life Program, which expands access to a thriving recovery community for people who are seeking support regardless of whether or not they are engaged in formal behavioral health services.
Fillmore County Hospital	\$8,000.00	Fillmore and York						F:1 F:3			Provide funding for national speaker Nathan Harmon to increase awareness regarding the affects of substance use and poor decision making in York and Fillmore counties.
Four Corners Health Department	\$181,938.60	York, Seward, Polk, and Butler	A:1						G:1		To improve access to healthcare services, provide coordinated care, and reduce the number of emergency room visits for uninsured and underinsured individuals with Substance Use Disorder (SUD) or Opioid Use Disorder (OUD) in York, Seward, Polk, and Butler counties.
Fresh Start	\$13,214.00	Lancaster		B:1	C:1						To support successful completion of transitional shelter programming, including progress toward individual goals and permanent housing, for individuals who experience a Substance Use Disorder (SUD) or Opioid Use Disorder (OUD).
Houses of Hope	\$109,378.74	Lancaster	A:1 A:2				E:2		G:1		To enhance and expand outpatient substance use services for individuals involved in the criminal justice system by becoming a certified Matrix Treatment Provider.
Jefferson County Diversion Services	\$27,000.00	Jefferson		B:1			E:3	F:1			To support youth and their families to prevent further involvement with the justice system and development of a substance use disorder.

Opioid Settlement Funds Grant Application Recommendations

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			A: Treatment	B: Recovery	C: Harm Reduction	D: Connections to Care	E: Criminal Justice Involved	F: Prevention	G: Providers and Health Systems	H: Public Safety/First Responders	
Lincoln Lancaster County Health Department	\$50,000.00	Lancaster						F:3		H:1 H:4	To assess, monitor, and evaluate substance exposure trends by analyzing wastewater surveillance samples from the City of Lincoln's wastewater treatment plants.
Richardson County House of Hope	\$50,000.00	Richardson	A:1	B:1							To address homelessness for women recovering from Substance Use Disorder (SUD) or Opioid Use Disorder (OUD) by providing intermediate housing and programming to assist women in bridging to permanent housing in Richardson county.
Seward Co Detention Center	\$8,000.00	Seward	A:1	B:1			E:2		G:1	H:4	Reentry support and rehabilitation services for individuals experiencing an Opioid Use Disorder (OUD) in Seward County Detention Center.
Whispering Acres-Camp G.R.I.T.	\$9,775.22	Gage, Jefferson, Thayer, and Saline		B:1				F:1 F:3			To provide employees for Camp G.R.I.T, a camp designed to break the intergenerational cycle of addiction by providing targeted support and mentorship to youth ages 9-15 who have been affected by a substance use disorder of a family member.

Region 5 Systems Priority Opioid Abatement Strategies

March 2025

Direct Care for Substance Use Disorder / Mental Health Conditions

A: TREATMENT

1. Expand availability of and access to treatment and continuum of care for those that are uninsured/underinsured and experiencing Opioid Use Disorder (OUD) and any other co-occurring Substance Use Disorder (SUD)/Mental Health (MH) conditions. Focus on targeting high impact, low-capacity rural areas and adolescent treatment services.
2. Support workforce development for addiction professionals to include training, scholarships, fellowship, incentives, and support for those providing direct care addressing OUD and other SUD/MH conditions. Target rural and underserved areas.
3. Expand mobile interventions, treatment, and recovery services for persons with OUD and other SUD/MH conditions who have experienced an overdose. *Expanding MAT/MOUD and mobile interventions.*

B: RECOVERY

1. Provide full continuum of care (comprehensive wraparound services) for adults and adolescents, to include but not limited to, housing, peer support services, transportation, education, job training/placement, childcare and connection to culturally appropriate community-based services. *Continuum of Care Support.*
2. Support or Expand Peer Recovery Services which may include but are not limited to: support groups, social events, computer access, yoga, etc.
3. Expand the recovery eco-system while targeting recovery resources to high impact, low-capacity geographical areas (rural).

C: HARM REDUCTION

1. Targeted Naloxone/Narcan distribution - increase availability and distribution.
2. Support Mobile Units that offer or provide referrals to harm reduction services, treatment, recovery supports, healthcare or other appropriate services. *Support mobile units with referrals to care.*
3. Expand social setting detoxification services.

D: CONNECTIONS TO CARE

1. Provide training/support for emergency room and hospital personnel treating overdose patients on post discharge planning, including community referrals to MAT/MOUD, recovery case management or peer support.
2. Provide funding for peer support specialists and warm handoffs in emergency detox facilities, recovery centers or recovery housing.
3. Support crisis stabilization centers that serve as an alternative to hospital emergency departments. *Support Crisis Stabilization and increase Peer Support.*

E: CRIMINAL JUSTICE INVOLVED

1. Implement training and standardized SUD/MH screening, treatment, care coordination, and continuity services into the criminal justice system.
2. Provide treatment, including MAT/MOUD, recovery support, and harm reduction to those who are leaving jail, prison, or are on probation/parole, are under community corrections or are in re-entry programs. *Provide harm reduction, treatment and recovery support to criminal justice involved.*
3. Support pre-arrest diversion, pre-trial services, treatment and recovery court and provide treatment (including MAT/MOUD) for persons with SUD/MH conditions.

Community Outreach and Prevention

F: PREVENTION

1. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse. *Increase access to prevention programs for youth.*
2. Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids by: providing medical provider education and outreach regarding best prescribing practices, dosing and tapering patients off opioids and supporting non-opioid pain management alternatives.
3. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment. *Expand public awareness.*

G: PROVIDERS AND HEALTH SYSTEMS

1. Increase the number of providers treating MAT/MOUD patients; increase access to MOUD treatment through training and education. *Increase number of providers offering MAT/MOUD.*
2. Provide support for Children Services, additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial substance use.
3. Support the work of Emergency Medical Systems, including peer support specialists to connect individuals to treatment or other appropriate services following an overdose or other SUD adverse event.

H: PUBLIC SAFETY / FIRST RESPONDERS

1. Increase capacity of law enforcement and first responders to effectively respond to individuals with SUD/MH conditions.
2. Provide wellness and support services for first responders and others who experience secondary trauma associated with opioid related emergency events.
3. Expand mental health and drug courts.
4. *Enhance public safety collaborations.*



Region 6 Summary Report
Opioid Remediation Advisory Committee
November 5, 2025

BACKGROUND

In May 2024, Region 6 Behavioral Healthcare hosted a summit and strategic planning session aimed at shaping the allocation and prioritization of opioid settlement funds.

Region 6 released an RFP in September 2024 and received 21 applications. Ultimately nine organizations were recommended for funding. Broken down by priority area, three focus on Awareness, Education and Prevention; one focuses on Community Connection and Support; one focuses on Enhanced Crisis Response; and four focus on Expanded Access to Treatment Services.

CURRENT PROJECTS

The following organizations are currently under contract. (Please note there are different project start dates for grantees).

Bonsai Health (\$479,591.40):

- Provide Medication Assisted Treatment for those with opioid use disorder.
- Outcomes: 106 unique patients received 2153 daily doses. Fourteen inmates were initiated on MAT while incarcerated. 688 Narcan units dispensed.

Community Alliance (\$273,695.00):

- Implement a program linking individuals with opioid use disorder to a peer navigator. Provide outreach, care coordination, warm hand-offs, and recovery support to individuals.
- Outcomes: Twenty-seven consumers enrolled. Fifty-eight service referrals made.

Goldfinch Health, Inc. (\$212,825.02):

- Partnerships with hospitals to reduce need for opioids post-surgery.
- Outcomes: A 23% decrease in average prescribed quantities of opioids post-surgery. 226 pills disposed. Only 1% of patients reported being readmitted to the hospital.

Methodist Fremont Health (\$287,776.00):

- Increase its outpatient pain management clinic capacity and services.
- Outcomes: Three patients currently active in the program. There is a 52% compliance rate for appointment attendance.

Sarpy County Corrections (\$97,307.50):

- Implementation of an information-sharing system facilitating communication between multiple agencies. This is a one-time fee. System has not yet been implemented.

Nebraska Collegiate Prevention Alliance (\$186,674.00):

- Implement an opioid and Narcan education campaign.
- Outcomes: Held an opioid training for 31 college professionals from six institutions in Region 6. Held one event to increase awareness of the Collegiate Recovery Community on UNO's campus (but open to all college students in the metro area.)

OneWorld Health (\$321,536.00):

- Expand its MAT program; distribute Narcan; outreach to Spanish-speaking communities.
- Outcomes: A new psych APRN was hired. 34.5% of patients began treatment within 14 days of a new SUD episode. 96.3% of patients were screened for behavioral health concerns.

Three Rivers Public Health Department (\$93,995.20):

- Launch comprehensive educational campaign on opioid misuse.
- Outcomes: Naloxone awareness billboard installed in Fremont. Held 11 sessions about Narcan reaching 235 people.

University of Nebraska Omaha (\$115,996.50):

- Increase the number of people eligible to become Licensed Drug and Alcohol Counselors.
- Outcomes: Contract started September 1. No significant outcomes to report yet.

FUTURE PROJECTS

To help clarify priority areas and considerations for this round of funding, Region 6 hosted a representative from the Opioid Response Network on September 15. He facilitated a listening session with 16 organization representatives from the region. In addition, we initiated a survey to measure current needs, challenges, and attitudes related to opioid use. Twenty-six people completed the survey. Feedback of note included:

- Consumer need for transportation, particularly to MAT appointments, is high.
- Lack of peer support specialists.
- Police and hospitals could do more to improve collaboration and information sharing.
- Need to be able to act on occasions where consumers demonstrate motivation to get help.
- Polysubstance use can trap people in a spiral of relapse and lack of basic resources.
- Would like to see more resources for parents/family/friends of those who have opioid use disorder or of those that have died due to overdose.
- There are substantial life challenges that people must deal with during treatment and their recovery journey. Find ways to ameliorate some of those issues (housing, bills, etc.)
- Prevalence and related data is limited, making it difficult to know if things are improving on a population level.

Region 6 released a second RFP on September 29, 2025. This will incorporate the previous focus areas while adding Access to Recovery Housing and Access to Transportation. These revisions were made because of feedback we heard from partners and stakeholders. We received 13 applications as of the October 30th deadline. Reviews will be completed before Thanksgiving.