

Nebraska

UNIFORM APPLICATION

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

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

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 08/25/2022 1.46.59 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

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

State Information

State Information

Plan Year

Start Year 2023

End Year 2024

State SAPT DUNS Number

Number 808819957

Expiration Date

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

Agency Name Nebraska Department of Health and Human Services

Organizational Unit Division of Behavioral Health

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

City Lincoln

Zip Code 68509-5026

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

First Name Sheri

Last Name Dawson

Agency Name Nebraska Department of Health and Human Services

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

City Lincoln

Zip Code 68509-5026

Telephone (402) 471-7856

Fax (402) 742-8314

Email Address Sheri.Dawson@nebraska.gov

State CMHS DUNS Number

Number 808819957

Expiration Date

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

Agency Name Nebraska Department of Health and Human Services

Organizational Unit Division of Behavioral Health

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

City Lincoln

Zip Code 68509-5026

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

First Name Sheri

Last Name Dawson

Agency Name NE DHHS Division of Behavioral Health

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

City Lincoln

Zip Code 68509

Telephone (402) 471-7856

Fax (402) 742-8314

Email Address sheri.dawson@nebraska.gov

III. Third Party Administrator of Mental Health Services

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

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

From

To

V. Date Submitted

Submission Date

Revision Date

VI. Contact Person Responsible for Application Submission

First Name

Last Name

Telephone

Fax

Email Address

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

Footnotes:

State Information

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

Fiscal Year 2023

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

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

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

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

State: _____

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

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

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

Footnotes:



STATE OF NEBRASKA

Pete Ricketts
Governor

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

May 15, 2019

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

Dear Ms. Pang:

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

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

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

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

Thank you for your attention to this matter.

Sincerely,

Pete Ricketts
Governor



May 15, 2019

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

Dear Ms. Pang:

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

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

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

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Dannette R. Smith".

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

State Information

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

Fiscal Year 2023

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
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 and
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Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
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As the duly authorized representative of the applicant I certify that the applicant:

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

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

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

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

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

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

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

Footnotes:



STATE OF NEBRASKA

Pete Ricketts
Governor

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

May 15, 2019

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

Dear Ms. Pang:

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

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

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

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

Thank you for your attention to this matter.

Sincerely,

Pete Ricketts
Governor



May 15, 2019

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

Dear Ms. Pang:

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

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

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

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

Thank you for your attention to this matter.

Sincerely,

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

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

State Information

Disclosure of Lobbying Activities

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

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

Name

Sheri Dawson

Title

Director

Organization

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

Signature:

Date:

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

Footnotes:

There are not any lobbying activities to disclose.

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal year 2023. Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding. Table 2 addresses funds to be expended during the 12-month period of July 1, 2022, through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental and ARP Supplemental funds. Please use these columns to capture how much the state plans to expend over a 12-month period (7/1/22-6/30/23). Please document the use of COVID-19 Relief Supplemental and ARP Supplemental funds in the footnotes.

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

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID-19 Relief Funds (SABG)	J. ARP Funds (MHBG) ^b
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 ^c										
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^d		\$383,334.50					\$175,000.00			\$55,569.00
4. Tuberculosis Services										
5. Early Intervention Services for HIV										
6. State Hospital				\$318,000.00	\$79,482,224.00					
7. Other 24-Hour Care		\$40,000.00	\$8,947,844.93		\$9,525,970.21		\$811,701.64			\$1,028,673.80
8. Ambulatory/Community Non-24 Hour Care		\$3,026,676.00	\$55,563,543.11	\$288,000.00	\$50,004,989.08					
9. Administration (excluding program/provider level) ^e MHBG and SABG must be reported separately		\$191,667.25					\$66,405.36			\$78,854.88
10. Crisis Services (5 percent set-aside) ^f		\$191,667.25		\$583,855.00	\$17,594,682.83		\$275,000.00			\$414,000.00
11. Total	\$0.00	\$3,833,345.00	\$64,511,388.04	\$1,189,855.00	\$156,607,866.12	\$0.00	\$0.00	\$1,328,107.00	\$0.00	\$1,577,097.68

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

^b 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 expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of **July 1, 2022 - June 30, 2023**, for most states

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

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

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

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

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

Footnotes:

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

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

Planning Tables

Table 4 SABG Planned Expenditures

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

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

Expenditure Category	FFY 2022			FFY 2023		
	FFY 2022 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	FFY 2023 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$5,247,888.40	\$5,001,647.00	\$1,254,000.00	\$5,296,079.40	\$2,383,447.00	\$1,229,000.00
2 . Primary Substance Use Disorder Prevention	\$2,164,365.00	\$1,802,439.20	\$204,554.70	\$2,116,174.00	\$786,984.65	
3 . Tuberculosis Services	\$0.00	\$0.00	\$0.00			
4 . Early Intervention Services for HIV ⁶	\$0.00	\$0.00	\$0.00			
5 . Administration (SSA Level Only)	\$390,118.60	\$358,109.80	\$96,648.95	\$390,118.60	\$166,864.82	\$64,684.41
6. Total	\$7,802,372.00	\$7,162,196.00	\$1,555,203.65	\$7,802,372.00	\$3,337,296.47	\$1,293,684.41

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

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

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

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

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

⁵Prevention other than Primary Prevention

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

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Footnotes:

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

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

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

5. Community-Based Processes	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$386,942	\$572,499	\$39,555
6. Environmental	Universal	\$705,189	\$60,000	\$0	\$680,605		
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$0	\$0	\$0			
	Total	\$705,189	\$60,000	\$0	\$680,605	\$0	\$0
7. Section 1926 Tobacco	Universal	\$64,825	\$0	\$0	\$28,552		
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$0	\$0	\$0			
	Total	\$64,825	\$0	\$0	\$28,552	\$0	\$0
8. Other	Universal	\$0	\$0	\$0			
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$0	\$0	\$0			
	Total	\$0	\$0	\$0	\$0	\$0	\$0
Total Prevention Expenditures	\$1,445,906	\$839,940	\$95,000	\$1,752,986	\$962,499	\$109,555	
Total SABG Award³	\$7,802,372	\$7,162,196	\$1,555,204	\$7,802,372	\$3,337,296	\$1,293,684	
Planned Primary Prevention Percentage	18.53 %	11.73 %	6.11 %	22.47 %	28.84 %	8.47 %	

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

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

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

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

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

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

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Footnotes:

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

NOT FINAL

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

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

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award ¹	FFY 2022 ARP Award ²	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award ³	FFY 2023 ARP Award ⁴
Universal Direct	\$523,671	\$199,970	\$0	\$395,673		
Universal Indirect	\$1,256,487	\$1,212,469	\$134,555	\$1,108,731	\$572,499	\$109,555
Selected				\$118,005	\$390,000	
Indicated	\$155,731	\$0	\$0	\$130,577		
Column Total	\$1,935,889	\$1,412,439	\$134,555	\$1,752,986	\$962,499	\$109,555
Total SABG Award⁵	\$7,802,372	\$7,162,196	\$1,555,204	\$7,802,372	\$3,337,296	\$1,293,684
Planned Primary Prevention Percentage	24.81 %	19.72 %	8.65 %	22.47 %	28.84 %	8.47 %

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

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

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

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

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

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Footnotes:

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

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities - Required

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

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

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

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

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

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Footnotes:

NOT FINAL

Planning Tables

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

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

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

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

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

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

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

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

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

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Footnotes:

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

\$363,188.00.

>

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

NOT FINAL

Planning Tables

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

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

MHBG Planning Period Start Date: 10/01/2022 MHBG Planning Period End Date: 09/30/2023

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

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

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

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Footnotes:

Nebraska does not use regular MHBG funding for these activities.

Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

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

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

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

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

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

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

Someone To Call

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

As of July 14, 2022, Boys Town was 76% staffed. They continue to hire to reach the 100% goal. There has been an ongoing discrepancy

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

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

1. Someone to talk to: Crisis Call Capacity

- a. *Number of locally based crisis call Centers in state*
 - i. *In the Suicide lifeline network*
 - ii. *Not in the suicide lifeline network*
- b. *Number of Crisis Call Centers with follow up protocols in place*
- c. *Percent of 911 calls that are coded as MH related*

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity
 - a. Independent of first responder structures (police, paramedic, fire)
 - b. Integrated with first responder structures (police, paramedic, fire)
 - c. Number that employ peers
3. Place to go
 - a. Number of Emergency Departments
 - b. Number of Emergency Departments that operate a specialized behavior health component
 - c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

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

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

b. Briefly explain your stages of implementation selections here.

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

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

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

- Regional Call Center – Nebraska has one call center with trained crisis counselors available 24/7 for calls, texts and chats through Boys Town. Boys Town has been the call center for the Suicide Prevention Lifeline in Nebraska since 2005 and meets the

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

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

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Footnotes:

15. Crisis Services - Required MHBG, Requested SABG

Note: The Narrative Response did not print correctly when exported from WebBGAS so it is reproduced in full below.

NARRATIVE QUESTION:

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

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

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

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

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

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

Someone To Call

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

As of July 14, 2022, Boys Town was 76% staffed. They continue to hire to reach the 100% goal. There has been an ongoing discrepancy between what Vibrant is reporting as answer rates and what Boys Town is tracking as answer rates. For purposes of this plan, I will be utilizing the data provided by Boys Town as there has been acknowledgement that Vibrant's data is not accurate. June answer rate reported by Boys Town was 93%. At this point in July, the answer rate for July is 94%. Per Boys Town's reports they are exceeding the 90% answer rate expectation. Boys Town intends to work with their independent evaluator to verify these rates in the coming months.

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

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

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

Boys Town will conduct follow-up contact within 24-72 hours when the caller consents to follow-up and had suicidal thoughts/ideations or when the caller consents to follow-up and was referred to a same or next day appointment. Follow-up will include 1) since the last call, does the caller feel worse, better, or the same, 2) if a referral was offered, was the caller able to access

the service and if not, they will problem solve with the individual, and 3) has the caller utilized crisis services since the last call and if yes, which kind. Follow-up is not required when the caller was seeking information only, was a third-party caller, an anonymous call, or the caller does not consent to follow-up contact.

The determination to activate mobile crisis response is made by the crisis counselor with the individual calling. Mobile crisis teams will be activated by the call center when safety planning is not appropriate and the individual has agreed to a mobile crisis response. In situations where the person calling is a third-party, mobile crisis response will be activated, but services may be denied upon arrival by the individual in crisis.

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

Someone To Respond

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

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

The mobile crisis team will:

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

At this time, there are several remote areas of the state where timely, in-person contact may not be feasible. Because of this, allowance is made for contact to be done by phone or via telehealth. There are various mobile crisis response providers that always respond with law enforcement. Best practice and guidance have been shared with these providers; however, they have chosen to continue to utilize law enforcement for support. We will be collecting data regarding response type and outcome of the mobile crisis event to evaluate the effectiveness of the crisis services.

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

- Responding MCT should have a minimum of two people responding:
 - At least one Behavioral Health Professional (trained, non-licensed MCT member) who can complete screening tools, follow-up support and safety planning
 - Certified Peer Support Specialist who can complete screening tools, follow-up support and safety planning
 - Clinician available to conduct assessments as needed who can complete screening tools, triage, follow-up support, safety planning and clinical assessments.
- Conduct screenings and assessments of:
 - Substance Use (CAGE-AID)
 - Suicidality (SBQR or ASQ or C-SSRS)
 - Homicidality or posing a threat of violence
 - Mental Status (appearance, activity level, behavior, speech and attitude)
 - Level of consciousness, thought content, affect and mood, cognition and reality contact
 - Situational factors impacting behavior and safety
 - Strengths and resources of the person experiencing the crisis, as well as those of family members and other natural supports
 - Recent inpatient hospitalizations and/or any current relationship with a BH provider
 - Medications and compliance with medication regimen
 - Medical history as it relates to the crisis
- De-escalation and Resolution
 - Use appropriate de-escalation techniques to decrease anxiety and/or agitation
 - Ensure environment is set up to facilitate de-escalation and stabilization
 - Engage person in collaborative crisis planning when appropriate
 - Utilize the Brown-Stanley Safety Planning Template and Process
 - Mobilize support as needed to ensure safety and crisis resolution
 - Engage Peer Support as needed and available

- Make referrals as appropriate to resolve the crisis and/or stabilize the individual or situation
 - Same day or next day assessment, outpatient, medication management
- Contact the 988 Crisis Counselor following the event and advise of outcome.
- Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations.
 - Crisis Stabilization Units
 - Peer Run Crisis Respite; Peer Run Hospital Diversion
 - MH/SUD Crisis Respite for youth AND adults

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

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

Follow-up will include:

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

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

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

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

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

Somewhere To Go

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

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

Crisis Stabilization Facilities:

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

Long-term Intensive Community-Based Services

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

Co-Occurring Intensive Outpatient Services

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

SUD Crisis Residential Services

All six Regions provide access to SUD residential services.

Peer Run Respite/Peer Run Hospital Diversion

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

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

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

1. *Someone to talk to: Crisis Call Capacity*

- a. *Number of locally based crisis call Centers in state*
 - i. *in the Suicide lifeline network*
 - ii. *Not in the suicide lifeline network*
- b. *Number of Crisis Call Centers with follow up protocols in place*
- c. *Percent of 911 calls that are coded as MH related*

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

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

3. *Place to go*

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

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

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

b. Briefly explain your stages of implementation selections here.

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

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

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

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

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

- Regional Call Center – Nebraska has one call center with trained crisis counselors available 24/7 for calls, texts and chats through Boys Town. Boys Town has been the call center for the Suicide Prevention Lifeline in Nebraska since 2005 and meets the National Suicide Prevention Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. Boys Town can activate the various mobile crisis response teams when appropriate. Each of the Nebraska’s Regional Behavioral Health Authorities has identified open times for outpatient, assessments, or medication management appointments.

- Crisis Mobile Team Response – Nebraska has mobile crisis teams that are available to serve all 93 counties. Please see the narrative in question number 1 for more details regarding Nebraska’s Crisis Mobile Team Responses.
- Crisis Receiving and Stabilization Facilities - Nebraska subawards funds through six Regional Behavioral Health Authorities. Three Regions currently have Crisis Stabilization Facilities; Regions 3,5 and 6. Service development work is continuing with three other Regions. Peer run “adult” hospital diversion programs are operational in Lincoln and Omaha. Requests for Information have been released by Regions to develop additional crisis respite types of services including for youth. In addition to these two particular services, Nebraska has and continues to expand its other community-based crisis services as noted in question one.

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

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

Environmental Factors and Plan

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

Narrative Question

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? Yes No

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

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

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

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

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

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

None at this time.

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

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

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

Footnotes:

Environmental Factors and Plan

Advisory Council Members

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

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

Start Year: 2023 End Year: 2024

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

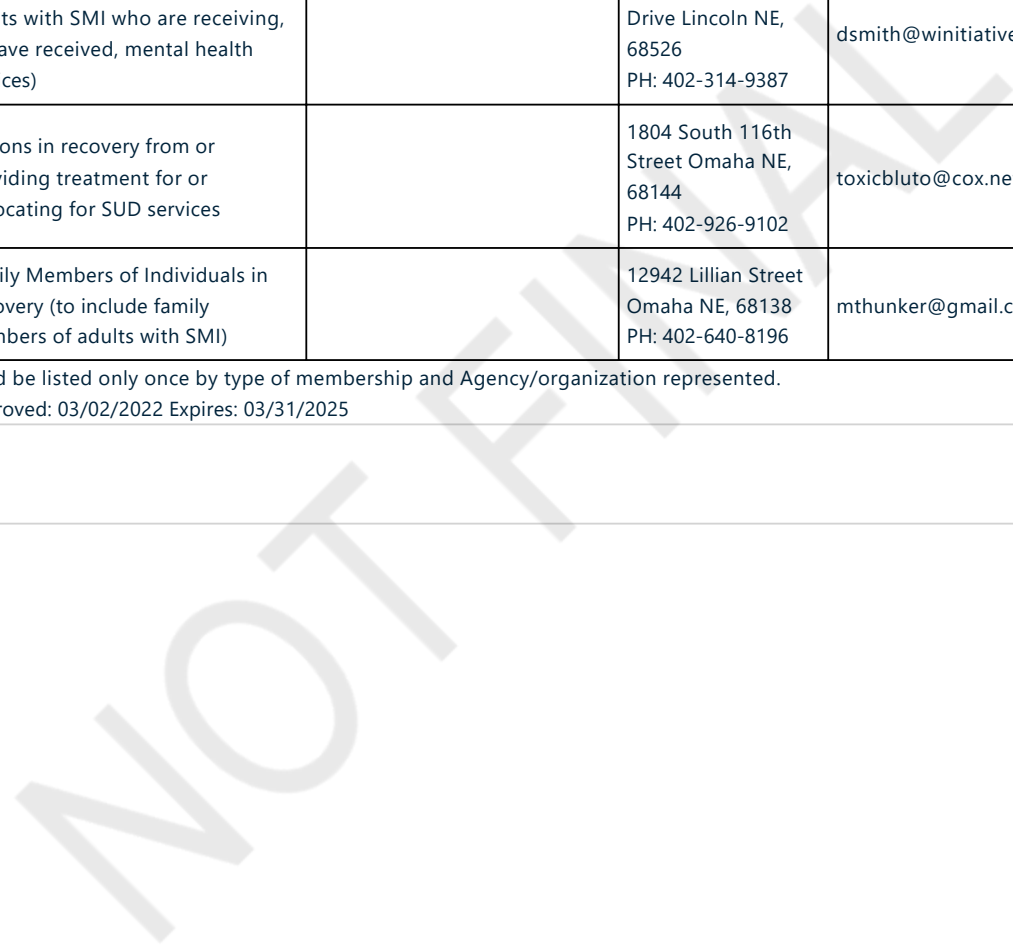
Jill Gregg (SA)	Providers		Avenue Hastings NE, 68901 PH: 402-462-4677	jillcgregg@hotmail.com
Laura Hart (MH)	State Employees		245 Fallbrook Blvd Suite 002 Lincoln NE, 68521 PH: 308-202-0177	laura.hart@nebraska.gov
Timothy Heller (MH)	Parents of children with SED/SUD		2110 S 35th Street Omaha NE, 68105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

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

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

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Footnotes:



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Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

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

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

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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:
The URL will be added once posted on DBH web site.
If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:
Yes. The URL is: <https://dhhs.ne.gov/Behavioral%20Health%20Documents/Nebraska-2022-2023-Uniform-MH-SAPT-BG-Application-RevThru07152022.pdf>
 - c) Other (e.g. public service announcements, print media) Yes No

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Footnotes:

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Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

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

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

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

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

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

1. [Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016](https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf) from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>,
2. [Centers for Disease Control and Prevention \(CDC\) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016](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.

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

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

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

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

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

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

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

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

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

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

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

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Footnotes:

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

NOT FINAL

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Syringe Services (SSP) Program Information-Table A

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

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