

# Nebraska

## UNIFORM APPLICATION

FY 2024/2025 Combined MHBGSUPTRS BG  
Application Behavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT

and

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026  
(generated on 08/29/2024 11.48.51 AM)

Center for Substance Abuse Prevention  
Division of Primary Prevention

Center for Substance Abuse Treatment  
Division of State and Community Systems (DSCS)

and

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

# State Information

## State Information

### Plan Year

Start Year 2025  
End Year 2026

### State SUPTRS BG Unique Entity Identification

Unique Entity ID HKQDEXRXGKL1

#### I. State Agency to be the SUPTRS BG 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 SUPTRS BG Grantee of the Block Grant

First Name Tony  
Last Name Green  
Agency Name NE DHHS Division of Behavioral Health  
Mailing Address 301 Centennial Mall South, Fourth Floor PO Box 95026  
City Lincoln  
Zip Code 68509-5026  
Telephone (402) 471-6038  
Fax (402) 742-8314  
Email Address Tony.Green@nebraska.gov

### State CMHS Unique Entity Identification

Unique Entity ID HKQDEXRXGKL1

#### 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 Tony  
Last Name Green  
Agency Name NE DHHS Division of Behavioral Health  
Mailing Address 301 Centennial Mall South, Fourth Floor PO Box 95026  
City Lincoln  
Zip Code 68509-5026  
Telephone (402) 471-6038  
Fax (402) 742-8314  
Email Address Tony.Green@nebraska.gov

### III. Third Party Administrator of Mental Health Services

Do you have a third party administrator?  Yes  No

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

Revision Date 8/29/2024 11:48:15 AM

**VI. Contact Person Responsible for Application Submission**

First Name John  
Last Name Trouba  
Telephone 402-471-7824  
Fax  
Email Address john.trouba@nebraska.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**

## State Information

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

Fiscal Year 2025

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

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

Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>
Section 1943	Additional Requirements	<a href="#">42 USC § 300x-53</a>
Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>
Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>
Section 1956	Services for Individuals with Co-Occurring Disorders	<a href="#">42 USC § 300x-66</a>

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## 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> [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 Designee<sup>1</sup>: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**



**Jim Pillen**  
Governor

# STATE OF NEBRASKA

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

August 21, 2023

Ms. Odessa F. Crocker  
Division of Grants Management, Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, 17E22  
Rockville, MD 20857

Dear Ms. Crocker:

On behalf of the State of Nebraska, I hereby authorize Bo Botelho, Interim 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 Use Prevention, Treatment, and Recovery Services Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Bo Botelho  
Interim 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:

Tony Green, Interim-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,

Jim Pillen  
Governor



August 17, 2023

Ms. Odessa F. Crocker  
Division of Grants Management, Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, 17E22  
Rockville, MD 20857

Dear Ms. Crocker:

On behalf of the State of Nebraska, I hereby authorize Tony Green, Interim-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 Use Prevention, Treatment, and Recovery Services Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Tony Green, Interim-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:

Tony Green, Interim-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,

  
Bo Botelho  
Interim 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 2025

U.S. Department of Health and Human Services  
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 as required by  
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 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	<a href="#">42 USC § 300x</a>
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	<a href="#">42 USC § 300x-1</a>
Section 1913	Certain Agreements	<a href="#">42 USC § 300x-2</a>
Section 1914	State Mental Health Planning Council	<a href="#">42 USC § 300x-3</a>
Section 1915	Additional Provisions	<a href="#">42 USC § 300x-4</a>
Section 1916	Restrictions on Use of Payments	<a href="#">42 USC § 300x-5</a>
Section 1917	Application for Grant	<a href="#">42 USC § 300x-6</a>
Section 1920	Early Serious Mental Illness	<a href="#">42 USC § 300x-9</a>
Section 1920	Crisis Services	<a href="#">42 USC § 300x-9</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
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DRAFT

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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> [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 Designee<sup>1</sup>: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**

Nebraska proposes to use supplemental funds to fill gaps in our systems serving children and youth, including those with serious emotional disturbance (SED), 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 plan<sup>1</sup> and is in the process of implementing a plan for the 988 system (call center, mobile crisis response, & crisis facilities)<sup>2</sup>. 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*

<sup>1</sup> <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.

<sup>2</sup> <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. Year three 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 three.*

**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 year three, we will continue to support PFA-S and combining community provider exposure to school-based efforts. To support this exposure, The Nebraska Department of Education will develop a Nebraska-specific Standard Reunification (SRM) and Standard Response Protocol (SRP) toolkit through contracting with TheIloveguys Foundation. Although expanding, the SRM and SRP programs, like PFA-S, are mostly known to only those working in schools or law enforcement, leaving a gap of knowledge between the majority of Nebraska schools who use SRP and SRM and the Nebraska Behavioral Health Crisis Responders. The toolkit would help ensure common language is used during and after an incident between all community partners, including not only school personnel and Nebraska behavioral health crisis-disaster teammates, but first responders, fire and rescue, parents and the students themselves. The online availability of the toolkit would ensure sustainability of this project even during high staffing shortages across multiple agencies. In alignment with the original written deliverables, SRM training would be conducted during the second fiscal year of the project in addition to SRP training. Both the training and toolkit would include considerations for students with special needs, which include those with SED or first psychosis. Offering these training sessions would help to establish contacts between all responding community partners. The SRP and SRM trainings, like the toolkit and PFA-S trainings, will support the use of common language among multiple community partners, ultimately helping all students, especially students with SED or first psychosis, establish a sense of routine, calmness and familiarity during and after an incident. Using common language known to all students would aid the recovery stage.*

**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. Specific expenditures directed toward developing and enhancing services for young adults, youth and children and their families with SED/SMI and/or first psychotic episode include:*

- 1) Developing and testing a tabletop exercise specifically addressing how school systems identify, refer, and reintegrate students with first episode psychosis or serious emotional disturbance; The final exercise package will be provided to local education agencies (public and private) with instructions. Follow-up will include a survey to inquire about implementation strategy, outcomes, and lessons learned so the exercise package can be adjusted if needed.*
- 2) Including information in PFA-S training to ensure school personnel know how to identify, refer and reintegrate students with first episode psychosis or serious emotional disturbance. This includes information appropriate for classroom teachers, school counselors and nurses, and others who have direct contact with students. The material will be adjusted for use in frontier, rural, and urban areas and include appropriate resource listings.*
- 3) Orienting community providers about how schools intend to use PFA-S to identify, refer, and reintegrate students with first episode psychosis or serious emotional disturbance; Any orientation for community providers will include a brief about protocols and expectations*

*schools have of providers, including discussion of how to work collaboratively with families and schools to ensure smooth transitions for the student.*

*4) Purposefully developing 2-3 crisis message maps about what to look for and how to find help for students with first episode psychosis or serious emotional disturbance. These are new message maps that will be developed by a multi-disciplinary team consisting of public information professionals, family representatives, behavioral health professionals, and school personnel. Each message map will be structured using crisis messaging principles. The maps will be provided to schools and behavioral health agencies with instructions for their use.*

**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 for 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?**

*In year three, we will develop two videos, one for schools and one for parents, with information on first episode psychosis in youth. These videos will provide a base for understanding first episode psychosis, as well as how students may react to school safety activities and emergency situations. Tips about what schools and parents can do will be provided. By year three, schools and partners will be more aware of the specific terms and processes they both use in an incident. In order to sustain this effort, in year 3, schools will have access to System of Change trainings, which help schools examine current system challenges and work together to navigate and come up with solutions to face these problems. This effort would help sustain this project by helping schools and partners first identify their own area specific needs such as lack of mental health personnel or lack of awareness of SED/FEP, and work together within their own community to come up with different solutions to meet these needs. Also to sustain this project, with feedback from schools and from System of Change trainings, educational trainings could be provided*

*through previously established partnerships with organizations such as The University of Nebraska Medical Center - Munroe Meyer Institute to support the needs schools identified.*

**8. Clearly describe the proposed/planned activities utilizing the funds for FY 2025. States will be required to report on what activities have been completed using this funding.**

FY 2025

Goal	Activity	Deliverable	Responsible Entity
1.0. Align 100% of school plans with state and regional crisis-disaster behavioral health plans by 2025	1.1c Revise tabletop exercises developed in year one and tested in year two.	1.1c Updated tabletop exercises	NUPPC – lead NDE, DHHS-DBH
	1.2c Develop and distribute a behavioral health annex template for school safety plans.	1.2c Annex template	NUPPC – lead NDE, DHHS-DBH
	1.3c Provide Systems of Change trainings to schools.	1.3c-List of NDE staff, schools personnel and any partners attending the training and feedback.	NDE – Lead
	1.4c Provide educational trainings on SED/FEP and mental health supports by working with previous and new NDE partners	1.2c List of attendees, site location and feedback	NDE – Lead
2.0. Provide school intervention training to 60 people each year who are part of Nebraska’s multidisciplinary crisis-disaster teams.	2.1c1. Hold pre-conference on PFA-S at school safety conference	2.1c2 Training date, location, and attendees	NDE – Lead NUPPC
	2.1c2 Provide scholarships to PFA-S trainings	2.1c2. List of scholarship recipients, along with their agency/sector	NUPPC - Lead NDE, DHHS-DBH
	2.2c1. Conduct 3 SRM/SRP	2.2c1. List of training dates,	NDE – Lead NUPPC

Goal	Activity	Deliverable	Responsible Entity
	trainings/exercises and involve community crisis-disaster teams  2.2c2 Provide scholarships to school personnel for SRP/SRM training  2.2c3 Provide scholarships to community-based crisis-disaster teams	locations, and attendees  2.2c2 List of scholarship recipients, along with their agency  2.2c2. List of scholarship recipients, along with their agency/sector	NDE – Lead NUPPC  NUPPC – Lead NDE, 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 health authorities, and via the Nebraska Emergency Management Agency in Nebraska.	3.1c. Update full behavioral health crisis and emergency risk message manual, incorporating messages related to children and schools developed and refined in years one and two.  3.2c. Develop two videos, one for schools and one for parents, on first episode psychosis.	3.1c. Updated message manual  3.2c. Two videos for distribution to schools	NUPPC – Lead NDHHS-DBH, NDE  NUPPC – Lead NDHHS-DBH, NDE

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

**Budget**

	<b>Year 3</b>
<b>Personnel</b>	
<b>Travel</b>	\$2,196
<b>Supplies</b>	\$0
<b>Other Direct Costs</b>	
NUPPC Services	\$27,876
Communications	\$1,033
SRM Scholarship*	\$8,010
PFA-S Scholarships*	\$8,964
Video Production**	\$30,000
<b>Total Other Direct Costs</b>	<b>\$75,883</b>
<b>Total Direct Costs</b>	<b>\$78,079</b>
<b>MTDC</b>	\$77,492
<b>F&amp;A (26%)</b>	<b>\$20,148</b>
<b>TOTAL</b>	<b>\$98,227</b>
<b>MTDC Exclusions</b>	
Rent	\$587

\*Meets the Crisis Services 5% Activities Requirement, costs fully described below (required amount 5% of \$298,227= \$14,911, amount allocated here \$17,874).

\*\*Meets the First Episode Psychosis Requirement, costs fully described below (required amount 10% of \$298,227= \$29,823, amount allocated here = \$30,000).

**A. Personnel**—No funds requested.

**B. Fringe Benefits**—No funds requested.

**C. Travel**

Travel requests are estimated at \$2,196 for the project period for in-state site visits.

Estimated rates are based on UNL mileage reimbursement rates (\$.34/mile), recent lodging costs, and federal per diem rates \$59/day. 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 estimated at \$27,876 for the project period. The NUPPC is an authorized University of Nebraska-Lincoln self-supporting service center. NUPPC Services rates 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 actual 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 and reporting. Dr. Bulling will lead the project team consisting of: **Dr. Stacey Hoffman, Senior Research Manager**, to provide content expertise for activities and reporting; **Mr. Kurt Mantonya, Research Manager**, to provide coordination of project activities and reporting; a **Research Coordinator** to assist with scheduling, record-keeping, and reporting; a **Design Specialist**, who will assist with material production and reporting. A table of estimated hours is included below: a **Finance Specialist** will assist with reimbursements and financial tracking, and a **Project Assistant** will assist with billing, scheduling, and coordination.

Name	Rate	Hours	Cost
Denise Bulling	\$161.90	40	\$6,476
Stacey Hoffman	\$105.20	54	\$5,681
Kurt Mantonya	\$93.67	70	\$6,557
Research Specialist	\$60.57	80	\$4,846
Design Specialist	\$66.37	25	\$1,659
Finance Specialist	\$78.29	20	\$1,566
Project Assistant	\$54.53	20	\$1,091
		309	\$27,876

**Other Direct Costs** include \$1,033 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.

**Other Direct Costs** include \$30,000 to produce two video-based educational tools (one targeted at parents and one targeted at schools) on students experiencing first-episode psychosis, including related to emergencies (**meets requirements for 10% of funds required to be used for ESMI/SED**).

**Other Direct Costs** include \$8,964 to provide scholarships for 15 community-based behavioral health responders to attend each of two PFA-S trainings (30 scholarships total). Estimated rates are based on UNL mileage reimbursement rates (\$.34/mile), recent lodging costs, and federal per

diem rates \$59/day. Actual travel costs will be charged to the grant, per UNL policy (**counts towards requirements for 5% of funds to be used towards crisis services**).

As well as \$8,010 for five community-based behavioral health responders to attend each of three SRM trainings (for a total of 15 scholarships). Estimated rates are based on UNL mileage reimbursement rates (\$.34/mile), recent lodging costs, and federal per diem rates \$59/day. Actual travel costs will be charged to the grant, per UNL policy (**counts towards requirements for 5% of funds to be used towards crisis services**).



**Budget Narrative – Nebraska Department of Education**

**Budget**

<b>Year 3 Budget</b>	
Travel	\$9,714
<b>Other Direct Costs</b>	
Supplies/Materials	\$15,000
Contractual	\$152,748
Other	\$0
<b>Total Direct Costs</b>	<b>\$177,462</b>
Indirect Costs	\$22,538
<b>Total Costs</b>	<b>\$200,000</b>

**A. Personnel**—no funds requested for year 3

**B. Fringe Benefits**—no funds requested for year 3

**C. Travel**

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

Year 3: **\$9714**

Travel to training locations – mileage **\$820**

Site visits (ESUs and school districts) – mileage **\$5,600**

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 for year 3

**E. Supplies**—\$15,000 will be utilized to support trainings and specialists

**F. Contractual**— Year 3: Specialists will be contracted to support educational trainings across the state. \$152,748

**G. Construction**—no funds requested for year 3

**H. Other Costs**- no funds requested for year 3

**Indirect Charges**

Nebraska Department of Education estimate indirect cost is 12.7% based on a negotiated indirect cost rate agreement. Nebraska Department of Education estimate indirect cost is 12.7%. \$22,538.



**Jim Pillen**  
Governor

# STATE OF NEBRASKA

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

August 21, 2023

Ms. Odessa F. Crocker  
Division of Grants Management, Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, 17E22  
Rockville, MD 20857

Dear Ms. Crocker:

On behalf of the State of Nebraska, I hereby authorize Bo Botelho, Interim 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 Use Prevention, Treatment, and Recovery Services Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Bo Botelho  
Interim 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:

Tony Green, Interim-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,

Jim Pillen  
Governor



August 17, 2023

Ms. Odessa F. Crocker  
Division of Grants Management, Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane, 17E22  
Rockville, MD 20857

Dear Ms. Crocker:

On behalf of the State of Nebraska, I hereby authorize Tony Green, Interim-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 Use Prevention, Treatment, and Recovery Services Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Tony Green, Interim-Director  
Division of Behavioral Health  
Nebraska Department of Health and Human Services  
P.O. Box 95026  
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Effective immediately and until further notice, please send all Grant Awards and similar notices concerning the three programs listed above to:

Tony Green, Interim-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,

  
Bo Botelho  
Interim Chief Executive Officer  
Department of Health and Human Services

# State Information

## Disclosure of Lobbying Activities

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

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

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Name

Title

Organization

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Signature:

Date:

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**



**Planning Tables**

**Table 2 State Agency Planned Expenditures [MH]**

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

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) <sup>a</sup>	I. COVID-19 Relief Funds (SUPTRS) <sup>a</sup>	J. ARP Funds (MHBG) <sup>b</sup>	K. BSCA Funds (MHBG) <sup>c</sup>
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 <sup>d</sup>											
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>e</sup>		\$446,163.30								\$300,000.00	
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital				\$7,151,369.80	\$105,322,066.79						
7. Other 24-Hour Care		\$45,000.00	\$27,724,600.00		\$8,677,005.32					\$990,000.00	
8. Ambulatory/Community Non-24 Hour Care		\$3,524,306.40	\$139,036,395.00	\$288,000.00	\$44,314,635.58					\$200,000.00	
9. Crisis Services (5 percent set-aside) <sup>9</sup>		\$223,081.65	\$3,160,087.00	\$446,163.00	\$15,624,765.27					\$223,673.00	
10. Administration (excluding program/provider level) <sup>9</sup> MHBG and SABG must be reported separately <sup>f</sup>		\$223,081.65								\$20,000.00	\$295,182.00
<b>11. Total</b>	<b>\$0.00</b>	<b>\$4,461,633.00</b>	<b>\$169,921,082.00</b>	<b>\$7,885,532.80</b>	<b>\$173,938,472.96</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,733,673.00</b>	<b>\$295,182.00</b>

<sup>a</sup>The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>b</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>c</sup>The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>d</sup>While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

<sup>e</sup>Column 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

<sup>f</sup>Row 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

<sup>9</sup>Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**

# Planning Tables

**Table 4 - SUPTRS BG Planned Expenditures**

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President’s Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024      Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024			FFY 2025		
	FFY 2024 SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	FFY 2025 SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
1 . Substance Use Disorder Prevention and Treatment <sup>5</sup>	\$5,967,270.47	\$1,184,568.00	\$920,386.99	\$5,967,270.47		\$1,597,939.80
2 . Substance Use Primary Prevention	\$2,083,447.53	\$786,985.00	\$1,716,993.01	\$2,083,447.53		\$465,928.85
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV <sup>6</sup>						
5 . Recovery Support Services <sup>7</sup>						
6 . Administration (SSA Level Only)	\$423,722.00	\$103,765.95	\$138,809.47	\$423,824.00		\$108,624.67
<b>7. Total</b>	<b>\$8,474,440.00</b>	<b>\$2,075,318.95</b>	<b>\$2,776,189.47</b>	<b>\$8,474,542.00</b>	<b>\$0.00</b>	<b>\$2,172,493.32</b>

<sup>1</sup>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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

<sup>3</sup>The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>4</sup>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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

<sup>5</sup>Prevention other than Primary Prevention

<sup>6</sup>For 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 use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data 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 SUPTRS BG 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 SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG 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 SUPTRS BG 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 will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

<sup>7</sup>This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**

# Planning Tables

**Table 5a SUPTRS BG Primary Prevention Planned Expenditures**

Planning Period Start Date: 10/1/2024    Planning Period End Date: 9/30/2025

Strategy	A		B			B	
	IOM Target	SUPTRS BG Award	FFY 2024		FFY 2025		
			COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	SUPTRS BG Award	COVID-19 Award <sup>4</sup>	ARP Award <sup>5</sup>
1. Information Dissemination	Universal	\$188,204		\$308,196	\$188,204		\$77,049
	Selected	\$62					
	Indicated	\$465			\$465		
	Unspecified						
	<b>Total</b>	<b>\$188,731</b>	<b>\$0</b>	<b>\$308,196</b>	<b>\$188,669</b>	<b>\$0</b>	<b>\$77,049</b>
2. Education	Universal	\$217,060	\$406,985	\$175,455	\$217,060		\$87,727
	Selected	\$126,315			\$126,315		
	Indicated	\$27,907			\$27,907		
	Unspecified						
	<b>Total</b>	<b>\$371,282</b>	<b>\$406,985</b>	<b>\$175,455</b>	<b>\$371,282</b>	<b>\$0</b>	<b>\$87,727</b>
3. Alternatives	Universal	\$42,346		\$80,844	\$42,346		\$40,422
	Selected	\$14,047			\$14,047		
	Indicated	\$6,375			\$6,375		
	Unspecified						
	<b>Total</b>	<b>\$62,768</b>	<b>\$0</b>	<b>\$80,844</b>	<b>\$62,768</b>	<b>\$0</b>	<b>\$40,422</b>
4. Problem Identification and Referral	Universal	\$128,181		\$141,623	\$128,181		\$70,812
	Selected	\$12,115		\$98,506	\$12,115		\$49,253
	Indicated	\$121,000			\$121,000		
	Unspecified						
	<b>Total</b>	<b>\$261,296</b>	<b>\$0</b>	<b>\$240,129</b>	<b>\$261,296</b>	<b>\$0</b>	<b>\$120,065</b>

5. Community-Based Processes	Universal	\$395,301		\$32,338	\$395,301		\$16,169
	Selected						
	Indicated						
	Unspecified						
	<b>Total</b>	<b>\$395,301</b>	<b>\$0</b>	<b>\$32,338</b>	<b>\$395,301</b>	<b>\$0</b>	<b>\$16,169</b>
6. Environmental	Universal	\$596,701			\$596,701		
	Selected						
	Indicated						
	Unspecified						
	<b>Total</b>	<b>\$596,701</b>	<b>\$0</b>	<b>\$0</b>	<b>\$596,701</b>	<b>\$0</b>	<b>\$0</b>
7. Section 1926 (Synar)-Tobacco	Universal	\$29,781			\$30,674		
	Selected						
	Indicated						
	Unspecified						
	<b>Total</b>	<b>\$29,781</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,674</b>	<b>\$0</b>	<b>\$0</b>
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified						
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Prevention Expenditures</b>		<b>\$1,905,860</b>	<b>\$406,985</b>	<b>\$836,962</b>	<b>\$1,906,691</b>	<b>\$0</b>	<b>\$341,432</b>
<b>Total SUPTRS BG Award<sup>3</sup></b>		<b>\$8,474,440</b>	<b>\$2,075,319</b>	<b>\$2,776,189</b>	<b>\$8,474,542</b>	<b>\$0</b>	<b>\$2,172,493</b>
<b>Planned Primary Prevention Percentage</b>		<b>22.49%</b>	<b>19.61%</b>	<b>30.15%</b>	<b>22.50%</b>		<b>15.72%</b>

<sup>1</sup>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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

<sup>3</sup>Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

<sup>4</sup>The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>5</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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**Footnotes:**



# Planning Tables

**Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category**

Planning Period Start Date: 10/1/2024      Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award <sup>1</sup>	FFY 2024 ARP Award <sup>2</sup>	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award <sup>3</sup>	FFY 2025 ARP Award <sup>4</sup>
Universal Direct	\$472,751		\$381,429	\$472,751		\$96,419
Universal Indirect	\$1,124,824	\$406,985	\$357,027	\$1,125,717		\$195,760
Selected	\$152,539		\$98,506	\$152,477		\$49,253
Indicated	\$155,747			\$155,747		
<b>Column Total</b>	<b>\$1,905,861</b>	<b>\$406,985</b>	<b>\$836,962</b>	<b>\$1,906,692</b>	<b>\$0</b>	<b>\$341,432</b>
<b>Total SUPTRS BG Award<sup>5</sup></b>	<b>\$8,474,440</b>	<b>\$2,075,319</b>	<b>\$2,776,189</b>	<b>\$8,474,542</b>	<b>\$0</b>	<b>\$2,172,493</b>
<b>Planned Primary Prevention Percentage</b>	<b>22.49%</b>	<b>19.61%</b>	<b>30.15%</b>	<b>22.50%</b>		<b>15.72%</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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.

<sup>2</sup>The 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 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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.

<sup>3</sup>The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>4</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the “standard” SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

<sup>5</sup>Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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**Footnotes:**

# Planning Tables

**Table 5c SUPTRS BG 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 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024    Planning Period End Date: 9/30/2025

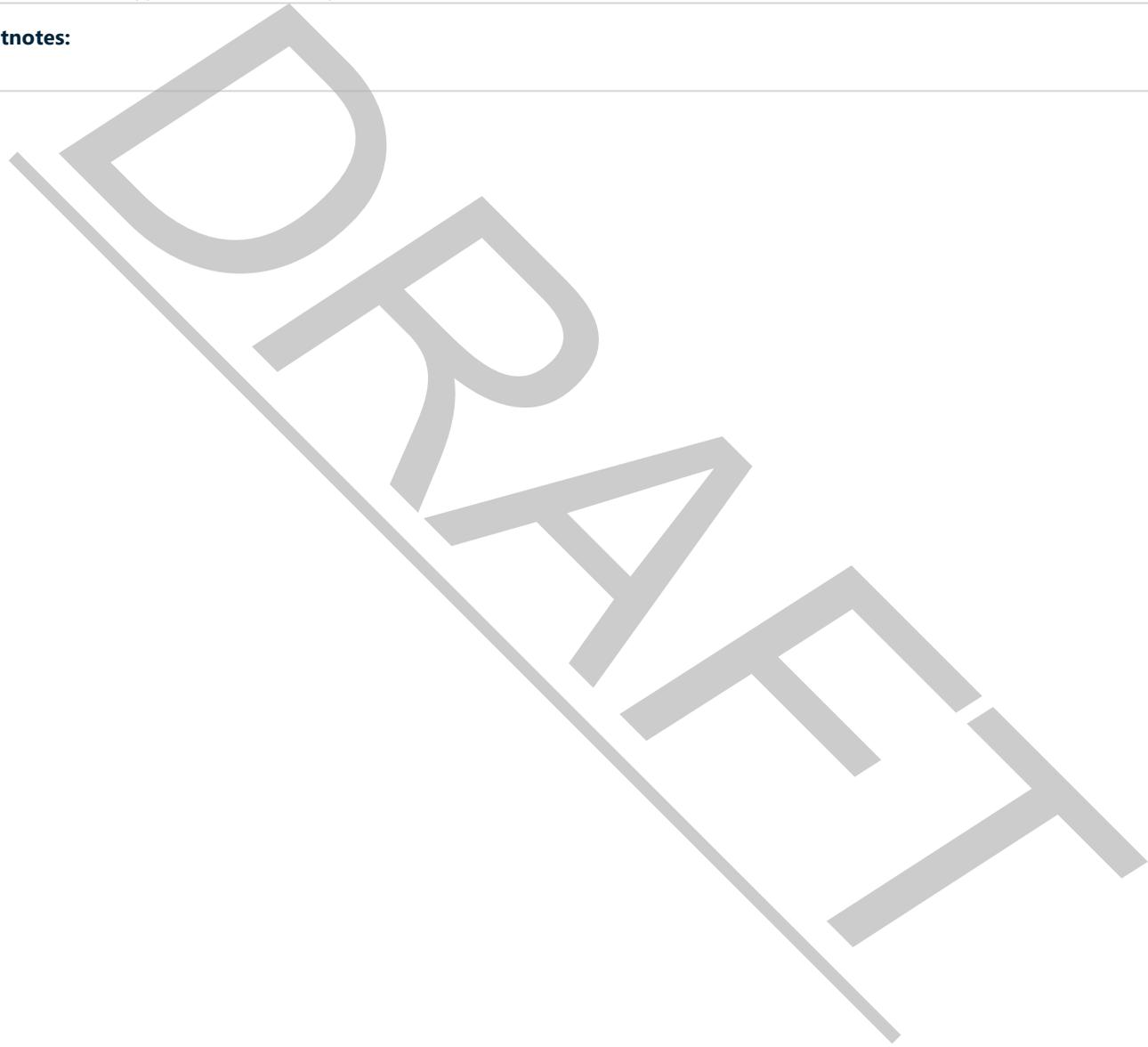
	SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
<b>Prioritized Substances</b>			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Fentanyl	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Prioritized Populations</b>			
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"/>
LGBTQI+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Persons Experiencing Homelessness	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<sup>1</sup>The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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**Footnotes:**



## Planning Tables

**Table 6 Non-Direct-Services/System Development [SUPTRS]**

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024					FFY 2025				
	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>	D. COVID-19 <sup>2</sup>	E. ARP <sup>3</sup>	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>	D. COVID-19 <sup>4</sup>	E. ARP <sup>5</sup>
1. Information Systems					\$259,000.00					
2. Infrastructure Support										
3. Partnerships, community outreach, and needs assessment		\$23,698.00		\$150,000.00	\$133,830.84		\$23,698.00			
4. Planning Council Activities (MHBG required, SUPTRS BG optional)										
5. Quality Assurance and Improvement										
6. Research and Evaluation		\$88,889.00					\$88,889.00			
7. Training and Education	\$134,200.00	\$65,000.00		\$230,000.00	\$487,200.00	\$134,200.00	\$65,000.00			\$124,496.75
<b>8. Total</b>	<b>\$134,200.00</b>	<b>\$177,587.00</b>	<b>\$0.00</b>	<b>\$380,000.00</b>	<b>\$880,030.84</b>	<b>\$134,200.00</b>	<b>\$177,587.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$124,496.75</b>

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

<sup>2</sup>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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>3</sup>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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

<sup>4</sup>The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>5</sup>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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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**Footnotes:**

## 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: 07/01/2023

MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024 <sup>1</sup> COVID Funds	FY 2024 <sup>2</sup> ARP Funds	FY 2024 <sup>3</sup> BSCA Funds	FY 2025 Block Grant	FY 2025 <sup>1</sup> COVID Funds	FY 2025 <sup>2</sup> ARP Funds	FY 2025 <sup>3</sup> BSCA Funds
1. Information Systems			\$223,673.80				\$223,673.80	
2. Infrastructure Support			\$185,000.00				\$185,000.00	
3. Partnerships, community outreach, and needs assessment			\$40,000.00	\$90,000.00			\$40,000.00	\$90,000.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)								
5. Quality Assurance and Improvement								
6. Research and Evaluation			\$75,000.00				\$75,000.00	
7. Training and Education		\$30,000.00	\$70,000.00	\$205,182.00			\$60,000.00	\$205,182.00
8. Total	\$0.00	\$30,000.00	\$593,673.80	\$295,182.00	\$0.00	\$0.00	\$583,673.80	\$295,182.00

<sup>1</sup> The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>3</sup> The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 - September 29, 2026** (3rd increment). For most states the planned expenditure period for FY2025 will be **July 1, 2024, through June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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**Footnotes:**

Nebraska does not use regular MHBG funding for these activities.

## Environmental Factors and Plan

### 15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

#### Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

*....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*

*CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*

- *Crisis call centers*
- *24/7 mobile crisis services*
- *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*

*STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

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, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as an [Advisory: Peer Support Services in Crisis Care](#) and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. 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 serious mental illness or children with serious emotional disturbances. 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.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, 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.

Nebraska has one crisis call center for 988 which is located at Father Flanagan's Boys' Home (referred to as Boys Town) in Omaha, Nebraska. This call center serves the entire state of Nebraska. DBH contracts with the RBHAs that manage contracts with Mobile Crisis Teams to provide service coverage across all counties for the respective RBHA. Mobile Crisis Teams are activated through 988 Nebraska or if someone calls the provider or a RBHA directly. Mobile Crisis Services are available in all 93 counties in Nebraska. There are some rural areas in Nebraska where crisis response services are delivered via telehealth or over the phone. Various law enforcement agencies across the state have implemented a co-responder model in addition to mobile crisis response being available. There are two Crisis Stabilization Facilities in Nebraska. Planning is happening across the state to bring up a crisis receiving and stabilization centers in all six geographic Regions and CCBHCs across the state.

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 implemented 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.

Other program implementation data that characterizes crisis services system development.

1. Someone to talk to: Crisis Call Capacity

- a. Number of locally based crisis call Centers in state
  - i. In the 988 Suicide and Crisis 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 BH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)

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

3. Safe place to go or to be:

- a. Number of Emergency Departments
- b. Number of Emergency Departments that operate a specialized behavioral 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 Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	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"/>
Safe place to go or to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

1. Someone to talk to: Crisis Call Capacity

a. Number of locally based crisis call Centers in state

i. In the 988 Suicide and Crisis lifeline network

There is 1 call center in Nebraska. The vendor had previous experience in providing services as part of the Suicide Prevention Lifeline prior to the switch to 9-8-8.

ii. Not in the suicide lifeline network - N/A

b. Number of Crisis Call Centers with follow up protocols in place

The 1 call center in Nebraska has protocols in place to follow-up with callers who meet certain criteria and consent to a follow-up call.

c. Percent of 911 calls that are coded as BH related

911 centers in Nebraska do not track the number of mental health related calls. Through a Joint Protocols workgroup with the Nebraska 911 Public Service Access Points (PSAPs), protocols to identify appropriate callers experiencing a crisis and to warm transfer those callers to 988. A pilot has been or is being implemented in each of the 6 RBHA's. This pilot began March 2024 and to date there have been 27 calls warm transferred by 911 to 988. There are some PSAPs in the state that have mental health professionals available to consult when needed.

2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)

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

The number of communities that have mobile behavioral health crisis capacity includes 342 fire and rescue departments, 136 fire only departments, and 152 law enforcement agencies in Nebraska.

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

There 136 fire only departments, and 152 law enforcement agencies in Nebraska. There are 3 areas of Nebraska that have co-responder models.

c. Number that employs peers

Various mobile crisis teams across the state are exploring the addition of peers to their mobile crisis teams with at least 2 providers currently employing peers.

3. Safe place to go or to be:

a. Number of Emergency Departments

There are approximately 20 Emergency Departments.

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

Four Emergency Departments that have a specialized behavioral health component in Nebraska.

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

There are 3 Crisis Receiving and Stabilization Centers in Nebraska. This is an area that Nebraska continues to expand especially with the intent to bring up CCBHCs across the state.

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

- 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 had 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 six contracted Regional Behavioral Health Authorities has identified open times for outpatient, assessments, or medication management appointments and this information is made available to the call center.
- 
- Mobile Crisis Team Response - Nebraska has mobile crisis teams in each of the six regions (RBHA) and as such there is coverage 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 - DBH subawards state and federal funds to 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 as well as bringing up CCBHCs across the state. 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.

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

The 5% set aside will be used to support the 988 Call Center. Additionally, funds may be used to support 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.

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

None at this time.

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**Footnotes:**

## Environmental Factors and Plan

### 21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder 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 SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD 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, SUD 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](#).<sup>1</sup>

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.

<sup>1</sup><https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

#### 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? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

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.

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

Recent activities include:

<> April 18, 2024 Joint Advisory Committee Meeting

Meeting topics included: DBH Director Updates including the SAMHSA MHBG Site Visit scheduled for May 14-16, 2024, annual budget planning with RBHAs and budget processes, CCBHC Initiative, and Certified Peer Support Specialists certification; DBH SFY2023 Annual Report; Synar Report; Planning for the FFY2024-2025 SAMHSA Combined Mental Health and Substance Abuse Block Grant Application included in the DBH 2022-2024 Strategic Plan Updates & Metrics; and Outpatient Competency Restoration. The meeting presentation and discussion of the DBH 2022-2024 Strategic Plan Updates & Metrics addressed the combined block grant current two-year plan and Planning Table 1 – Priority Areas and Annual Performance Indicators.

<> August 22, 2024 Joint Advisory Committee Meeting

Meeting topics included: DBH Director Update including US Department of Justice letter of findings regarding their investigation into Nebraska's assisted living situations, CCBHC implementation, Recovery Month; Presentation and review of the FFY2024-2025 SAMHSA Combined Mental Health and Substance Use Prevention, Treatment, Recovery Services Block Grant Application; Presentation on Trends in Substance Use trends for all individuals served by DBH; Recovery Month. The presentation and review of the FFY2024-2025 MH/SUPTRSSABG BG Mini-Application included budgets and set-aside

planned expenditure and Planning Table 1 - Priority Areas and Annual Performance Indicators.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

The Division of Behavioral Health administers, oversees, and coordinates the state's public behavioral health system to address prevention, treatment, and recovery services to serve eligible individuals with 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.

3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work?  Yes  No

4. 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

5. 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 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.

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**Footnotes:**

# 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: 2025      End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Ashley Berg (SA)	Persons in recovery from or providing treatment for or advocating for SUD services			
Heather Bird (SA)	Persons in recovery from or providing treatment for or advocating for SUD services			
Verdell Bohling (MH)	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Mary Ann Borgeson (MH)	Others (Advocates who are not State employees or providers)			
Micki Charf (MH)	State Employees			
Heather Crawford (SA)	Persons in recovery from or providing treatment for or advocating for SUD services			
Margaret Damme (MH)	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Roger Donovick (MH)	State Employees			
Lindy Foley (MH)	State Employees			
Ingrid Gansebom (MH)	Providers			
Victor Gehrig (MH)	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Jill Gregg (SA)	Providers			
Timothy Heller (MH)	Parents of children with SED			
Susan Jensen (MH)	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Tracy Jordan (MH)	Providers			
David Kass (MH)	Parents of children with SED			

Kristen Larsen (MH)	State Employees			
Kyle Long (MH)	Parents of children with SED			
Diana Meadors (MH)	Providers			
Kelli Means (SA)	Providers			
Angela Miles (MH)	State Employees			
Leah O'Brien (Harms) (SA)	Providers			
Jennifer Reyna (MH)	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Melody Sandona (MH)	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Carisa Schweitzer Masek (MH)	State Employees			
Michael Sheridan (SA)	Others (Advocates who are not State employees or providers)			
Danielle Smith (MH)	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Gage Stermensky (SA)	Providers			
Mike Tefft (SA)	Persons in recovery from or providing treatment for or advocating for SUD services			
Paul Zeiger (MH)	State Employees			

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

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**Footnotes:**

State Council vacancies include six vacancies. These include:

- > One position is vacant in Type of Membership - Parents of children with SED. This membership is with the State Advisory Committee on Mental Health Services. Non-state employee.
- > One position is vacant in Type of Membership - Individuals in Recovery. This membership is with the State Advisory Committee on Mental Health Services. Non-state employee.
- > One position is vacant in Type of Membership - State Housing Agency. State employee. This membership is with the State Advisory Committee on Mental Health Services.
- > Two positions are vacant in Type of Membership - Persons in recovery from or providing treatment for or advocating for SUD services. Non-state employee. These memberships are with the State Advisor Committee on Substance Abuse Services.
- > One position is vacant in Type of Membership - Providers. Non-state employee. This membership is with the State Advisor Committee on Substance Abuse Services.

# Environmental Factors and Plan

## Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
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)	3	
Parents of children with SED	3	
Vacancies (individual & family members)	4	
Others (Advocates who are not State employees or providers)	2	
<b>Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others</b>	<b>16</b>	<b>50.00%</b>
State Employees	7	
Providers	7	
Vacancies	2	
<b>Total State Employees &amp; Providers</b>	<b>16</b>	<b>50.00%</b>
Individuals/Family Members from Diverse Racial and Ethnic Populations	0	
Individuals/Family Members from LGBTQI+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	4	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	
<b>Total Membership (Should count all members of the council)</b>	<b>36</b>	

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**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 Combined 2025 Mini-Application Uniform FFY 2024-25 Combined Block Grant Application for Community Mental Health Services Block Grant and the Substance Use Prevention, Treatment, Recovery Services 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>

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

Yes, the previous plan year application was posted and can be viewed here:

<https://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx>

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

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

None at this time.

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### Footnotes:

## Environmental Factors and Plan

### 23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) restriction<sup>1,2</sup> 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, 2018<sup>3</sup>.

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 SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 centers<sup>4</sup>. 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 SSPs<sup>5</sup>: 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](https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf) from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf>,
2. [Centers for Disease Control and Prevention \(CDC\) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016](http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf) 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) <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.

## End Notes

<sup>1</sup> 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG funds **only** and is consistent with guidance issued by SAMHSA.

<sup>2</sup> 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 SUPTRS BG 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.

<sup>3</sup> 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)

<sup>4</sup> 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 SUPTRS BG 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 SUPTRS BG 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.

<sup>5</sup> ***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.

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**Footnotes:**

Nebraska - FFY 2024-2025 Block Grant Application - FFY2025

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 nor has it developed or submitted a plan to the State Project Officer to repurpose SABG funds for an SSP.

DRAFT

## Environmental Factors and Plan

### Syringe Services Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

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**Footnotes:**

Nebraska - FFY 2024-2025 Block Grant Application-FFY2025

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 nor has it developed or submitted a plan to the State Project Officer to repurpose SABG funds for an SSP.