Virtual Meeting of the Nebraska Opioid Settlement Remediation Advisory Committee
June 24th, 2026
Nebraska Association of County Officials (NACO) Offices, 1335 H Street, Lincoln, NE
1:00 p.m. – 4:00 p.m.
Meeting Minutes DRAFT

1. Call Meeting to Order:

Vice Chairperson Mary Ann Borgeson called the meeting to order at 1:04 p.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) Vice Chairperson Borgeson 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 7 voting members present.

Voting Members

Members in Attendance: Mary Ann Borgeson, Amy Reynoldson, Riley Slezak, Jason Scott, Mike Tefft, Paul Vrbka, Christa Yoakum.

Members Absent: Ann Anderson-Berry, Brandon Kelliher, Amy Holman , Cory Schmidt, Todd Stull.

Non-Voting Members in Attendance: Sara Howard.

Non-Voting Members Absent: Kevin Borcher, Jerome Kramer, John Massey, Paul Price, Kevin Spencer, Bill Tielke.

Others in Attendance: Shyanne Adams, Madisen Bell, Derek Bral, Holly Brandt, Keenan Cotton, Reecha Dixit, Ingrid Gansebom, Theresa Henning, Thomas Janousek, Travis Jenson, Patti Jurjevich, Nicole Kingston, Patrick Kreifels, Joseph LeDuc, Katie McCarthy, Jessica McDevitt, Diana Meadors, Norah Renner, Derek Sonnerfelt, Tad Spencer, Khrystyna Zhul.

c) Vice Chairperson Borgeson stated that on May 1st, 2026, 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) Vice Chairperson Borgeson 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. Vice Chairperson Borgeson stated that public comments will be heard on agenda items 5. 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 December 10th, 2025.

Vice Chairperson Borgeson opened the floor for a motion to approve the minutes from the September 3rd, 2025, meeting. Motion was made by Mike Tefft seconded by Christa Yoakum to approve the minutes as written. Vice Chairperson Borgeson opened the floor for discussion. Hearing none, the motion to approve December 10th, 2025, minutes passed with the following results:
Yay=7: Mary Ann Borgeson, Amy Reynoldson, Riley Slezak, Jason Scott, Mike Tefft, Paul Vrbka, Christa Yoakum.
Nay=0.
Abstain=0.
Absent=5: Ann Anderson-Berry, Brandon Kelliher, Amy Holman , Cory Schmidt, Todd Stull.

3. Opioid Settlement Financial updates, John Meals, DHHS CFO.

John Meals, DHHS CFO, presented to the committee on opioid settlement fund activities, expenses, and deposits. Summarizing the contents of the presentation, which is also attached at the end of the minutes, the state has received a total of $37,586,235.00. The fund number, name, and amounts are listed below as of June 23rd 2026.

- **22501**, Nebraska Opioid Recovery Fund (parent), $28,959,337.00
- **22502**, Opioid Prevention & Treatment Fund (Regions), $17,604.00
- **22503**, Opioid Treatment Infrastructure Fund (DHHS), $6,281,564.00
- **22504**, Opioid Trust – NOAT II Fund, $1,233,821.00
- **22505**, Opioid Trust – ENDO Fund, $1,093,909.00

Fund number 22502 and 22503 are child funds of fund 22501, which acts as a parent and trust fund. Fund 22504 and 22505 are trust funds which contain monies which originate as chapter 11 bankruptcy allocation and must be kept separate due to their requirements and reporting.

The total amount of funds that has been deposited to Nebraska in SFY26, is $18,245,075.00.

Total amount SFY26 expenditures is $14,332,673.00. This would include: parent fund/transfers/admin costs, Behavioral Health Region allocation, and Crisis Stabilization Subawards (Opioid Infrastructure Grants).

Annual mandatory transfers from the Opioid Recovery Trust Fund include the following items:

- $3,000,000.00: Opioid Prevention and Treatment Cash Fund –Behavioral Health Region allocation.
- $1,125,000.00: Training Division Cash Fund – Nebraska State Fire Marshall.
- $400,000.00: HHS Cash Fund – Overdose Fatality Review Team.
- $6,500,000.00: Probation Program Cash Fund – Nebraska Supreme Court/Adult Probation.

A question was asked on what bill prompted the allocation of $6,500,000.00. It was stated that the primarily budget bill is LB1071, and the corresponding allocated amounts were in LB1072. The state budget is passed on a bi-annual basis.

4. DHHS Division of Behavioral Health updates, Dr. Thomas Janousek, Director.

Director of Behavioral Health, Dr. Thomas Janousek, provided updates to the committee related to opioid mitigation activities and programs.

As shown in the presentation, prepared by John Meals, the grantees who were awarded funds for their infrastructure/construction projects have begun their substance use treatment renovations. Some of these include crisis stabilization centers and residential treatment facilities.

These facilities are being created in spaces which have not historically had opioid use disorder (OUD) or substance use disorder (SUD) treatment facility, which will have a big impact on addressing the crisis.

In relation to this development, the Rural Health Transformation Program (RHTP), which was distributed to states via HR.1 (The Big Beautiful Bill), is also being expended to work coinciding with the opioid settlement dollars.

The grant opportunity DBH is creating with the RHTP dollars will be utilized to help supplement the minor infrastructure and equipment-purchased projects for crisis stabilization, substance use, and detox facilities.

In relation to opioid settlement dollars, the division is looking to utilize that funding to create a grant opportunity to create a mobile opioid unit for communities that do not have facilities to address substance or opioid dependency.

The collaboration of funding will help make sure that the dollars will be used effectively to address substance use issues in the community.

A question was asked for clarification regarding the mobile opioid vehicle and it’s benefit. The mobile opioid vehicle is regarded as a medical transport to help treat patients who have

a SUD and/or an OUD. For areas that do not have a facility to conduct this work, the vehicle can be used to travel to these locations and serve as a treatment center for those who need the medical service.

Representatives from the Behavioral Health Region 5 area expressed interest in the state's efforts to contribute to the mobile opioid vehicle and will be working closely as they have also been having internal conversations on creating a mobile opioid vehicle.

5. Motorola Speaks about RAVE Product.

Voting member and assistant supervisor of law enforcement, Jason Scott, introduced the Motorola group to the committee. Natalie Kingston and Travis Jenson presented on the Motorola products through a presentation, which will be added to the minutes below.

The products presented, which have been chosen from their portfolio in an targeted effort to reach the Nebraska population, involve the notification of people in either a radius or geographic area of the dangers of certain situations and events, a panic button used in an immediate emergency situation, the usage of cameras and live feeds on public settings such as schools and the capital, and an alert system.

The public awareness tools will utilize artificial intelligence (generative AI), Geographic Information System (GIS) and Environmental Systems Research Institute (ESRI) mapping, which will be provided by those utilizing the products and where those products are located.

A question was posed on whether the alert would be sent to people in the area or anyone entering the area if, for example, an overdose occurred from a distributed batch of substances in certain area or county.

The speed of the data collection is conducted by those who are utilizing the product and can be done in seconds. If they do not have the data tool just yet, it will be conducted through other means, whether that is obtained through permission to utilize the data, with the state or other entities.

An example provided states that since Motorola is a public safety entity, they are able to collect the 911 location and data instantaneously, even before it goes through and reaches the 911 center/dispatch. This is due to their relationship with Apple and Google.

When asked about 988 calls, Motorola stated that they could potentially access the data, however, the network is ran through the federal government and Federal Communications Commission (FCC). The behavioral health incidence can certainly be uploaded to their mapping system though.

When asked where the panic button and mapping are currently being used, the Motorola representatives stated that the products are being used in multiple large entities and cities. They

offered to provide references or their other portfolios. The University of Nebraska Omaha (UNO) is utilizing the notification aspect of Motorola products currently.

It was asked on how Motorola would have access to the camera systems so they can conduct surveillance to understand the visual triggers. Motorola states that an Memorandum of Understanding (MOU) or an Identity Governance and Administration (IGA) would have to be conducted to give permission to Motorola to access these cameras. This could also be utilized in active shooting situation at schools as well. University of Nebraska Lincoln (UNL) was provided as an example in terms of the cameras surrounding Memorial Stadium.

It was noted by voting member Jason Scott that the product can be utilized interagency.

Motorola notes that dialing 911, through FCC rules, the right to privacy is revoked in order to access the caller's location and provide it to a 911 call center.

It was asked whether the user can select the type of notifications they want to receive. Motorola stated that there is a two-tier notification system. A question was also asked on who the information is for. The first, or the red tier, which includes amber alerts and weather alerts, cannot be turned off. However, the second tier can be shut off by the user. The intention of the alert is based on the user, if this were to be adopted.

6. Nebraska Regional Behavioral Health Authorities update.

It is noted that the six Regional Behavioral Health Authorities provided reports prior to the meeting and it was shared with the members of the committee on June 18th 2026. The reports will also be added to the meeting minutes below.

Regional Updates are provided below.

Region 1: The Regional Administrator, Holly Brandt, provided their updates. So far, $877,399.84 was appropriated to Region 1 from the state opioid settlement funds. They have obligated $810,413.37 from that previous amount. They have expended $301,825.26 so far. Since the last meeting, a grantee has installed lockboxes in all of the college campuses in the Region 1 service area. They also created scholarships so two (2) law enforcement officers and two (2) first responders could attend the RX Illicit Drug Summitt in April. They are continuing their work of bringing up a crisis stabilization center in Kimball. Renovation has started on the project. A provider has also purchased a mobile unit to provide mobile crisis to the Region.

A question was asked about the RX Illicit Drug Summitt and about the training provided to the Lutheran Family Services, as stated in the report provided. The individuals who went came back and provided reports and trained their fellow officers. The Lutheran Family Services training was for law enforcement as well and was held in Alliance Nebraska.

Another question was asked about the Legal Aid expenditure. The Region then explained that the individuals receiving the dollars conduct information sessions and work with individuals with criminal records associated with substance have their record sealed.

Region 2: The Regional Administrator, Katie McCarthy, provided updates to the committee on Region 2's activities. The Region was appropriated $823,311.00. The Region expended $319,000.00 and have obligated $79,000.00. The Region has not had many new projects since the last meeting. They are, however, getting ready to release their mini grant in the summer. They are also using their funds to help bring up a crisis stabilization and detox center in the Region.

Region 3: The Regional Administrator was not present, however, Norah Messer-Smith with the Region was able to provide an update. The Region has received a total of $1,776,323.05 to date. They have expended roughly $833,000.00 of those dollars. They typically expend the funds through grant opportunities from July to next year's July. They will be conducting their third grant cycle this year. They are currently accepting applications for a mini grant on their website.

Region 4: Regional Administrator, Ingrid Gansebom, and Prevention Coordinator, Derek Sonnerfelt, provided updates to the committee. In the last fiscal year, referring to the state fiscal year [June-July] since opioid settlement funds are distributed on that cycle, the region received over $257,000.00. They typically conduct their grant cycle in the fall, the last starting from October 1st to match with the federal fiscal year, which runs from October – September. They have obligated over $518, 000.00. In SFY26, the Region expended $468, 518.00 which is a combination of year 1 and 2 awards. Some projects they've invested in include: infrastructure projects, housing, access to treatment, prevention and education efforts.

The crisis stabilization center that is out of South Sioux City is 2 months ahead of schedule, which means that services can be introduced sooner than anticipated in the service area.

Region 5: The Regional Administrator, Patrick Kreifels, and Special Project manager, Theresa Henning, provided updates to the committee. For state fiscal year 2026, they awarded approximately $1,157,000.00. From fiscal year 2024-2026, they have awarded over $2,300,000.00 opioid settlement dollars. In their report, which is attached to the minutes, they provided a list of their grantees for fiscal year 2027. They conducted an open grant application for this cycle, to specifically target priority areas they have not targeted before in previous grant application cycles.

A question was posed on one specifically grantee named Elevita. The Region explained that it is a system that will help manage and streamline Region 5's reporting for their settlement funds. It will help the Region eventually create a public dashboard which accumulates and reports their activities associated with the opioid settlement funds.

Region 6: The Regional Administrator, Patti Jurjevich, and the opioid settlement manager Tad Spencer, provided updates to the committee. The Region provided a list of current projects

they have been providing funds for, as well as projects they will begin funding in this new fiscal year, fiscal year 2027. The projects range from prevention, to treatment, to services, and to workforce development projects.

A question was posed on their housing project they will be funding using the settlement dollars. The dollars will be utilized for housing assistance for eligible individuals for rent and security deposit payments.

7. Public Comments.

Joe LeDuc, member of the public, and provided their appreciation in seeing the funds utilized for efforts to mitigate the opioid crisis.

A question was posed on the reports and presentations provided and when they would be added to the public site. The Open Meetings Act requires entities, such as Nebraska, to provide minutes for public advisory committees or minutes which include shared information, reports, presentations, and other documentation within 10 (business) days for public viewing.

Another question was posed on the intention of having the RAVE Motorola presentation provided at the committee. The presentation was provided for information purposes if there is anyone who may be interested in this product or interested in working with Motorola.

8. Discussion of Meeting Dates for Calendar Year 2026.

Discussion of possible upcoming meeting dates in 2026 was held. A tentative date of the next meeting has been set for September 23rd 10 am – 1:00 pm. This will be the in-person meeting for the year for voting members. An unofficial quorum was noted from voting members, and seven (7) voting members will be able to join.

9. Consider a motion to adjourn.

The meeting agenda having been completed.

Vice Chairperson Borgeson motioned to adjourn the meeting. Motion was made by Mike Tefft, seconded by Christa Yoakum. Roll call vote was conducted. The motion passed with the following results.

Yay=7: Mary Ann Borgeson, Amy Reynoldson, Riley Slezak, Jason Scott, Mike Tefft, Paul Vrbka, Christa Yoakum.
Nay=0
Abstain=0
Absent=5: Ann Anderson-Berry, Brandon Kelliher, Amy Holman , Cory Schmidt, Todd Stull.

The meeting adjourned at 2:32 p.m.

OPIOID SETTLEMENT FUNDS

STATUS & ACTIVITY

Balances, expenditures, regional distribution, and deposits as of June 23, 2026

Fund Balances

As of June 23, 2026

Fund #	Fund Name	Balance
22501	**Nebraska Opioid Recovery Fund (Parent)**	**$28,959,337**
22502	Opioid Prevention & Treatment Fund (Regions)	$17,604
22503	Opioid Treatment Infrastructure Fund (DHHS)	$6,281,564
22504	Opioid Trust – NOAT II Fund	$1,233,821
22505	Opioid Trust – ENDO Fund	$1,093,909

TOTAL FUNDS

$37,586,235

across 5 funds

Settlement Deposits

FY2025–2026

Deposit Date	Description	Amount
7/15/2025	71-2490 Opioid Transfer	$4,525,000
7/16/2025	ENDO Opioid Payment	$1,067,259
7/30/2025	National Opioid Trust (NOAT II)	$1,204,142
8/11/2025	Nat'l Opioid Settlement	$8,797,548
9/17/2025	Walgreens Settlement	$9,108
9/19/2025	McKinsey Settlement	$1,437
11/5/2025	Walmart Settlement	$85,332
2/2/2026	Walgreens Settlement	$20,958
3/4/2026	Kroger Settlement	$193
4/30/2026	Various	$1,943,592
6/17/2026	Nat’l Opioid Settlement	$590,506

TOTAL DEPOSITS

$18.25M

11 deposits

State Fiscal Year 2026 Expenditures

Fund #	Utilization	Expenditures
22501	Parent Fund / Transfers / Admin	$76,692
22502	Regions	$3,000,000
22503	Crisis Stabilization Subawards	$3,230,981
22504	*NOAT II*	$0
22505	*ENDO*	$0
Various	Annual Mandatory Transfers	$8,025,000
	Total Expenditures	**$14,332,673**

TOTAL SPENT

$6,307,673

Annual Mandatory Transfers

LB1355 (2024) • LB1072 (2026)

Nebraska Opioid Recovery Trust Fund • Effective July 1 each year

$3,000,000

LB1355

Opioid Prevention & Treatment Cash Fund

Annual transfer to 6 Regional Behavioral Health Authorities for opioid prevention and remediation programs statewide.

6 Regions

$1,125,000

LB1355

Training Division Cash Fund

Nebraska State Fire Marshal — connects first responders to behavioral health services; statewide wellness learning plan with anonymous assessments and resiliency development.

State Fire Marshal

$400,000

LB1355

HHS Cash Fund

Staff to carry out the Overdose Fatality Review Teams Act — tracking overdose data to guide evidence-based spending decisions.

DHHS

$6,500,000

LB1072

Probation Program Cash Fund

Nebraska Supreme Court / Adult Probation — problem-solving courts addressing substance abuse, mental health, and domestic violence. FY2026 & FY2027.

Problem-Solving Courts

TOTAL ANNUAL TRANSFERS: **$11,025,000 per year from the Nebraska Opioid Recovery Trust Fund**

Regional Breakdown

Transferred July 21, 2025

$3,000,000

Total Distributed to Regions

Region	Amount Received	Share
Region 1	$164,280	5.5%
Region 2	$153,360	5.1%
Region 3	$326,946	10.9%
Region 4	$257,499	8.6%
Region 5	$772,263	25.7%
Region 6	$1,325,652	44.2%
Total	**$3,000,000**	**100%**

Legislatively determined distribution (LB1355 2024)

Fund 22503 — Opioid Treatment Infrastructure Fund

Subrecipient Payments (Object 594100) • SFY 2026 (Jul 2025 – Jun 2026)

As of June 23, 2026

$3,230,981	$10,571,263	$7,340,282	5
Total Paid to Date	Infrastructure Requested	Remaining to be Paid	# Subrecipients

Subrecipient	SFY 2026 Paid	Infrastructure Funds Requested	Remaining Balance	% Paid
Arch – Alcoholics Resocialization Center	$228,874	$276,172	$47,298	82.9%
Centerpointe Inc.	$169,661	$2,000,000	$1,830,339	8.5%
Central Wyoming Counseling Center	$986,884	$3,475,726	$2,488,842	28.4%
Heartland Counseling Services	$1,845,562	$4,468,134	$2,622,572	41.3%
Bryan Medical Center	—	$351,231	$351,231	—
TOTAL	**$3,230,981**	**$10,571,263**	**$7,340,282**	**30.6%**

Obj 594100 — Subrecipient SEFA

Summary

Total Fund Balances:	$37,586,235 across 5 funds
Year-to-Date Expenditures:	$14,332,673 spent fiscal year 2026 to date
Regions Funded:	$3,000,000 distributed across 6 regions (July 2025 – Fund 22502)
Crisis Stabilization:	$3,230,981 in subawards (Fund 22503)
Administrative:	$76,692
Mandatory Transfers:	$8,025,000
Total Deposits Received:	11 deposits totaling ~$18.25M

Combating the Opioid Crisis in Nebraska

Motorola Solutions' Unified Public Safety Ecosystem

2026

MOTOROLA SOLUTIONS

Radius Plus

Intelligence and AI analytics

The primary intelligence hub to combat the Opioid Crisis–utilizing statewide GIS layer powered by Assist AI – identify overdose patterns, clusters, and predictive resources.

Quickly & accurately pinpoint every caller

- Device-based enhanced location data
- Floor plans and authoritative GIS

Accelerate call intake with Assist AI

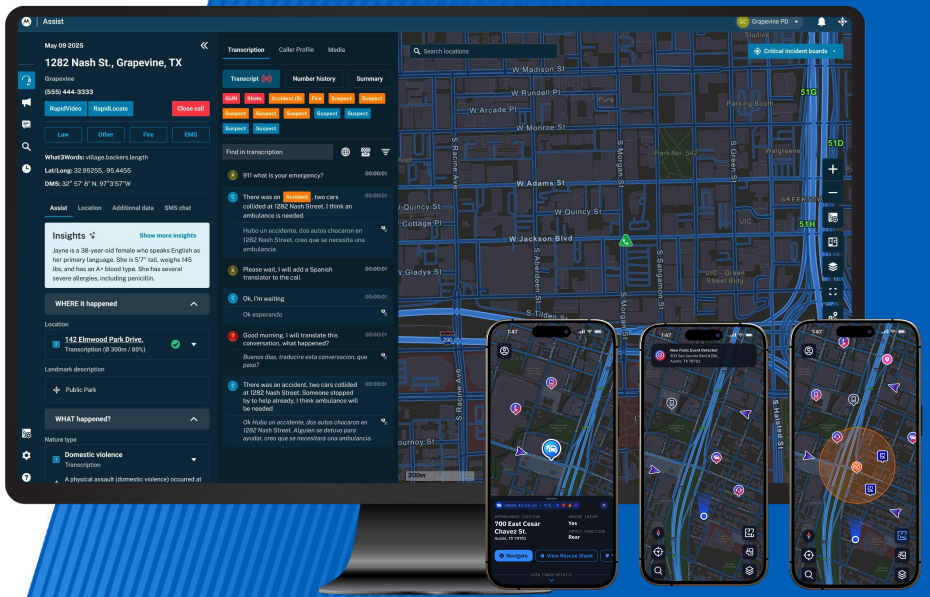
- Transcription, translation, keyword detection
- Dynamic call summarization
- Data aggregation, recommendations

Better connect with & understand callers

- Real-time video feeds and texting
- Agency to agency messaging

Deliver 911 data to the field

- Tools for first responders in the field providing them better awareness of their surroundings



Rave Panic Button

Immediate emergency activation

With a single press of a button, dial 911 and send alerts, providing state facilities with near real-time emergency activation capabilities during an overdose.

Help speed response times

Deliver a map-based common operating picture of the situation with real-time status of on-scene actions.

Supply enhanced data to 9-1-1

Location, facility information, type of activation and more are sent to 9-1-1 when the buttons is pressed.

Integrate with your systems

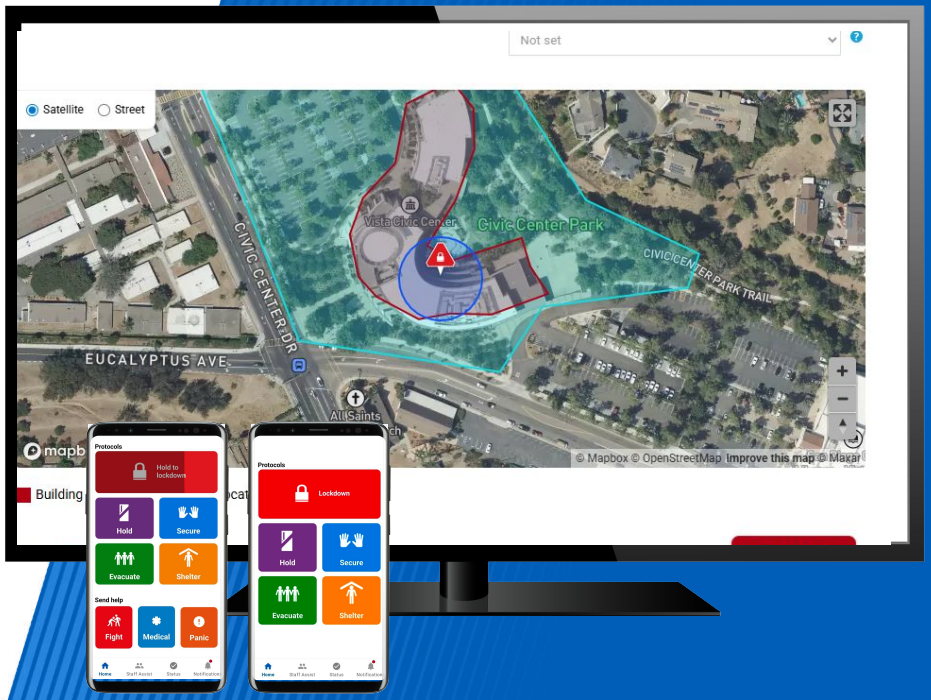
Send critical communications via digital signs, video systems, access controls, IoT-ready devices and more.

Staff Assist

Enables internal, non-emergency communication for coordinating welfare checks or reporting suspected activity.

Dedicated medical button

Broadcast a custom "Medical Emergency" alert to on-site staff, can also simultaneously dial 911.



CommandCentral Aware

Shared situational awareness

The Rave Panic Button and CommandCentral Aware together provides live camera feeds and visual confirmation of incidents triggered by the Panic Button or 911 calls.

Receive Panic Button Alerts

Receive real-time alerts of a panic button press on the CommandCentral Aware map along with 9-1-1 calls, nearby cameras, units and other resources and events.

View type of incident and customize alerts

See details on the panic alarm including type of incident (such as overdose), GPS coordinates, location, time stamps and more. Adjust icon, sound, priority of alerts (e.g., set proximity to a school).

Livestream nearby camera feeds

Remotely livestream camera feeds from surrounding locations to assess the situation faster and provide a more informed response.

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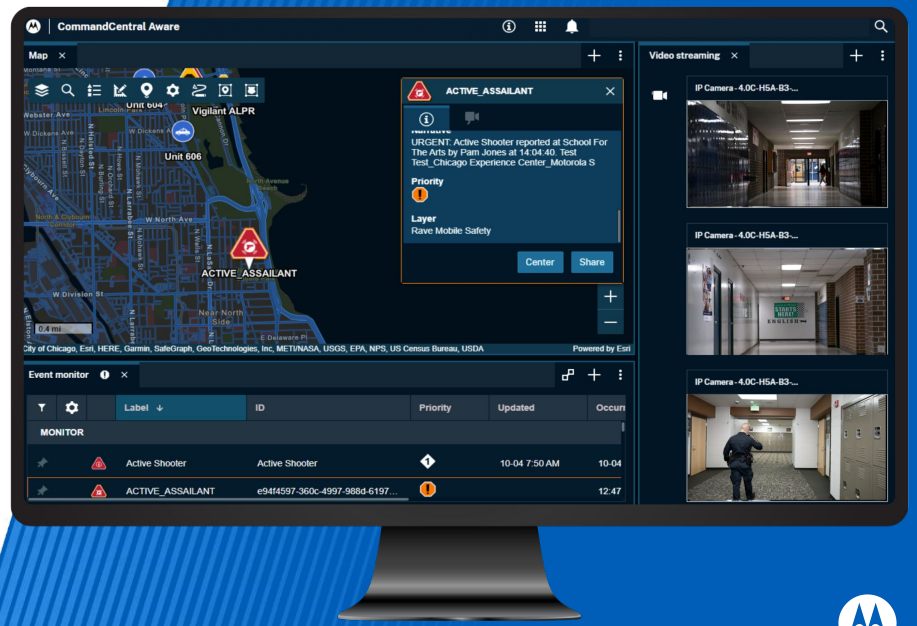


Rave Alert

Quick alerts when seconds count

A statewide communication platform for operational coordination and public safety messaging–including alerts on dangerous drug batches and Narcan supply notifications.

From everyday usage to catastrophic events

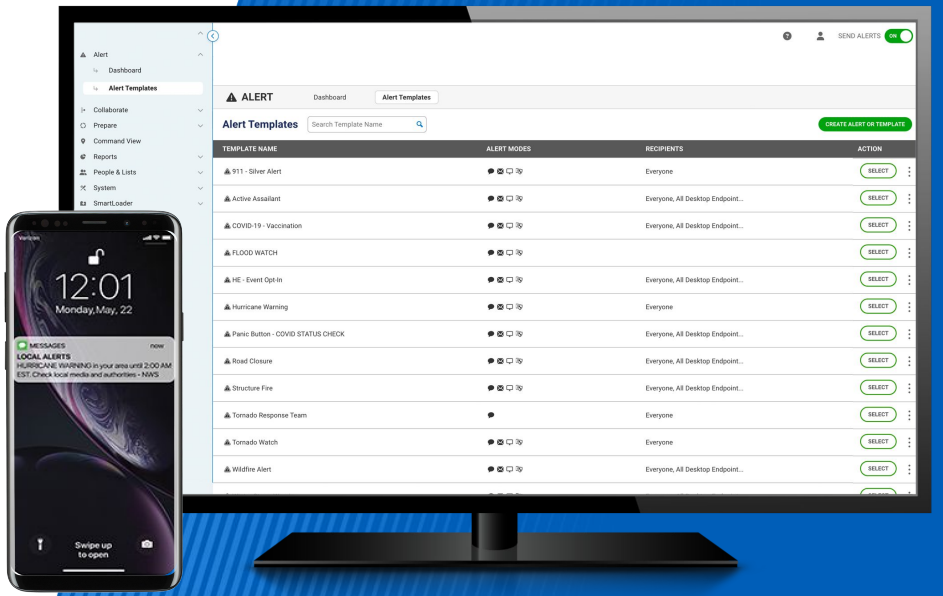
Send unlimited, automated messages translated into 100+ languages so every Nebraskan can stay informed.

Reach your entire population

Notify your community or teams from any internet-connected device. Send alerts across text, voice, email, digital signage, and more.

Unmatched performance you can rely on

Reliability when seconds count. Built on a dependable network you can rely on. Automated reporting and analytics give you clear visibility into message delivery.



Rave Link

Unified communication & coordination

Rave Alert and Rave Link allow agencies to share live CAD incident data across jurisdictions and automate incident-specific alerts. Link also provides a platform to distribute critical IPAWS alerts for drug batches and Narcan supply updates.

Help make informed decisions quickly

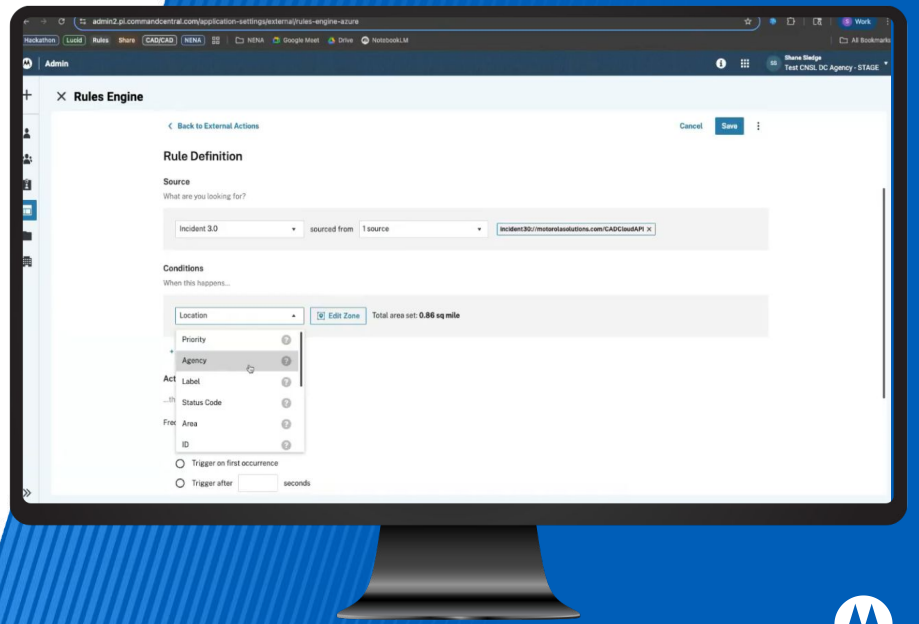
Secure, near real-time sharing of critical CAD data and unit locations (AVL) between agencies. Help reduce response times with a unified emergency response.

Simplify and scale interoperability

Move beyond time-consuming manual processes and complex integrations. Coordinate workflows across multiple jurisdictions and systems with ease.

Built-in MOU manager

Define what data is shared, with whom, and under what conditions. Every exchange is logged, helping with accountability and aligning policies.



Drone as First Responder (DFR)

Rapid aerial response

Provides rapid delivery of Naloxone (Narcan) to rural or hard-to-reach areas, ensuring life-saving medication arrives ahead of ground units while also receiving real-time situational awareness via video feeds.

Fast deployment for hard-to-reach areas

- 10-lb payload capacity
- Bypass ground traffic and remote areas to quickly transport and drop critical, lifesaving items, including Narcan (naloxone) kits for overdose reversals, AEDs for cardiac arrest, and more.

Real-time video streaming and situational awareness

- Live video feed from the scene help assess the situation, guide bystanders through Narcan administration over two-way audio, and have a full picture ready for incoming EMS.
- Video seamlessly integrates into CommandCentral Aware to consolidate live medical-scene footage into a single, unified system.

Thank you

MOTOROLA SOLUTIONS

Region 1 Opioid Settlement Funds Report

6/15/26

Funds appropriated to the agency: $877,399.84

Funds obligated: $810,413.37

Funds Expended: $302,825.26

Describe how the funds were distributed.

Region 1 developed a grant application and scoring metrics. Region 1's grant application went live on March 18, 2024. Applicants could apply for grant funding in the following four priority areas: Crisis Stabilization, Detox, Justice, and Restorative Justice. Region 1 received 8 applications requesting funding. The applications were reviewed by our Opioid Settlement committee, and 5 grant applications were recommended for funding. Grant award notifications were sent on June 27, 2024, to the following agencies: Mediation West $52,000.0 for Restorative Justice, Scotts Bluff County Detention Center $140,500.00 to purchase a drug/contraband scanner, Legal Aide $52,000.00 for Restorative Justice, Lutheran Family Services $20,650.37 for Law Enforcement training, and NJJA $11,083.24 to provide a one day training on opioid effects on mental health. In July of 2025, Region 1 received a grant application from NECPA to place Narcan lock boxes on college campuses in the Region 1 service area. This grant was reviewed by the Opioid Settlement committee and was approved. NECPA was awarded $24,225.00 to place Narcan lock boxes on Chadron State College campus and WNCC campus. The award also includes monies for education on how to administer NARCAN and prevention of opioid use. Region 1 has obligated $10,000.00 for scholarship opportunities for Law Enforcement Officers to apply to attend the RX Illicit Drug Training. This will be awarded annually in February.

Specify the effect of the funding on the organization, program, or activity and the results of the completed or ongoing activities, services, or strategies.

Scottsbluff Detention Center used their grant funding to purchase a contraband scanner for their Detention Center. All staff have been trained on the use of the scanner, and the scanner has been in operation since 9/27/2024. Since that time 3553 inmates have been scanned. Implementation of this contraband scanner has deterred inmates from bringing

contraband into the detention center and has reduced inmates overdosing on opioid in the detention center. It has also increased staff morale and staff feel safer while they work. This grant has been completed, and all funds have been expended.

NJJA: On 10/29/24 NJJA held a successful in person training at the Gering Civic Center. The training covered mental and behavioral health needs related to opioid use. A national speaker was along with four local speakers for the day long training. Outcomes for the training were for attendees to expand their knowledge to address mental health and behavioral health concerns related to opioid use and for attendees to walk away with three coping strategies to deal with daily stressors. 51 people attended the training. A survey was completed at the end of the training and 93% of the participants reported strongly agree or agree to being able to use the knowledge gained from the training in their daily professions. 86% of participants strongly agree or agree to walking away from the training with at least 3 coping strategies to deal with daily stressors and 93% of trainees rated the overall training as very good or excellent. This grant has been completed, and all funds are expended.

Lutheran Family Services: The purpose of this grant is to host CIT training for Region 1 Law Enforcement agencies. This training was held in FY26, and this grant has been completed.

Mediation West: The purpose of this grant is to expand adult victim-offender conferencing. Mediation West has been working on curriculum development and research of re-entry programs across the country. Protocols, dialog, interview guides, and Matrixes have been finalized. This grant is on-going with funds remaining.

Legal Aide of Nebraska: The purpose of this grant is to increase awareness among individuals affected by opioid use about their eligibility for pardons, set asides and record sealing. To facilitated clinics and assistance and screen individuals for eligibility for pardons, set asides or record sealing services through pro bono clean slate clinics or individual assistance. Legal Aide has provided 11 events to increase awareness, reaching 163 individuals. Legal Aide has held 4 clinics and screened 36 individuals for assistance. They have worked with 8 individual clients and had court hearings for set asides on 22 different convictions. This grant is on-going.

Nebraska Panhandle Counseling Center: Opioid Settlement Funds have been awarded to Nebraska Panhandle Counseling Center (NPCC) for equipment and furniture for the Crisis

Stabilization Center in the amount of $400,000.00. Funding has also been awarded in the amount of $100,000.00 to NPCC to purchase a Mobile Crisis Unit to be used for Medicated Assisted Treatment for Opioid Use Disorder, Medication management, and Crisis Response in the Region 1 service area. The mobile unit has been purchased and will be operational in June of 2026. Renovation of the Crisis Stabilization center is under way with a tentative opening date of December 2026.

Region 1 provided scholarships to two Law Enforcement officers and two first responders to attend the RX & Illicit Drug Conference in April of 2026. Region 1 plans to offer scholarship opportunities annually for this conference.

Region II Human Services Opioid Settlement Funding Update

Region II Human Services continues to make significant progress in addressing opioid and substance use challenges across West Central Nebraska through strategic use of opioid settlement funds. Guided by a regional planning process initiated in 2023, Region II worked closely with community stakeholders, healthcare providers, local governments, law enforcement, and recovery organizations to identify service gaps and prioritize investments that would have the greatest impact on prevention, treatment, recovery, and community capacity.

One of the most significant outcomes of this effort was the creation of the Family/System Navigator position. This role serves as a key component of Region II's opioid response by providing education, support, and care coordination to individuals and families impacted by substance use disorders. The Navigator assists individuals in understanding treatment options, including Medication Assisted Treatment (MAT), connects them to recovery and crisis resources, and facilitates two on-going recovery support groups, a structured recovery wellness group and an open drop-in contingency management group. The support groups continue to be well-attended. A new Family Recovery group is getting ready to begin. Throughout the year, these services have helped increase engagement in treatment and recovery, strengthen family support systems, and address gaps in community-based recovery resources.

In addition to direct support services, Region II continued to invest in regional infrastructure and community partnerships. Activities included participation in regional prevention and recovery events such as the Southwest Nebraska Opioid and Stimulant Summit and ongoing collaboration with healthcare providers, justice partners, and community organizations to improve access to services and strengthen coordination of care.

To further expand local capacity, Region II Human Services released a competitive Request for Proposals (RFP) in 2025 to distribute opioid settlement funds through community-based mini-grants. Following a review process, funding was awarded to five organizations whose projects aligned with nationally recognized opioid settlement abatement strategies.

Deborah's Legacy received funding to expand recovery support services for women in recovery, including housing, transportation, workforce development, and other wraparound supports designed to promote long-term stability and recovery. Their goals were to provide 8-10 women safe-haven housing with programming over the course of the 12 month period of time.

West Central District Health Department implemented the Neighbors Helping Neighbors: Rural Opioid Prevention Initiative, focusing on naloxone distribution, overdose response training, and expanding recovery resources to underserved populations. Progress during the year included increasing naloxone availability and training opportunities for community members and law enforcement agencies. Equipping law enforcement with naloxone ensures that individuals experiencing an overdose have a greater chance of receiving timely, lifesaving intervention.

Lutheran Family Services launched North Platte's first Harm Reduction Vending Machine project. The vending machine provides free access to naloxone, tobacco cessation supplies, hygiene products, first aid supplies, and other harm reduction resources. The machine was installed and introduced to the community through a public open house on May 21st, 20226.

University of Nebraska–Lincoln expanded overdose prevention and education efforts at Mid-Plains Community College and the Nebraska College of Technical Agriculture. Activities included health behavior assessments, stigma reduction campaigns, educational outreach, and continued efforts to increase access to naloxone on college campuses. The 2026 Nebraska Assessment of Collegiate Health Behaviors (NACHB) was successfully fielded from February 24 to March 13 at the Nebraska College of Technical Agriculture (NCTA). Comparison briefs and full survey reports are anticipated for release in summer 2026. Progress toward expanding naloxone access continued, though several implementation barriers remain.

Digital outreach through lnstagram, TikTok, and Snapchat continued to dispel misconceptions about Narcan and normalize its presence as a standard safety tool. Phase 2-focused on action, engagement, and promoting on-campus resources-is now expected to begin between June and December 2026,

Community Connections continued and expanded substance use prevention programming focused on youth, families, and community awareness. Efforts included educational webinars, podcasts, community events, medication disposal initiatives, and increased distribution of Deterra medication disposal pouches. While staffing challenges limited expansion into some rural communities, prevention efforts within Lincoln County remained active and effective.

Remaining opioid settlement funds supported personnel costs associated with the Family/System Navigator position, consultation services, and a portion of the Clinical Director of Opioid Services role. Funding also supported recovery group activities and participant engagement efforts designed to encourage sustained recovery and community connection.

Opioid settlement funding has enabled Region II Human Services to build sustainable infrastructure, strengthen partnerships, improve care coordination, and increase access to prevention, treatment, and recovery services throughout the region. Without these resources, many of the services, partnerships, and initiatives currently underway would not have been possible.

Looking ahead, Region II remains committed to addressing one of the Region's most significant identified needs—the development of withdrawal management and detoxification services. Region II collaborated with the City of North Platte, Great Plains Health, West Central District Health Department, Lutheran Family Services, and other partners to pursue state opioid infrastructure funding for a regional detox center. While the proposal was not selected during this funding cycle, the planning process strengthened regional partnerships and established a foundation for future funding opportunities. Additionally, Lutheran Family Services continues to explore opportunities to develop a detoxification and/or crisis stabilization center in the region, and Region II Human Services remains an active partner in supporting those efforts.

REGION 3
BEHAVIORAL HEALTH SERVICES

Please see the following summary of opioid settlement funds received by Region 3 Behavioral Health System ("Region 3") and how those funds have been obligated and disbursed as of May 2026.

1) Total opioid settlement funds received by Region 3 (to date) from Nebraska Department of Health and Human Services

Region 3 has received a total of $1,776,323.05 in opioid settlement funds to date.

- FY 23: July 2022 through June 2023
  - Allocated $1,122,430.49
- FY 24: July 2023 through June 2024
  - Allocation $0
- FY 25: July 2024 through June 2025
  - Allocation $326,946.56
- FY 26: July 2025 through June 2026
  - Allocation $326,946

2) How Region 3 has allocated and used settlement funds

Region 3 has distributed opioid settlement funds through structured, competitive processes designed to ensure funds are allocated transparently, equitably, and in alignment with allowable opioid abatement uses. Region 3 has conducted two competitive grant cycles to date and a third grant cycle will be available during summer 2026.

Grant Cycle 1
Application window: July 2024 – August 2024
Demand and awards (overview)
Region 3 received 11 applications requesting nearly $1.4 million.

- Following competitive review, Region 3 awarded $600,000 across ten projects:
  - **Buffalo County Community Partners** — *Prevention & Recovery*
  - **Central District Health Department** — *Prevention & Other*
  - **Central Nebraska Council on Alcoholism & Addictions Inc.** — *Prevention*
  - **Hastings Fire-Rescue** — *Other*
  - **Loup Basin Health Department** — *Prevention*
  - **Lutheran Family Services** — *Prevention*
  - **Mid Plains Center**— *Prevention, Treatment & Recovery*
  - **Physicians Laboratory P.C.** — *Other*
  - **Revive Inc.** — *Treatment & Recovery*
  - **Two Rivers Public Health Department** — *Prevention*

Grant Cycle 2
Application window: July 2025 – August 2025
Demand and awards (overview)
Region 3 received 6 applications requesting nearly $382,457.62.

- Following competitive review, Region 3 awarded $301,897.92 across five projects:
    - **Billion Pill Pledge** — *Prevention & Other*
    - **Buffalo County Community Partners** — *Prevention & Recovery*
    - **Board of Regents of the University of Nebraska for the Nebraska Collegiate Prevention Alliance (NECPA)** — *Prevention & Other*
    - **Buffalo County Sheriff's Office** — *Treatment & Recovery*
    - **Loup Basin Public Health Department** — *Prevention*

Grant Cycle 3
Application window: July 2026 –August 2026
Demand and awards
The third structured, competitive grant cycle will be released in July 2026.

Decision framework and fiscal controls

- Predictable annual timeline: Region 3 opens and awards grants on or after July 1 and intends to continue annual application periods. This timing supports compliance with state obligation requirements while allowing Region 3 to account for fiscal-year changes and maintain responsible budgeting practices.
- Targeted funding decisions: Due to limited resources and to maximize impact, Region 3 does not always fully fund proposals. Instead, Region 3 funds specific project components deemed most likely to produce significant and timely community benefit.
- Contract-based reimbursement model: Region 3 distributes funds through executed contracts with defined scopes, budgets, and documentation requirements, and reimbursement is made only after review of allowable expenses and supporting documentation (e.g., invoices, receipts, and proof of payment), as applicable.

Discretionary awards for emergent needs
In addition to funds awarded through competitive cycles, Region 3 has made limited discretionary awards to address emergent community needs:

- In 2024, Region 3 committed $350,000 to Mid Plains Center for infrastructure development to support the expansion of the Crisis Stabilization Unit (CSU) and the addition of Medically-Monitored Inpatient Withdrawal Management.

Expenditures to date

- As of April 2026, Region 3 has expended $833,218.62 in opioid settlement funds.
- As of April 2026, the amount of obligated funds include:
    - Amount of Infrastructure Awards Obligated - $96,394.81
    - Remaining Amount of Grant Awards Obligated 2024/2025 grant cycle - $99,095.49
    - Remaining Amount of Grant Awards Obligated 2025/2026 grant cycle - $42,289.95

FY26 Outcome Report on Opioid Settlement Funds

Organization Name: Region 4 Behavioral Health System
Contact Information: Derek Sonnenfelt, 206 W. Monroe Avenue, Norfolk, NE 68701
Email: dsonnenfelt@region4bhs.org | **Phone:** 402-316-1779

1. Opioid Funds Obligated: $518,163.84
In FY26, Region 4 received eight opioid settlement funding applications requesting more than $1,282,172. Following review, Region 4 selected four applicants for funding and obligated $518,163.84. Obligated funds supported four key initiatives: infrastructure projects, supportive housing, improved access to treatment, and prevention and education.

2. Opioid Funds Spent: $468,518.50
As of FY26 year-to-date, Region 4 has expended $468,518.50 in opioid settlement funds. These expenditures include funding from Region 4's second annual grant award cycle, completed in Fall 2025, as well as carryover awards from the initial grant cycle in the Fall of 2024.

3. Planning and Priority Setting
Region 4 used feedback from the 2024 Opioid Summit to identify priorities for funding allocation. The planning process focused on developing targeted programs that address identified service and support gaps. Through this strategy, Region 4 is taking a proactive approach to ensure settlement funds support measurable public health improvements related to opioid misuse.

4. Funding Distribution Process
Region 4 established a streamlined application process for opioid settlement funds. Applicants were required to submit a completed application, W-9, detailed budget form, and budget narrative. Region 4 uses a scoring rubric to fund initiatives that demonstrate clear value and align with opioid remediation uses specified in Exhibit E. Grants are opened in October each year to allow adaptability with changes to federal and state funding environments.

5. Outcome of Funds
Infrastructure funding has helped projects remain on schedule, reducing the risk of increased construction costs, delayed service expansion, reduced funder confidence, and continued strain on emergency departments and public safety systems.

Supportive housing efforts have received positive feedback from courts, probation, hospitals, and community health centers, demonstrating value for individuals who may otherwise cycle through crisis systems.

Transportation capacity has been significantly expanded through the acquisition of transport vehicles. This directly addresses one of the most persistent barriers in rural communities: the ability to physically access treatment, recovery supports, and related services.

While long-term outcomes from youth prevention programming are not yet fully measurable, the expansion of evidence-informed, youth-focused prevention efforts is expected to strengthen local protective factors and reduce the risk of future substance misuse among youth.

Opioid Settlement Fund Allocations
May 2026

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	J: Leadership, Planning, and Coordination	
My LINK	7/1/26-6/30/27	$6,000.00	Statewide				Exhibit E						Share in the annual cost of MyLink, a free phone app providing access to resources from over 400 organizations within Region 5 Systems' catchment area.
Flex Funds	7/1/26-6/30/27	$50,000.00	All 16 counties	A:1									To provide flex funds to obtain the resources necessary to meet identified treatment/rehabilitation needs that can not be provided through other funding mechanisms or more traditional service provision modalities.
Houses of Hope	7/1/26-6/30/27	$137,500.00	Lancaster	A:1				**E:3**					To support capacity building to restore access to clinically supervised residential treatment for OUD and SUD for men. Funds will support recruitment and onboarding of clinical and direct care staff, accreditation, licensure requirements, and development of program infrastructure.
Goldfinch	8/1/2026-7/31/27	$198,156.00	All 16 counties						F:2				Implement the Billion Pill Pledge, an initiative to address opioid addiction and related harms caused by the overprescribing of opioids in surgical settings.
Bonsai Health	8/1/2026-7/31/27	$700,000.00	Service area to be determined	A:1 **A:3**				**E:3**		**G:1**			Expand MAT/MOUD services, including mobile treatment and interventions, to individuals with OUD, including those who are incarcerated, on parole or probation, or participating in re-entry programs.
Elevita	5/18/26-10/17/29	$300,000.00	All 16 counties									Exhibit E	Creation of a public dashboard to show how opioid settlement funds have been spent and report program or strategy outcomes.

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 Behavioral Healthcare
Opioid Settlement Projects Summary
June 10, 2026

Current Projects

1. COMMUNITY ALLIANCE - Peer Navigator Program for OUD
First 18 Months - $273,695.04. Next 21 Months - $238,484.65. Connects individuals with Opioid Use Disorder (OUD) to peer navigators for outreach, care coordination, warm hand-offs, and recovery support.

2. GOLDFINCH HEALTH - Billion Pill Pledge Implementation
First Nine Months - $212,825.02. Next 18 Months - $237,050.58. Collaborative initiative with hospitals focusing on non-opioid pain management strategies to minimize post-surgery opioid use via nurse navigators and pre-surgery toolkits.

3. METHODIST FREMONT - Outpatient Pain Management Clinic Expansion
Year One - $287,776.00. Year Two - $193,478.46. Expansion of outpatient clinic services and the SOAR program through additional staff hiring.

4. BONSAI HEALTH – Medication for Addiction Treatment (MAT) Provision
Year One - $510,345.90. Year Two - $500,332.56 (*funding continued until the transition to Network provider status complete). Funding for MAT startup costs and treatment delivery.

5. SARPY COUNTY CORRECTIONS - Multi-Agency Information-Sharing System
One Year - $97,307.50. Implementation of a data-sharing platform between multiple agencies.

6. NEBRASKA COLLEGIATE PREVENTION ALLIANCE - Collegiate Narcan Educational Campaign
Year One - $186,674.00. Year Two - $186,671.40. Launch of a comprehensive Narcan education and awareness campaign at the college level.

7. ONEWORLD - MAT Program Expansion & Collaborative Care
One Year - $321,536.00. Expanding MAT programs, implementing a Collaborative Care Model, and conducting targeted outreach to Spanish-speaking communities.

8. THREE RIVERS PUBLIC HEALTH DEPARTMENT - General Opioid Misuse Educational Campaign
Two Years - $93,995.20. A broad educational and media campaign focused on the dangers of opioid misuse and Narcan distribution.

9. UNO - Project BEST (Building Expertise in Substance Use Treatment)
One Year - $115,996.50. Program designed to increase the pipeline of Licensed Drug and Alcohol Counselors (LADCs) by offering specialized courses.

Beginning July 1, 2026

Behavioral Health Education Center of Nebraska (BHECN): Increase the number of qualified providers specializing in opioid use disorder. Funding to offset supervision costs for behavioral health providers helping to train those new to the profession.

Different Approach Sober Living: Train, certify, and employ eligible residents with lived experience in opioid use disorder and recovery to be state-certified peer support specialists and house captains who live onsite at Different Approach Sober Living houses.

**Outcomes for current projects available upon request.*