

In-Person Meeting of the Nebraska Opioid Settlement Remediation Advisory Committee
September 4th, 2025
Nebraska Association of County Officials (NACO) Offices, 1335 H Street, Lincoln, NE
1:00 p.m. – 4:00 p.m.
Meeting Minutes DRAFT

1. Call Meeting to Order:

Chairperson Todd Stull called the meeting to order at 1:00 p.m. and welcomed all attendees to the meeting. In accordance with § 84-1411(2)(b) of the Open Meetings Act, a copy of all documents being considered at the meeting, an electronic copy of this agenda, and a current copy of the Open Meetings Act are available at the Nebraska Opioid Settlement Remediation Advisory Committee's webpage at <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>. The Open Meetings Act is also located at the front of the meeting room.

- a) Chairperson Stull reminded Committee members that in-person meetings require committee members to be physically present at the meeting site to be counted for quorum, and to vote.
- b) Roll call was conducted, and a quorum was determined to exist, with 9 voting members present.

Voting Members

Members in Attendance: Ann Anderson-Berry, Amy Holman, Cory Schmidt, Amy Reynoldson, Jason Scott, Riley Slezak, Todd Stull, Mike Tefft, Paul Vrbka.

Members Absent: Mary Ann Borgeson, Brandon Kelliher, Christa Yoakum.

Non-Voting Members in Attendance: Kevin Borchert, Sara Howard.

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

Others in Attendance: Gabby Albeck, Holly Brandt, Reece Dixit, Ingrid Gansebom, Tiffany Gressley, Thomas Janousek, Delainie Johnson, Patti Jurjevich, Patrick Kreifels, Jessie McDevitt, Sarah McIntyre, Diana Meadors, John Meals.

- c) Chairperson Stull stated that on August 20th, 2025, a notice of this meeting with the agenda and other materials were provided to the public and all members of the Committee. Notice of this meeting with the agenda and other materials were available for public inspection at the Nebraska Department of Health and Human Services (DHHS), Division of Behavioral Health (DBH), 301 Centennial Mall South, 4th Floor in Lincoln, Nebraska. An electronic copy of the agenda, all documents being considered at the meeting, and a link to the current version of the Open Meetings Act were posted on the DHHS website at <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>.
- d) Chairperson Stull informed attendees about the location of the Open Meetings Act, which is accessible to members of the public in the meeting room, and at <https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx>, along with a copy of all reproducible written materials to be discussed at this meeting.
- e) Public Comment: Pursuant to the Open Meetings Act, the Chair of the Committee reserves the right to limit comments on agenda items. Chairperson Stull stated that public comments will

be heard on agenda items 5 and 6. Each commenter will have five minutes to speak. Pursuant to § 84-1412(3), any member of the public desiring to address the body shall identify their name, including an address and the name of any organization represented by such person. Public members may sign up on the list at the front of the room or submit their name via the virtual chat box if attending virtually.

2. Consider a Motion to Approve the Minutes from June 4th, 2025:

Chairperson Stull opened the floor for a motion to approve the minutes from the June 4th, 2025, meeting.

Motion was made by Mike Tefft and seconded by Ann Anderson-Berry to approve the minutes as written. Chairperson Stull opened the floor for discussion. Hearing none, the motion to approve the June 4th, 2025, minutes passed with the following results:

Yay=10: Ann Anderson-Berry, Amy Holman, Cory Schmidt, Amy Reynoldson, Jason Scott, Riley Slezak, Todd Stull, Mike Tefft, Paul Vrbka, Christa Yoakum.

Nay=0

Abstain=0

Absent=2: Mary Ann Borgeson, Brandon Kelliher.

3. Financial report on Nebraska Opioid Recovery Funds.

John Meals, DHHS Chief Financial Officer, provided information on the opioid settlement funds. The Opioid Recovery Fund, which acts as the parent fund, currently has \$32.6 million; the total opioid settlement dollars the state is receiving in the next 18 years is \$120 million. The state will receive the majority of the funds towards the beginning of this period. The fund amount will eventually taper off as we get closer to 2038. The intended plan, based on Nebraska Bill LB1355, is that the fund covers expenses for the next decade. There are two separate funds attached to the parent fund: The Opioid Prevention and Treatment Cash Fund and the Opioid Treatment Infrastructure Cash Fund. The Opioid Prevention and Treatment Cash Fund receives \$3 million a year; this fund is distributed to the Behavioral Health Regions. The Regions, in total, received \$3 million from the cash fund in 2024 and received an additional \$3 million in July 2025. The Opioid Treatment Infrastructure Cash Fund receives \$9 million a year. The Opioid Treatment Infrastructure Cash Fund Request for Applications (RFA), which is being led by Dr. Thomas Janousek's team, is a grant opportunity which utilizes the cash fund. The team received many applications from all over Nebraska, which are currently being reviewed. Project's chosen grantees will be determined in the next month or so. Once the chosen projects have been determined, an update will be provided in the next committee meetings. There are two additional funds called the Abatement Fund and the Endo fund, which have not been spent yet. DHHS is working to distribute the funds. The Abatement Fund has about \$1.2 million, while the Endo Fund has \$1 million. More detail will be provided once the RFA process has been completed. John thanked the applicants from all over the state and the work that Dr. Thomas Janousek's team has done.

Amy Reynoldson asked about the structure and purpose of the Abatement and Endo funds. John stated that one of them is intended for the Fire Marshall. More information will be shared in the next meeting.

Mike Tefft asked if there's been a written account of what's been spent so far. John Meals stated he can provide one. John Meals clarified that the only distribution of funds has been the \$3 million to the Regions. The Regions have conducted their own activities with the settlement and have plans for their allocation of funds. John Meals provided clarification that the figures provided were all independent of one another. In total from the summary above, DHHS has received around \$50 million of the expected \$120 million the state will be receiving.

Dr. Thomas Janousek added that a report is created at the end of the year for legislators that details the expenditure from all the funds, which can be shared. Paul Vrbka asked how long it takes proposals through the committee; Dr. Janousek will discuss more on this when he speaks during his updates.

Amy Reynoldson asked for a follow-up on the Prevention and Treatment fund and whether it includes the public health districts and municipalities as well. John Meals stated it was separate from that fund and a breakdown can be provided at a later date that can detail this.

4. DHHS Division of Behavioral Health updates - Dr. Thomas Janousek.

Dr. Thomas Janousek, DHHS Director of Behavioral Health, gave updates on the work the DBH conducted. Dr. Janousek provided an update on the RFA, and the infrastructure projects DBH received in the beginning of July with the release of the grant opportunity. The goal of the RFA was to create capital development in communities mainly targeting programs like crisis stabilization centers, withdrawal or medically managed withdrawal, and opioid and substance use treatment. DBH is focusing on projects that are dedicated to making a big impact in Nebraska. DBH received 23 proposals that totaled over \$90 million dollars. The first month, a committee came together to evaluate the proposal in a standard RFA process. The next month is dedicated to the financial analysis of the projects, so they have a sustainable funding source. The target is to release the results at the end of September. The Division will finish with the financial office and governor's office and then release the results.

Another component which is related to the RFA is the Rural Health Transformation funds. This fund is the result of the One Big Beautiful Bill, which states that each state receives \$100 million every year for five years. Guidance on the funds has not been released; however, from the information which was presented, it appears that the funds can be utilized for a wide variety of projects and activities. The Rural Health Transformation Funds may contain infrastructure development components, which is similar to the RFA. Optimization of the Rural Health Transformation Funds and the Opioid Treatment Infrastructure Cash Fund is being done to understand what programs and activities can be implemented to utilize both cash funds.

The final component discussed is the Certified Community Behavioral Health Clinic (CCBHC) initiative. One of the requirements of CCBHC's is medicated assisted treatment (MAT) services. There are 7 clinics who have been certified around Nebraska who can utilize this funding model with Medicaid. This will help provide more recovery-based opioid MAT services. It will help provide more support for the community. It will officially start on January 1st.

5. Nebraska Behavioral Health Regional Authorities reports of settlement funds expenditures and received requests for funds.

Patti Jurjevich, Regional Administrator for Region 6 Behavioral Healthcare, shared that since the last update, the Region is preparing for the next release of a Request for Proposals (RFP). Prior to that, there is a stakeholder listening session being organized by the Opioid Response Network (ORN), who will help with the facilitation. Once that is conducted, they will then release the RFP. They are hoping to have the funds obligated once that occurs. Mike Tefft asked when the RFP will come out. Patti Jurjevich stated the tentative timeline will have them release the RFP at the end of September.

Patrick Kreifels, Regional Administrator for Region V Systems, and Theresa Hennings, Special Projects Director, reported out the activities of the Region. Region V system is being strategic about the funds they are receiving. They are looking to align their grant cycles with DBH's release of their RFA. Trinia Janis is the manager who oversees the project at the Region and is currently conducting site visits and acquiring outcomes of venders and subcontracts following the first cycle. Theresa reviewed the documents which were provided to the committee. As depicted in one document, seven different projects were provided a letter of recommendation from the Region for the Opioid Treatment Infrastructure Cash Fund RFA released by DBH. Most proposals involved an increase in beds, others included structural increases in programming in their rural areas. The Region released a second cycle for their opioid settlement fund on June 13th with application due on July 25th. They hope to allocate over \$650,000 to priority areas. They received a total of 28 applications with 1 not passing their internal risk review and 1 application withdrew from the process.

Jason Scott asked about the color coding of the documents provided. Region 5 stated the specific identification was for the collaboration between public safety and providers. The Region is hoping to see more projects in the future involving this. The Region has provided funds in the past for 5 scanners which are being utilized by law enforcement in their service area. Chairperson Stull added context on Jason Scott's role as an advocate for law enforcement and criminal justice systems. The Regions may reach out to Jason if there is a prevention and law enforcement program.

Chairperson Stull asked Region 5 if they plan to have mobile methadone in the Region. They would like to see it; however, they have not connected to a partner who has been interested in the area just yet. Chairperson Stull will help establish a connection with the Region at a later date and time. The Region mentioned that they have connected with other partners interested in getting involved with Medications for Opioid Use Disorder (MOUD) treatment.

Ingrid Gansebom, Regional Administrator for Region 4 Behavioral Health Systems, stated that, similar to the other Region, have received their fiscal year 2026 allocation from the Opioid Prevention and Treatment Cash Fund. They are in the process of matching their own grant cycle with the infrastructure grant. Recently, they were working to provide support to two crisis stabilizations in their Region. They have a peer run program which runs into their western counties that utilizes the funds. They awarded funds to several organizations trying to run MAT services. However, it did fall through as the provider realized they would need more space. For

their next application cycle next year, they are expecting this organization to come back and reapply. They provided dollars for law enforcement to acquire a drug dog, which would also be utilized in other counties. The Region is looking to supplant funding if federal cuts occur. Their grant proposal will be released once more information comes in which could impact their funding.

Tiffany Gressley, Regional Administrator for Region 3 Behavioral Health Services, stated that the Region is in the process of finalizing the second round of grant applications in the community. The Regions grant cycle normally runs from September-August during the year which coincides with DBH's infrastructure grant. They are wrapping up the grant cycle with applicants and providing extensions on a couple of projects prior to the awarding of new applicants for their second cycle. They obligated dollars to Mid-Plains Center in Grand Island for their expansion of their center. The Region also reached out to law enforcement and first responders as well as school systems in the area.

Katie McCarthy, Regional Administrator for Region II Human Services, was absent from the meeting so updates for Region II were not provided.

Holly Brandt, Regional Administrator for Region 1 Behavioral Health Authority, received an opioid settlement payment in July for fiscal year 2026. Since the last meeting, they awarded a grant to Nebraska Collegiate Prevention Alliance (NECPA). The grant funds will allow for the distribution of Narcan boxes on college campus, provide opioid prevention training, and training on how to administer Narcan. They awarded 5 grants, 2 of which are completed. The other organizations have been provided extensions. The Region has also obligated \$400,000 to bring up a crisis stabilization center in their service area. The Region is unsure if they will complete another round of funding due to insufficient funds in the funding pool. They may utilize the remaining dollars to provide more access to Narcan in the area; discussion is ongoing.

6. Public Comments.

No public comment was made during this meeting.

7. Consider a Motion to Adjourn.

The meeting agenda has been completed. The next meeting will be virtual on November 5th, 2025, at 10:00 a.m. Central Time. Chairperson Stull mentioned that the frequency of meetings may be changed. Committee by-laws state that there needs to be at least one in-person meeting per calendar year. Holly Brandt, Regional Administrator for Region 1, stated quarterly and/or bi-yearly meetings would be preferred for the Region.

Chairperson Stull asked for a motion to adjourn the meeting. Motion was made by Mike Tefft and seconded by Amy Reynoldson. Roll call vote was conducted. The motion passed with the following results.

Yay=10: Ann Anderson-Berry, Amy Holman, Cory Schmidt, Amy Reynoldson, Jason Scott, Riley Slezak, Todd Stull, Mike Tefft, Paul Vrbka, Christa Yoakum.

Nay=0

Abstain=0

Absent=2: Mary Ann Borgeson, Brandon Kelliher.

The meeting adjourned at 2:48 p.m.



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Opioid Treatment Infrastructure Cash Fund RFA – Division of Behavioral Health

Region 5 Systems reviewed and provided letters of support for the following **7 projects** within our catchment area:

- **Bryan Medical Center** – Increase detox beds from 3 to 5 at the Independence Center.
- **CenterPointe** – Increase dual-disorder residential beds from 18 to 20, increase short-term residential beds from 0 to 26, and provide withdrawal management (ASAM Level 3.7).
- **Houses of Hope** – To restore Houses of Hope residential treatment program and establish a seamless continuity of care ranging from residential services to community-based outpatient recovery programs within a single facility.
- **Whispering Acres Tails and Treasures** – Expand indoor meeting space, create an indoor area for animal programs, and build restroom and mini kitchen area. This will allow agency to expand group programming, provide a private space for therapy sessions, and implement new programs.
- **Lutheran Family Services** – Renovation of Health 360 to include behavioral health urgent care, psychiatric medication management, substance use evaluations and treatment, short-term crisis stabilization, and wrap-around services such as mental health navigation, peer, housing, and employment assistance. This facility will provide immediate, short-term stabilization.
- **Lincoln Treatment Centers dba BAART Programs Lincoln** – Improve infrastructure to continue and expand treatment capabilities.
- **Asian Community & Cultural Center (ACCC)** – Build a treatment room where ACCC will provide culturally and linguistically informed therapy services for immigrants and refugees in the Lincoln community.

Grant Cycle Two – Opioid Settlement Funds

Region 5 Systems released its second grant announcement for Opioid Settlement Funds on June 13, 2025, with applications due on **July 25, 2025**. For this grant cycle, Region 5 Systems has allocated **\$650,000** in grant funding with an intent to fund a minimum of two priority areas.

- **28 applications** with a total request of \$3,071,940.49 were received by Region 5 Systems by the required deadline.
- **1 application** did not pass the risk review, and **1 application** was withdrawn by the applicant.
- **26 applications** with a total request of \$2,659,135.49 are currently being reviewed by Region 5 Systems' Grant Review Committee, applications are currently being assessed for:
 - Adherence to the settlement agreement.
 - Fit within Region 5 Systems' priority areas as identified by the community during Region 5 Systems' Opioid Settlement Funds Summit on March 19-20, 2024.
 - Projects that fit within priority areas that were identified as key strategies to address during Region 5 Systems' Opioid Needs Assessment Strategic Planning on January 22, 2025, following the release of the Region 5 Systems' Opioid Needs Assessment Report.

Region 5 Systems Opioid Settlement Funds Grant Announcement



History

In July of 2023, Region 5 Systems received funds from the Nebraska Opioid Settlement Remediation Advisory Committee to fund opioid abatement strategies as identified in the opioid settlement agreements.

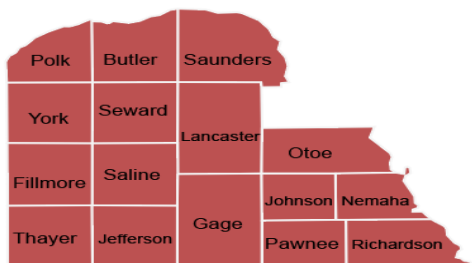
The Region 5 Systems' Opioid Steering Committee was established in October 2023 with over 60 stakeholders and constituents from Region 5 Systems catchment area. This steering committee worked to identify how these funds would be distributed, what programs/services already existed, and refined the list of opioid abatement strategies based on Region 5 Systems' unique needs.

On March 19-20, 2024, the Region 5 Systems Settlement Funds Summit was convened with the assistance of the Opioid Response Network (ORN). During this summit over 110 Region 5 Systems' stakeholders participated in training and education on the opioid epidemic and prioritized funding areas outlined in this grant application through a strategic planning process.

In March of 2025, Region 5 Systems' Needs Assessment was completed and additional priority areas were identified. Applicants whose project(s) target the identified priority areas will be given additional points. You will find these priority areas *italicized in blue* on pages 3 and 4.

Eligible Applicants

Any organization within Region 5 Systems' 16-county catchment area is invited to apply for these grant funds. Applicants must submit a complete application and the project/service must fit within at least one of the prioritized abatement strategies as outlined in this grant announcement.



Key Dates and Deadlines

- ♦ Application Released - 6/13/25
- ♦ Application Deadline - 7/25/25
- ♦ Awardees Announced - 11/24/25
- ♦ Anticipated Start Date - 1/1/26

Total Funding Available

\$650,000

Total Number of Awards

Region 5 Systems' intent is to fund a minimum of two priority areas as outlined in this grant application.

Length of Grant Award

Applicants can request 1-2 years.

Inquiries

For more information please contact Region 5 Systems Opioid Project Manager:

Trina Janis

Phone: 402-441-4391

Email: opioid@region5systems.net

Fiscal Considerations

Region 5 Systems Opioid Settlement Funds will be awarded on an expense-based reimbursement system. Approved agencies will have the option to submit requests for reimbursement monthly and must submit reimbursement requests no later than quarterly.

Region 5 Systems will discuss invoice submission guidelines and site visits with applicants upon approval of awards by the Regional Governing Board.

Risk Assessment

All agencies applying for funding will undergo a risk assessment. This will include checking to verify that the executive director and organization are not listed on the Federal Office of Inspector General's List of Excluded Individuals and Entities (LEIE). Region 5 Systems may contact applicants to obtain additional information to verify through the federal LEIE database if necessary. If an organization or executive director is listed on the LEIE, that application will not be moved forward for review by the grant review committee.

Applicants requesting \$10,000 or more in grant funding will be subject to an extended risk assessment. These applicants should complete the extended risk assessment portion of the grant application. Applicants requesting \$10,000 or more who do not complete this section of the grant application may not be considered for funding.

Amount and Length of Award

Region 5 Systems has allocated \$650,000 of opioid settlement funds for this grant application with a goal of funding a minimum of two of the priority areas outlined within this application. Applicants may apply for a 1-2 year term based on scope and size of project.

Submission Questions

All questions regarding this grant application should be made in writing to Trina Janis, Opioid Project Manager and emailed to opiod@region5systems.net. All notices, decisions, document, and other matters relating to this grant application will be electronically posted on Region 5 Systems' website at www.region5systems.net. Region 5 Systems reserves the right to amend, modify, supplement, or clarify this grant application at anytime at its sole discretion.

Review of Applications

All grant applications that pass Region 5 Systems' risk assessment will be reviewed by a grant review committee comprised of one Regional Governing Board member, one Behavioral Health Advisory Committee member, two Opioid Steering Committee members, and appropriate employees of Region 5 Systems. This grant review committee will make recommendations regarding funding applicants with final approval of those recommendations by the Regional Governing Board.

Region 5 Systems reserves the right to request clarification or additional information from any applicant. This solicitation does not obligate Region 5 Systems to award a grant to any applicant. Region 5 Systems, at its option, reserves the right to waive as informality any irregularities in and/or reject any or all applicants who do not respond to questions or submit complete applications.

Reporting

All grant recipients will be required to submit quarterly reports regarding outcomes, goals, and progress towards implementing proposed project as outlined in their application. Following funding award, Region 5 Systems will work with approved applicants to outline required criteria.

Region 5 Systems Priority Opioid Abatement Strategies

March 2025

Direct Care for Substance Use Disorder / Mental Health Conditions

A: TREATMENT

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

B: RECOVERY

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

C: HARM REDUCTION

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

D: CONNECTIONS TO CARE

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

E: CRIMINAL JUSTICE INVOLVED

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

Community Outreach and Prevention

F: PREVENTION

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

G: PROVIDERS AND HEALTH SYSTEMS

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

H: PUBLIC SAFETY / FIRST RESPONDERS

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