

Nebraska

UNIFORM APPLICATION

FY 2022/2023 Combined MHBG Application Behavioral Health
Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT and COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 07/07/2023 3.29.30 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2023

End Year 2024

State SAPT DUNS Number

Number 808819957

Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name Nebraska Department of Health and Human Services

Organizational Unit Division of Behavioral Health

Mailing Address 301 Centennial Mall South, Fourth Floor PO Box 95026

City Lincoln

Zip Code 68509-5026

II. Contact Person for the SAPT Grantee of the Block Grant

First Name Sheri

Last Name Dawson

Agency Name Nebraska Department of Health and Human Services

Mailing Address 301 Centennial Mall South, Fourth Floor, PO Box 95026

City Lincoln

Zip Code 68509-5026

Telephone (402) 471-7856

Fax (402) 742-8314

Email Address Sheri.Dawson@nebraska.gov

State CMHS DUNS Number

Number 808819957

Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name Nebraska Department of Health and Human Services

Organizational Unit Division of Behavioral Health

Mailing Address 301 Centennial Mall South, Fourth Floor PO Box 95026

City Lincoln

Zip Code 68509-5026

II. Contact Person for the CMHS Grantee of the Block Grant

First Name Sheri

Last Name Dawson

Agency Name NE DHHS Division of Behavioral Health

Mailing Address 301 Centennial Mall South, Fourth Floor PO Box 95026

City Lincoln

Zip Code 68509

Telephone (402) 471-7856

Fax (402) 742-8314

Email Address sheri.dawson@nebraska.gov

III. Third Party Administrator of Mental Health Services

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

V. Date Submitted

Submission Date 9/1/2022 12:49:58 PM

Revision Date 4/4/2023 10:30:43 AM

VI. Contact Person Responsible for Application Submission

First Name John

Last Name Trouba

Telephone 402-471-7824

Fax 402-742-8314

Email Address john.trouba@nebraska.gov

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

SAMHSA
Office of Financial Resources, Division of Grants Management
Center for Substance Abuse Treatment, Division of States and Community Systems
Center for Substance Abuse Prevention, Division of Primary Prevention
Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee's intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

Check One Only (✓): ☒ Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
 ☐ Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Nebraska Department of Health and Human Services		
B. Date of Submission of NCE Request	September 9, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months To 3/14/24

D. Name and Title of Grantee Finance Official Approving This NCE Request	Karen Harker, Deputy Director of Division Finance Nebraska HHS Division of Behavioral Health		
E. Name and Title of Grantee Program Official Approving This NCE Request	Sheri Dawson, Director, SMHA Nebraska HHS Division of Behavioral Health		
F. Name and Title of Other Grantee Official Approving This NCE Request	John Trouba, MHBG Coordinator Nebraska HHS Division of Behavioral Health		
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$3,795,400.00	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$419,152.99
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$595,341.01	J. COVID-19 Award Total \$ Amount Requested for NCE	\$2,780,906.00
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.			
Expenditure by category		Approved Budget	Total Expend to Date 9/8/22
10% ESMI/FEP set aside		\$379,540.00	\$0.00
5% Emergency set aside		\$987,673.80	\$223,673.80
5% Administration		\$189,770.00	\$0.00
SMI/SED Treatment		\$2,238,416.20	\$195,479.19
Total		\$3,795,400.00	\$419,152.99
Activity		Approved Budget	Total Expend to Date 9/8/22
Temporary Staff position		\$23,380.17	\$0.00
Open Beds		\$223,673.80	\$223,673.80
Peer/Hospital Diversion Center		\$300,000.00	\$0.00
Mental Health First Aid		\$45,000.00	\$0.00
Hope squads or SOS curriculum		\$25,000.00	\$0.00

Mental Health Respite	\$250,000.00	\$0.00
Expand Sequential Intercept Models	\$144,000.00	\$0.00
Enhance services and transition of care mechanisms to support community reintegration for individuals discharging from Regional Center	\$62,347.03	\$6,000.00
Relationship building with non-IMD nursing home facilities and providers treating the needs of people with SMI residing in the facilities, community prevention and treatment services integration and consultation with/by clinicians.	\$195,000.00	\$0.00
Purchase mobile translation devices for providers	\$156,000.00	\$0.00
Evidence-Based Practices for Early Serious Mental illness including First Episode Psychosis	\$379,540.00	\$0.00
EBPs – EMDR (for trauma TX), Trauma focused CBT, DBT - Sustainability (introductory levels)	\$45,000.00	\$0.00
ACT Team Expansion or use of ICS as "ACT Light" Different focus e.g. forensic, SUD, or same focus of SPMI	\$375,000.00	\$0.00
CDS/EBS/NPIRS improvements - e.g., inclusion/implementation of outcome data, VBC tracking or overarching cross system trauma screening/training/reports (report result of trauma tools already taken)	\$130,000.00	\$0.00
System wide (Probation, CFS, etc) training/adoption of clinical screening tool (trauma, symptom reduction, etc)	\$30,000.00	\$0.00
Identifying and Addressing Health Disparity for SMI or SED individuals	\$45,000.00	\$0.00
Fidelity review and rate setting for High Fidelity Wraparound for youth in SED in state	\$48,000.00	\$0.00
Implement Contingency Management - e.g. gift cards for transportation	\$120,000.00	\$0.00
Imbedding peers in FQHC, medical facilities or other providers location to provide support for persons with SMI/SED.	\$703,459.00	\$0.00
Incorporation/Licenses for DLA – 20 or other progress/monitoring tool	\$50,000.00	\$0.00
Complex care collaborative group - work with providers working with challenging individuals; avail in crisis, specialized TX planning, etc.	\$100,000.00	\$63,159.73
Additional project ECHO events – youth SEDs, co-occurring DD/Low Cog Function/SMI - sustainability	\$100,000.00	\$50,000.00
Consultant/training for critical access hospitals -	\$110,000.00	\$76,319.46
Training for treatment of SED youth that sexually harm	\$45,000.00	\$0.00
Cognitive behavioral therapy (CBT) for psychosis	\$45,000.00	\$0.00

Deep dive on cross system data	\$45,000.00	\$0.00
Total	\$3,795,400.00	\$419,152.99
<p>L. Please provide a brief listing of your grantee <u>estimated itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are <u>planned to be completed</u> with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.</p>		
Expenditure by category	Approved Budget	Spend btwn Request and March 14
10% ESMI/FEP set aside	\$379,540.00	\$104,370.00
5% Emergency set aside	\$987,673.80	\$104,750.20
5% Administration	\$189,770.00	\$107,000.00
SMI/SED Treatment	\$2,238,416.20	\$279,220.81
Total	\$3,795,400.00	\$595,341.01
Activity	Approved Budget	Spend btwn Request and March 14
Temporary Staff position	\$23,380.17	\$18,000.00
Open Beds	\$223,673.80	\$0.00
Peer/Hospital Diversion Center	\$300,000.00	\$0.00
Mental Health First Aid	\$45,000.00	\$31,750.00
Hope squads or SOS curriculum	\$25,000.00	\$25,000.00
Mental Health Respite	\$250,000.00	\$0.00
Expand Sequential Intercept Models	\$144,000.00	\$48,000.00
Enhance services and transition of care mechanisms to support community reintegration for individuals discharging from Regional Center	\$62,347.03	\$3,000.00

Relationship building with non-IMD nursing home facilities and providers treating the needs of people with SMI residing in the facilities, community prevention and treatment services integration and consultation with/by clinicians.	\$195,000.00	\$0.00
Purchase mobile translation devices for providers	\$156,000.00	\$92,200.00
Evidence-Based Practices for Early Serious Mental illness including First Episode Psychosis	\$379,540.00	\$104,370.00
EBPs – EMDR (for trauma TX), Trauma focused CBT, DBT - Sustainability (introductory levels)	\$45,000.00	\$10,000.00
ACT Team Expansion or use of ICS as "ACT Light" Different focus e.g. forensic, SUD, or same focus of SPMI	\$375,000.00	\$0.00
CDS/EBS/NPIRS improvements - e.g., inclusion/implementation of outcome data, VBC tracking or overarching cross system trauma screening/training/reports (report result of trauma tools already taken)	\$130,000.00	\$100,000.00
System wide (Probation, CFS, etc) training/adoption of clinical screening tool (trauma, symptom reduction, etc)	\$30,000.00	\$0.00
Identifying and Addressing Health Disparity for SMI or SED individuals	\$45,000.00	\$0.00
Fidelity review and rate setting for High Fidelity Wraparound for youth in SED in state	\$48,000.00	\$0.00
Implement Contingency Management - e.g. gift cards for transportation	\$120,000.00	\$42,500.00
Imbedding peers in FQHC, medical facilities or other providers location to provide support for persons with SMI/SED.	\$703,459.00	\$0.00
Incorporation/Licenses for DLA – 20 or other progress/monitoring tool	\$50,000.00	\$0.00
Complex care collaborative group - work with providers working with challenging individuals; avail in crisis, specialized TX planning, etc.	\$100,000.00	\$36,840.27
Additional project ECHO events – youth SEDs, co-occurring DD/Low Cog Function/SMI - sustainability	\$100,000.00	\$50,000.00
Consultant/training for critical access hospitals -	\$110,000.00	\$33,680.54
Training for treatment of SED youth that sexually harm	\$45,000.00	\$0.00
Cognitive behavioral therapy (CBT) for psychosis	\$45,000.00	\$0.00
Deep dive on cross system data	\$45,000.00	\$0.00
Total	\$3,795,400.00	\$595,341.01

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

Nebraska has experienced delays for spending the COVID-19 Supplemental Funding Award due to a combination of factors including COVID-19 outbreaks at provider locations, staff vacancies at providers and at the State, as well as difficulty hiring persons given the low unemployment rates in Nebraska.

COVID-19 outbreaks in Nebraska lag behind the spikes that occur on the east or west coast. As such limitation on provider capacity may last longer than other places in the United States. Additionally, there was a natural hesitance and cautiousness about expanding or bringing up new services in this time frame given the extra work to address COVID-19 requirements from state and local authorities.

Staff shortages and difficulty in hiring is a nationwide event. Behavioral health workforce numbers are declining due to retirement, burnout and resignations to move to the private sector where there is less reporting and other requirements that must be fulfilled. This places State and providers at a disadvantage to implement new programs when required or necessary to use the funding that has been awarded.

Nebraska also historically had one of the lowest unemployment rates in the United States. Currently, Nebraska's unemployment rate is at 2.0% compared to the national rate of 3.5% (Source: Nebraska Department of Labor website, September 9, 2022). This translates to longer staff vacancies at providers when trying to bring up new services or replace existing staff.

These factors do not translate to Nebraska being unable to implement the approved activities in the Covid-19 Supplemental Funding Award. It merely means that the implementation and success of these programs is taking longer than expected.

It should be noted that many of the activities are in process but have not yet had expenditures billed to the state. Amounts reflected on this No Cost Extension are on a cash basis and therefore does not reflect all funds obligated or actual expenses that have been incurred in the activities.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

Expenditure by category	Approved Budget	Requested Carryover to be spent
10% ESMI/FEP set aside	\$379,540.00	\$275,170.00

5% Emergency set aside	\$987,673.80	\$659,249.80
5% Administration	\$189,770.00	\$82,769.97
SMI/SED Treatment	\$2,238,416.20	\$1,763,716.23
Total	\$3,795,400.00	\$2,780,906.00

Activity	Approved Budget	Requested Carryover to be spent
Temporary Staff position	\$23,380.17	\$5,380.14
Open Beds	\$223,673.80	\$0.00
Peer/Hospital Diversion Center	\$300,000.00	\$300,000.00
Mental Health First Aid	\$45,000.00	\$13,250.00
Hope squads or SOS curriculum	\$25,000.00	\$0.00
Mental Health Respite	\$250,000.00	\$250,000.00
Expand Sequential Intercept Models	\$144,000.00	\$96,000.00
Enhance services and transition of care mechanisms to support community reintegration for individuals discharging from Regional Center	\$62,347.03	\$53,347.03
Relationship building with non-IMD nursing home facilities and providers treating the needs of people with SMI residing in the facilities, community prevention and treatment services integration and consultation with/by clinicians.	\$195,000.00	\$195,000.00
Purchase mobile translation devices for providers	\$156,000.00	\$63,800.00
Evidence-Based Practices for Early Serious Mental illness including First Episode Psychosis	\$379,540.00	\$275,170.00
EBPs – EMDR (for trauma TX), Trauma focused CBT, DBT - Sustainability (introductory levels)	\$45,000.00	\$35,000.00
ACT Team Expansion or use of ICS as "ACT Light" Different focus e.g. forensic, SUD, or same focus of SPMI	\$375,000.00	\$375,000.00
CDS/EBS/NPIRS improvements - e.g., inclusion/implementation of outcome data, VBC tracking or overarching cross system trauma screening/training/reports (report result of trauma tools already taken)	\$130,000.00	\$30,000.00
System wide (Probation, CFS, etc) training/adoption of clinical screening tool (trauma, symptom reduction, etc)	\$30,000.00	\$30,000.00

Identifying and Addressing Health Disparity for SMI or SED individuals	\$45,000.00	\$45,000.00
Fidelity review and rate setting for High Fidelity Wraparound for youth in SED in state	\$48,000.00	\$48,000.03
Implement Contingency Management - e.g. gift cards for transportation	\$120,000.00	\$77,500.00
Imbedding peers in FQHC, medical facilities or other providers location to provide support for persons with SMI/SED.	\$703,459.00	\$703,459.00
Incorporation/Licenses for DLA – 20 or other progress/monitoring tool	\$50,000.00	\$50,000.00
Complex care collaborative group - work with providers working with challenging individuals; avail in crisis, specialized TX planning, etc.	\$100,000.00	\$0.00
Additional project ECHO events – youth SEDs, co-occurring DD/Low Cog Function/SMI - sustainability	\$100,000.00	\$0.00
Consultant/training for critical access hospitals -	\$110,000.00	\$0.00
Training for treatment of SED youth that sexually harm	\$45,000.00	\$45,000.00
Cognitive behavioral therapy (CBT) for psychosis	\$45,000.00	\$45,000.00
Deep dive on cross system data	\$45,000.00	\$45,000.00
Total	\$3,795,400.00	\$2,780,906.00
<p>O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with <u>actual itemized expenditures</u>, and/or the proposed use of this COVID-19 Supplemental Funding, with <u>estimated itemized expenditures</u>, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.</p>		
N/A		

End of NCE Request. Thank you.

Nebraska proposes to use supplemental funds to fill gaps in our systems serving children and youth, including those with serious emotional disturbance (SED), involved with the justice system, and experiencing a first psychotic episode. The work we propose to undertake will also support families that may include someone with a serious mental illness (SMI).

The state's behavioral health all-hazards disaster response and recovery plan serves as the organizing umbrella for goals and activities proposed in this document. This plan was updated in 2022 after a series of stakeholder engagement activities. The plan describes how Nebraska organizes and mobilizes behavioral health resources during all phases of disaster recovery. All disasters begin and end locally, so Nebraska relies heavily on local and regional involvement for any behavioral health response. Nebraska's 244 public school districts have not been active participants in disaster behavioral health planning, though they have been directly impacted by disasters and large-scale emergencies. Nebraska's Department of Education has a school safety and security director/staff focused on developing school emergency operations plans since. Additionally, for the last two years they have been offering training to schools in psychological first aid for schools (PFA-S). PFA-S is an evidence-informed practice used by school crisis teams when responding to school related deaths or similar crises. This is tied to the schools' emergency operations plans via an annex denoting PFA-S trained crisis teams as the primary entity meeting school stakeholders' behavioral health needs after a disaster event or crisis. However, these plans are not in sync with the state or regional disaster behavioral plans. For example, school plans do not reference use of community behavioral health disaster resources during recovery, nor do they specifically account for ongoing needs of children/youth with SED and families with someone who has a SMI after a disaster or large-scale event. This gap in knowledge and awareness is what we plan to fill via this funding opportunity.

We propose activities in support of three goals that will be addressed across funding years.

Goal 1.0. Align 100% of school emergency operations plans with state and regional crisis-disaster behavioral health plans by 2025.

Goal 2.0. Train 60 people each year who are part of Nebraska's behavioral health disaster teams to augment school crisis teams during recovery phases of disaster.

Goal 3.0. Distribute crisis message maps with behavioral health content in multiple languages annually to 244 school districts, 17 educational service units, 6 regional behavioral health authorities, and via the Nebraska Emergency Management Agency in Nebraska.

The Nebraska Department of Health and Human Services, Division of Behavioral Health (DHHS-DBH) proposes to partner with the Nebraska Department of Education (NDE) and the University of Nebraska Public Policy Center (NUPPC) to ensure activities are carried out promptly and professionally in conjunction with other active initiatives across the state directed at enhancing the state's crisis and disaster behavioral health responsibilities. DHHS-DBH will maintain oversight of all project activities. All partners will work together to ensure stakeholders (such as the regional behavioral health authorities, educational service units) are involved in the project and have an opportunity to make recommendations for activities in subsequent project years.

1. Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies to leverage crisis/mental health emergency related resources.

Nebraska recently finalized the revision of its behavioral health all-hazards disaster response and recovery plan¹ and is in the process of implementing a plan for the 988 system (call center, mobile crisis response, & crisis facilities)². The disaster plan serves as the organizing umbrella for behavioral health response and recovery efforts. Nebraska's disaster plan includes training and use of volunteers (clinicians and community peers) if needed. They are organized by Regional Behavioral Health Authority areas. Mobile crisis response teams are also organized by this same regional structure. Nebraska's mental health professional workforce is limited with 90 of 93 counties considered federal mental health professional shortage areas. The limited behavioral health workforce across the state means that many of the mobile crisis providers may also be trained to respond as part of the disaster behavioral health workforce. To date, Nebraska school-based crisis teams have been developed in parallel to community-based disaster and crisis response entities. The BSCA funds will be used to enhance connectivity among these entities by working with the Nebraska Department of Education (NDE) to ensure school-based plans for disasters and emergencies are integrated with existing behavioral health disaster plans.

Schools work with community based behavioral health providers in some areas for treatment, but most schools operate their own crisis response systems serving all students, staff, and families, including those with SED/SMI and those at risk for first episode psychosis. NDE is fostering the use of a single crisis response framework using Psychological First Aid for Schools (PFA-S) put forward by the National Child Traumatic Stress Network (NCTSN). This work is being supported by NDE with a variety of grants including a State Garrett Lee Smith Youth Suicide Prevention Grant awarded to our partners with the University of Nebraska Public Policy Center (NUPPC). Additionally, NDE has a grant from the US Department of Education to enhance the quality of school emergency operations plans and is actively working with local districts on their multi-disciplinary planning processes and products.

We plan to leverage all these resources and build on the work in progress by helping school districts, via their regional networks (Educational Service Units) become familiar with existing behavioral health crisis and disaster plans and test / edit their own plans to ensure all plans work together. We will do this by creating tabletop exercises addressing a variety of scenarios designed to test plans, particularly after an event in the recovery phases (e.g., disillusionment phase). The scenarios will test screening, referral, and provision of services for children and youth (including those with SED or developmental issues) and families (including those with SMI). Our partners, NDE and NUPPC will work with the Nebraska Department of Health and Human Services (DHHS), Division of Behavioral Health to bring relevant stakeholders together

¹ <https://www.disastermh.nebraska.edu/resources/state-plan/> Funded in part by a grant from ASPR to Nebraska Department of Health and Human Services, Division of Public Health.

² <https://dhhs.ne.gov/Pages/988.aspx> Funded in part by a cooperative agreement from Vibrant Emotional Health and the Substance Abuse and Mental Health Services Administration.

to create the tabletops, then work with regional structures to disseminate and test the packages with schools. The goal is to make this package customizable and allow school districts to implement them independently, or with other neighboring districts. Lessons learned from the tabletops will be gathered and used to enhance existing disaster / crisis plans. Year one will focus on development and testing of the tabletop packages. Year two will feature widespread dissemination and implementation of the tabletops. Subsequent years will focus on incorporation of lessons learned in plans, revising the tabletops based on lessons learned and emerging threats, and building sustainable regional competence in plan development and exercise facilitation.

2. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis.

Nebraska will not use funds to develop or enhance a state team in year one or two. This will be revisited after year two to determine if it is necessary.

3. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state rapidly to address any crisis.

Nebraska relies upon regionally developed assets to respond to crises across the state. The 988 system enhancements planned for Nebraska's mobile crisis response teams (for youth and adults) include standards for training and knowledge expectations for all team members. Additionally, teams are now able to respond virtually and/or in-person across the state and may be dispatched locally or by the 988-call center. The disaster response workforce is also maintained regionally and is mostly volunteer unless Nebraska qualifies for a federal disaster declaration making the state eligible for crisis counseling program (CCP) funds to support longer term outreach. Because professional clinical resources are limited, the clinicians and peers staffing mobile crisis teams may also be called upon to be part of a disaster response workforce.

Crises and emergencies in schools are mostly dealt with by school staff trained in PFA-S. Larger events may create a need for neighboring school teams or Educational Service Unit personnel (education regions) to come to the school to augment this response. This system has developed in parallel to Nebraska's crisis and disaster workforce development efforts. This project will set the stage for more integrated response capabilities, particularly during recovery periods after an event. This begins with exposing school teams to existing plan elements via tabletop exercises, and by ensuring school and community behavioral health providers, mobile crisis teams and disaster providers (if applicable) use the same crisis response language. Currently community providers are trained using disaster PFA. The school version (PFA-S) includes specific resources for schools that we will expose community providers to so they are prepared to augment a school-based crisis response team effort.

We propose to offer elements of the PFA-S training to community providers, disaster response providers, and crisis teams who may be asked to support schools after an event in year one with ongoing training opportunities opened to these entities in subsequent years via an NDE

supported cadre of trainers at the Educational Service Unit level. This cadre of trainers will be prepared in year one to deliver PFA-S training with fidelity to the field operations guide maintained by the National Child Traumatic Stress Network.

In year two and subsequent years will propose continuing to support PFA-S and adding community provider exposure to school-based efforts to support reunification of students with their parents/caregivers after an event that requires evacuation or similar action. This activity is the responsibility of local school districts, but state entities will work with schools to ensure they are connected with community level disaster behavioral health response personnel in their area. Our desire is for community personnel to be invited to school level training and exercises in the standard reunification method (SRM) being promoted for use in Nebraska schools. The training will be offered in subsequent years along with PFA-S.

4. Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/serious mental illness (SMI).

Our plan to use funds to support tabletop exercise packages and training will directly impact services provided to children and families with SED, SMI, and / or justice involvement in the following ways. 1) Tabletop exercises will test plans and systems designed to serve children and youth with SED and/or who are justice involved and their families (including those with SMI). (See item 1.) 2) Training plans (see item 3) will ensure community mobile crisis response teams and behavioral health providers receive training in the PFA-S model so there is continuity in the approach used in schools and in the community. This is especially useful when working with a youth experiencing a first psychotic episode who may also be integrating back into the school environment after treatment. PFA-S empowers all staff to identify early behavioral health issues and provide appropriate support after a behavioral health related absence from school. 3) Planning (item 1 & 3) for crisis response within schools involves training community behavioral health providers who can assist school staff with reunification after a crisis event. This will be particularly useful for students with SED who may experience undo trauma because of the event, or due to the reunification process. 4) Purposeful planning and revision of crisis messages for schools to deliver in multiple languages to families will decrease stress and increase communication before, during and after a crisis for all families (see item 6).

5. Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence.

Nebraska will be better positioned to provide services to communities after trauma or mass shootings/school violence by implementing our plans detailed in items 1 and 3.

6. Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations.

Nebraska has developed message maps appropriate delivery to parents and community members in response to a threat or crisis. These message maps were co-developed with public information and mental health professionals using best practices in risk / crisis communication. They are

designed for easy adaptation by local entities based on need and context. In year one we will convene the partners with risk communication specialists to review the message maps, then translate them into at least two languages (dependent upon identified need). Year two we will add two more languages and add messages as needs are identified by schools, families, and/or behavioral health professionals in the field.

These message maps will also be distributed through the public health and behavioral health systems, and Nebraska Emergency Management Agency.

7. What other mental health emergency/crisis behavioral health practices or activities does the state plan to develop or enhance using the BSCA supplemental funds?

Other activities will be considered for enhancement based on the outcome of work done in years one and two.

8. Clearly describe the proposed/planned activities utilizing the funds for both FY 2022 and FY 2023 as two separate sections, including an estimated budget for each year. States will be required to report on what activities have been completed using this funding.

FY 2022

Goal	Activity	Deliverable	Responsible Entity
1.0. Align 100% of school plans with state and regional crisis-disaster behavioral health plans by 2025	1.1a. Develop school tabletops for multidisciplinary use. 1.2a. Test tabletop package in 4 rural and 1 urban school area.	1.1. Tabletop package with multiple scenarios. 1.2. Tabletop results, attendance, & feedback.	NUPPC – lead NDE, DHHS-DBH NDE – lead NUPPC, DHHS-DBH
2.0. Provide school intervention training to 60 people each year who are part of Nebraska’s multidisciplinary crisis -disaster teams.	2.1a. Prepare 2 people in each ESU to deliver PFA-S training. 2.2a. Deliver PFA-S training to 60 community crisis-disaster personnel.	2.1a. List of training and attendees 2.2b. List of training and attendees	NDE – Lead NDE – Lead NUPPC, DHHS-DBH
3.0. Distribute crisis message maps with behavioral health content in multiple languages annually to 244 school districts, 17 educational service units, 6 regional behavioral	3.1a. Update Nebraska’s message maps related to children. 3.2a. Translate messages into at least two languages.	3.1a. Updated message map document. 3.2a. Translated documents	NUPPC – Lead NDHHS-DBH, NDE NUPPC – Lead

health authorities, and via the Nebraska Emergency Management Agency in Nebraska.	3.3a. Disseminate document with instructions for use.	3.3a. List of entities receiving document.	NDE – Lead NDHHS-DBH, NUPPC
-----------------------------------------------------------------------------------	-------------------------------------------------------	--------------------------------------------	-----------------------------------

FY 2023

Goal	Activity	Deliverable	Responsible Entity
1.0. Align 100% of school plans with state and regional crisis-disaster behavioral health plans by 2025	1.1b. Prepare ESU's to use Tabletop package with schools. 1.2b. Convene tabletop exercises involving at least 48 school districts. 1.3b. Track changes made to school plans resulting from tabletops.	1.1b. List of ESU personnel participating 1.2b. Tabletop results, attendance, & feedback. 1.3b. List of changes.	NUPPC – lead NDE, DHHS-DBH NDE – lead NUPPC NDE – Lead NUPPC
2.0. Provide school intervention training to 60 people each year who are part of Nebraska's multidisciplinary crisis -disaster teams.	2.1b. Deliver PFA-S training to 60 community crisis-disaster personnel. 2.2b. Involve community crisis-disaster teams in SRM training and/or exercises in at least 10 districts.	2.1a. List of training and attendees 2.2b. List of training and attendees	NDE – Lead NDE – Lead
3.0. Distribute crisis message maps with behavioral health content in multiple languages annually to 244 school districts, 17 educational service units, 6 regional behavioral health authorities, and via the Nebraska Emergency Management Agency in Nebraska.	3.1b. Translate messages into two additional languages. 3.2b. Assess how many and how ESUs and schools have used the message maps.	3.1b. Translated documents 3.2b. School-ESU feedback on message map use.	NUPPC – Lead NDHHS-DBH, NDE NUPPC – Lead NDHHS-DBH, NDE

Budget Narrative – University of Nebraska Public Policy Center**Budget**

PPC ESTIMATED BUDGET		
Total Budget	Year 1 Budget	
Other Direct Costs	Other Direct Costs	
PPC Services	PPC Services	\$74,710
Travel	Travel	\$87
Communications	Communications	\$1,025
Supplies/Materials	Supplies/Materials	\$0
Total Direct Costs	Total Direct Costs	\$75,822
MTDC	MTDC Costs	\$73,760
UNL F&A	UNL F&A	\$19,178
TOTAL COSTS	Total Costs	\$95,000

A. Personnel—No funds requested.

B. Fringe Benefits—No funds requested.

C. Travel

Travel requests are estimated at \$87 in Year 1 for in-state site visits. Estimated rates are based on UNL mileage reimbursement rates (\$.29/mile). Actual travel costs will be charged to the grant, per UNL policy.

D. Equipment—no funds requested

E. Supplies—no funds requested

F. Contractual—no funds requested

G. Construction—no funds requested

H. Other

NUPPC Services fees are included at \$74,710 in Year 1. The NUPPC is an authorized University of Nebraska-Lincoln self-supporting service center. NUPPC Services rates are calculated and charged to the project at established break-even hourly rates for the actual number of billable hours recorded by project personnel. The loaded hourly rate incorporates salary, benefits, and operating costs such as rent (NUPPC has an off-campus location), computer/technical support services, communications, and other costs in support of the project that are not included in the university's facilities and administrative costs, as allowed by 2 CFR §200 Uniform Guidance. Clients are billed at the approved hourly rates for each individual, at the time services are rendered.

Dr. Denise Bulling, *Senior Research Director*, will serve as the project lead and oversee project management, data collection and quantitative analysis, and reporting. Dr. Bulling will lead the project team consisting of: **Mr. Quinn Lewandowski, *Senior Research Specialist*** to provide coordination of data collection, analysis, and reporting; **Mr. Kurt Montonya, *Senior Research Specialist*** to provide coordination of data collection, analysis, and reporting; a ***Research Coordinator*** to assist with collection and reporting; and a ***Design Specialist***, who will assist with material production and reporting.

Other Direct Costs include \$1,025 in Year 1 for internal communication costs (copying/printing and translation services) to cover development, piloting/proofing, and final printing and postage costs for any hardcopy materials such as meeting materials, surveys, presentations, and other documents. The NUPPC uses copier codes to track and bill costs to the project. Project-specific translation charges will be billed to the project based on use.

Indirect Costs are included according to UNL's negotiated federal F&A rate agreement at the rate of 26% for "off-campus" research against modified total direct costs (MTDC). Modified total direct costs exclude, for example, equipment purchase, capital expenditures, charges for tuition remission, rent, and portions of subawards that exceed \$25,000. Under UNL's F&A agreement, services fees are not excluded from modified total direct costs. MTDC for this proposal includes all direct costs except the project's portion of off-campus office rent (\$2,062), therefore, MTDC for Year 1 of the project is \$73,760. At 26%, F&A costs are calculated as \$19,178 (\$73,760 x 26%).

Budget Narrative – Nebraska Department of Education**Budget**

NDE ESTIMATED BUDGET		
Total Budget	Year 1 Budget	
Other Direct Costs	Other Direct Costs	
Travel	Travel	\$9,939
Supplies/Materials	Supplies/Materials	\$31,000
Contractual	Contractual	\$52,000
Other	Other	\$95,000
Total Direct Costs	Total Direct Costs	\$187,939
Indirect Costs	Indirect Costs	\$11,803
TOTAL COSTS	Total Costs	\$199,743

D. Personnel—no funds requested.

E. Fringe Benefits—no funds requested.

F. Travel

In-state travel includes mileage, lodging, meals & incidental expenses as applicable:

- Travel to training locations – mileage \$820
- 50 site visits (ESUs and school districts) – mileage \$5,600
- Progressive Exercises – mileage \$1,344
- Training sites and Site Visits (15 nights lodging @ \$100/night) - \$1,500, 15 days meals @\$45/day – \$450

D. Equipment—no funds requested

E. Supplies—\$10,000 in handout materials and training supplies needed for the PFA training training facility rent (6 locations at \$1,000 per location) - \$6,000.

Scholarships for training participants (covering substitute costs for example) – 100 participants x \$150 \$15,000

F. Contractual— Specialists will be contracted to develop and provide trainings across the state. \$52,000

G. Construction—no funds requested

H. Other- Subgrants for ESUs: \$5,000 per ESU X 17 to complete a PFA training and develop a team response to support the school districts in their area. \$85,000

Tabletops for multidisciplinary use. Test tabletop package in 4 rural and 1 urban school area. \$2,000 per school X 5 \$10,000

Indirect Charges

Nebraska Department of Education estimate indirect cost is 12.7%. \$11,803

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1921	Formula Grants to States	42 USC § 300x-21
Section 1922	Certain Allocations	42 USC § 300x-22
Section 1923	Intravenous Substance Abuse	42 USC § 300x-23
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	42 USC § 300x-24
Section 1925	Group Homes for Recovering Substance Abusers	42 USC § 300x-25
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	42 USC § 300x-26
Section 1927	Treatment Services for Pregnant Women	42 USC § 300x-27
Section 1928	Additional Agreements	42 USC § 300x-28
Section 1929	Submission to Secretary of Statewide Assessment of Needs	42 USC § 300x-29
Section 1930	Maintenance of Effort Regarding State Expenditures	42 USC § 300x-30
Section 1931	Restrictions on Expenditure of Grant	42 USC § 300x-31
Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
Section 1935	Core Data Set	42 USC § 300x-35
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52

Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:



STATE OF NEBRASKA

Pete Ricketts
Governor

OFFICE OF THE GOVERNOR
P.O. Box 94848 • Lincoln, Nebraska 68509-4848
Phone: (402) 471-2244 • pete.ricketts@nebraska.gov

May 15, 2019

Wendy Pang
Grants Management Specialist
DGM/OFR/SAMHSA
5600 Fishers Lane, Rm. 17E21C
Rockville, MD 20857

Dear Ms. Pang:

On behalf of the State of Nebraska, I hereby authorize Dannette R. Smith, Chief Executive Officer of the Department of Health and Human Services, to make all required applications, agreements, certifications and reports related to the Community Mental Health Services Block Grant (CFDA 93.958); the Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Dannette R. Smith, MSW
Chief Executive Officer
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Effective immediately and until further notice, please send all Grant Awards and similar notices concerning the three programs listed above to:

Sheri Dawson, RN, Director
Division of Behavioral Health
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink that reads "Pete Ricketts".

Pete Ricketts
Governor



May 15, 2019

Wendy Pang
Grants Management Specialist
DGM/OFR/SAMHSA
5600 Fishers Lane, Rm. 17E21C
Rockville, MD 20857

Dear Ms. Pang:

On behalf of the State of Nebraska, I hereby authorize Sheri Dawson, RN, Director, Division of Behavioral Health of the Department of Health and Human Services, to make all required applications, agreements, certifications and reports related to the Community Mental Health Services Block Grant (CFDA 93.958); the Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Sheri Dawson, RN, Director
Division of Behavioral Health
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Effective immediately and until further notice, please send all Grant Awards and similar notices concerning the three programs listed above to:

Sheri Dawson, RN, Director
Division of Behavioral Health
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Dannette R. Smith".

Dannette R. Smith, MSW
Chief Executive Officer
Department of Health and Human Services

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1921	Formula Grants to States	42 USC § 300x-21
Section 1922	Certain Allocations	42 USC § 300x-22
Section 1923	Intravenous Substance Abuse	42 USC § 300x-23
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	42 USC § 300x-24
Section 1925	Group Homes for Recovering Substance Abusers	42 USC § 300x-25
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	42 USC § 300x-26
Section 1927	Treatment Services for Pregnant Women	42 USC § 300x-27
Section 1928	Additional Agreements	42 USC § 300x-28
Section 1929	Submission to Secretary of Statewide Assessment of Needs	42 USC § 300x-29
Section 1930	Maintenance of Effort Regarding State Expenditures	42 USC § 300x-30
Section 1931	Restrictions on Expenditure of Grant	42 USC § 300x-31
Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
Section 1935	Core Data Set	42 USC § 300x-35
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52

Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93, Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Nebraska

Name of Chief Executive Officer (CEO) or Designee: Sheri Dawson

Signature of CEO or Designee¹: 

Director

Title:

Date Signed: 08/31/2022

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

D. Name and Title of Grantee Finance Official Approving This NCE Request	Karen Harker, Deputy Director of Division Finance Nebraska HHS Division of Behavioral Health																																			
E. Name and Title of Grantee Program Official Approving This NCE Request	Sheri Dawson, Director, SSA Nebraska HHS Division of Behavioral Health																																			
F. Name and Title of Other Grantee Official Approving This NCE Request	John Trouba, SABG Coordinator Nebraska HHS Division of Behavioral Health																																			
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$7,162,196.00	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$844,916.24																																	
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$2,927,393.56	J. COVID-19 Award Total \$ Amount Requested for NCE	\$3,389,866.20																																	
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.																																				
<table border="1"> <thead> <tr> <th>Expenditure by category</th> <th>Approved Budget</th> <th>Total Expend to Date 9/8/22</th> </tr> </thead> <tbody> <tr> <td>Prevention 20%</td> <td>\$1,802,439.20</td> <td>\$165,794.20</td> </tr> <tr> <td>Administrative 5%</td> <td>\$358,109.80</td> <td>\$0.00</td> </tr> <tr> <td>Treatment SMI/SED</td> <td>\$5,001,647.00</td> <td>\$679,122.04</td> </tr> <tr> <td>Total</td> <td>\$7,162,196.00</td> <td>\$844,916.24</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Activity</th> <th>Approved Budget</th> <th>Total Expend to Date 9/8/22</th> </tr> </thead> <tbody> <tr> <td>Open beds - SUD sites</td> <td>\$259,200.00</td> <td>\$251,589.60</td> </tr> <tr> <td>1.75% Temporary staff</td> <td>\$205,609.80</td> <td>\$0.00</td> </tr> <tr> <td>Purchase Mobile translation devices for providers</td> <td>\$104,000.00</td> <td>\$0.00</td> </tr> <tr> <td>Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability</td> <td>\$350,000.00</td> <td>\$189,479.16</td> </tr> <tr> <td>Consultation on ASAM levels of care</td> <td>\$45,000.00</td> <td>\$0.00</td> </tr> </tbody> </table>				Expenditure by category	Approved Budget	Total Expend to Date 9/8/22	Prevention 20%	\$1,802,439.20	\$165,794.20	Administrative 5%	\$358,109.80	\$0.00	Treatment SMI/SED	\$5,001,647.00	\$679,122.04	Total	\$7,162,196.00	\$844,916.24	Activity	Approved Budget	Total Expend to Date 9/8/22	Open beds - SUD sites	\$259,200.00	\$251,589.60	1.75% Temporary staff	\$205,609.80	\$0.00	Purchase Mobile translation devices for providers	\$104,000.00	\$0.00	Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability	\$350,000.00	\$189,479.16	Consultation on ASAM levels of care	\$45,000.00	\$0.00
Expenditure by category	Approved Budget	Total Expend to Date 9/8/22																																		
Prevention 20%	\$1,802,439.20	\$165,794.20																																		
Administrative 5%	\$358,109.80	\$0.00																																		
Treatment SMI/SED	\$5,001,647.00	\$679,122.04																																		
Total	\$7,162,196.00	\$844,916.24																																		
Activity	Approved Budget	Total Expend to Date 9/8/22																																		
Open beds - SUD sites	\$259,200.00	\$251,589.60																																		
1.75% Temporary staff	\$205,609.80	\$0.00																																		
Purchase Mobile translation devices for providers	\$104,000.00	\$0.00																																		
Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability	\$350,000.00	\$189,479.16																																		
Consultation on ASAM levels of care	\$45,000.00	\$0.00																																		

Technology TX/recovery assistance software/ apps/etc.	\$350,000.00	\$0.00	
Oxford Houses for sober housing options	\$150,000.00	\$48,574.13	
DHHS Data system improvements - e.g., inclusion/implementation of outcome data, VBC tracking or overarching cross system trauma screening/training/reports (report result of trauma tools already taken)	\$260,000.00	\$0.00	
Deep dive on cross system data	\$45,000.00	\$0.00	
Ambulatory Detox – Provider, training, services, medications	\$300,000.00	\$189,479.16	
EBPs – Matrix IOP training	\$30,000.00	\$0.00	
Contingency management - e.g. gift cards for transportation	\$120,000.00	\$0.00	
Nicotine replacement therapy for SUD/MH facilities and providers	\$25,000.00	\$0.00	
Imbedding peers in FQHC, medical facilities or other providers location to provide support for persons with substance use issues	\$500,000.00	\$0.00	
Expand adolescent treatment options	\$350,000.00	\$0.00	
OTP services	\$500,000.00	\$0.00	
Outreach/Education for Faith Partners	\$100,000.00	\$0.00	
Recovery Coaching training	\$40,000.00	\$0.00	
Provider technology improvements	\$1,500,000.00	\$0.00	
Substance Use Disorder provider training	\$53,447.00	\$0.00	
CADCA Agency membership	\$2,500.00	\$0.00	

Tribal prevention activities	\$330,000.00	\$0.00
Increased Statewide Media - Social Norms campaign, expand outside of TV/Radio	\$350,000.00	\$23,924.89
Expansion of prevention resources/connections; enhanced media, awareness; text line ability	\$150,000.00	\$0.00
Increase in workforce capacity	\$122,499.20	\$0.00
Generational Trauma (including substance use) webinars - R&P factors, 12 mos., professional done, ongoing,	\$120,000.00	\$0.00
Higher Education Student Prevention (NeCPA) - community college campuses	\$500,000.00	\$141,869.31
Nebraska Prevention Summit (Training)	\$159,940.00	\$0.00
Increase SAPST Training outside of BH Workforce (LPHD, CFS, etc.)	\$80,000.00	\$0.00
Survey Enhancements & oversamples	\$60,000.00	\$0.00
	\$7,162,196.00	\$844,916.24
<p>L. Please provide a brief listing of your grantee <u>estimated itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are <u>planned to be completed</u> with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.</p>		
Expenditure by category	Approved Budget	Spend btwn Request and March 14
Prevention 20%	\$1,802,439.20	\$1,176,660.00
Administrative 5%	\$358,109.80	\$130,000.00
Treatment SMI/SED	\$5,001,647.00	\$1,620,733.56
Total	\$7,162,196.00	\$2,927,393.56

Activity	Approved Budget	Spend btwn Request and March 14
Open beds - SUD sites	\$259,200.00	\$0.00
1.75% Temporary staff	\$205,609.80	\$50,000.00
Purchase Mobile translation devices for providers	\$104,000.00	\$62,400.00
Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability	\$350,000.00	\$93,020.85
Consultation on ASAM levels of care	\$45,000.00	\$0.00
Technology TX/recovery assistance software/ apps/etc.	\$350,000.00	\$35,000.00
Oxford Houses for sober housing options	\$150,000.00	\$94,291.87
DHHS Data system improvements - e.g., inclusion/implementation of outcome data, VBC tracking or overarching cross system trauma screening/training/reports (report result of trauma tools already taken)	\$260,000.00	\$150,000.00
Deep dive on cross system data	\$45,000.00	\$0.00
Ambulatory Detox – Provider, training, services, medications	\$300,000.00	\$110,520.85
EBPs – Matrix IOP training	\$30,000.00	\$0.00
Contingency management - e.g. gift cards for transportation	\$120,000.00	\$59,500.00
Nicotine replacement therapy for SUD/MH facilities and providers	\$25,000.00	\$25,000.00
Imbedding peers in FQHC, medical facilities or other providers location to provide support for persons with substance use issues	\$500,000.00	\$0.00
Expand adolescent treatment options	\$350,000.00	\$10,000.00

OTP services	\$500,000.00	\$0.00
Outreach/Education for Faith Partners	\$100,000.00	\$51,000.00
Recovery Coaching training	\$40,000.00	\$0.00
Provider technology improvements	\$1,500,000.00	\$1,000,000.00
Substance Use Disorder provider training	\$53,447.00	\$10,000.00
CADCA Agency membership	\$2,500.00	\$0.00
Tribal prevention activities	\$330,000.00	\$0.00
Increased Statewide Media - Social Norms campaign, expand outside of TV/Radio	\$350,000.00	\$326,075.11
Expansion of prevention resources/connections; enhanced media, awareness; text line ability	\$150,000.00	\$150,000.00
Increase in workforce capacity	\$122,499.20	\$122,499.20
Generational Trauma (including substance use) webinars - R&P factors, 12 mos., professional done, ongoing,	\$120,000.00	\$100,000.00
Higher Education Student Prevention (NeCPA) - community college campuses	\$500,000.00	\$358,130.69
Nebraska Prevention Summit (Training)	\$159,940.00	\$119,955.00
Increase SAPST Training outside of BH Workforce (LPHD, CFS, etc.)	\$80,000.00	\$0.00
Survey Enhancements & oversamples	\$60,000.00	\$0.00
	\$7,162,196.00	\$2,927,393.56

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

Nebraska has experienced delays for spending the COVID-19 Supplemental Funding Award due to a combination of factors including COVID-19 outbreaks at provider locations, staff vacancies at providers and at the State, as well as difficulty hiring persons given the low unemployment rates in Nebraska.

COVID-19 outbreaks in Nebraska lag behind the spikes that occur on the east or west coast. As such limitation on provider capacity may last longer than other places in the United States. Additionally, there was a natural hesitance and cautiousness about expanding or bringing up new services in this time frame given the extra work to address COVID-19 requirements from state and local authorities.

Staff shortages and difficulty in hiring is a nationwide event. Behavioral health workforce numbers are declining due to retirement, burnout and resignations to move to the private sector where there is less reporting and other requirements that must be fulfilled. This places State and providers at a disadvantage to implement new programs when required or necessary to use the funding that has been awarded.

Nebraska also historically had one of the lowest unemployment rates in the United States. Currently, Nebraska's unemployment rate is at 2.0% compared to the national rate of 3.5% (Source: Nebraska Department of Labor website, September 9, 2022). This translates to longer staff vacancies at providers when trying to bring up new services or replace existing staff.

These factors do not translate to Nebraska being unable to implement the approved activities in the Covid-19 Supplemental Funding Award. It merely means that the implementation and success of these programs is taking longer than expected.

It should be noted that many of the activities are in process but have not yet had expenditures billed to the state. Amounts reflected on this No Cost Extension are on a cash basis and therefore does not reflect all funds obligated or actual expenses that have been incurred in the activities.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

Expenditure by category	Approved Budget	Requested Carryover to be spent
Prevention 20%	\$1,802,439.20	\$459,985.00
Administrative 5%	\$358,109.80	\$228,109.80

Treatment SUD	\$5,001,647.00	\$2,701,791.40
Total	\$7,162,196.00	\$3,389,886.20

Activity	Approved Budget	Requested Carryover to be spent
Open beds - SUD sites	\$259,200.00	\$7,610.40
1.75% Temporary staff	\$205,609.80	\$155,609.80
Purchase Mobile translation devices for providers	\$104,000.00	\$41,600.00
Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability	\$350,000.00	\$67,500.00
Consultation on ASAM levels of care	\$45,000.00	\$45,000.00
Technology TX/recovery assistance software/ apps/etc.	\$350,000.00	\$315,000.00
Oxford Houses for sober housing options	\$150,000.00	\$7,134.00
DHHS Data system improvements - e.g., inclusion/implementation of outcome data, VBC tracking or overarching cross system trauma screening/training/reports (report result of trauma tools already taken)	\$260,000.00	\$110,000.00
Deep dive on cross system data	\$45,000.00	\$45,000.00
Ambulatory Detox – Provider, training, services, medications	\$300,000.00	\$0.00
EBPs – Matrix IOP training	\$30,000.00	\$30,000.00
Contingency management - e.g. gift cards for transportation	\$120,000.00	\$60,500.00
Nicotine replacement therapy for SUD/MH facilities and providers	\$25,000.00	\$0.00
Imbedding peers in FQHC, medical facilities or other providers location to provide support for persons with substance use issues	\$500,000.00	\$500,000.00

Expand adolescent treatment options	\$350,000.00	\$340,000.00	
OTP services	\$500,000.00	\$500,000.00	
Outreach/Education for Faith Partners	\$100,000.00	\$49,000.00	
Recovery Coaching training	\$40,000.00	\$40,000.00	
Provider technology improvements	\$1,500,000.00	\$500,000.00	
Substance Use Disorder provider training	\$53,447.00	\$43,447.00	
CADCA Agency membership	\$2,500.00	\$2,500.00	
Tribal prevention activities	\$330,000.00	\$330,000.00	
Increased Statewide Media - Social Norms campaign, expand outside of TV/Radio	\$350,000.00	\$0.00	
Expansion of prevention resources/connections; enhanced media, awareness; text line ability	\$150,000.00	\$0.00	
Increase in workforce capacity	\$122,499.20	\$0.00	
Generational Trauma (including substance use) webinars - R&P factors, 12 mos., professional done, ongoing,	\$120,000.00	\$20,000.00	
Higher Education Student Prevention (NeCPA) - community college campuses	\$500,000.00	\$0.00	
Nebraska Prevention Summit (Training)	\$159,940.00	\$39,985.00	
Increase SAPST Training outside of BH Workforce (LPHD, CFS, etc.)	\$80,000.00	\$80,000.00	

Survey Enhancements & oversamples	\$60,000.00	\$60,000.00
Total	\$7,162,196.00	\$3,389,886.20

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

N/A

End of NCE Request. Thank you.

SAMHSA
Office of Financial Resources, Division of Grants Management
Center for Substance Abuse Treatment, Division of States and Community Systems
Center for Substance Abuse Prevention, Division of Primary Prevention
Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee's intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

Check One Only (✓): ☐ Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
 ☒ Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Nebraska Department of Health and Human Services		
B. Date of Submission of NCE Request	September 9, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months Until 3/14/24

D. Name and Title of Grantee Finance Official Approving This NCE Request	Karen Harker, Deputy Director of Division Finance Nebraska HHS Division of Behavioral Health																																			
E. Name and Title of Grantee Program Official Approving This NCE Request	Sheri Dawson, Director, SSA Nebraska HHS Division of Behavioral Health																																			
F. Name and Title of Other Grantee Official Approving This NCE Request	John Trouba, SABG Coordinator Nebraska HHS Division of Behavioral Health																																			
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$7,162,196.00	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$844,916.24																																	
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$2,927,393.56	J. COVID-19 Award Total \$ Amount Requested for NCE	\$3,389,866.20																																	
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.																																				
<table border="1"> <thead> <tr> <th>Expenditure by category</th> <th>Approved Budget</th> <th>Total Expend to Date 9/8/22</th> </tr> </thead> <tbody> <tr> <td>Prevention 20%</td> <td>\$1,802,439.20</td> <td>\$165,794.20</td> </tr> <tr> <td>Administrative 5%</td> <td>\$358,109.80</td> <td>\$0.00</td> </tr> <tr> <td>Treatment SMI/SED</td> <td>\$5,001,647.00</td> <td>\$679,122.04</td> </tr> <tr> <td>Total</td> <td>\$7,162,196.00</td> <td>\$844,916.24</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Activity</th> <th>Approved Budget</th> <th>Total Expend to Date 9/8/22</th> </tr> </thead> <tbody> <tr> <td>Open beds - SUD sites</td> <td>\$259,200.00</td> <td>\$251,589.60</td> </tr> <tr> <td>1.75% Temporary staff</td> <td>\$205,609.80</td> <td>\$0.00</td> </tr> <tr> <td>Purchase Mobile translation devices for providers</td> <td>\$104,000.00</td> <td>\$0.00</td> </tr> <tr> <td>Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability</td> <td>\$350,000.00</td> <td>\$189,479.16</td> </tr> <tr> <td>Consultation on ASAM levels of care</td> <td>\$45,000.00</td> <td>\$0.00</td> </tr> </tbody> </table>				Expenditure by category	Approved Budget	Total Expend to Date 9/8/22	Prevention 20%	\$1,802,439.20	\$165,794.20	Administrative 5%	\$358,109.80	\$0.00	Treatment SMI/SED	\$5,001,647.00	\$679,122.04	Total	\$7,162,196.00	\$844,916.24	Activity	Approved Budget	Total Expend to Date 9/8/22	Open beds - SUD sites	\$259,200.00	\$251,589.60	1.75% Temporary staff	\$205,609.80	\$0.00	Purchase Mobile translation devices for providers	\$104,000.00	\$0.00	Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability	\$350,000.00	\$189,479.16	Consultation on ASAM levels of care	\$45,000.00	\$0.00
Expenditure by category	Approved Budget	Total Expend to Date 9/8/22																																		
Prevention 20%	\$1,802,439.20	\$165,794.20																																		
Administrative 5%	\$358,109.80	\$0.00																																		
Treatment SMI/SED	\$5,001,647.00	\$679,122.04																																		
Total	\$7,162,196.00	\$844,916.24																																		
Activity	Approved Budget	Total Expend to Date 9/8/22																																		
Open beds - SUD sites	\$259,200.00	\$251,589.60																																		
1.75% Temporary staff	\$205,609.80	\$0.00																																		
Purchase Mobile translation devices for providers	\$104,000.00	\$0.00																																		
Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability	\$350,000.00	\$189,479.16																																		
Consultation on ASAM levels of care	\$45,000.00	\$0.00																																		

Technology TX/recovery assistance software/ apps/etc.	\$350,000.00	\$0.00
Oxford Houses for sober housing options	\$150,000.00	\$48,574.13
DHHS Data system improvements - e.g., inclusion/implementation of outcome data, VBC tracking or overarching cross system trauma screening/training/reports (report result of trauma tools already taken)	\$260,000.00	\$0.00
Deep dive on cross system data	\$45,000.00	\$0.00
Ambulatory Detox – Provider, training, services, medications	\$300,000.00	\$189,479.16
EBPs – Matrix IOP training	\$30,000.00	\$0.00
Contingency management - e.g. gift cards for transportation	\$120,000.00	\$0.00
Nicotine replacement therapy for SUD/MH facilities and providers	\$25,000.00	\$0.00
Imbedding peers in FQHC, medical facilities or other providers location to provide support for persons with substance use issues	\$500,000.00	\$0.00
Expand adolescent treatment options	\$350,000.00	\$0.00
OTP services	\$500,000.00	\$0.00
Outreach/Education for Faith Partners	\$100,000.00	\$0.00
Recovery Coaching training	\$40,000.00	\$0.00
Provider technology improvements	\$1,500,000.00	\$0.00
Substance Use Disorder provider training	\$53,447.00	\$0.00
CADCA Agency membership	\$2,500.00	\$0.00

Tribal prevention activities	\$330,000.00	\$0.00
Increased Statewide Media - Social Norms campaign, expand outside of TV/Radio	\$350,000.00	\$23,924.89
Expansion of prevention resources/connections; enhanced media, awareness; text line ability	\$150,000.00	\$0.00
Increase in workforce capacity	\$122,499.20	\$0.00
Generational Trauma (including substance use) webinars - R&P factors, 12 mos., professional done, ongoing,	\$120,000.00	\$0.00
Higher Education Student Prevention (NeCPA) - community college campuses	\$500,000.00	\$141,869.31
Nebraska Prevention Summit (Training)	\$159,940.00	\$0.00
Increase SAPST Training outside of BH Workforce (LPHD, CFS, etc.)	\$80,000.00	\$0.00
Survey Enhancements & oversamples	\$60,000.00	\$0.00
	\$7,162,196.00	\$844,916.24
<p>L. Please provide a brief listing of your grantee <u>estimated itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are <u>planned to be completed</u> with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.</p>		
Expenditure by category	Approved Budget	Spend btwn Request and March 14
Prevention 20%	\$1,802,439.20	\$1,176,660.00
Administrative 5%	\$358,109.80	\$130,000.00
Treatment SMI/SED	\$5,001,647.00	\$1,620,733.56
Total	\$7,162,196.00	\$2,927,393.56

Activity	Approved Budget	Spend btwn Request and March 14
Open beds - SUD sites	\$259,200.00	\$0.00
1.75% Temporary staff	\$205,609.80	\$50,000.00
Purchase Mobile translation devices for providers	\$104,000.00	\$62,400.00
Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability	\$350,000.00	\$93,020.85
Consultation on ASAM levels of care	\$45,000.00	\$0.00
Technology TX/recovery assistance software/ apps/etc.	\$350,000.00	\$35,000.00
Oxford Houses for sober housing options	\$150,000.00	\$94,291.87
DHHS Data system improvements - e.g., inclusion/implementation of outcome data, VBC tracking or overarching cross system trauma screening/training/reports (report result of trauma tools already taken)	\$260,000.00	\$150,000.00
Deep dive on cross system data	\$45,000.00	\$0.00
Ambulatory Detox – Provider, training, services, medications	\$300,000.00	\$110,520.85
EBPs – Matrix IOP training	\$30,000.00	\$0.00
Contingency management - e.g. gift cards for transportation	\$120,000.00	\$59,500.00
Nicotine replacement therapy for SUD/MH facilities and providers	\$25,000.00	\$25,000.00
Imbedding peers in FQHC, medical facilities or other providers location to provide support for persons with substance use issues	\$500,000.00	\$0.00
Expand adolescent treatment options	\$350,000.00	\$10,000.00

OTP services	\$500,000.00	\$0.00
Outreach/Education for Faith Partners	\$100,000.00	\$51,000.00
Recovery Coaching training	\$40,000.00	\$0.00
Provider technology improvements	\$1,500,000.00	\$1,000,000.00
Substance Use Disorder provider training	\$53,447.00	\$10,000.00
CADCA Agency membership	\$2,500.00	\$0.00
Tribal prevention activities	\$330,000.00	\$0.00
Increased Statewide Media - Social Norms campaign, expand outside of TV/Radio	\$350,000.00	\$326,075.11
Expansion of prevention resources/connections; enhanced media, awareness; text line ability	\$150,000.00	\$150,000.00
Increase in workforce capacity	\$122,499.20	\$122,499.20
Generational Trauma (including substance use) webinars - R&P factors, 12 mos., professional done, ongoing,	\$120,000.00	\$100,000.00
Higher Education Student Prevention (NeCPA) - community college campuses	\$500,000.00	\$358,130.69
Nebraska Prevention Summit (Training)	\$159,940.00	\$119,955.00
Increase SAPST Training outside of BH Workforce (LPHD, CFS, etc.)	\$80,000.00	\$0.00
Survey Enhancements & oversamples	\$60,000.00	\$0.00
	\$7,162,196.00	\$2,927,393.56

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

Nebraska has experienced delays for spending the COVID-19 Supplemental Funding Award due to a combination of factors including COVID-19 outbreaks at provider locations, staff vacancies at providers and at the State, as well as difficulty hiring persons given the low unemployment rates in Nebraska.

COVID-19 outbreaks in Nebraska lag behind the spikes that occur on the east or west coast. As such limitation on provider capacity may last longer than other places in the United States. Additionally, there was a natural hesitance and cautiousness about expanding or bringing up new services in this time frame given the extra work to address COVID-19 requirements from state and local authorities.

Staff shortages and difficulty in hiring is a nationwide event. Behavioral health workforce numbers are declining due to retirement, burnout and resignations to move to the private sector where there is less reporting and other requirements that must be fulfilled. This places State and providers at a disadvantage to implement new programs when required or necessary to use the funding that has been awarded.

Nebraska also historically had one of the lowest unemployment rates in the United States. Currently, Nebraska's unemployment rate is at 2.0% compared to the national rate of 3.5% (Source: Nebraska Department of Labor website, September 9, 2022). This translates to longer staff vacancies at providers when trying to bring up new services or replace existing staff.

These factors do not translate to Nebraska being unable to implement the approved activities in the Covid-19 Supplemental Funding Award. It merely means that the implementation and success of these programs is taking longer than expected.

It should be noted that many of the activities are in process but have not yet had expenditures billed to the state. Amounts reflected on this No Cost Extension are on a cash basis and therefore does not reflect all funds obligated or actual expenses that have been incurred in the activities.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

Expenditure by category	Approved Budget	Requested Carryover to be spent
Prevention 20%	\$1,802,439.20	\$459,985.00
Administrative 5%	\$358,109.80	\$228,109.80

Treatment SUD	\$5,001,647.00	\$2,701,791.40
Total	\$7,162,196.00	\$3,389,886.20

Activity	Approved Budget	Requested Carryover to be spent
Open beds - SUD sites	\$259,200.00	\$7,610.40
1.75% Temporary staff	\$205,609.80	\$155,609.80
Purchase Mobile translation devices for providers	\$104,000.00	\$41,600.00
Medication Assisted Treatment for Alcohol Use Disorder - provider training, service, medications - Sustainability	\$350,000.00	\$67,500.00
Consultation on ASAM levels of care	\$45,000.00	\$45,000.00
Technology TX/recovery assistance software/ apps/etc.	\$350,000.00	\$315,000.00
Oxford Houses for sober housing options	\$150,000.00	\$7,134.00
DHHS Data system improvements - e.g., inclusion/implementation of outcome data, VBC tracking or overarching cross system trauma screening/training/reports (report result of trauma tools already taken)	\$260,000.00	\$110,000.00
Deep dive on cross system data	\$45,000.00	\$45,000.00
Ambulatory Detox – Provider, training, services, medications	\$300,000.00	\$0.00
EBPs – Matrix IOP training	\$30,000.00	\$30,000.00
Contingency management - e.g. gift cards for transportation	\$120,000.00	\$60,500.00
Nicotine replacement therapy for SUD/MH facilities and providers	\$25,000.00	\$0.00
Imbedding peers in FQHC, medical facilities or other providers location to provide support for persons with substance use issues	\$500,000.00	\$500,000.00

Expand adolescent treatment options	\$350,000.00	\$340,000.00	
OTP services	\$500,000.00	\$500,000.00	
Outreach/Education for Faith Partners	\$100,000.00	\$49,000.00	
Recovery Coaching training	\$40,000.00	\$40,000.00	
Provider technology improvements	\$1,500,000.00	\$500,000.00	
Substance Use Disorder provider training	\$53,447.00	\$43,447.00	
CADCA Agency membership	\$2,500.00	\$2,500.00	
Tribal prevention activities	\$330,000.00	\$330,000.00	
Increased Statewide Media - Social Norms campaign, expand outside of TV/Radio	\$350,000.00	\$0.00	
Expansion of prevention resources/connections; enhanced media, awareness; text line ability	\$150,000.00	\$0.00	
Increase in workforce capacity	\$122,499.20	\$0.00	
Generational Trauma (including substance use) webinars - R&P factors, 12 mos., professional done, ongoing,	\$120,000.00	\$20,000.00	
Higher Education Student Prevention (NeCPA) - community college campuses	\$500,000.00	\$0.00	
Nebraska Prevention Summit (Training)	\$159,940.00	\$39,985.00	
Increase SAPST Training outside of BH Workforce (LPHD, CFS, etc.)	\$80,000.00	\$80,000.00	

Survey Enhancements & oversamples	\$60,000.00	\$60,000.00
Total	\$7,162,196.00	\$3,389,886.20

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

N/A

End of NCE Request. Thank you.

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:



STATE OF NEBRASKA

Pete Ricketts
Governor

OFFICE OF THE GOVERNOR
P.O. Box 94848 • Lincoln, Nebraska 68509-4848
Phone: (402) 471-2244 • pete.ricketts@nebraska.gov

May 15, 2019

Wendy Pang
Grants Management Specialist
DGM/OFR/SAMHSA
5600 Fishers Lane, Rm. 17E21C
Rockville, MD 20857

Dear Ms. Pang:

On behalf of the State of Nebraska, I hereby authorize Dannette R. Smith, Chief Executive Officer of the Department of Health and Human Services, to make all required applications, agreements, certifications and reports related to the Community Mental Health Services Block Grant (CFDA 93.958); the Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Dannette R. Smith, MSW
Chief Executive Officer
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Effective immediately and until further notice, please send all Grant Awards and similar notices concerning the three programs listed above to:

Sheri Dawson, RN, Director
Division of Behavioral Health
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink that reads "Pete Ricketts".

Pete Ricketts
Governor



May 15, 2019

Wendy Pang
Grants Management Specialist
DGM/OFR/SAMHSA
5600 Fishers Lane, Rm. 17E21C
Rockville, MD 20857

Dear Ms. Pang:

On behalf of the State of Nebraska, I hereby authorize Sheri Dawson, RN, Director, Division of Behavioral Health of the Department of Health and Human Services, to make all required applications, agreements, certifications and reports related to the Community Mental Health Services Block Grant (CFDA 93.958); the Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Sheri Dawson, RN, Director
Division of Behavioral Health
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Effective immediately and until further notice, please send all Grant Awards and similar notices concerning the three programs listed above to:

Sheri Dawson, RN, Director
Division of Behavioral Health
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading "Dannette R. Smith".

Dannette R. Smith, MSW
Chief Executive Officer
Department of Health and Human Services

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR 575.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Sheri Dawson

Signature of CEO or Designee¹:

Sheri Dawson

Title: Director

Date Signed: 08/31/2022

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)
[Standard Form LLL \(click here\)](#)

Name	Sheri Dawson
Title	Director
Organization	NE Dept. of Health and Human Services - Division of Behavioral Health

Signature:	Date:
------------	-------

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

<p>Footnotes:</p> <p>There are not any lobbying activities to disclose.</p>

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

Name

Sheri Dawson

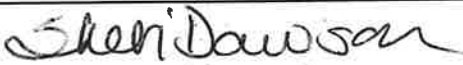
Title

Director

Organization

NE Dept. of Health and Human Services - Division of Behavioral Health

Signature:



Date:

08-31-2022

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

There are not any lobbying activities to disclose.

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 24-month period of July 1, 2021 through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over a 24-month period (7/1/21-6/30/23). Please document the use of COVID-19 Relief Supplemental, ARP and BSCA funds in the footnotes.

MHBG: Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 7/1/2022 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID Relief Funds (SABG)	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention ^d											
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^e		\$448,906.00						\$175,000.00		\$55,569.00	\$29,518.20
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital				\$318,000.00	\$79,482,224.00						
7. Other 24-Hour Care		\$40,000.00	\$8,947,844.93		\$9,525,970.21			\$811,701.64		\$1,028,673.80	
8. Ambulatory/Community Non-24 Hour Care		\$3,551,243.25	\$55,563,543.11	\$288,000.00	\$50,004,989.08						
9. Administration (excluding program/provider level) ^f MHBG and SABG must be reported separately		\$224,452.75						\$66,405.36		\$78,854.88	
10. Crisis Services (5 percent set-aside) ^g		\$224,453.00		\$583,855.00	\$17,594,682.83			\$275,000.00		\$414,000.00	\$265,663.80
11. Total	\$0.00	\$4,489,055.00	\$64,511,388.04	\$1,189,855.00	\$156,607,866.12	\$0.00	\$0.00	\$1,328,107.00	\$0.00	\$1,577,097.68	\$295,182.00

^aThe 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2022 – June 30, 2023, for most states.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2022 - June 30, 2023, for most states

^cThe expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

^dWhile a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

^eColumn 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

^fPer statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award

^gRow 10 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Table 2 State Agency Planned Expenditures [MH] for COVID-19 Relief Funds (MHBG) is \$3,795,400 for the state planned expenditure period of July 1, 2021 – June 30, 2023. Nebraska was awarded MHBG FY2021 COVID emergency funding of \$3,795,400 in federal funding for the 24-month expenditure period for the MHBG FY2021 COVID-19 emergency funding for the Budget Period Start Date 03/15/2021 – End Date 03/14/2023. \$1,328,107 for the state planned expenditure period of July 1, 2022-June 30, 2023.

> Table 2 State Agency Planned Expenditures [MH] for ARPA Funds (MHBG) is \$1,693,624 for the state planned expenditure period of September 1, 2021 – June 30, 2023. Nebraska was awarded MHBG FY2021 ARPA funding of \$6,555,690 in federal funding for the Budget Period Start Date 09/01/2021 – End Date 09/30/2025. \$1,577,097.68 for the state planned expenditure period of April 1, 2022-June 30, 2023.

> Global RevReq 012723: Updates Table 2 [MH] to incorporate FY2023 MHBG Final Allotments now total \$4,489,055.

Planning Tables

Table 4 SABG Planned Expenditures

States must project how they will use SABG funds to provide authorized services as required by the SABG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2022 and FFY 2023 SABG awards. The totals for each Fiscal Year should match the President's Budget Allotment for the state.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022			FFY 2023		
	FFY 2022 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	FFY 2023 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$5,247,888.40	\$5,001,647.00	\$1,254,000.00	\$5,936,212.20	\$2,383,447.00	\$1,229,000.00
2 . Primary Substance Use Disorder Prevention	\$2,164,365.00	\$1,802,439.20	\$204,554.70	\$2,116,174.00	\$786,984.65	
3 . Tuberculosis Services	\$0.00	\$0.00	\$0.00			
4 . Early Intervention Services for HIV ⁶	\$0.00	\$0.00	\$0.00			
5 . Administration (SSA Level Only)	\$390,118.60	\$358,109.80	\$96,648.95	\$423,809.80	\$166,864.82	\$64,684.41
6. Total	\$7,802,372.00	\$7,162,196.00	\$1,555,203.65	\$8,476,196.00	\$3,337,296.47	\$1,293,684.41

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental

expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022- September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵Prevention other than Primary Prevention

⁶For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Global RevReq 012723: Updates Table 4 [SA] to incorporate FY2023 SABG Final Allotments now total \$8,476,196.

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

A								B			B		
Strategy	IOM Target	FFY 2022			FFY 2023								
		SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	SA Block Grant Award	COVID-19 Award ⁴	ARP Award ⁵						
1. Information Dissemination	Universal	\$0	\$579,970	\$95,000	\$83,195								
	Selected				\$1,057	\$220,000	\$35,000						
	Indicated	\$1,261	\$0	\$0									
	Unspecified	\$0	\$0	\$0									
	Total	\$1,261	\$579,970	\$95,000	\$84,252	\$220,000	\$35,000						
2. Education	Universal	\$477,513	\$199,970	\$0	\$287,408								
	Selected				\$86,192	\$120,000	\$35,000						
	Indicated	\$2,504	\$0	\$0	\$2,100								
	Unspecified	\$0	\$0	\$0									
	Total	\$480,017	\$199,970	\$0	\$375,700	\$120,000	\$35,000						
3. Alternatives	Universal	\$41,387	\$0	\$0	\$37,702								
	Selected				\$13,806	\$50,000							
	Indicated	\$3,578	\$0	\$0	\$3,000								
	Unspecified	\$0	\$0	\$0									
	Total	\$44,965	\$0	\$0	\$54,508	\$50,000	\$0						
4. Problem Identification and Referral	Universal	\$0	\$0	\$0									
	Selected				\$16,950								
	Indicated	\$149,649	\$0	\$0	\$125,477								
	Unspecified	\$0	\$0	\$0									
	Total	\$149,649	\$0	\$0	\$142,427	\$0	\$0						
	Universal				\$386,942	\$572,499	\$39,555						

5. Community-Based Processes							
	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$386,942	\$572,499	\$39,555
6. Environmental	Universal	\$705,189	\$60,000	\$0	\$680,605		
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$0	\$0	\$0			
	Total	\$705,189	\$60,000	\$0	\$680,605	\$0	\$0
7. Section 1926 Tobacco	Universal	\$64,825	\$0	\$0	\$28,552		
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$0	\$0	\$0			
	Total	\$64,825	\$0	\$0	\$28,552	\$0	\$0
8. Other	Universal	\$0	\$0	\$0			
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$0	\$0	\$0			
	Total	\$0	\$0	\$0	\$0	\$0	\$0
Total Prevention Expenditures		\$1,445,906	\$839,940	\$95,000	\$1,752,986	\$962,499	\$109,555
Total SABG Award³		\$7,802,372	\$7,162,196	\$1,555,204	\$8,476,196	\$3,337,296	\$1,293,684
Planned Primary Prevention Percentage		18.53 %	11.73 %	6.11 %	20.68 %	28.84 %	8.47 %

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY

2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³Total SABG Award is populated from Table 4 - SABG Planned Expenditures

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

For the FFY2023 SA Block Grant, the sum of the total amount reported on Table 5a for SA Block Grant Award - SABG Primary Prevention Planned Expenditures (\$1,752,986.00) plus the total amount of Primary Prevention set-aside funds reported on Table 6 column B. SABG Prevention (\$363,188.00) should equal the amount reported on Table 4, Row 2, FFY 2023 SA Block Grant Award (\$2,116,174.00).

>

Global RevReq 013123: Table 5a –The Revision Request was started and completed to affirm there were not any changes and no additional FY2023 SABG Final Allotments funds were added to Primary Prevention activities. Therefore, for the FFY2023 SA Block Grant, the sum of the total amount reported on Table 5a for SA Block Grant Award - SABG Primary Prevention Planned Expenditures (\$1,752,986.00) plus the total amount of Primary Prevention set-aside funds reported on Table 6 column B. SABG Prevention (\$363,188.00) should equal the amount reported on Table 4, Row 2, FFY 2023 SA Block Grant Award (\$2,116,174.00).

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award ¹	FFY 2022 ARP Award ²	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award ³	FFY 2023 ARP Award ⁴
Universal Direct	\$523,671	\$199,970	\$0	\$395,673		
Universal Indirect	\$1,256,487	\$1,212,469	\$134,555	\$1,108,731	\$572,499	\$109,555
Selected				\$118,005	\$390,000	
Indicated	\$155,731	\$0	\$0	\$130,577		
Column Total	\$1,935,889	\$1,412,439	\$134,555	\$1,752,986	\$962,499	\$109,555
Total SABG Award⁵	\$7,802,372	\$7,162,196	\$1,555,204	\$8,476,196	\$3,337,296	\$1,293,684
Planned Primary Prevention Percentage	24.81 %	19.72 %	8.65 %	20.68 %	28.84 %	8.47 %

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵Total SABG Award is populated from Table 4 - SABG Planned Expenditures

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

For the FFY2023 SA Block Grant, the sum of the total amount reported on Table 5b for SA Block Grant Award - SABG Primary Prevention Planned Expenditures by IOM Category (\$1,752,986) plus the total amount of Primary Prevention set-aside funds reported on Table 6 column B. SABG Prevention (\$363,188) should equal the amount reported on Table 4, Row 2, FFY 2023 SA Block Grant Award (\$2,116,174).

>

Global RevReq 013123: Table 5b – The Revision Request was started and completed to affirm there were not any changes and no additional FY2023 SABG Final Allotments funds were added to Primary Prevention activities. Therefore, for the FFY2023 SA Block Grant, the sum of the total amount reported on Table 5a for SA Block Grant Award - SABG Primary Prevention Planned Expenditures (\$1,752,986.00) plus the total amount of Primary Prevention set-aside funds reported on Table 6 column B. SABG Prevention (\$363,188.00) should equal the amount reported on Table 4, Row 2, FFY 2023 SA Block Grant Award (\$2,116,174.00).

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities - Required

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award ¹	ARP Award ²
Targeted Substances			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Targeted Populations			
Students in College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGBTQ+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Planning Tables

Table 6 Non-Direct-Services/System Development [SA]

Please enter the total amount of the SABG, COVID-19, or ARP funds expended for each activity.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022					FFY 2023				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ²	E. ARP ³	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ⁴	E. ARP ⁵
1. Information Systems	\$0.00	\$0.00	\$0.00	\$1,984,200.00	\$359,000.00				\$1,250,000.00	\$359,000.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00	\$454,000.00	\$350,000.00				\$175,000.00	\$350,000.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
5. Quality Assurance and Improvement	\$0.00	\$36,296.00	\$0.00	\$45,000.00	\$0.00		\$35,546.00			
6. Research and Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$272,916.00			
7. Training and Education	\$227,820.00	\$54,126.00	\$0.00	\$1,273,447.00	\$25,000.00	\$113,912.77	\$54,726.00		\$393,447.00	\$110,000.00
8. Total	\$227,820.00	\$90,422.00	\$0.00	\$3,756,647.00	\$734,000.00	\$113,912.77	\$363,188.00	\$0.00	\$1,818,447.00	\$819,000.00

¹Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

²The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

For the FFY2023 SA Block Grant, the amount of SABG Primary Prevention funds (from Table 4, Row 2, FFY 2023 SA Block Grant Award) to be used for Non-Direct Services/System Development Activities for SABG Prevention, Column B, and/or SABG Integrated, Column C, =

\$363,188.00.

>

For the FFY2023 SA Block Grant, the amount of SABG Administration funds (from Table 4, Row 5) to be used for Non-Direct Services/System Development Activities for SABG Prevention Column B, and/or SABG Integrated, Column C, = \$0.

>

Global RevReq 013123: Table 6 [SA] – The Revision Request was started and completed to affirm there were not any changes and no additional FY2023 SABG Final Allotments funds were added to Non-Direct-Services/System Development [SA]. Therefore, for the FFY2023 SA Block Grant, the amount of SABG Primary Prevention funds (from Table 4, Row 2, FFY 2023 SA Block Grant Award) to be used for Non-Direct Services/System Development Activities for SABG Prevention, Column B, and/or SABG Integrated, Column C, = \$363,188.00. And, for the FFY2023 SA Block Grant, the amount of SABG Administration funds (from Table 4, Row 5) to be used for Non-Direct Services/System Development Activities for SABG Prevention Column B, and/or SABG Integrated, Column C, = \$0.

Planning Tables

Table 6 Non-Direct-Services/System Development [MH]

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 10/01/2022

MHBG Planning Period End Date: 09/30/2023

Activity	FFY 2022 Block Grant	FFY 2022 ¹ COVID Funds	FFY 2022 ² ARP Funds	FFY 2023 Block Grant	FFY 2023 ¹ COVID Funds	FFY 2023 ² ARP Funds	FFY 2023 ³ BSCA Funds
1. Information Systems	\$0.00	\$318,674.00	\$0.00	\$0.00	\$23,957.20	\$423,674.00	
2. Infrastructure Support	\$0.00	\$300,000.00	\$0.00	\$0.00	\$175,000.00	\$199,569.00	\$295,182.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$75,000.00	\$0.00	\$0.00	\$40,000.00	\$40,000.00	
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5. Quality Assurance and Improvement	\$0.00	\$80,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
6. Research and Evaluation	\$0.00	\$75,000.00	\$0.00	\$0.00	\$20,000.00	\$75,000.00	
7. Training and Education	\$0.00	\$250,000.00	\$0.00	\$0.00	\$777,416.00	\$850,000.00	
8. Total	\$0.00	\$1,098,674.00	\$0.00	\$0.00	\$1,036,373.20	\$1,588,243.00	\$295,182.00

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

³ The expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Nebraska does not use regular MHBG funding for these activities.

>

Global RevReq 013123: Table 6 [MH] – The Revision Request was started and completed to affirm there were not any changes and no additional FY2023 MHBG Final Allotments funds were added to Non-Direct-Services/System Development [MH].

Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set-aside:

Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes “[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)” as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

Someone To Call Nebraska has one call center. This call center is located at Father Flanagan Boys' Home (referred to as Boys Town) located in Omaha, Nebraska. Boys Town has been the provider for The Lifeline since 2005. Call center funding is provided through Nebraska's State General Funds and accented by SAMHSA's Cooperative Agreement Grant. Boys Town is 86% staffed. They continue to hire to reach the 100% goal. There has been an ongoing discrepancy between what Vibrant is reporting as answer rates and what Boys Town is tracking as answer rates. For purposes of this plan, I will be utilizing the data provided by Boys Town as there has been acknowledgement that Vibrant's data is not accurate. June answer rate reported by Boys Town was 93%. At this point in July, the answer rate for July is 94%. Per Boys Town's reports they are exceeding the 90% answer rate expectation. Boys Town intends to work with their independent evaluator to verify these rates in the coming months. Boys Town recently received access to Pure Connect for text and chat. Staff continue to complete training on using the new software. Boys Town has raised the concern that supervisors are unable to see when there are texts in the queue and unable to assist. This also impacts their ability to collect accurate data. When a call is received by 988, the crisis counselor will spend time de-escalating the individual, assessing for safety, and safety planning or activating mobile crisis response when appropriate. The crisis counselor will always attempt the least restrictive options first. This may include a referral to services or access to a same or next day appointment. If the caller disconnects or becomes disconnected, the crisis counselor will immediately call back unless it is unsafe to do so (i.e., domestic violence). The call center will track frequent callers so outreach may be done to engage the individual in community-based services. Boys Town has over 1,600 referral sources in their data base. They have been provided with information for services for veterans, service members or their families should they not press 1 and be connected with the Veteran's Crisis Line. There are several other resources that can be found online through 211 and other DHHS supported resource sites. Boys Town has dedicated 1 FTE to keep track of and annually audit the referral repository. One of the metrics Boys Town will collect is if appropriate referral services are available. If a gap is identified, DHHS will be notified and problem solving will take place to fill the gap. Boys Town will conduct follow-up contact within 24-72 hours when the caller consents to follow-up and had suicidal thoughts/ideations or when the caller consents to follow-up and was referred to a same or next day appointment. Follow-up will include 1) since the last call, does the caller feel worse, better, or the same, 2) if a referral was offered, was the caller able to access the service and if not, they will problem solve with the individual, and 3) has the caller utilized crisis services since the last call and if yes, which kind. Follow-up is not required when the caller was seeking information only, was a third-party caller, an anonymous call, or the caller does not consent to follow-up contact. The determination to activate mobile crisis response is made by the

crisis counselor with the individual calling. Mobile crisis teams will be activated by the call center when safety planning is not appropriate and the individual has agreed to a mobile crisis response. In situations where the person calling is a third-party, mobile crisis response will be activated, but services may be denied upon arrival by the individual in crisis. If an individual is not comfortable with someone coming to their home, the option of connecting with a crisis team via telehealth or phone will be offered. In the event that EMS is needed, the crisis counselor will remain on the phone with the individual and perform a warm handoff with 911. At this time, 911 is not willing to transfer calls to 988. 911 has reviewed Boys Town's policies regarding contacting 911 and has provided feedback to assist with the warm transfer of the caller. Boys Town is implementing most of the recommendations, however some were outside the scope of Boys Town's work. Please see 2b for more information about efforts to collaborate with 911. Someone To Respond When the crisis counselor is unable to safety plan with the individual, mobile crisis teams will be activated either in person, via telehealth or by phone upon the consent of the caller. This activation is conducted through a warm hand-off with the mobile crisis team. The crisis counselor will provide the following information to the appropriate mobile crisis team: Synopsis of the crisis and attempts made to safety plan with the caller Demographic information Safety risk and risk of dangerousness to others Presence of auditory command hallucinations; grandiosity; excitement or agitation; mood liability; persecutory delusions; paranoia; hostility History of autism, intellectual disability, or other significant mental health issue Under the influence of alcohol or drugs Known history of assault or violence Crisis involves violence or threat of violence The mobile crisis team will: Contact Law Enforcement for co-response, if necessary (best practice is to respond without law enforcement unless special circumstances warrant it) Arrange for in-person or telehealth response Plan for team safety prior to in-person response Contact the Boys Town crisis counselor to advise of outcome of MCT event to close the loop should the caller call back. At this time, there are several remote areas of the state where timely in-person contact may not be feasible. Because of this, allowance is made for contact to be done by phone or via telehealth. There are various mobile crisis response providers that always respond with law enforcement. Best practice and guidance have been shared with these providers; however, they have chosen to continue to utilize law enforcement for support. We will be collecting data regarding response type and outcome of the mobile crisis event to evaluate the effectiveness of the crisis services. The following Mobile Crisis Team Standards were developed by a workgroup made up of stakeholders across the state. Their recommendations were based upon best practice and how mobile crisis teams in Nebraska had been functioning. The standards are as follows: Responding MCT should have a minimum of two people responding: ---- At least one Behavioral Health Professional (trained, non-licensed MCT member) who can complete screening tools, follow-up support and safety planning ---- Certified Peer Support Specialist who can complete screening tools, follow-up support and safety planning ---- Clinician available to conduct assessments as needed who can complete screening tools, triage, follow-up support, safety planning and clinical assessments. Conduct screenings and assessments of: ---- Substance Use (CAGE-AID) ---- Suicidality (SBQR or ASQ or C-SSRS) ---- Homicidality or posing a threat of violence ---- Mental Status (appearance, activity level, behavior, speech and attitude) ---- Level of consciousness, thought content, affect and mood, cognition and reality contact ---- Situational factors impacting behavior and safety ---- Strengths and resources of the person experiencing the crisis, as well as those of family members and other natural supports ---- Recent inpatient hospitalizations and/or any current relationship with a BH provider ---- Medications and compliance with medication regimen ---- Medical history as it relates to the crisis De-escalation and Resolution ---- Use appropriate de-escalation techniques to decrease anxiety and/or agitation ---- Ensure environment is set up to facilitate de-escalation and stabilization ---- Engage person in collaborative crisis planning when appropriate ----- Utilize the Brown-Stanley Safety Planning Template and Process ----- Mobilize support as needed to ensure safety and crisis resolution ----- Engage Peer Support as needed and available ---- Make referrals as appropriate to resolve the crisis and/or stabilize the individual or situation ----- Same day or next day assessment, outpatient, medication management ---- Contact the 988 Crisis Counselor following the event and advise of outcome. ---- Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations. ----- Crisis Stabilization Units ----- Peer Run Crisis Respite; Peer Run Hospital Diversion ----- MH/SUD Crisis Respite for youth AND adults Follow up will be offered to all individuals who were served by mobile crisis response. Follow-up can be conducted by a Certified Peer Support Person. At least three attempts will be made to contact the consumer for follow-up The first contact for follow-up will take place within 24 hours of the crisis event. If contact is not made, two additional attempts will be made within 72 hours unless the individual is placed in EPC, inpatient psychiatric hospitalization, or are sent to jail/detention. Follow-up will include: Is the individual feeling worse, better, or the same? If a referral was offered, was the consumer able to access the service? ---- If not, what is the barrier(s) to accessing services? Crisis team should address the barrier(s) to accessing services. Review or engage in Collaborative Safety Planning Has the caller utilized crisis services since last call? ---- If yes, what kind? ER, 911/LE, other crisis lines, community crisis services Training standards for the mobile crisis teams were identified by a group of stakeholders from across the state. Training was placed into four categories: Core Training for ALL team members, training on assessments, training on crisis planning and follow-up, and optional training topics. Core training includes CPR and First Aid, suicide prevention/response training (QPR/AMSR/CAMS), diversity training, accessing interpretation services, opioid overdose safety, trauma informed services, Mental Health First Aid for any unlicensed team members, adolescent development, working with system involved youth, EPC alternatives for youth under 18yo. Training on triage assessments includes the SBQR, ASQ, CAGE-AID, and CSSRS. Teams will also complete training on the Brown-Stanley Safety Plan and Counseling Access to Lethal Means (CALM). Optional trainings may include Basic Behavioral Health Threat Assessments for clinicians, cross training with local law enforcement, and crisis specialty training for Certified Peer Support Specialists. Follow-up will be attempted at least 3 times and MCT will document date and time of attempt and resolution of follow-up: Acute Hospitalization, Additional Emergency Room care needed, Coordinated Specialty Care for Youth (FEP), CSU, Emergency Community Support, Emergency Psychiatric Observation, Mental Health Respite, Outpatient Behavioral Health service, other mental health or substance use disorder related service If a person is experiencing psychosis and is unable to provide the required information at the initial contact, the person conducting follow-up should try to obtain that information when the individual is more stable. Somewhere To Go Nebraska subawards funds through six Regional Behavioral Health Authorities charged with ensuring an array of services, including crisis services, are available in their respective geographic area. Coverage areas include significantly large rural and frontier areas. Planning took place within the designated Regions and with various stakeholders to identify needs and gaps related to the community-based crisis continuum. Regional administration was provided with a list of crisis services comprising the minimum service array expectations including: -- Crisis Stabilization Facilities (at least one in each Region) -- Long-term intensive community-based services (i.e., ACT, Wraparound, MST, FFT) -- Co-occurring Intensive Outpatient Services -- Substance Use Disorder (SUD) Crisis Residential Services (i.e., detox, sobering centers) -- Peer Run Respite/Peer Run Hospital Diversion Crisis Stabilization Facilities: There are currently three Crisis Stabilization Facilities in Nebraska located in Omaha, Lincoln and Grand Island. Service development work continues with three other Regions. Crisis stabilization is available in all Regions

within hospital settings. Long-term Intensive Community-Based Services: Services such as Assertive Community Treatment (ACT), Wraparound/Professional Partner Program (PPP), Multi-systemic Therapy (MST), and Functional Family Therapy (FFT) are examples of long-term community-based services in Nebraska. Currently, ACT is located in Regions 3, 5, and 6; Wraparound/PPP is available in all Regions; MST is available in Regions 3, 4, 5, and 6; and there are no providers for FFT at this time funded through the Division. Co-Occurring Intensive Outpatient Services: Outpatient services are available in all six Regions. Regional administration has worked with providers and identified same day or next day appointment access. This information has been provided to the mobile crisis teams and the 988-call center. SUD Crisis Residential Services: All six Regions provide access to SUD residential services. Peer Run Respite/Peer Run Hospital Diversion: Nebraska is working with regional partners to expand and/or grow peer run respite or hospital diversion programming. Currently there are two peer run hospital diversion programs located in Omaha and Lincoln that serve adults. Regional requests for information have been released to develop additional crisis respite types of services including youth.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

- a) *The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
- b) *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
- c) *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
- d) *Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
- e) *Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

1. Someone to talk to: Crisis Call Capacity

- a. Number of locally based crisis call Centers in state
 - i. In the Suicide lifeline network
 - ii. Not in the suicide lifeline network

- b. Number of Crisis Call Centers with follow up protocols in place
- c. Percent of 911 calls that are coded as MH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity

- a. Independent of first responder structures (police, paramedic, fire)
- b. Integrated with first responder structures (police, paramedic, fire)
- c. Number that employ peers

3. Place to go

- a. Number of Emergency Departments
- b. Number of Emergency Departments that operate a specialized behavior health component
- c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Regarding someone to talk to: Crisis Call Capacity, there is 1 call center in Nebraska. The call center has protocols in place to follow-up with callers who meet certain criteria. They had already been doing follow-up as part of the Suicide Prevention Lifeline. 911 centers in Nebraska do not track the number of mental health related calls. Through a Joint Protocols workgroup with the Nebraska 911 PSAPs, protocols are still in the process of being developed. There are some PSAPs in the state that have mental health professionals available to consult when needed. As far as someone to respond: Number of communities that have mobile behavioral health crisis capacity, there are 342 fire and rescue departments, 136 fire only departments, and 152 law enforcement agencies in Nebraska. There are 3 areas of Nebraska that have co-responder models. Various mobile crisis teams across the state are exploring the addition of peers to their mobile crisis teams. For a place to go, there are approximately 20 Emergency Departments with approximately 4 Emergency Departments that have a specialized behavioral health component in Nebraska. There are 3 Crisis Receiving and Stabilization Centers in Nebraska. This is an area that Nebraska continues to expand.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

SAMHSA's National Guidelines for Behavioral Health Crisis Care was reviewed and referred to during Nebraska's planning phase. The information about best practices when delivering behavioral health crisis care was shared with the various workgroups and stakeholders. • Regional Call

Center – Nebraska has one call center with trained crisis counselors available 24/7 for calls, texts and chats through Boys Town. Boys Town has been the call center for the Suicide Prevention Lifeline in Nebraska since 2005 and meets the National Suicide Prevention Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. Boys Town can activate the various mobile crisis response teams when appropriate. Each of the Nebraska's Regional Behavioral Health Authorities has identified open times for outpatient, assessments, or medication management appointments. • Crisis Mobile Team Response – Nebraska has mobile crisis teams that are available to serve all 93 counties. Please see the narrative in question number 1 for more details regarding Nebraska's Crisis Mobile Team Responses. • Crisis Receiving and Stabilization Facilities – Nebraska subawards funds through six Regional Behavioral Health Authorities. Three Regions currently have Crisis Stabilization Facilities; Regions 3,5 and 6. Service development work is continuing with three other Regions. Peer run "adult" hospital diversion programs are operational in Lincoln and Omaha. Requests for Information have been released by Regions to develop additional crisis respite types of services including for youth. In addition to these two particular services, Nebraska has and continues to expand its other community-based crisis services as noted in question one.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

The 5% set aside will be used to support the use of OpenBeds, providing "real-time treatment facility availability, evidence-based therapy offerings, two-way digital provider communication, data aggregation and analytics, and clinical decision support" (Bamboo Health, OpenBeds Overview). The software will allow for crisis response teams, hospitals and local providers to connect persons with SMI/SED to services in a more efficient and effective manner. Additionally, the set aside may be used to support training for mobile crisis team members to improve skills and interventions with persons with SMI/SED.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Nebraska - FY 2022-2023 Combined MHBG/SABG Application/Behavioral Health Assessment and Plan

The WebBGAS expandable text boxes for Environmental Factors and Plan, Question 15. Crisis Services, did not print WYSIWYP (print what you see) which makes reading the document very difficult. Therefore, this PDF attachment of the entered responses to Question 15. Crisis Services was added as an attachment.

Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

NARRATIVE QUESTION:

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set- aside:

Furthermore, the Committee directs a new five percent set- aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed **Crisis Services: Meeting Needs, Saving Lives**, which includes “**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**” as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

Someone To Call

Nebraska has one call center. This call center is located at Father Flanagan Boys’ Home (referred to as Boys Town) located in Omaha, Nebraska. Boys Town has been the provider for The Lifeline since 2005. Call center funding is provided through Nebraska’s State General Funds and accented by SAMHSA’s Cooperative Agreement Grant.

Boys Town is 86% staffed. They continue to hire to reach the 100% goal. There has been an ongoing discrepancy between what Vibrant is reporting as answer rates and what Boys Town is tracking as answer rates. For purposes of this plan, I will be utilizing the data provided by Boys Town as there has been acknowledgement that Vibrant's data is not accurate. June answer rate reported by Boys Town was 93%. At this point in July, the answer rate for July is 94%. Per Boys Town's reports they are exceeding the 90% answer rate expectation. Boys Town intends to work with their independent evaluator to verify these rates in the coming months.

Boys Town recently received access to Pure Connect for text and chat. Staff continue to complete training on using the new software. Boys Town has raised the concern that supervisors are unable to see when there are texts in the queue and unable to assist. This also impacts their ability to collect accurate data.

When a call is received by 988, the crisis counselor will spend time de-escalating the individual, assessing for safety, and safety planning or activating mobile crisis response when appropriate. The crisis counselor will always attempt the least restrictive options first. This may include a referral to services or access to a same or next day appointment. If the caller disconnects or becomes disconnected, the crisis counselor will immediately call back unless it is unsafe to do so (i.e., domestic violence). The call center will track frequent callers so outreach may be done to engage the individual in community-based services.

Boys Town has over 1,600 referral sources in their data base. They have been provided with information for services for veterans, service members or their families should they not press 1 and be connected with the Veteran's Crisis Line. There are several other resources that can be found online through 211 and other DHHS supported resource sites. Boys Town has dedicated 1 FTE to keep track of and annually audit the referral repository. One of the metrics Boys Town will collect is if appropriate referral services are available. If a gap is identified, DHHS will be notified and problem solving will take place to fill the gap.

Boys Town will conduct follow-up contact within 24-72 hours when the caller consents to follow-up and had suicidal thoughts/ideations or when the caller consents to follow-up and was referred to a same or next day appointment. Follow-up will include 1) since the last call, does the caller feel worse, better, or the same, 2) if a referral was offered, was the caller able to access the service and if not, they will problem solve with the individual, and 3) has the caller utilized crisis services since the last call and if yes, which kind. Follow-up is not required when the caller was seeking information only, was a third-party caller, an anonymous call, or the caller does not consent to follow-up contact.

The determination to activate mobile crisis response is made by the crisis counselor with the individual calling. Mobile crisis teams will be activated by the call center when safety planning is not appropriate and the individual has agreed to a mobile crisis response. In situations where the person calling is a third-party, mobile crisis response will be activated, but services may be denied upon arrival by the individual in crisis. If an individual is not comfortable with someone coming to their home, the option of connecting with a crisis team via telehealth or phone will be offered.

In the event that EMS is needed, the crisis counselor will remain on the phone with the individual and perform a warm handoff with 911. At this time, 911 is not willing to transfer calls to 988. 911 has reviewed Boys Town's policies regarding contacting 911 and has provided feedback to assist with the warm transfer of the caller. Boys Town is implementing most of the recommendations, however some were outside the scope of Boys Town's work. Please see 2b for more information about efforts to collaborate with 911.

Someone To Respond

When the crisis counselor is unable to safety plan with the individual, mobile crisis teams will be activated either in person, via telehealth or by phone upon the consent of the caller. This activation is conducted through a warm hand-off with the mobile crisis team. The crisis counselor will provide the following information to the appropriate mobile crisis team:

- Synopsis of the crisis and attempts made to safety plan with the caller
- Demographic information
- Safety risk and risk of dangerousness to others
- Presence of auditory command hallucinations; grandiosity; excitement or agitation; mood lability; persecutory delusions; paranoia; hostility
- History of autism, intellectual disability, or other significant mental health issue
- Under the influence of alcohol or drugs
- Known history of assault or violence
- Crisis involves violence or threat of violence

The mobile crisis team will:

- Contact Law Enforcement for co-response, if necessary (best practice is to respond without law enforcement unless special circumstances warrant it)
- Arrange for in-person or telehealth response
- Plan for team safety prior to in-person response
- Contact the Boys Town crisis counselor to advise of outcome of MCT event to close the loop should the caller call back.

At this time, there are several remote areas of the state where timely in-person contact may not be feasible. Because of this, allowance is made for contact to be done by phone or via telehealth.

There are various mobile crisis response providers that always respond with law enforcement. Best practice and guidance have been shared with these providers; however, they have chosen to continue to utilize law enforcement for support. We will be collecting data regarding response type and outcome of the mobile crisis event to evaluate the effectiveness of the crisis services.

The following Mobile Crisis Team Standards were developed by a workgroup made up of stakeholders across the state. Their recommendations were based upon best practice and how mobile crisis teams in Nebraska had been functioning. The standards are as follows:

- Responding MCT should have a minimum of two people responding:
 - At least one Behavioral Health Professional (trained, non-licensed MCT member) who can complete screening tools, follow-up support and safety planning

- Certified Peer Support Specialist who can complete screening tools, follow-up support and safety planning
- Clinician available to conduct assessments as needed who can complete screening tools, triage, follow-up support, safety planning and clinical assessments.
- Conduct screenings and assessments of:
 - Substance Use (CAGE-AID)
 - Suicidality (SBQR or ASQ or C-SSRS)
 - Homicidality or posing a threat of violence
 - Mental Status (appearance, activity level, behavior, speech and attitude)
 - Level of consciousness, thought content, affect and mood, cognition and reality contact
 - Situational factors impacting behavior and safety
 - Strengths and resources of the person experiencing the crisis, as well as those of family members and other natural supports
 - Recent inpatient hospitalizations and/or any current relationship with a BH provider
 - Medications and compliance with medication regimen
 - Medical history as it relates to the crisis
- De-escalation and Resolution
 - Use appropriate de-escalation techniques to decrease anxiety and/or agitation
 - Ensure environment is set up to facilitate de-escalation and stabilization
 - Engage person in collaborative crisis planning when appropriate
 - Utilize the Brown-Stanley Safety Planning Template and Process
 - Mobilize support as needed to ensure safety and crisis resolution
 - Engage Peer Support as needed and available
 - Make referrals as appropriate to resolve the crisis and/or stabilize the individual or situation
 - Same day or next day assessment, outpatient, medication management
 - Contact the 988 Crisis Counselor following the event and advise of outcome.
 - Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations.
 - Crisis Stabilization Units
 - Peer Run Crisis Respite; Peer Run Hospital Diversion
 - MH/SUD Crisis Respite for youth AND adults

Follow up will be offered to all individuals who were served by mobile crisis response. Follow-up can be conducted by a Certified Peer Support Person. At least three attempts will be made to contact the consumer for follow-up

The first contact for follow-up will take place within 24 hours of the crisis event. If contact is not made, two additional attempts will be made within 72 hours unless the individual is placed in EPC, inpatient psychiatric hospitalization, or are sent to jail/detention.

Follow-up will include:

- Is the individual feeling worse, better, or the same?
- If a referral was offered, was the consumer able to access the service?
 - If not, what is the barrier(s) to accessing services? Crisis team should address the barrier(s) to accessing services.
- Review or engage in Collaborative Safety Planning
- Has the caller utilized crisis services since last call?
 - If yes, what kind? ER, 911/LE, other crisis lines, community crisis services

Training standards for the mobile crisis teams were identified by a group of stakeholders from across the state. Training was placed into four categories: Core Training for ALL team members, training on assessments, training on crisis planning and follow-up, and optional training topics. Core training includes CPR and First Aid, suicide prevention/response training (QPR/AMSR/CAMS), diversity training, accessing interpretation services, opioid overdose safety, trauma informed services, Mental Health First Aid for any unlicensed team members, adolescent development, working with system involved youth, EPC alternatives for youth under 18yo. Training on triage assessments includes the SBQR, ASQ, CAGE-AID, and CSSRS. Teams will also complete training on the Brown-Stanley Safety Plan and Counseling Access to Lethal Means (CALM). Optional trainings may include Basic Behavioral Health Threat Assessments for clinicians, cross training with local law enforcement, and crisis specialty training for Certified Peer Support Specialists.

Follow-up will be attempted at least 3 times and MCT will document date and time of attempt and resolution of follow-up:

Acute Hospitalization, Additional Emergency Room care needed, Coordinated Specialty Care for Youth (FEP), CSU, Emergency Community Support, Emergency Psychiatric Observation, Mental Health Respite, Outpatient Behavioral Health service, other mental health or substance use disorder related service

If a person is experiencing psychosis and is unable to provide the required information at the initial contact, the person conducting follow-up should try to obtain that information when the individual is more stable.

Somewhere To Go

Nebraska subawards funds through six Regional Behavioral Health Authorities charged with ensuring an array of services, including crisis services, are available in their respective geographic area. Coverage areas include significantly large rural and frontier areas. Planning took place within the designated Regions and with various stakeholders to identify needs and gaps related to the community-based crisis continuum. Regional administration was provided with a list of crisis services comprising the minimum service array expectations including:

- Crisis Stabilization Facilities (at least one in each Region)
- Long-term intensive community-based services (i.e., ACT, Wraparound, MST, FFT)
- Co-occurring Intensive Outpatient Services
- Substance Use Disorder (SUD) Crisis Residential Services (i.e., detox, sobering centers)
- Peer Run Respite/Peer Run Hospital Diversion

Crisis Stabilization Facilities:

There are currently three Crisis Stabilization Facilities in Nebraska located in Omaha, Lincoln and Grand Island. Service development work continues with three other Regions. Crisis stabilization is available in all Regions within hospital settings

Long-term Intensive Community-Based Services

Services such as Assertive Community Treatment (ACT), Wraparound/Professional Partner Program (PPP), Multi-systemic Therapy (MST), and Functional Family Therapy (FFT) are examples of long-term community-based services in Nebraska. Currently, ACT is located in Regions 3, 5, and 6; Wraparound/PPP is available in all Regions; MST is available in Regions 3, 4, 5, and 6; and there are no providers for FFT at this time funded through the Division.

Co-Occurring Intensive Outpatient Services

Outpatient services are available in all six Regions. Regional administration has worked with providers and identified same day or next day appointment access. This information has been provided to the mobile crisis teams and the 988-call center.

SUD Crisis Residential Services

All six Regions provide access to SUD residential services.

Peer Run Respite/Peer Run Hospital Diversion

Nebraska is working with regional partners to expand and/or grow peer run respite or hospital diversion programming. Currently there are two peer run hospital diversion programs located in Omaha and Lincoln that serve adults. Regional requests for Information have been released to develop additional crisis respite types of services including youth.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

- a. *The Exploration stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
- b. *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
- c. *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
- d. *Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
- e. *Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

1. Someone to talk to: Crisis Call Capacity

- a. *Number of locally based crisis call Centers in state*
- b. *Number of Crisis Call Centers with follow up protocols in place*
- c. *Percent of 911 calls that are coded as MH related*

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity

a. Independent of first responder structures (police, paramedic, fire)

b. Integrated with first responder structures (police, paramedic, fire)

c. Number that employ peers

3. Place to go

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavior health component

c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2b. Briefly explain your stages of implementation selections here.

Regarding someone to talk to: Crisis Call Capacity, there is 1 call center in Nebraska. The call center has protocols in place to follow-up with callers who meet certain criteria. They had already been doing follow-up as part of the Suicide Prevention Lifeline. 911 centers in Nebraska do not track the number of mental health related calls. Through a Joint Protocols workgroup with the Nebraska 911 PSAPs, protocols are still in the process of being developed. There are some PSAPs in the state that have mental health professionals available to consult when needed.

As far as someone to respond: Number of communities that have mobile behavioral health crisis capacity, there are 342 fire and rescue departments, 136 fire only departments, and 152 law enforcement agencies in Nebraska. There are 3 areas of Nebraska that have co-responder models. Various mobile crisis teams across the state are exploring the addition of peers to their mobile crisis teams.

For a place to go, there are approximately 20 Emergency Departments with approximately 4 Emergency Departments that have a specialized behavioral health component in Nebraska. There are 3 Crisis Receiving and Stabilization Centers in Nebraska. This is an area that Nebraska continues to expand.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

SAMHSA's National Guidelines for Behavioral Health Crisis Care was reviewed and referred to during Nebraska's planning phase. The information about best practices when delivering behavioral health crisis care was shared with the various workgroups and stakeholders.

- Regional Call Center – Nebraska has one call center with trained crisis counselors available 24/7 for calls, texts and chats through Boys Town. Boys Town has been the call center for the Suicide Prevention Lifeline in Nebraska since 2005 and meets the National Suicide Prevention Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. Boys Town can activate the various mobile crisis response teams when appropriate. Each of the Nebraska’s Regional Behavioral Health Authorities has identified open times for outpatient, assessments, or medication management appointments.
- Crisis Mobile Team Response – Nebraska has mobile crisis teams that are available to serve all 93 counties. Please see the narrative in question number 1 for more details regarding Nebraska’s Crisis Mobile Team Responses.
- Crisis Receiving and Stabilization Facilities - Nebraska subawards funds through six Regional Behavioral Health Authorities. Three Regions currently have Crisis Stabilization Facilities; Regions 3,5 and 6. Service development work is continuing with three other Regions. Peer run “adult” hospital diversion programs are operational in Lincoln and Omaha. Requests for Information have been released by Regions to develop additional crisis respite types of services including for youth. In addition to these two particular services, Nebraska has and continues to expand its other community-based crisis services as noted in question one.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

The 5% set aside will be used to support the use of OpenBeds, providing “real-time treatment facility availability, evidence-based therapy offerings, two-way digital provider communication, data aggregation and analytics, and clinical decision support” (Bamboo Health, OpenBeds Overview). The software will allow for crisis response teams, hospitals and local providers to connect persons with SMI/SED to services in a more efficient and effective manner. Additionally, the set aside may be used to support training for mobile crisis team members to improve skills and interventions with persons with SMI/SED.

#END Response to **15. Crisis Services - Required MHBG, Requested SABG**

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf).⁶⁹

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

⁶⁹<https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.

- a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

The Division of Behavioral Health administers, oversees, and coordinates the state's public behavioral health system to address the prevention and treatment of mental health and substance use disorders. The Nebraska Behavioral Health Services Act is the enabling legislation which mandates the Division of Behavioral Health (DBH) role as the chief behavioral health authority for the State of Nebraska. This legislation also established the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services. When meeting in joint session, the two advisory committees serve as a behavioral health advisory council.

The joint committee continues its active involvement in the state plan guiding the public health behavioral system by providing advice and assistance to the DBH on the ongoing planning efforts that inform and shape planning at State, regional, and local levels. This includes guiding review of behavioral health strategic plan initiatives, needs assessments, consumer surveys, Results-based Accountability, Continuous Quality Improvement and other efforts guiding activities across the systems, and prioritization of state planning activities in the state application.

During 2020, due to the directed health measures restricting social gatherings in response to the COVID-19 pandemic and lack of quorum attendance when meeting in person and that members who had committed to attending in person or virtually would not meet requirements of a quorum, thus preventing us from conducting any committee business, DBH cancelled all 2020 JAC meetings. A majority of members responded to meeting planning surveys with their preference to cancel scheduled meetings, rather than meeting in-person in a setting that provided required social distancing accommodations or virtual alternatives that met requirements of the Nebraska's Open Meetings Act for virtual public meeting accommodations. More specifically, each site would have to operate as an open public meeting location, meaning members of the public would need to be free to attend at each location in a required social distanced environment that also included a committee member present at each site acting as a meeting host with managing the attendees and meeting resources.

In December 2020, the Nebraska Governor issued Executive Order No. 20-36 (December 1, 2020) providing limited waiver of certain requirements of the Nebraska Open Meetings Act. The order was scheduled to end on January 31, 2021 but was extended by Executive Order No. 21-02, signed January 11, 2021, which extended the limited waiver to April 30, 2021. The Nebraska legislature passed Legislative Bill 83 in the 2021 legislative session on April 15, 2021, and the Governor approved LB 83 on April 21, 2021, that made changes to public meeting provisions and, in particular, provided for virtual conferencing of no more than half of all meetings in a calendar year under the Nebraska Open Meetings Act.

Beginning in January 2021, regular JAC meetings were able to resume. Four meetings were held in 2021, including two virtual meetings (January 29th and April 8th) and two in-person meeting (August 12th and November 4th). The scheduled calendar year 2022 meetings have been in-person meetings to date; meeting dates were April 14th and August 18th.

Throughout 2021 and into 2022, DBH continued communications with JAC members through various channels, in addition to regular channels such as posting on the DBH web site, including weekly (and later monthly) DHHS Key Partners Calls, utilizing the DHHS KEYPARTNERS2020 Listserv to regularly share information, and virtual conferencing with JAC members for the DBH OPEN MINDS preparatory planning activities and the needs assessment and strategic planning activities.

The DBH web page URL for Joint Advisory Committee meeting agenda and minutes is:
<https://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx>

Recent activities include:

<> August 12, 2021 Joint Advisory Committee Meeting

Meeting topics included: DBH Director Update; DBH Strategic Plan 2022-2024 Update; SAMHSA Block Grant Applications - Nebraska Combined FFY2022-2023 MH/SA Block Grant Application, MHBG and SABG COVID-19 Supplemental Funding update, and MHBG and SABG American Rescue Plan Act (ARPA) update; and, Presentation on Nebraska 988 Mental Health Hotline planning by University of Nebraska Public Policy Center.

<> November 4, 2021 Joint Advisory Committee Meeting

Meeting topics included: DBH Director Update; Nebraska 988 Mental Health Hotline planning; Nebraska Olmstead Plan; Presentation on Nebraska Epidemiological Profile; and, Office of Consumer Affairs Updates on recovery activities and trainings. Also, Public Comment was received regarding the DBH 2022-2024 Strategic Plan. Committee members engaged in a discussion about the FFY2022 MH/SA Block Grant Implementation Report expenditure of funds and maintenance of effort; no recommendations were offered. In addition, members identified their interest in learning more about Supported Housing efforts across Nebraska.

<> April 14, 2022 Joint Advisory Committee Meeting

Meeting topics included: DBH Director Update; Office of Consumer Affairs (OCA) update on OCA trainings to be offered this year and opened discussion on what other training topics and systems information would be beneficial to incorporate; Nebraska Projects for Assistance in Transition from Homelessness (PATH) program; Planning for the FFY2023 SAMHSA Combined Mental Health and Substance Abuse Block Grant "Mini" Application; and, Presentation on "A Statewide Assessment of Mental and Behavioral Needs and Services among Children in Nebraska during the COVID-19 Pandemic" by University of Nebraska Medical Center's College of Public Health. The presentation and discussion of the FFY2023 MH/SABG BG "Mini" Application introduced the "Mini" Application and the current FFY2022/23 Planning Table 1 – Priority Areas and Annual Performance Indicators. Members suggested ideas to help improve the annual consumer survey response rate.

<> August 18, 2022 Joint Advisory Committee Meeting

Meeting topics included: DBH Director Update; Presentation and review of the FFY2023 SAMHSA Combined Mental Health and Substance Abuse Block Grant "Mini" Application; Presentation on the Integrated Health Partnership project of the Nebraska Medical Association; 988 and the National Suicide Prevention Lifeline; and, Presentation on "Housing & Behavioral Health" by Disability Rights Nebraska, Nebraska's Protection and Advocacy for Individuals with Mental Illness (PAIMI). The presentation and review of the FFY2023 MH/SABG BG "Mini" Application included budget and Planning Table 1 - Priority Areas and Annual Performance Indicators. No formal recommendations were offered by the committees. At the August 18, 2022 Joint Advisory Committee meeting, no comments or recommendations on the draft block grant application were submitted by members. Members of the Joint Advisory Committee and 1,121 individuals, representing over 140 private, non-profit entities, public associations and governmental organizations received invitations to review and comment on the block grant application.

On August 26, 2022, the DBH posted an email notice on the DBH Listserv to invite DBH audiences to inspect and comment on the draft application. These 1,121 individuals and 140 organizations included members of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services, state Prevention Advisory Council, state Peer People's Council, Family Organizations, Certified Peer Specialists, Regional Behavioral Health Authorities, NBHS Network Providers, the four federally recognized tribes in Nebraska and partner state, regional, and local agencies. The email notice is below.

-Start Notice-

Notice of Opportunity for Public Comment on the FFY2023 MH/SAPT Block Grant Application

Comments are invited on the Nebraska DRAFT FFY2023 Combined MH/SAPT Block Grant Application.

Nebraska has been invited to submit an application to the Federal Substance Abuse Mental Health Services Administration (SAMHSA) for the Uniform FFY 2023 Combined Block Grant Application for Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

• To review the draft Nebraska Application for SAMHSA Uniform FFY 2023 Combined Block Grant Application for Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant please visit the Division of Behavioral Health Public Participation and State Committees web page <https://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx>

• To provide comment on the FFY 2023 Combined Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant – Draft Application for Public Review and Comment

Public comment can be submitted via U.S. Postal Service or email to:

John Trouba – Federal Aid Administrator

John.Trouba@nebraska.gov

Nebraska Department of Health and Human Services

Division of Behavioral Health

301 Centennial Mall South, 4th Floor

PO Box 95026

Lincoln, NE 68509-5026

Comments will be accepted between August 25, 2022 and 4:00 p.m. August 31, 2022.

-30-

DBH did not receive any written comments from the public during the August 26 - August 31, 2022 public comment period and on-line posting of draft block grant application.

No additional comments were received via other media up to the time of grant submission. Once the application is submitted via WebBGAS, a copy of the submitted application will be uploaded to replace the draft application on the DBH website page <https://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx>.

The DBH web page URL for Joint Advisory Committee current meeting agenda and minutes is:

<https://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx>. Previous meeting agenda and minutes are in available in the General Documents section of the home page, URL <https://dhhs.ne.gov/Pages/Behavioral-Health.aspx>.

- b)** Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? ☒ Yes ☐ No
- 2.** Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? ☒ Yes ☐ No
- 3.** Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

Nebraska Revised Statute 71-814 (2) establishes the responsibilities and duties of the State Advisory Committee on Mental Health Services: "The committee shall be responsible to the division and shall (a) serve as the state's mental health planning council as required by Public Law 102-321, (b) conduct regular meetings, (c) provide advice and assistance to the division relating to the provision of mental health services in the State of Nebraska, including, but not limited to, the development, implementation, provision, and funding of organized peer support services, (d) promote the interests of consumers and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation, and research, (e) provide reports as requested by the division, and (f) engage in such other activities as directed or authorized by the division."

Nebraska Revised Statute 71-815 (2) establishes the responsibilities and duties of the State Advisory Committee on Substance Abuse Services: "The committee shall be responsible to the division and shall (a) conduct regular meetings, (b) provide advice and assistance to the division relating to the provision of substance abuse services in the State of Nebraska, (c) promote the interests of consumers and their families, (d) provide reports as requested by the division, and (e) engage in such other activities as directed or authorized by the division."

Committee meetings include two opportunities (near the beginning and the end of meetings) for public comment regarding discussions and issues that are before the committees. Throughout the day, committee members are engaged in discussion of agenda items and following each topic committee members are asked for recommendations to the DBH regarding actions or next steps for the DBH to consider when moving forward in each respective area. All committee members have equal voice/vote in committee recommendations. Administrative staff from the Community-Based Services Section of DBH, including staff from the Office of Consumer Affairs, attend meetings to listen to committee discussion as well as public comment for a better understanding of the committee perspective.

A lunch presentation during each meeting may include individuals with lived experience, sharing successes, barriers and challenges in their individual roads to recovery, or presenters of current topical issues and/or behavioral health projects. Presentations by individuals with lived experience keeps the consumer perspective in front of the committee as well as DBH staff, and allows successes and challenges to have a "face" to support the reality of challenges for those we serve.

Please indicate areas of technical assistance needed related to this section.

None at this time.

Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.⁷⁰

⁷⁰There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Revision Request for FY 2022-2023 Combined MHBG/SABG Application/Behavioral Health Assessment and Plan for Nebraska-Date-102422

This attachment contains the materials provided in response to the revision request for the FY2023 Mental Health Block Grant Application - **(21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application - Required for MHBG)** “How was the Council involved in the development and review of the state plan and report?”

Please find the meeting minutes of the Nebraska State Advisory Committee on Mental Health Services and Nebraska State Advisory Committee on Substance Abuse Services, which meet jointly and share a common agenda. The two committees meet as a Joint Advisory Committee for purposes of fulfilling the role of the State Planning/Advisory Council. The committee chairs did not write letters of support.

The materials below include the council meeting minutes from:

- November 4, 2021;
- April 14, 2022; and,
- August 18, 2022.

The material has been compiled into this single attachment.

Nebraska Division of Behavioral Health – Joint Meeting
State Advisory Committee on Mental Health Services - (§ 71-814)
State Advisory Committee on Substance Abuse Services (§ 71-815)

August 18, 2022

Lutheran Family Services, 2301 O Street, Lincoln, NE

9:00 a.m. – 2:30 p.m.

Meeting Minutes DRAFT

I. Open Meeting

Call to Order/Welcome – Danielle Smith, Chair of the State Advisory Committee on Mental Health Services called the meeting to order at 9:06 a.m. Chair Smith welcomed attendees to the meeting and introduced Chair of the State Advisory Committee on Substance Abuse Services, Beau Boryca. Chair Boryca welcomed all attendees as well. John Trouba, Division of Behavioral Health (DBH) Federal Aid Administrator, informed attendees that the joint meeting follows the **Open Meeting Act**, which was posted near the meeting room entrance, and can be found on the DBH website identified on the agenda. Attendees were reminded that there would be two allotted time periods for public comment, one in the morning and one in the afternoon.

Quorum for Committees

Roll call was conducted, and a quorum was determined to exist for the State Advisory Committee on Substance Abuse Services (Substance Abuse Committee). Roll call was conducted but quorum was not met for the State Advisory Committee on Mental Health Services (Mental Health Committee). Due to no quorum for the Mental Health Committee, several items on the Membership Business agenda could not be addressed.

State Advisory Committee on Substance Abuse Services

Members in Attendance: Ashley Berg, Heather Bird, Beau Boryca, Heather Crawford, Diana Meadors, Kelli Means, Michael Sheridan, Mike Tefft.

State Advisory Committee on Mental Health Services

Members in Attendance: Margaret Damme, Lindy Foley, Timothy Heller, Tracy Jordan, Kristen Larsen, Jennifer Reyna, Carisa Schweitzer Masek, Danielle Smith.

DHHS Staff

In Attendance: Karen Harker, Jeri Keller-Heuke, Michelle Nunemaker, John Trouba, Betty Jean Usher-Tate, Linda Wittmuss.

II. Membership Business

Introduction of New Members—

Due to the presence of newer committee members for both the Mental Health Committee and the Substance Abuse Committee, all attendees present introduced themselves.

Meeting Minutes from April 14, 2022 (Both committees)—

Substance Abuse Committee Chair Boryca presented the April 14, 2022 meeting minutes for review. Chair Boryca asked if there were any corrections or comments. Hearing none, Chair Boryca asked the Substance Abuse Committee for a motion to accept the April 14, 2022 meeting minutes as written. Motion was made and seconded by Substance Abuse committee members to accept the April 14, 2022 minutes as written. Motion was carried unanimously by vocal vote.

Mental Health Chair Smith tabled the vote due to no quorum present for the Mental Health Committee.

Meeting Minutes from November 4, 2021 (MH committee)—

Mental Health Chair Smith tabled the vote due to no quorum present for the Mental Health Committee.

Member Term of Appointment Reminder—

John Trouba reminded committee members that terms are three (3) years in length, with a limit of two (2) terms that can be served consecutively. If a member's term expires, they may apply for a different vacant seat, if one exists.

Mental Health Committee Election—

Chair Smith tabled the nominations and election of officers for the Mental Health Committee due to no quorum being present. Danielle Smith will remain as Chairperson until elections can be held.

III. Integrated Health Partnership

Dr. Todd Stull and Will Schmeeckle from the Nebraska Medical Association presented the “2022 Nebraska Integrated Healthcare Needs Assessment Survey Results”. The goal of this project is to expand integrated healthcare practices in Nebraska and provide start-up funding for clinics to add behavioral health professionals.

Dr. Stull gave the current status of the Opioid Settlement Remediation Advisory Committee. Nebraska anticipates receiving up to \$110 million from settlement funds over a period of up to 18 years. At least 50% of these funds will go to all geographic regions of the state, with the remaining funds still undetermined at this time. Exhibit E of the *Distributor Settlement Agreement* lists the acceptable uses for these funds, which will be managed by DHHS. The application criteria and process are still in progress. Information on the Opioid Settlement can be found at <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>.

IV. Break

V. 988 and the National Suicide Prevention Lifeline Update

Michelle Nunemaker, DBH System of Care Administrator, discussed the rollout and operation of the 988 Suicide and Crisis Hotline. The soft launch of 988 took place on July 16, 2022, as crisis calls transition from 1-800-273-TALK. Over 600 calls were answered in July, and an estimate of 1500 calls will be answered in August. Of the calls received so far, four in Lincoln and Omaha resulted in Mobile Crisis Response activation. In addition to traditional phone calls, text and chat contacts are also available. This hotline operates through Boys Town National Hotline in Omaha and is staffed 24/7 by trained crisis counselors. Information on the 988 Suicide and Crisis Hotline can be found at <https://dhhs.ne.gov/Pages/988.aspx>.

VI. Public Comments

There were no public comments received during the morning Public Comment opportunity.

VII. 2022 SAMHSA Block Grant “Mini” Application

Betty Jean Usher-Tate, DBH Data & QI Administrator, and Karen Harker, DBH Deputy Director of Finance, reviewed the Substance Abuse and Mental Health Services Administration (SAMHSA) Mini Application and Priority Area Review for FY2022-FY2023. There are currently seven (7) priority areas for FY22/23. Current data supporting each priority area was reviewed, with some data being noted as preliminary only. Second-year target measures are on track. Recent Medicaid expansion in Nebraska has resulted in lower numbers of populations served by DBH, as compared to previous years. Expenditures are broken down by Mental Health Block Grant funding and Substance Abuse Block Grant funding. No recommendations were suggested by either committee. These slides will be posted on the DBH website as part of this meeting's materials.

VIII. Lunch—Lunch & Learn Presentation

Brad Meurrens from Disability Rights Nebraska presented “Housing & Behavioral Health—How They Interact”.

IX. Director's Updates

Linda Wittmuss, Deputy Director of the Department of Health and Human Services Division of Behavioral Health (DBH), thanked members of the committees for attending today's meeting.

988 and the National Suicide Prevention Lifeline—988 workgroups and advisory groups continue to meet. A data system and metrics for evaluation are in development. More information can be found on the DHHS website at <https://dhhs.ne.gov/Pages/988.aspx>.

Contracts – With the new fiscal year, new contracts with service providers are in place. These include the rate increases for FY23.

Opioid Settlement Remediation Advisory Committee – This monthly workgroup is currently reviewing DBH’s needs assessments to gain insight on gaps and needs across the state. Information can be found on the DHHS website at <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>.

DBH Strategic Plan – The DHHS Behavioral Health Strategic Plan 2022-2024 is now six months into its first year, with 54% of year one tasks either on track or completed. Areas of strength include the behavioral health collaborative on service array, definitions, evidence-based practices, and prevention. The plan is on the DHHS website at <https://dhhs.ne.gov/Behavioral%20Health%20Documents/DBH%20Strategic%20Plan%202022-2024.pdf>.

Service Definitions – DBH is currently reviewing service definitions, waitlist, and capacity management with Medicaid Long Term Care.

Mental Health Board Commitment Manual – DBH is currently conducting the biennial review of this manual in conjunction with DHHS Legal and medical directors. Input has been received from stakeholders, including board members, court clerks and Lincoln Regional Center psychiatric students.

Nebraska Hospital Association and Nebraska Health Care Association – DBH has initiated meetings with Nebraska Hospital Association and Nebraska Health Care Association to address access to services, behavioral health in-reach, bed registry, and waitlist and capacity management.

Outpatient Competency Restoration – Legislation passed last year provided for DHHS to contract with outside providers to offer Outpatient Competency Restoration (OCR) as an alternative to placement at a state hospital. OCR includes counseling, case management and medication management in the service offering. There are currently five contracted providers, with three more pending approval. These providers cover four of the six behavioral health regions. So far, there are eight active cases, three potential cases, three successful restorations and four discharged/rescreened to patient cases. A coordinator has also been hired.

Office of Consumer Affairs (OCA) – The Recovery Friendly Workplace Initiative (RFWI) is being formed as a resource for employers to better support their employees who are in recovery. This workgroup is in the early stages of determining criteria for employers to be designated as Recovery Friendly. The RFWI will be discussed at the next meeting.

X. Public Comments:

There were no public comments received during the afternoon Public Comment opportunity.

XI. Meeting Wrap Up

The next Joint Advisory Committee meeting will be Thursday, November 17, 2022 at the Lancaster County Extension Office, 444 Cherrycreek Road, Lincoln, NE.

XII. Adjourn

The meeting agenda having been completed, Chairs Boryca and Smith declared the meeting adjourned at 1:42 p.m.

Nebraska Division of Behavioral Health – Joint Meeting
State Advisory Committee on Mental Health Services - (§ 71-814)
State Advisory Committee on Substance Abuse Services (§ 71-815)

April 14, 2022

Lancaster Extension Education Center, 444 Cherrycreek Road, Lincoln, NE

9:00 a.m. – 3:30 p.m.

Meeting Minutes

I. Open Meeting:

Call to Order/Welcome – Danielle Smith, Chair of the State Advisory Committee on Mental Health Services called the meeting to order at 9:07 a.m. Chair Smith welcomed attendees to the meeting, introduced the 2022 officers for the Mental Health Committee, and introduced Chair of the State Advisory Committee on Substance Abuse Services, Beau Boryca. Chair Boryca introduced the 2022 officers for the Substance Committee. John Trouba, Division of Behavioral Health (DBH) Federal Aid Administrator, informed attendees that the joint meeting follows the **Open Meeting Act**, which was posted at the meeting room entrance, and can be found on the DBH website identified on the agenda. Attendees were reminded that there would be two allotted time periods for public comment, one in the morning and one in the afternoon.

Quorum for Committees

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Substance Abuse Services (Substance Abuse Committee). Roll call was conducted but quorum was not met for the State Advisory Committee on Mental Health Services (Mental Health Committee). Due to no quorum for the Mental Health Committee, several items on the Membership Business agenda could not be addressed.

State Advisory Committee on Mental Health Services

Members in Attendance: Ashley Berg, Heather Bird, Beau Boryca, Victor Gehrig, Diana Meadors, Kelli Means, Daniel Rutt, Michael Sheridan, Mike Tefft.

State Advisory Committee on Substance Abuse Services

Members in Attendance: Margaret Damme, Roger Donovan, Kris Elmshaeuser, Timothy Heller, Robert Hutt, CJ Johnson, Jennifer Reyna, Carisa Schweitzer Masek, Athena Sherman, Danielle Smith.

DHHS Staff

In Attendance: Sheri Dawson, Jennifer Ihle, Jeri Keller-Heuke, Michelle Nunemaker, John Trouba, Betty Jean Usher-Tate, Barbara Vogel, Linda Wittmuss.

II. Membership Business:

Introduction of New Members—

Due to the presence of new committee members for both the Mental Health Committee and the Substance Abuse Committee, all attendees present introduced themselves.

Meeting Minutes from November 4, 2021—

Substance Abuse Committee Chair Boryca presented the November 4, 2021 meeting minutes for review. Chair Boryca asked if there were any corrections or comments. Hearing none, Chair Boryca asked the Substance Abuse Committee for a motion to accept the November 4, 2021 meeting minutes as written. Motion was made and seconded by Substance Abuse committee members to accept the November 4, 2021 minutes as written. Motion was carried unanimously by vocal vote.

Mental Health Chair Smith tabled the vote due to no quorum present for the Mental Health Committee.

Member Term of Appointment Reminder—

John Trouba reminded committee members that terms are three (3) years in length, with a limit of two (2) terms that can be served consecutively. If a member's term expires, they may apply for a different vacant seat, if one exists. Detailed information regarding applying or reapplying will be emailed to committee members. It was noted that this is the last meeting for Substance Abuse Committee members Victor Gehrig and Diana Meadors. These members were thanked for their service to the committee.

Mental Health Committee Election—

Chair Smith tabled the nominations and election of officers for the Mental Health Committee due to no quorum being present. Danielle Smith will remain as Chairperson, and Wendy Kaiser will remain as Secretary, until elections can be held.

III. Office of Consumer Affairs Updates:

Jennifer Ihle, Office of Consumer Affairs (OCA) Program Coordinator, gave an update on OCA trainings to be offered this year and opened discussion on what other training topics and systems information would be beneficial to incorporate.

Among the training suggestions from committee members were the following topics:

- Consumer Training on Privacy:
 - MLTC resource is the statewide exchange Seek Help
 - How incarceration affects MLTC enrollment and eligibility
 - How privacy and confidential information is managed by Parole and Probation
- Resources for Parents and Family Organizations Training
- Cultural Equity and Diversity Training:
 - Facts about diversity in the state
 - How cultural background impacts trust with providers
 - Base level of cultural competencies
- Psychiatric Advanced Directives Training:
 - LB 247, passed in 2020, establishes the Advanced Mental Health Directives.
 - <http://dhhs.ne.gov/Behavioral%20Health%20Documents/Advanced%20Mental%20Health%20Directi%20FAQ.pdf>
- Alternatives to Guardianship training
- Mental Health Respite Care training:
 - Training for families of youth and young adults from a parental perspective
- LGBTQ Community:
 - Names and pronouns usage
 - How to manage paperwork related to LGBTQ chosen or preferred name versus legal name
- Consumer Training Preparation for Serving on Boards and Committees
- Committee Member Training On Consumer Advocacy

Information was presented about the Recovery Friendly Workplace concept and the OCA's plans to create the Nebraska Recovery Friendly Workplace Initiative (RFWI). The slide show that was presented will be posted on the DBH website as part of this meeting's materials. The video on New Hampshire's RFWI can be viewed at <https://youtu.be/0QvowsecnuE>.

Discussion was held regarding what a recovery friendly workplace should offer employees:

- Sensitive to needs for reasonable accommodation to support recovery needs.

- Staff are trained in how to ask for reasonable accommodations.
- Both management and staff have the same understanding and expectations.
- Supportive of Medication Assisted Treatment.
- Management trained in Crisis Intervention Team (CIT).
- Employee Assistance Program services are available through the employer.
- Employer sanctioned employee resource group for employees and families.
- Employee Resource Groups have approval to share information about availability of MAT and connecting with treatment avenues and public assistance such as MLTC.
- Business supports LB917 (2022), Senator Wayne's bill, which creates a state income tax credit available to businesses that employ felons.
- Review of workplace policies and procedures to be recovery friendly, for example corrections employees face limitations on job assignments due to a behavioral health condition.
- State level administrative service changes to support recovery.
- State licensing offices adopt policies and procedures that facilitate retention of licenses.
- State licensing offices adopt policies and procedures that facilitate reinstatement of licenses.

Committee members identified resources to assist with developing the RFWI and businesses/organizations that should among those approached and introduced to the RFWI:

- Connect with existing Employee Assistance Programs and healthcare groups, including for example, Union Pacific and MLTC Heritage Health providers.
- Utilize information collected by local organizations sponsoring Best Places to Work and recognition surveys.
- Partner with consumer organizations on outreach and presentations.
- Target existing businesses by partnering with Nebraska Secretary of State's office to share information through their regular communications activities.
- Target new businesses by working with community colleges and business recruitment organizations.
- Include agribusiness (the farming, management, production, and marketing of agricultural commodities).
- Include law enforcement and corrections organizations.
- Reach out to employers while many businesses are understaffed, as this may be a way to gain employees.

OCA will be forming a workgroup to identify a specific RFWI model to use in Nebraska, and ideally include consumers in this workgroup as well. Those committee members interested in serving on an RFWI workgroup include Diana Meadors, Jennifer Reyna, Margaret Damme, Robert Hutt, Kelli Means, Heather Bird, and Mike Tefft.

The OCA website can be found at <https://dhhs.ne.gov/Pages/Consumer-Advocacy.aspx>. Questions and comments regarding OCA and their activities can be emailed to Brenda.moes@nebraska.gov or Jennifer.ihle@nebraska.gov. The OCA can also be reached at 402-471-7736.

IV. PATH Grant

Nebraska State PATH Contact John Trouba presented an overview of the Nebraska Projects for Assistance in Transition from Homelessness (PATH) program. Nebraska applies for an annual formula grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide funding to help reduce homelessness for individuals with serious mental illnesses, co-occurring substance use disorders, and who are experiencing homelessness or at imminent risk of becoming homeless. The Nebraska PATH program prioritizes

services to meet individuals where they are at through persistent and consistent outreach and case management to connect individuals to mainstream services to secure safe and stable housing, improve their health, and live a self-directed, purposeful life.

V. Public Comments:

There were no public comments received during the morning Public Comment opportunity.

VI. Break

VII. Block Grant Updates:

Betty Jean Usher-Tate, DBH Data & QI Administrator, introduced the Substance Abuse and Mental Health Services Administration (SAMHSA) Mini Application and Priority Area Review for FY2022-FY2023. There are currently seven (7) priority areas for FY22/23 (priority #7: “Referral to services for persons with tuberculosis” is included for contractual purposes only; DBH does not generate any data on this point). Recent Medicaid expansion in Nebraska has resulted in lower numbers of populations served by DBH, as compared to previous years. Current data supporting each priority area was reviewed. These slides will be posted on the DBH website as part of this meeting’s materials. The question was posed as to whether service providers would be able to post notice of upcoming consumer surveys for their clients, such as the ones used to support the block grant. DBH is looking into having flyers and/or QR codes available for future surveys.

VIII. Lunch—Lunch & Learn Presentation:

Jessica Ern, MPH, from the University of Nebraska Medical Center’s College of Public Health, presented “A Statewide Assessment of Mental and Behavioral Needs and Services among Children in Nebraska during the COVID-19 Pandemic”.

IX. Director’s Updates:

Sheri Dawson, Director of the Department of Health and Human Services Division of Behavioral Health (DBH), thanked members of the committees for attending today’s meeting.

May is Mental Health Awareness Month. This year will be the 15th Annual Pony Express Ride for Children’s Mental Health Awareness ride across Nebraska. The event starts in Scotts Bluff on May 18th and ends in Lincoln on May 21st. Activities and awareness messages will also be posted through social media and FaceBook Live sessions.

Narcan – The state is reemphasizing the process on prescribing and dispensing Narcan across the state. There are currently 61 pharmacies across Nebraska that dispense Narcan to those with prescriptions, such as first responders and at-risk individuals.

Opioid Settlement – The office of the Nebraska Attorney General is organizing Opioid Settlement Remediation Advisory Committee and subcommittee groups to plan for use of the Opioid Remediation Settlement. Nebraska anticipating receiving up to \$110 million over a period of up to 18 years. Meetings are open to the public. The DHHS website with more information is <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>.

DHHS is partnering with the Veterans Administration on the SAMHSA/Veterans Administration Suicide Challenge. The goal of this group is to develop an action plan to prevent the suicides of veterans.

988 and the National Suicide Prevention Lifeline—988 is a national effort, organized at the state level, to meet the growing need for crisis intervention and save lives. In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline. More information can be found on the DHHS website at <https://dhhs.ne.gov/Pages/988.aspx>.

DBH Strategic Plan – The DHHS Behavioral Health Strategic Plan 2022-2024 presents information about a cross-systems understanding of resources and the continuum of prevention, treatment and recovery, including earlier intervention and prevention needs. The plan is on the DBH website at <https://dhhs.ne.gov/Behavioral%20Health%20Documents/DBH%20Strategic%20Plan%202022-2024.pdf>.

Emergency Protective Custody – DBH and our partners are reviewing how the Tribal and Mental Health Boards processes and existing state statute language align. This is an opportunity to identify recommendations for proposed legislation to improve processes. In addition, we are reviewing Nebraska's Outpatient Competency Restoration service, a community-based outpatient service, and state statutes again to search for opportunities to improve processes.

System Flow – DBH is reviewing system flow, the movement between the state treatment facilities and the community, in terms of available bed capacity. Recent impacts on system flow include a growing court ordered treatment wait list, remodel work at the Lincoln Regional Center to remove ligature risks which has reduced the number of beds available, COVID impacts, and disruptions caused by assaultive behavior. With our partners, we are working to get out in front of issues which fuel criminal justice involvement and the court order wait list by investigating strategies such as diversion and prevention, municipal jail in-reach activities and outpatient competency restoration.

X. Public Comments:

At the afternoon Public Comment opportunity, Brad Muerrens, Public Policy Director with Disability Rights of Nebraska introduced himself, shared information about his organization, and discussed several Legislative bills surrounding behavioral health issues that his organization is monitoring.

XI. Break

XII. Director's Updates-Continued:

Director Dawson resumed her Director's Update to engage committee members in a discussion about how to best integrate lived experience, that voice which is critical to this discussion, into the following activities:

- **988 Messaging:**

Director Dawson introduced Michelle Nunemaker, DBH System of Care Administrator, to report on the work of the 988 Workgroups to implement the 988 crisis intervention line. In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline. Members identified community engagement activities to share information about the 988 crisis intervention line.

Recommended channels to Get Information and Updates Out into the Community included: Distribute materials to consumers, service providers, hospitals and treatment facilities; Sponsor booths at county fairs to share information and opportunities to promote meaningful conversations; Sponsor Public Service Announcements for radio and community cable channels; Sponsor campaign teams to distribute information at Farmers Markets, car shows, etc.; Create a 988 corn maze; Sponsor a display and campaign teams at Huskers and other college athletic events; and, Distribute updates to current warm and crisis lines.

Members recommended the 988 Workgroups create and make available resource information materials appropriate for varied venues and communication modes and in several languages. This includes: Development of targeted leaflets and information materials, including social media-ready graphics; Create digital Public Service Announcements; Brand all information materials with QR codes to provide links to additional information; Giveaway items for service providers; T-Shirt/merchandise for providers to wear on designated days by their agencies; and, Customizable branded prevention and diversion signage.

Members identified recommended events for committee members and stakeholder to spread the word about the 988 crisis intervention line and also the transition to the new 988 three-digit dialing code. These include: Elevator speeches to share at association and community meetings; July 29th Disability Pride Day in Lincoln; community Cinco de Mayo events; October 7th Project Connect; Veterans Affairs sponsored events; events at all colleges/universities across the state; Professional association training events; Jails and prison; Mental health and substance use treatment institutions; Probation sponsored events; State agencies' local service networks events; State agencies' community partner (such as Department of Education share with school Resource Officers); and, within state agency human resources offices.

- **Defining Lived Experience within the context of RFWI:**
Committee members discussed ways in which an individual with lived experience is defined. These individuals have received behavioral health services and maintained a level of wellness, including the areas of physical health and justice involvement.; anyone with a behavioral health diagnosis; caregivers, loved ones, and guardians.
Ideally, individuals with lived experience could be a valuable voice in RFWI activities, such as serving on related committees and meetings and offering insight and feedback. These individuals may benefit from having education on what it means to serve in these capacities, and possibly have a mentor to guide them. Listening sessions for professionals from consumers could increase the knowledge of why people with lived experience are important to the face of behavioral health.
- **How we measure outcomes and change in systems transformation:**
Some of the potential outcomes from systems transformation include fewer people on waitlists, Olmstead compliance, consistency in maintaining the same care team, corrections and behavioral health working together in accessing/providing services, increased workforce/retained staff, incentives to community providers for accepting walk-ins, law enforcement trained in crisis intervention, increased technology resources and telehealth utilization, decreased criminalization of behavioral health needs.

XIII. Meeting Wrap Up

Committee Announcements—

There were no additional announcements from the committees. No additional business was identified by members.

Staff Announcements—

Jeri Keller-Heuke, DBH Administrative Technician, will be contacting traveling members to complete expense reimbursement forms.

The next meeting will be held on Thursday, August 18, 2022 at the Lancaster County Extension Office at 444 Cherrycreek Road, Lincoln, NE 68528.

Future Agenda Items—

Committee members identified four topics they would be interested in having on a future meeting agenda:

- Behavioral Health 101 – The landscape of the Nebraska Behavioral Health System;
- A presentation by DHHS Medicaid Long Term Care on behavioral health services offered by Heritage Health;
- Lunch & Learn presentation by Disability Rights of Nebraska; and,

- Lunch & Learn presentation by Union Pacific Railroad on how they created their Employee Assistance Program (from the perspectives of the corporate human resources department, employees, and the labor unions).

Suggestions for other meeting agenda items can be emailed to DHHS.BehavioralHealthDivision@nebraska.gov.

XIV. Adjourn

The meeting agenda having been completed, Chairs Boryca and Smith declared the meeting adjourned at 3:30 p.m.

Nebraska Division of Behavioral Health – Joint Meeting
State Advisory Committee on Mental Health Services - (§ 71-814)
State Advisory Committee on Substance Abuse Services (§ 71-815)

November 4, 2021

Country Inn and Suites, 5353 North 27th Street, Lincoln, NE

9:00 a.m. – 3:00 p.m.

Meeting Minutes

I. Open Meeting:

Call to Order/Welcome – Victor Gehrig, Chair of the State Advisory Committee on Substance Abuse Services called the meeting to order. Chair Gehrig welcomed attendees to the meeting and introduced Chair of the State Advisory Committee on Mental Health Services, Danielle Smith. Gehrig informed attendees that the joint meeting follows the **Open Meeting Act**, which was posted at the meeting room entrance, and can be found on the DBH website identified on the agenda. Smith also welcomed all attendees.

Quorum for Committees

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Substance Abuse Services (Substance Abuse Committee). Roll call was conducted but quorum was not met for the State Advisory Committee on Mental Health Services (Mental Health Committee). Due to no quorum for the Mental Health Committee, several items on the Membership Business agenda could not be addressed.

State Advisory Committee on Mental Health Services

Members in Attendance: C.J. Johnson, Danielle Smith.

State Advisory Committee on Substance Abuse Services

Members in Attendance: Ashley Berg, Heather Bird, Kenneth Boryca, Victor Gehrig, Diana Meadors, Kelli Means, Daniel Rutt.

DHHS Staff

In Attendance: Sheri Dawson, Linda Wittmuss, Karen Harker, Brenda Moes, Zack Hicks, Valerie Standeven, John Trouba, Jeri Keller-Heuke, Michelle Nunemaker.

II. Membership Business:

Meeting Minutes from August 12, 2021—

Substance Abuse Committee Chair Gehrig presented the August 12, 2021 meeting minutes for review. Mental Health Committee Chair Danielle Smith confirmed her review of the minutes and had no corrections. Chair Gehrig asked if there were any corrections or comments. Hearing none, Chair Gehrig asked the Substance Abuse Committee for a motion to accept the August 12, 2021 meeting minutes as written. Motion was made and seconded by Substance Abuse committee members to accept the August 12, 2021 minutes as written. Vote by acclamation to approve the minutes was carried.

Mental Health Chair Smith tabled the vote due to no quorum present for Mental Health.

2022 Meeting Schedule Dates—

Possible dates for 2022 JAC meetings (April, August and November) were distributed to all committee members in attendance. Due to no quorum present for the Mental Health Committee, final dates could not be voted on. DBH will email a poll to all committee members instead, with a closing date of November 11, 2021 to vote. Selected dates for Calendar Year 2022 identified by the preference of committee members are April 14th, August 18th and November 17, 2022. Meetings in 2022 will be held at the Lancaster County Extension Office at 444 Cherrycreek Road, Suite A, Lincoln, NE 68528.

Election of Officers for Calendar Year 2022—

Chair Gehrig asked for nominations of officers for the Substance Abuse Committee. Kenneth Boryca was nominated for Chairperson, Heather Bird was nominated for Vice Chairperson, and Diana Meadors was nominated for Second Vice Chairperson. Motion was made to close nominations. The motion to elect new officers as nominated passed with unanimous voice votes. These officers will begin serving in their respective capacity on January 1, 2022.

Chair Smith tabled the nominations and election of officers for the Mental Health Committee due to no quorum being present.

Review of Committee By-Laws—

By-Laws for the State Advisory Committee on Substance Abuse Services and the State Advisory Committee on Mental Health Services were previously sent to all respective committee members for review and suggested changes. Members did not identify any changes to their respective By-laws to be considered, therefore it was declared that both sets of By-laws will continue to stand as-is. Chair Gehrig and Chair Smith will sign their respective By-laws.

III. Public Comments:

There was no public comment received at the morning Public Comment opportunity.

IV. Director's Update:

Sheri Dawson, Director of the Department of Health and Human Services Division of Behavioral Health (DBH), thanked members of the committees for attending today's meeting.

Director Dawson has been conducting listening tours and webinars to gather constituent input on the 2022-2024 Strategic Plan. Director Dawson will be in Scottsbluff on Friday, November 12, 2021 for input from Region 1. Each of the five pillars from the strategic plan were reviewed, along with the respective objectives and strategies for each pillar. Committee members made suggestions and offered help with several of the objectives.

V. Break

VI. 988 Update:

Sheri Dawson, DBH Director, reviewed the current status of the 988 Mental Health Hotline planning. This hotline will go into effect on July 1, 2022. Stakeholder webinars are held monthly to garner feedback on the implementation plan.

Director Dawson introduced Michelle Nunemaker, DBH's new System of Care (SOC) Administrator. Michelle is involved with work on the 988 hotline as well.

A key 988 advisory group needs to be in place by January. This group will initially meet monthly for six months, then move to quarterly meetings. Discussion was held to determine the types of stakeholders that would be beneficial to this group.

The 988 action plan outline can be viewed at:

<https://dhhs.ne.gov/Behavioral%20Health%20Documents/988%20Goals-Actions-Final.pdf>

VII. 2021 SAMHSA Block Grant Implementation Report:

Karen Harker, Deputy Director, reviewed the expenditure reports for the SAMHSA Block Grants. Each of the Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant awards run on 24 month periods that overlap previous awards by 12 months. In turn, there is more than one block

grant award that can be spent in any 12 month period. Each block grant award includes the requirement of an annual report.

Reporting for the Federal Fiscal Year (FFY) 2022 Block Grant reports, which includes reporting on expenditures of the FFY 2019 Block Grants period of October 1, 2019 to September 30, 2021, identifies expenditures for both block grants. Also, reporting tables include expenditures for the most recent completed State Fiscal Year 2021 and actual expenditures for both block grants do not meet the Maintenance of Efforts requirements for this period, though the amount Medicaid funding has not yet been identified which will add to total state expenditures.

At least twenty percent of the SA block grant award must be spent on primary prevention activities; these expenditures for prevention activities represented over 20% of the SA block grant award in the reporting period.

Committee members engaged in a discussion about the expenditures and Maintenance of Effort. No recommendations were made by committee members.

Linda Wittmuss, Deputy Director, reviewed the Annual Performance and Data Indicators Report for the 2021 SAMHSA Block Grant. The state is required to report whether or not the performance targets outlined in the FFY20-21 Application and Plan were achieved. The Block Grant Priority Areas and Annual Performance Indicators were reviewed.

- i. Reduce prevalence of binge drinking among youth and young adults;
- ii. Increase the use of evidence-based strategies employed by prevention coalitions to reduce alcohol and substance use;
- iii. Consumers to secure and maintain permanent housing in the community;
- iv. Consumers in the labor market have competitive employment;
- v. Priority populations are admitting to substance use disorder services in a timely manner;
- vi. Improve access to First Episode Psychosis Coordinated Specialty Care treatment for youth and young adults who have experienced a first episode of psychosis;
- vii. Regional Behavioral Health Authorities' compliance with contract requirements for Tuberculosis screening to be provided for all individuals entering a substance use disorder treatment service;

All priority area targets were met or exceeded. However, the prevalence of binge drinking among youth and young adults target measure was within the measurement confidence interval though its midpoint was below the target.. The suggestion was made that DBH work with outside housing providers to garner more data regarding Supported Housing efforts.

VIII. Lunch

IX. Public Comments:

At the afternoon Public Comment opportunity, Brad Muerrens, Public Policy Director with Disability Rights of Nebraska introduced himself, shared information about his organization, and offered feedback on the Strategic Plan.

X. Olmstead Update:

Linda Wittmuss, Deputy Director, reviewed the Nebraska Olmstead Plan history and the state's current status for implementing this. LB570 outlined the need for a Steering Committee, an Advisory Committee, and three Workgroups to be formed. DBH is looking for input on strategies, activities and progress measures.

XI. Nebraska Epidemiological Profile:

Zack Hicks, Behavioral Health Epidemiologist, reviewed highlights on the 2020 Nebraska State Epidemiological Profile. The presentation indicated that Nebraska middle and high school students have lower prevalence of

underage alcohol use, binge drinking, and marijuana use compared to peers in other states based on data from the Youth Risk Behavior Survey. Young adults in Nebraska, however, report higher prevalence on the same indicators relative to other states (National Survey on Drug Use and Health). Data were also presented on alcohol- and marijuana-impaired driving, alcohol-related deaths, overdose hospitalizations, overdose deaths, and suicides. Questions were asked about impaired driving and mapping overdose hospitalizations.

The Epidemiological Profile is an output of the Statewide Epidemiological Outcomes Workgroup (SEOW) – a requirement of the Partnership for Success (PFS) grant of 2018. The report compiles survey and administrative data related to substance use and mental health for years 2011 through 2020. The report can be found on the DBH website at <https://dhhs.ne.gov/Pages/Statewide-Epidemiological-Outcomes-Work-Group.aspx>.

XII. Office of Consumer Affairs-Recovery Month:

Brenda Moes, Office of Consumer Affairs (OCA) Administrator, discussed National Recovery Month in September, and offered thanks to all who participated in various activities throughout the state. The question was raised as to whether there would be state funding available for providers to host Recovery Month activities. It was suggested that providers may try reaching out to their respective Regional office to inquire about any potential funding available for this purpose.

Global Peer Support Celebration Day was October 21st. DBH hosted a Face Book Live to highlight the importance of Peer Support workers and also hosted a virtual Facebook event to recognize the contributions made by our Peer Support workforce.

The Certified Peer Support Specialist (CPSS) certification process has been in place for 2 ½ years now, with 125 people being certified so far. OCA plans to sponsor two CPSS trainings by the end of FY22. Comment was received to commend the OCA on the quality of training that has been established for CPSSs.

OCA People's Council continues to meet quarterly to provide state and regional leadership feedback and suggestions from council members who utilize their lived experience to advocate for systems transformation, identify areas of need and advocate for a recovery-oriented system of care. There are currently two Transition-Age Youth positions and one At-Large position vacant. It is suggested that recruitment for these positions can occur by Regional Consumer Specialist outreach and postings on relevant websites.

The DBH policy statement on employment of individuals with serious mental illness (SMI) has been drafted with input from Regional Consumer Specialists (RCS) and People's Council.

“The state of Nebraska recognizes the potential for persons who are living with an SMI to be able to fully participate in the workforce. Persons who live with a SMI are recognized to have the capacity to engage and participate in the workforce and are able to make positive contributions to the business or organization for whom they are employed. Person's with an SMI are capable of learning new skills, having a strong work ethic, and can be strong leaders in whichever field they choose to be employed. By including persons with an SMI in all aspects of the workforce, they gain a sense of purpose and community which can aid in their overall wellbeing. The DBH calls upon employers to practice affirmative action in training and employing people in recovery in all professional career fields.”

This statement will tie in with the block grant goal of supported employment, and the Recovery Friendly Workplace Initiative. Discussion was held on the goal of this statement and how this will be beneficial to citizens of Nebraska. Some minor wording changes were suggested for consideration including the following: changing the first sentence to read ‘The state of Nebraska wishes to promote individuals who are living with an SMI...’, defining what an SMI is, and defining ‘recovery’ to include persons with mental health and/or substance use disorders. Committee members voiced support for this statement.

OCA is working with UNL's Public Policy Center (PPC) to provide various trainings which have included the following to date: Motivational Interviewing, Language Matters, Trauma Informed Care, and Ethics and Boundaries. Past trainings were recorded and are available through the UNL website. Suggestions for other topics and target audiences were made. The question was posed if continuing education units (CEUs) could be made available for watching the recorded trainings in the future. Brenda will follow up with UNL PPC to see if this is possible. All recorded and upcoming training information can be found at the following website: <https://dhhs-dbhtraining.unl.edu/>.

XIII. Meeting Wrap Up

Committee Announcements—There were no additional announcements from the committees. No additional business was identified by members.

Selected meeting dates for Calendar Year 2022 identified by the preference of committee members by Google Poll are April 14th, August 18th and November 17, 2022. Meetings in 2022 will be held at the Lancaster County Extension Office at 444 Cherrycreek Road, Suite A, Lincoln, NE 68528.

Suggestions for next meeting agenda items can be emailed to DHHS.BehavioralHealthDivision@nebraska.gov.

XIV. Adjourn-2:30 p.m.

The meeting agenda having been completed, Chairs Gehrig and Smith declared the meeting adjourned.

Environmental Factors and Plan

Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency
 State Vocational Rehabilitation Agency
 State Criminal Justice Agency
 State Housing Agency
 State Social Services Agency
 State Health (MH) Agency.
 State Medicaid Agency

Start Year: 2023 End Year: 2024

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Ashley Berg (SA)	Providers		2535 Country Club Avenue Omaha NE, 68104 PH: 515-298-0214	aberg@sarpy.com
Heather Bird (SA)	Providers		7149 North 163 Street Bennington NE, 68007 PH: 402-552-7461	hbird@heartlandfamilyservice.org
Mary Ann Borgeson (MH)	Others (Advocates who are not State employees or providers)		12503 Anne Street Omaha NE, 68137 PH: 402-444-6413	Maryann.borgeson@douglascounty-ne.gov
Kenneth Beau Boryca (SA)	Providers		18923 Redwood Street Omaha NE, 68136 PH: 402-346-0902	kboryca@nuihc.com
Heather Crawford (SA)	Persons in recovery from or providing treatment for or advocating for SUD services		501 Chateau No.11 Bellevue NE, 68005 PH: 402-957-4925	HCrawford@nefamilysupport.org
Margaret Damme (MH)	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		6433 Havelock Avenue Lincoln NE, 68507 PH: 402-326-1875	megd@freshstarhome.org
Roger Donovanick (MH)	State Employees		Folsom and West Prospector, LRC 91 Lincoln NE, 68509	Roger.donovick@nebraska.gov
Kris Elmsxaeuser (MH)	State Employees		500 South 84th Street Lincoln NE, 68510-2611 PH: 402-471-6429	kris.elmsxaeuser@nebraska.gov
Lindy Foley (MH)	State Employees		3410 North 205th Street Elkhorn NE, 68022	lindy.foley@nebraska.gov
Trinity Fuss (MH)	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1674 19th Avenue Mitchell NE, 69457 PH: 308-641-3736	trinity.fuss@rwhs.org
			10310 North Osage	

Jill Gregg (SA)	Providers		Avenue Hastings NE, 68901 PH: 402-462-4677	jillcgregg@hotmail.com
Laura Hart (MH)	State Employees		245 Fallbrook Blvd Suite 002 Lincoln NE, 68521 PH: 308-202-0177	laura.hart@nebraska.gov
Timothy Heller (MH)	Parents of children with SED/SUD		2110 S 35th Street Omaha NE, 68105 PH: 402-932-8197	Timheller1@gmail.com
Robert Hutt (MH)	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		331 N 5th Street Tecumseh NE, 68450 PH: 402-209-4956	Robert.hutt@gmail.com
Susan Jensen (MH)	Family Members of Individuals in Recovery (to include family members of adults with SMI)		15801 Cary Circle Omaha NE, 68136 PH: 402-618-7254	blessed_6@msn.com
C.J. Johnson (MH)	Others (Advocates who are not State employees or providers)		69 Willow Bend Marquette NE, 68854 PH: 402-441-4349	cjj@region5systems.net
Tracy Jordan (MH)	Providers		12306 Pintail Drive Papillion NE, 68046 PH: 402-979-8011	jordan123@centurylink.net
Faithe Kroll (SA)	Providers		2 Colonial Lane Holdrege NE, 68949 PH: 308-995-6548	faithe@holdregecounseling.com
Kristen Larsen (MH)	State Employees		301 Centennial Mall South Lincoln NE, 68509 PH: 402-471-0143	Kristen.Larsen@nebraska.gov
Diana Meadors (SA)	Providers		24224 Martin Avenue Valley NE, 68064 PH: 402-341-6220	dmeadors@baartprograms.com
Kelli Means (SA)	Providers		714 East Park Avenue Norfolk NE, 68701 PH: 402-920-0103	kmmeans@gmail.com
Ashley Pankonin (MH)	Parents of children with SED/SUD		33060 RD 769 Grant NE, 69140 PH: 308-534-3304	ashleypankonin@gmail.com
Jennifer Reyna (MH)	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1014 Martha Street Omaha NE, 68108 PH: 402-905-1073	Jennifer.reyna.ne@gmail.com
Jodi Richards (MH)	Parents of children with SED/SUD		1307 8th Avenue Kearney NE, 68845 PH: 308-455-7115	jodilea1975@gmail.com
Daniel Rutt (SA)	Persons in recovery from or providing treatment for or advocating for SUD services		835 South Burlington Street Hastings NE, 68901 PH: 402-462-2066	dan@reviveinc.org

Melody Sandona (MH)	Family Members of Individuals in Recovery (to include family members of adults with SMI)		501 Ann Street Chadron NE, 69337 PH: 801-430-1215	melodysandona@gmail.com
Carisa Schweitzer Masek (MH)	State Employees		301 Centennial Mall South, 5th Floor Lincoln NE, 68509 PH: 402-471-1920	Carisa.SchweitzerMasek@nebraska.gov
Michael Sheridan (SA)	Others (Advocates who are not State employees or providers)		5119 Decatur Street Omaha NE, 68104 PH: 402-206-3202	michaeljohnsheridan@gmail.com
Athena Sherman (MH)	State Employees		301 Centennial Mall South, Fifth Floor Lincoln NE, 68509 PH: 402-499-7586	Athena.Sherman@nebraska.gov
Danielle Smith (MH)	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		6333 Glass Ridge Drive Lincoln NE, 68526 PH: 402-314-9387	dsmith@winitiative.org
Mike Tefft (SA)	Persons in recovery from or providing treatment for or advocating for SUD services		1804 South 116th Street Omaha NE, 68144 PH: 402-926-9102	toxicbluto@cox.net
Mary Thunker (MH)	Family Members of Individuals in Recovery (to include family members of adults with SMI)		12942 Lillian Street Omaha NE, 68138 PH: 402-640-8196	mthunker@gmail.com

*Council members should be listed only once by type of membership and Agency/organization represented.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
Total Membership	33	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	4	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	4	
Parents of children with SED/SUD*	3	
Vacancies (Individuals and Family Members)	3	
Others (Advocates who are not State employees or providers)	3	
Total Individuals in Recovery, Family Members & Others	17	51.52%
State Employees	7	
Providers	8	
Vacancies	1	
Total State Employees & Providers	16	48.48%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	0	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	3	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	

* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

[Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. § 300x-51\)](#) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings? ☒ Yes ☐ No

b) Posting of the plan on the web for public comment? ☒ Yes ☐ No

If yes, provide URL:

To review the draft Nebraska Application for SAMHSA Uniform FFY 2023 Combined Block Grant Application for Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant please visit the Division of Behavioral Health Public Participation and State Committees web page <https://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx>.

Once the application is submitted via WebBGAS, a copy of the submitted application will be uploaded to replace the draft application on the DBH website page <https://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx>.

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

Yes. The URL is: <https://dhhs.ne.gov/Behavioral%20Health%20Documents/Nebraska-2022-2023-Uniform-MH-SAPT-BG-Application-RevThru07152022.pdf>

c) Other (e.g. public service announcements, print media) ☒ Yes ☐ No

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction^{1,2} on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act](#), 2018 (P.L. 115-141) signed by President Trump on March 23, 2018³.

Section 520. Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers⁴. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs⁵: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf> ,
2. **Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs** <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf> ,

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
 - Include proposed protocols, timeline for implementation, and overall budget
 - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

¹ Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

² Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a) (6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

³ Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

⁴ Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

⁵ ***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a [description of the elements of an SSP](#) that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Nebraska Department of Health and Human Services Division of Behavioral Health does not use SABG or state funds to support elements of any Syringe Services Program. The State of Nebraska does not have a State Project Officer approved plan to repurpose SABG funds for an SSP and does not use SABG funds for this purpose.

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

Syringe Services Program SSP Agency Name	Main Address of SSP	Planned Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Nebraska Department of Health and Human Services Division of Behavioral Health does not use SABG or state funds to support elements of any Syringe Services Program. The State of Nebraska does not have a State Project Officer approved plan to repurpose SABG funds for an SSP and does not use SABG funds for this purpose.