Response to Solicitation Number: 125999 03
University of Nebraska Public Policy Center
ITEM BY ITEM Proposal
Submitted July 27th, 2026

Evaluation of Nebraska's Olmstead Plan

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SOLICITATION RESPONSE SUBMISSION

1. CORPORATE OVERVIEW

a. Bidder Identification and Information

Legal Name: Board of Regents of the University of Nebraska for the University of Nebraska-Lincoln

Office of Sponsored Programs
151 Prem S. Paul Research Center at Whittier School
2200 Vine Street
Lincoln NE 68583-0861
Telephone: 402-472-3171
Fax: 402-472-9323
Email: osp-preaward@unl.edu

Year First Incorporated: February 15, 1869
Has Name Changed: University of Nebraska until 1968 when -Lincoln was added

b. Financial Statements

Last three years of Financial Statements and Single Audit of Federal Programs may be found here: https://nebraska.edu/offices/business-finance/accounting-finance

c. Change of Ownership

There has been no change in ownership.

d. Office Location

University of Nebraska Public Policy Center
215 Centennial Mall South, Suite 401
Lincoln, NE 68588-0228

e. Relationships with the State

University of Nebraska has had hundreds of contracts with Nebraska state agencies in the past, dozens ongoing, and several pending. Table 1 includes NU Public Policy Center (NUPPC) specific contracts with Nebraska state agencies within the past 10 years (projects active as of 7/1/2016), organized by department of the State (alphabetically) and then by contract start date.

Table 1. State of Nebraska contracts over the past ten years

State Agency	Project Title	Contract #	Start Date	End Date
History Nebraska	State Historical Records Advisory Board Needs Assessment	n/a	4/1/2023	12/31/2023
NE Crime Commission	Mental Health Expansion Pilot Project (LB150)	CC-26-752	09/19/2025	08/31/2026
NE Dept of Education	Nebraska School Violence Prevention Training Program	2018-YS-BX-0112	11/27/2018	9/30/2023
NE Dept of Education	Nebraska Rural School Violence Threat Assessment Program	2018-YS-BX-0113	11/27/2018	9/30/2023
NE Dept of Education	Nebraska's AWARE Project	39244	12/18/2018	9/29/2023
NE Dept of Education	Nebraska Grant for School Emergency Management	39275	2/12/2019	9/30/2024
NE Dept of Education	Ne Grant for School Emergency- EOP Video	41260	2/5/2021	6/30/2021
NE Dept of Education	De-Escalation Training	41359	6/1/2021	8/31/2021
NE Dept of Education	School Mental Health Grant Evaluation (ESSER III)	42190	9/29/2021	9/27/2024
NE Dept of Education	Nebraska's AWARE-SEA 2.0 Grant Project	42226	11/4/2021	9/29/2026
NE Dept of Education	Afghan Refugee School Impact Evaluation	43368	3/30/2023	8/1/2024
NE Dept of Education	Evaluation of School Connectedness Training	46185	12/9/2025	9/29/2026
NE Dept of Education	Nebraska School Based Mental Health Services Evaluation	Pending	8/1/2026	12/31/2029
NE Dept of Education	Nebraska Mental Health Service Professional Demonstration Grant Program Evaluation	Pending	8/1/2026	12/31/2029
NE Dept of Environment and Energy	Pollution Reduction Plan Engagement	2023-135503398	11/7/2023	3/1/2024
NE Dept of Environment and Energy	Climate Pollution Reduction Grant Writing	2024-138840463	3/6/2024	4/1/2024
NE Dept of Environmental Quality	Heritage Disposal & Storage Facilitation and Clerical Support	2016-50892049	3/15/2015	12/31/2016
NE Dept of Health and Human Services	Nebraska Youth Suicide Prevention 2014-2019	24281-Y3	10/1/2014	9/30/2019
NE Dept of Health and Human Services	Ebola Preparedness Planning	28135-Y3	8/1/2015	7/31/2016
NE Dept of Health and Human Services	Public Health Surveillance System Evaluation Coaching	DHHS-DPH-SHIP-003	4/15/2016	9/30/2016
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/ Disaster Mental Health 2016-17	U90TP000533	7/1/2016	6/30/2017
NE Dept of Health and Human Services	Nebraska's System of Care Expansion Evaluation 2016	UNLPPCSystemofCare (SM063392)	9/30/2016	9/29/2020

State Agency	Project Title	Contract #	Start Date	End Date
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/Disaster Mental Health 2017-18	39011-Y3	7/1/2017	6/30/2018
NE Dept of Health and Human Services	Nebraska Birth Defects Registry Surveillance System Evaluation	n/a	10/15/2017	6/30/2018
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/Disaster Mental Health 2018-19	43698 Y3	7/1/2018	6/30/2019
NE Dept of Health and Human Services	Governor's Excellence in Workplace Wellness Award Evaluation	84079 O4	11/1/2018	4/30/2019
NE Dept of Health and Human Services	Nebraska DHHS Program Evaluation Contractor Pool RFQ	85437-O4	3/5/2019	8/20/2023
NE Dept of Health and Human Services	Developing Clinical Violence Risk and Threat Assessment Capabilities in Nebraska	85371 O4	3/15/2019	6/20/2019
NE Dept of Health and Human Services	Nebraska Floods 2019 Crisis Counseling Assistance and Training Program (CCP) ISP	48217 Y3	3/21/2019	8/19/2019
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/ Disaster Mental Health (Yr 17) 2019-20	50325 Y3	7/1/2019	6/30/2020
NE Dept of Health and Human Services	Nebraska Floods 2019 Crisis Counseling Assistance and Training Program (CCP) RSP	50307 y3	8/20/2019	5/17/2020
NE Dept of Health and Human Services	Ryan White Program Evaluation & QI	88231 O4	9/3/2019	3/31/2020
NE Dept of Health and Human Services	Suicide Prevention in Nebraska Disaster Areas	88011 O4	9/5/2019	9/30/2019
NE Dept of Health and Human Services	Home Visit Program Capacity Assessment	88012-O4	10/1/2019	9/30/2020
NE Dept of Health and Human Services	Opioid Evaluation	50728 Y3	10/1/2019	9/29/2020
NE Dept of Health and Human Services	Division of Behavioral Health Strategic Planning 2020	89355 O4	1/15/2020	10/13/2020
NE Dept of Health and Human Services	Developing Clinical Violence Risk and Threat Assessment Capabilities in Nebraska 2020	89415 O4	2/1/2020	6/10/2020
NE Dept of Health and Human Services	Ryan White Program Evaluation & QI 20-21	90164 O4	4/20/2020	3/31/2021
NE Dept of Health and Human Services	Nebraska COVID19 Crisis Counseling Assistance and Training Program (CCP) ISP	55280	4/30/2020	9/26/2020
NE Dept of Health and Human Services	Nebraska Emergency Treatment COVID-19 Grant	55374 Y3	6/1/2020	5/31/2022
NE Dept of Health and Human Services	Nebraska DHHS Behavioral Health Training Coordination	90724 O4	6/18/2020	5/31/2022
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/Disaster Mental Health 2020-21	57928 Y3	7/1/2020	6/30/2021

State Agency	Project Title	Contract #	Start Date	End Date
NE Dept of Health and Human Services	COVID Core State Violence and Injury Prevention Program Supplement Suicide Prevention for Long Term Care Facilities	55883 Y3	7/1/2020	7/31/2021
NE Dept of Health and Human Services	NeDHHS Facility Resilience Training Planning & Implementation	92022 O4	9/9/2020	8/31/2021
NE Dept of Health and Human Services	Nebraska COVID19 Crisis Counseling Assistance and Training Program (CCP) RSP	56959 Y3	9/27/2020	12/26/2021
NE Dept of Health and Human Services	State Opioid Response Evaluation 2020-21	56954 Y3	9/30/2020	9/29/2022
NE Dept of Health and Human Services	Outpatient Competency to Stand Trial	92341 O4	10/13/2020	9/30/2023
NE Dept of Health and Human Services	Division of Behavioral Health Strategic Planning 2020	92337 O4	10/14/2020	5/6/2021
NE Dept of Health and Human Services	Trauma Systems Development Survey	93103 O4	1/4/2021	8/31/2021
NE Dept of Health and Human Services	Nebraska 988 Suicide Prevention Planning	94136 O4	3/22/2021	1/4/2022
NE Dept of Health and Human Services	BH COOP Incident Response Guide Update 2021	93944 O4	4/1/2021	12/15/2021
NE Dept of Health and Human Services	Ryan White Program Evaluation	94339 O4	4/22/2021	3/31/2022
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/Disaster Mental Health 2021-22	64668 Y3	7/1/2021	6/30/2022
NE Dept of Health and Human Services	NeDHHS Pandemic After Action Report Workshops	95873 O4	7/28/2021	6/21/2022
NE Dept of Health and Human Services	Nebraska Emergency Treatment COVID-19 Grant	55374 Y3	8/20/2021	5/31/2022
NE Dept of Health and Human Services	DBH Substance Use Prevention and Promotion Program	97467O4	11/8/2021	3/14/2023
NE Dept of Health and Human Services	Nebraska Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Community Planning	97500O4	11/15/2021	4/30/2023
NE Dept of Health and Human Services	Trauma Systems Development Survey	97691 O4	12/13/2021	5/31/2023
NE Dept of Health and Human Services	Nebraska 988 Suicide Prevention Planning 2022	98065 O4	1/5/2022	6/30/2022
NE Dept of Health and Human Services	NE DHHS HIV Prevention & Ryan White Part B Planning	98201O4	1/28/2022	3/31/2023
NE Dept of Health and Human Services	Ryan White Program Evaluation 2022	98815 O4	4/22/2022	3/31/2023
NE Dept of Health and Human Services	9-8-8 Nebraska Suicide Prevention Evaluation	68123 Y3	4/30/2022	4/29/2025
NE Dept of Health and Human Services	Evaluation Proposal for Nebraska DHHS Law Enforcement AED Project	99492 O4	5/5/2022	5/31/2025
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/Disaster Mental Health 2022-23	64668 Y3	7/1/2022	6/30/2023

State Agency	Project Title	Contract #	Start Date	End Date
NE Dept of Health and Human Services	988 Implementation	99925-O4	7/11/2022	6/30/2023
NE Dept of Health and Human Services	Nebraska DHHS Behavioral Health Training Coordination	99507 O4	7/19/2022	6/30/2023
NE Dept of Health and Human Services	State Opioid Response Evaluation 2022-24	70438 Y3	9/30/2022	9/29/2024
NE Dept of Health and Human Services	Expansion of childhood behavioral health services	71281 Y3	9/30/2022	9/29/2024
NE Dept of Health and Human Services	Nebraska 988 Expansion and Enhancement Project	72079 Y3	1/1/2023	4/29/2025
NE Dept of Health and Human Services	2023 Transformation Transfer Initiative (TTI) for Workforce Development	103490 O4	3/13/2023	8/31/2023
NE Dept of Health and Human Services	Ryan White Program Evaluation 2023-24	98815-O4	4/1/2023	3/31/2024
NE Dept of Health and Human Services	NE DHHS HIV Prevention & Ryan White Part B Planning	98201 O4	4/1/2023	12/31/2023
NE Dept of Health and Human Services	Nebraska Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Community Planning 2023-24	103930 O4	5/1/2023	4/30/2024
NE Dept of Health and Human Services	Utilization Review of NEP-MAP Behavioral Health Consultation	104143 O4	5/8/2023	10/31/2023
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/Disaster Mental Health 2023-24	64668 Y3	7/1/2023	6/30/2024
NE Dept of Health and Human Services	Nebraska Behavioral Health Emergency Response Team (NBHERT) Revitalization 2023-24	75641 Y3	7/1/2023	6/30/2024
NE Dept of Health and Human Services	Nebraska DHHS Behavioral Health Training Coordination 2023-24	99507-O4	7/1/2023	6/30/2024
NE Dept of Health and Human Services	Behavioral Threat Assessment & Management Technical Assistance	104977-O4	7/1/2023	6/30/2025
NE Dept of Health and Human Services	Improving Community Connections with School Mental Health Systems	75807 Y3	8/1/2023	9/29/2027
NE Dept of Health and Human Services	Pediatric Mental Health Care Access Program	77304 Y3	9/30/2023	9/29/2026
NE Dept of Health and Human Services	Outpatient Competency to Stand Trial 2024	106794-O4	10/1/2023	9/30/2026
NE Dept of Health and Human Services	Emergency Services Strategic Plan	106938-O4	12/1/2023	9/30/2024
NE Dept of Health and Human Services	NE DHHS HIV Prevention & Ryan White Part B Planning	98201 O4	1/1/2024	12/31/2024
NE Dept of Health and Human Services	Ryan White Program Evaluation 2024-25	98815 O4	4/1/2024	3/31/2025
NE Dept of Health and Human Services	MIECHV Program Planning 2024	103930 O4	5/1/2024	10/31/2024
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/ Disaster Mental Health 2024-25 (Yr 22)	82392 Y3	7/1/2024	6/30/2025

State Agency	Project Title	Contract #	Start Date	End Date
NE Dept of Health and Human Services	Disaster Mental Health Workforce Support	82532 Y3 CLMS 5576	7/1/2024	6/30/2025
NE Dept of Health and Human Services	Nebraska DHHS Behavioral Health Training Coordination 2024-25	109833-O4	7/1/2024	6/30/2025
NE Dept of Health and Human Services	Mobile Crisis Team Curricula Development and Hosting	110252 O4	9/1/2024	8/31/2025
NE Dept of Health and Human Services	Severe Weather, Straight-line Winds, and Tornados: 2024 Nebraska Crisis Counseling Program RSP	82344 Y3 CLMS 5623	9/1/2024	5/31/2025
NE Dept of Health and Human Services	Evaluation of State Opioid Response IV Grant	84422 Y3	9/30/2024	9/29/2027
NE Dept of Health and Human Services	Nebraska Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Community Planning 2023-24	103930-04	11/1/2024	4/30/2025
NE Dept of Health and Human Services	DHHS Drug Prevention Plan and Summit	111548 O4	12/1/2024	3/24/2025
NE Dept of Health and Human Services	HIV Prevention & Ryan White Part B Planning	112107-O4	1/1/2025	12/31/2025
NE Dept of Health and Human Services	Assessment to Inform Awareness Campaign	111588 O4	1/1/2025	12/31/2025
NE Dept of Health and Human Services	Ryan White Program Eval 2025-26	87520 Y3	4/1/2025	3/31/2026
NE Dept of Health and Human Services	Nebraska DHHS Behavioral Health Training Coordination 25-26	109833 O4	7/1/2025	6/30/2026
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/Disaster Mental Health 2025-26	82392 Y3	7/1/2025	6/30/2026
NE Dept of Health and Human Services	Disaster Mental Health Workforce Support 2025-26	82532 Y3	7/1/2025	6/30/2026
NE Dept of Health and Human Services	Nebraska Behavioral Threat Assessment & Management Technical Assistance	112965 O4	7/1/2025	6/30/2027
NE Dept of Health and Human Services	Evaluation of Nebraska Family First Prevention Services Act Plan	113037 O4	7/1/2025	12/31/2027
NE Dept of Health and Human Services	Community Mental Health Block Grant (MHBG) Housing and Serious Mental Health (SMI) Intersection Initiative	115268 O4	1/1/2026	12/31/2026
NE Dept of Health and Human Services	HIV Prevention & Ryan White Part B Planning 2026	112107-O4	1/1/2026	12/31/2026
NE Dept of Health and Human Services	Ryan White Program Evaluation 2026-27	87520 Y3	4/1/2026	3/31/2027
NE Dept of Health and Human Services	Disaster Mental Health Workforce Support 2026-27	Pending	7/1/2026	6/30/2027
NE Dept of Health and Human Services	Mental Health & Substance Use (MHSU) Statewide Needs Assessment	Pending	7/1/2026	9/30/2026
NE Dept of Health and Human Services	Behavioral Health Hospital Preparedness/ Disaster Mental Health 2026-27	Pending	7/1/2026	6/30/2027

State Agency	Project Title	Contract #	Start Date	End Date
NE Dept of Health and Human Services	PulsePoint Feasibility Study	Pending	7/1/2026	6/30/2027
NE Dept of Health and Human Services	Nebraska DHHS Behavioral Health Training Coordination 2026-2027	Pending	7/1/2026	6/30/2027
NE Dept of Labor	Nebraska Reemployment Services and Eligibility Assessments (RSEA) Evaluation	023-0004-2020	9/30/2020	9/30/2022
NE Dept of Motor Vehicles	Driver License Vendor Request for Proposals	n/a	1/1/2017	6/30/2018
NE Dept of Motor Vehicles	Business Case for Motor Carrier Services System	128811	4/1/2019	12/31/2019
NE Dept of Motor Vehicles	Development of a Vendor Request for Proposals: Motor Carrier Services	139337	4/1/2021	3/31/2023
NE Dept of Motor Vehicles	BC Print on Demand Motor Vehicle Registration	149830	5/1/2023	9/30/2023
NE Dept of Motor Vehicles	2024 Updated Drivers License Service Center Report	165538	9/1/2024	12/31/2024
NE Dept of Natural Resources	DNR Consultation 2016-17	908	7/1/2016	6/30/2017
NE Dept of Natural Resources	DNR Consultation 2017-18	995	7/1/2017	6/30/2018
NE Dept of Natural Resources	DNR Consultation 2018-19	1061	7/1/2018	6/30/2019
NE Dept of Natural Resources	DNR Consultation 2019-20	1135	7/9/2019	6/30/2020
NE Dept of Natural Resources	DNR Consultation 2020-22	1135	7/1/2020	6/30/2022
NE Dept of Natural Resources	DNR Consultation 2022-24	1328	7/1/2022	6/30/2024
NE Dept of Natural Resources	Nebraska Floodplain Stakeholder Engagement	1353	12/12/2022	6/30/2023
NE Dept of Veterans' Affairs	Suicide Mortality Review Committee Data Management Plan and Statutory Data Report	172508	1/1/2026	9/30/2026
NE Emergency Management Agency	Citizen & Medical Reserve Corps Coordination 2015-16	74631	9/1/2015	8/31/2016
NE Emergency Management Agency	Developing Nebraska's Homeland Security Planning Capacity 2015-16	89137	9/1/2015	8/31/2016
NE Emergency Management Agency	Developing Nebraska's Homeland Security Planning Capacity 2016-17	92903	9/1/2016	2/28/2018
NE Emergency Management Agency	Citizen & Medical Reserve Corps Coordination 2016-17	90959	9/1/2016	8/31/2017
NE Emergency Management Agency	State Emergency Response Commission Facilitation 2016-17	95071	10/1/2016	9/30/2017
NE Emergency Management Agency	Nebraska Citizen Corp Council Retreat 2017	n/a	2/1/2017	6/30/2017
NE Emergency Management Agency	Countering Violent Extremism	94263 (EMW-2016-CA-00291 prime)	8/1/2017	7/31/2019

State Agency	Project Title	Contract #	Start Date	End Date
NE Emergency Management Agency	Developing Nebraska's Homeland Security Planning Capacity 2017-18	111022	9/1/2017	8/31/2018
NE Emergency Management Agency	Citizen & Medical Reserve Corps Coordination 2017-18	108040	9/1/2017	8/31/2018
NE Emergency Management Agency	State Emergency Response Commission Facilitation 2017-18	111023	10/1/2017	9/30/2018
NE Emergency Management Agency	Citizen & Medical Reserve Corps Coordination 2018-19	125232	9/1/2018	8/31/2019
NE Emergency Management Agency	Developing Nebraska's Homeland Security Planning Capacity 2018-19	126371	9/1/2018	8/31/2019
NE Emergency Management Agency	State Emergency Response Commission Facilitation 2018-19	127243	10/1/2018	9/29/2019
NE Emergency Management Agency	Volunteer Agency Liaison	129744	4/29/2019	6/30/2019
NE Emergency Management Agency	Citizen & Medical Reserve Corps Coordination 2019-20	131341	9/1/2019	8/31/2020
NE Emergency Management Agency	State Emergency Response Commission Facilitation 2019-20	132139	10/1/2019	9/30/2020
NE Emergency Management Agency	Citizen & Medical Reserve Corps Coordination 2020-21	n/a	9/1/2020	8/31/2021
NE Emergency Management Agency	NEMA/TAG Stakeholder Survey	n/a	9/1/2020	9/30/2022
NE Emergency Management Agency	SLIGP FirstNet Nebraska Public Safety Broadband Working Group Facilitation and Support	n/a	9/1/2020	3/31/2021
NE Emergency Management Agency	Citizen & Medical Reserve Corps Coordination 2021-22	n/a	9/1/2021	8/31/2022
NE Emergency Management Agency	Nebraska Domestic Violent Extremism Prevention Project	n/a	10/1/2021	8/31/2023
NE Emergency Management Agency	Update Nebraska's State Homeland Security Strategy	n/a	8/1/2023	1/31/2024
NE Emergency Management Agency	2024 Nebraska Tornados Crisis Counseling Program ISP	DR-4778	5/3/2024	8/31/2024
NE Emergency Management Agency	Nebraska Domestic Violent Extremism Prevention Project 2.0	168165	1/1/2025	8/31/2025
NE State Patrol	Hazardous Device Team Governing Group (HDTGG) 2018 Workshop	n/a	9/1/2018	9/30/2018
NE State Patrol	Executive Protection Detail & Nebraska Information Analysis Center (NIAC) Consultation 2019-20	86728 O4	7/1/2019	6/30/2020
NE State Patrol	Executive Protection Detail & Nebraska Information Analysis Center (NIAC) Consultation 2020-21	92023 O4	7/1/2020	6/30/2021
NE State Patrol	Executive Protection Detail & Nebraska Information Analysis Center (NIAC) Consultation 2021-22	n/a	7/1/2021	6/30/2022
NE State Patrol	Executive Protection Detail & Nebraska Information Analysis Center (NIAC) Consultation 2022-23	100747 O4	7/1/2022	6/30/2023

State Agency	Project Title	Contract #	Start Date	End Date
NE State Patrol	Executive Protection Detail & Nebraska Information Analysis Center (NIAC) Consultation 2023-24	100747 O4	7/1/2023	6/30/2024
NE State Patrol	Executive Protection Detail & Nebraska Information Analysis Center (NIAC) Consultation 2024-25	165818	9/1/2024	6/30/2025
NE State Patrol	Executive Protection Detail & Nebraska Information Analysis Center (NIAC) Consultation 2025-26	170717	7/1/2025	6/30/2026
Nebraska Environmental Trust	Round Table Facilitation and Support	137082	8/1/2020	11/30/2020
Nebraska Environmental Trust	Five Year Review Facilitation	172105	10/27/2025	12/5/2025

f. Bidder's Employee Relations to State

No Parties named in this solicitation have been an employee of the state within the past twenty-four (24) months.

g. Contract Performance

No NUPPC contracts have been terminated for default for the past 10 years.

One NUPPC contract has been terminated for convenience, non-performance, non-allocation of funds, or other reasons in the past 10 years (Table 2).

Table 2. State of Nebraska contracts terminated past ten years

State Agency	Project Title	Contract #	Begin Date	End Date	Reason for Early Termination
NE Dept of Health and Human Services Division of Behavioral Health 301 Centennial Mall South, Lincoln NE 68509	DHHS Drug Prevention Plan and Summit	111548 O4	12/1/2024	3/24/2025	Termination for non-allocation of funds. The State's federal Substance Abuse Prevention and Treatment Block Grant award (B08TI083954) funding this project was terminated by federal Stop Work Order 3/24/2025. As a result, NUPPC's contract was ended by Stop Work Order from the State effective 3/24/25 (original end date was 9/29/2025).

h. Summary of Bidder's Corporate Experience

NUPPC has extensive experience with projects similar in size, scope, and complexity to the Solicitation project. The three projects in Table 3 will serve as examples, and narrative descriptions of these three projects follow. No part of the projects described below were performed by subcontractors.

Table 3. Summary Matrix of Bidder's Experience

Name of Project	Project Funder	Time Period of Project
Assessment to Inform Awareness Campaign	Nebraska Councill on Developmental Disabilities	1/1/2025 – 12/31/2025
Mental Health Expansion Pilot Project (LB150)	Nebraska Commission on Law Enforcement and Criminal Justice (aka Nebraska Crime Commission)	09/19/2025 to 08/31/2026
Evaluation of State Opioid Response IV Grant	Nebraska Dept of Health and Human Services	9/30/2024 – 9/29/2027

Narrative Project Descriptions

Example 1: Employer Perspectives on Developmental Disability Employment (NCDD)

a) Time period of the project: 01/01/2025 to 12/31/20205

b) Scheduled and Actual Completion Dates: Scheduled Completion Date: 12/31/2025; Actual Completion Date 12/19/2025 (due to University holiday closure schedule)

c) Responsibilities: NUPPC worked closely with NCDD staff to develop assessment processes and documents to meet the needs of NCDD. The aim of assessment activities was to gather employer input on employing persons living with intellectual or developmental disabilities, including input on supported employment approaches. The Council wanted to build an awareness campaign based on project findings. This process included several components:

- Regular meetings between NCDD and DHHS representatives and NUPPC. NUPPC met quarterly with NCDD to gather information and coordinate planning activities.
- Submit quarterly progress reports. NUPPC submitted quarterly progress reports to NCDD, so that NCDD was informed of all ongoing and completed project activities.
- Form a planning group. This planning group provided guidance for the assessment process, including identifying appropriate topics and methods for employer input, and identifying partners to assist with employer engagement in the assessment process. NUPPC worked with NCDD to identify planning group members within 30

days of the contract start date. This group met four (4) times over the course of the project. NUPPC organized virtual and in-person meetings, developed meeting agendas, and prepared official meeting notes. Planning group meetings focused on the following:

    a. Review of relevant background information
    b. Discussion of assessment questions and priorities for information to be collected
    c. Review of draft assessment materials (survey), and planning for effective and appropriate data collection methods
    d. Discussion of survey findings, and planning of additional assessment methods (key informant interviews)
    e. Review of integrated findings (report), and planning next steps

- Develop and implement methods to gather employer input. NUPPC worked with the planning group to identify and implement methods for stakeholder input. Online surveys and interviews with key informants were used to collect input about current employer opinions and awareness about employing persons living with developmental disabilities.
- Analyze and report on employer input. NUPPC gathered and analyzed results of employer input and constructed an easy-to-understand presentation to share with the planning group. This information is being used by NCDD to inform development of an awareness campaign.
- Draft report written report. NUPPC completed a report based on input from employers and the planning group. A draft was shared with the planning group for review and development of recommendations, and then finalized.

All activities were subject to planning group consideration, who greatly informed not only protocol development but recommended people to participate in the qualitative data collection efforts. This advisory group included Vocational Rehabilitation, service providers, advocacy groups, policy experts, and parent advocates. The group met from April to November 2025. They helped set the goals, provided insight into survey design, informed the interview questions, suggested interview participants, and reviewed the findings.

Data collection utilized a mixed-methods approach. A statewide survey of employers, service providers, and advocates was launched and analyzed. Key informant interviews were conducted virtually with stakeholders and partners. Interviews were conducted with employers, advocates, and employed individuals with intellectual or developmental disabilities.

d) Customer Name:

Kristen Larsen, Executive Director
Nebraska Council on Developmental Disabilities
Division of Public Health
Nebraska Department of Health and Human Services
Kristen.Larsen@nebraska.gov
Office: 402-471-0143
Fax: NCDD is not assigned a fax number

e) Prime Vendor or Subcontractor(s): NUPPC served as the Prime Vendor for this contract.

Example 2: Mental Health Expansion Pilot Project (LB150)

a) Time period of the project: 09/19/2025 to 08/31/2026

b) Scheduled and Actual Completion Dates: Scheduled Completion Date: 8/31/2026, but work was completed 07/21/2026

c) Responsibilities: The Public Policy Center partnered with the Nebraska Commission on Law Enforcement and Criminal Justice (Nebraska Crime Commission) to facilitate a planning process for the LB150 Regional Mental Health Expansion Pilot. The pilot was intended to address challenges law enforcement face when placing adults in emergency protective custody (EPC), particularly in rural areas. Those challenges included limited mental health bed space, long distances to available facilities, officers taken out of service to transport individuals, and repeated medical assessments before admission. The planning process was designed to evaluate the pilot as written and to develop recommendations the state could act on.

Research activities were informed by a steering group that the Crime Commission convened and NUPPC facilitated. The steering group spanned state agencies, behavioral health authorities, service providers, and local law enforcement, and met four times across during the project. Working with members from the Crime Commission and Region 4 Behavioral Health System, the NUPPC team interviewed sheriffs and jail staff across six counties in Northeast Nebraska and paired those responses with a Crime Commission gap analysis on the intersection of the state's behavioral health and justice systems and the statewide crisis response the Division of Behavioral Health was planning.

The findings indicated that adding mental health beds to jails proved impractical regarding cost, liability, staffing, and the fact that Medicaid does not reimburse for services in a detention facility, leaving the counties to carry the burden of cost. These findings helped

inform development of recommendations, resulting in seven recommendations along with companion objectives in three core categories (training, services, and monitoring). Together the recommendations address the systemic, statewide nature of the problem, and the advisory group would carry that coordination beyond the life of the pilot.

d) Customer Name:

Christine Carlile, Director of Justice Programs
Nebraska Commission on Law Enforcement and Criminal Justice
Christine.Carlile@nebraska.gov
Office: 402-417-3673
Nebraska Crime Commission fax number: 402-471-2837

e) Prime Vendor or Subcontractor(s): NUPPC served as a subcontractor for this project. NUPPC performed 100% of our subcontracted data collection and analysis and other project responsibilities such as meeting facilitation. NUPPC conformed fully to the contracted timeline.

Example 3: Nebraska Naloxone Saturation Plan Update, as part of the Evaluation of State Opioid Response IV Grant (NE DHHS)

a) Time period of the project: 09/30/2024 to 09/29/2027

b) Scheduled and actual completion dates: Scheduled completion of the Naloxone Saturation Plan Update is September 29, 2026

c) Responsibilities: Update the Nebraska Naloxone Saturation Plan; conduct a scoping review of the literature to identify best practices in estimating saturation, analyze data specific to opioid use and naloxone distribution in Nebraska, assess data collected through program performance assessments and surveys to understand facilitators and challenges to naloxone distribution and use, provide a comprehensive plan with recommendations for continuous improvement.

Additional responsibilities for other activities under the project are to:

- Collaborate and coordinate evaluation activities with the SOR team at DHHS-DBH and project partners. This includes regular communication, meeting attendance, communication with the federal grant project officer, and the provision of technical assistance on all evaluation matters.

• Serve as the Project Data Coordinator; manage the collection and submission of all required measures of project outcomes, client level data, and submission of all required data in SPARS and to the funder (SAMHSA)

• Support the project and partners in client level data collection; provide training and technical assistance, collect and review data to ensure quality and accuracy, and monitor all data collection timelines.

• Conduct a project performance assessment every six months; collect qualitative data through interviews and focus groups with project partners to document the successes, challenges, and lessons learned in the project and report findings to inform continuous improvement.

• Complete the 6- and 12-month programmatic progress reports to meet federal reporting requirements; provide a comprehensive evaluation report at the end of the 3-year project that includes measures of change in Continuous Quality Improvement measures.

• Conduct a Needs Assessment related to the project; collecting and analyzing statewide data, completing a scoping review of the literature, reporting all results to inform the direction of this and future SOR projects.

d) Customer name:

Keenan Cotton, Prevention Administrator
Division of Behavioral Health
Nebraska Department of Health and Human Services
Keenan.Cotton@nebraska.gov
Office: 402-471-7750
Division of Behavioral Health fax number: 402-742-8314

e) Prime Vendor or Subcontractor(s): Work performed under a grant subaward. As the evaluation subgrantee, we performed 100% of the evaluation work.

i. Summary of Bidder's Proposed Personnel / Management Approach

NUPPC employs a team approach to project management that enables us to provide breadth and depth of expertise tailored to the specific needs of the client. Continuity is assured through the leadership of the Project Lead, Dr. Kurt Mantonya, Senior Research Manager, who is responsible for all aspects of the project, progress, and product delivery; Dr Stacey Hoffman, Senior Research Manager, will serve as co-lead. Dr. Mantonya has expertise in and will lead qualitative evaluation methodologies. Dr. Hoffman has expertise

in and will lead quantitative evaluation methodologies, including use of programmatic data and survey development. Both are experienced with including multiple interest holders in planning processes, creation of clear and understandable products to disseminate evaluation results, and revision of various state plans. Ms. Ashley Miller, Senior Research Specialist, and Mr. Grant Van Robays, Research Specialist, will assist Drs. Mantonya and Hoffman. Ms. Miller and Mr. Van Robays both have experience with qualitative and quantitative data collection and analysis, report writing, and meeting facilitation and support, and have the skills and experience to carry out the required project tasks. If any changes in personnel are warranted at some point during the project, these changes will be implemented only after written approval from the State. Please see resumes included in Attachment B.

j. Subcontractors

Not applicable. NUPPC does not intend to subcontract any part of its performance for this project.

2. TECHNICAL RESPONSE

a. Understanding of the Project Requirements

Project Background

The Nebraska Olmstead Plan, created in 2020, and revised in 2023, sets out the State's strategy for people with disabilities to live, learn, work, and enjoy life in integrated settings. The Plan contains seven goals related to the plan articulated by Nebraska that are indicators of success: Access to community-based services, safe and affordable housing, reception of services in appropriate settings, equitable education and employment opportunities, affordable and accessible transportation, data driven service and support and accountability across systems, and support from a high-quality workforce.

The Nebraska Department of Health and Human Services (DHHS) issued a Request for Proposals for Services Contract (125999 O3) for an evaluation and technical assistance in developing revisions to the Nebraska Olmstead Plan. NE DHHS requests the evaluation identify program successes, barriers to Plan implementation, and recommendations for revision to the Plan. Our evaluation will take a mixed-methods approach, combining qualitative and quantitative assessment of outcomes and benchmarks. Evaluation results will be considered in recommending updates to the Plan, and technical assistance provided to the Olmstead advisory committee to implement the recommendations as concrete revisions to the Plan.

Scope of Work

NUPPC will undertake several tasks, which are detailed further in other parts of this submission. Tasks we will perform, along with sections containing additional details, are:

1. Develop an evaluation plan. NUPPC has extensive experience developing evaluation plans and conducting evaluations. See Section 1.d.1: Detailed Project Work Plan: Data Collection and Evaluation Plan, and Table 4: Project Timeline. See also Attachment A, responses to questions 1, 3, 6, and 8, for descriptions of past experience.

2. Conduct interviews and focus groups. NUPPC regularly uses qualitative methods such as interviews and focus groups when conducting evaluations. See Section 1.d.1: Detailed Project Work Plan: Data Collection and Evaluation Plan, and Table 4: Project Timeline. See also Attachment A, responses to questions 1, 2, 3, 6, and 8, for descriptions of past experience conducting interviews / focus groups with program staff, partners, and interest holders to identify successes, systemic challenges, and opportunities.

3. Provide draft Plan Evaluation Report. NUPPC writes evaluation reports for nearly all of our evaluations and provides drafts to funders for review and feedback prior to finalizing the report. See Section 1.d.2: Detailed Project Work Plan: Olmstead Plan Evaluation Report, and Table 4: Project Timeline. See also Attachment A, responses to questions 4 and 7, for descriptions of past report development processes and sample reports.

4. Provide a report on progress toward goals of the current Olmstead Plan, and recommended changes or revisions to the Plan. We have experience evaluating progress toward goals, and developing recommendations based on evaluations. See Section 1.d.5: Detailed Project Work Plan: Summary of Technica Assistance and Final Recommendations for Plan Revisions, and Table 4: Project Timeline. See also Attachment A, responses to questions 1, 3, and 6, for work with project partners to evaluate and develop recommendations for strategic plans.

5. Develop a communication plan and supporting materials. NUPPC is experienced in developing communications plans and materials to disseminate evaluation findings. See Section 1.d.3: Detailed Project Work Plan: Communications Plan and Supporting Materials, and Table 4: Project Timeline. See also Attachment A, response to question 7, for examples of dissemination products.

6. Provide technical assistance to DHHS and Olmstead advisory committee in making recommended changes and revisions to the plan. NUPPC regularly works with project partners to update or revise state or organizational plans. See Section 1.d.4: Detailed

Project Work Plan: Olmstead Plan Revision Recommendation Draft Language, and Table 4: Project Timeline. See also Attachment A, response to question 5, for an example of how we work with project partners / advisory committees to draft language for revisions to state plans.

7. Attend and facilitate meetings as determined by NE DHHS staff. Meeting facilitation is a frequent task to accomplish our evaluation and strategic planning work. See the end of Table 4: Project Timeline for anticipated attendance at Olmstead advisory committee meetings. Meetings are also expected to take place as we gather input into various parts of the project, including for the work to be completed for all five deliverables detailed in Section 1.d: Detailed Project Work Plan. Examples of how we work with project partners are described in Attachment A, responses to questions 2, 3, 5, 6, and 8.
8. Participate in monthly coordination touch-base meetings with NE DHHS. Meeting monthly with funders is a regular part of our project operations. See the end of Table 4: Project Timeline for anticipated monthly meetings with NE DHHS staff.

b. Proposed Development Approach

NUPPC typically uses a participatory evaluation approach. Participatory evaluation is a collaborative approach where program staff, community members, and interest holders actively engage in designing, conducting, and interpreting project assessments. This approach empowers those most impacted by policies to shape evaluation questions and use the results. NUPPC evaluators utilize this input to shape the data collection, analysis, interpretation of results, and development of recommendations from the evaluation.

The University of Nebraska Public Policy Center (NUPPC) will develop an evaluation plan, including the collection and monitoring of evaluation indicators, providing updates on activities and assessments completed. We will develop survey and assessment tools to identify successes, barriers to progress, and recommended revisions, while providing technical assistance to NE DHHS and the Olmstead advisory committee throughout the revision process. We will produce succinct, usable documentation, working collaboratively with NE DHHS partners on planning and evaluation. Dr. Stacey Hoffman and Dr. Kurt Mantonya will lead the NUPPC team, which will include members familiar with the required methodologies.

NUPPC will submit the Evaluation Plan to the University of Nebraska Institutional Review Board (IRB) for a determination on whether this evaluation will be considered human subjects research. If determined to be human subjects research, NUPPC will submit the

evaluation procedures for IRB approval. Regardless of determination, NUPPC will provide HIPAA compliant consent forms and use de-identified data for all participant-level data to protect privacy. All individuals in a position to obtain consent from participants will be trained.

NUPPC will achieve this through implementation of the work plan which includes all required components: evaluation design, data collection and completion of an evaluation report, evaluation dissemination, technical assistance to convert evaluation recommendations to concrete revisions to the Olmstead Plan, and a final report containing recommended structural or language changes to the Nebraska Olmstead Plan. See Section 2d Detailed Project Workplan.

c. Technical Requirements

See Attachment A.

d. Detailed Project Work Plan

NUPPC will work closely with NE DHHS to evaluate the Olmstead Plan, make change recommendations, and develop a revision strategy. Work will be organized around the five deliverables identified in the RFP. Across all five, NUPPC will attend and facilitate meetings with program staff, partner agencies, and stakeholders as determined by NE DHHS, complete a monthly touch-base with NE DHHS to share insights and progress, and provide technical assistance for recommended plan changes and revisions.

1. **Data Collection and Evaluation Plan.** In consultation with NE DHHS staff, NUPPC will develop an evaluation plan including the collection and monitoring of evaluation indicators, updates on activities and assessments completed, and survey and assessment tool development and revision. NUPPC will then conduct interviews and focus groups with program staff, partners, and stakeholders to evaluate plan successes, systemic challenges, and opportunities for plan revision, covering all seven goals of the Plan. Interview / focus group protocols will be informed by the survey that will be completed as part of the activities for Deliverable 2. Interviews / focus groups will initially be scheduled with persons identified by NE DHHS; we will then use a snowball sampling method, asking interview / focus group participants to suggest others we should interview. These additional names will be shared with NE DHHS for approval prior to scheduling additional interviews / focus groups. Interview / focus group discussions will be recorded and transcribed with participants' permission.

Transcriptions will be analyzed and results included in the Evaluation Report (Deliverable 2).

2. **Olmstead Plan Evaluation Report.** NUPPC will work with NE DHHS to develop surveys and other assessment tools to collect additional information to complete the Evaluation Report beyond the interviews / focus groups included in Deliverable 1. Activities to produce the report include:

   a. Reviewing and analyzing program records and subrecipient reports

   b. Analyzing strategic plan goals and reporting on progress

   c. Collecting outcome and performance measures via surveys and existing programmatic data. Performance measures utilizing existing data will be monitored and reports produced periodically throughout the project (anticipated to be quarterly, but timing will be coordinated with NE DHHS). The survey will be delivered in multiple formats (online, paper, etc.) to ensure accessibility. Survey results will be used to revise and finalize interview / focus group questions (Deliverable 1).

   Results from the above items plus the interviews / focus groups will be incorporated into the Evaluation Report, and used to develop draft recommendations for Olmstead Plan revisions that will inform development of draft language in Deliverable 4. NUPPC will provide a draft Evaluation Report to DHHS for consultation and coordinated revisions prior to submission of the final report on or before May 1, 2028.

3. **Communications Plan and Supporting Materials.** In consultation with NE DHHS, NUPPC will develop a communications plan and supporting materials to disseminate evaluation findings. Supporting materials could include success stories, presentations, infographics, fact sheets, and impact statements. The communications plan will be finalized and delivered to NE DHHS on or before July 1, 2028. After the communications plan is finalized and approved by NE DHHS, we will develop the supporting communications materials. We will present the evaluation and its results to various interest holder groups as requested and in consultation with NE DHHS. All communications materials will be delivered to NE DHHS by the end of the project period, for use as NE DHHS deems appropriate.

4. **Olmstead Plan Revision Recommendation Draft Language.** NUPPC will provide technical assistance to NE DHHS and the Olmstead advisory committee in making recommended changes and revisions to the Plan, facilitating a process to develop language for the recommended revisions identified through the evaluation Deliverable 2. This may require scheduling meetings in addition to the quarterly meetings of the advisory committee. NUPPC will develop agendas and materials for these meetings.

5. **Summary of Technical Assistance and Final Recommendations.** NUPPC will prepare a summary of technical assistance meetings and minutes, and a final report summarizing the strategic plan analysis and recommended structural or language changes for NE DHHS to provide to the Legislature. Recommendations will be based on results of the evaluation (Deliverables 1 & 2) and on discussion by the Olmstead advisory committee of these evaluation results, along with specific changes identified by the advisory committee (Deliverable 4). The final recommendations report, as well as a summary of the technical assistance meetings, will be provided to NE DHHS by the end of the contract period.

6. **Meetings with NE DHHS and Olmstead Advisory Committee.** NUPPC plans to meet monthly with DHHS to report on project progress and receive input on project activities. NUPPC will also attend the quarterly meetings of the Olmstead advisory committee.

Please see Table 4 for a detailed timeline. Meetings required for project completion are included at the end of the table after the activities to complete deliverables.

Table 4. Project Timeline

Deliverable	**Project Month**																							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**
Deliverable 1: Data Collection and Evaluation Plan																								
1.i Evaluation plan																								
Develop & finalize evaluation plan with NE DHHS	**X**	**X**	**X**																					
1.ii Interviews and focus groups																								
Draft initial protocols	**X**	**X**	**X**																					
Finalize protocols informed by survey results									**X**															
Schedule initial dates & send invitations									**X**	**X**	**X**													
Conduct initial interviews/focus groups										**X**	**X**	**X**												
Schedule and conduct new interviews based on snowball sampling											**X**	**X**												
Analyze interviews/focus groups													**X**	**X**	**X**									
Deliverable 2: Olmstead Plan Evaluation Report																								
2.i Review records and subrecipient reports																								

Deliverable	Project Month																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Receive records & reports from NE DHHS				X																				
Analyze records & reports					X	X	X	X	X															
2.ii Provide Draft Plan Evaluation Report to NE DHHS																								
Write draft recommendations based on evaluation inputs															X									
Review recommendations with NE DHHS and finalize for use in evaluation report																X								
Write draft report													X	X	X	X								
Submit draft to NE DHHS																	X							
Incorporate NE DHHS feedback & finalize report																		X						
Deliver report to NE DHHS by May 1, 2028 (project month 21)																			X					
2.iii Strategic plan analysis & recommended revisions																								
Review strategic plan											X	X												
Analyze progress toward goals												X	X	X	X									
Use all evaluation inputs to develop recommended revisions															X	X								
2.iv Outcome and performance measure monitoring and reporting																								
Develop performance indicator report format for programmatic data				X																				
Receive programmatic data from NE DHHS (quarterly or as coordinated with NE DHHS)				X			X			X			X			X			X			X		
Deliver regular performance indicator reports to NE DHHS					X			X			X			X			X			X			X	
Schedule survey data collection				X																				
Develop multiple survey formats for accessibility				X	X																			

Deliverable	Project Month																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Distribute survey & collect data					X	X	X																	
Analyze survey data							X	X	X	X														
Deliverable 3: Communications Plan and Supporting Materials																								
3.i Develop communications plan supporting materials																								
Develop communications plan in collaboration with NE DHHS																	X	X	X					
Finalize and deliver communications plan by July 1, 2028 (project month 23)																			X					
Develop supporting communications materials																			X	X	X	X	X	
Provide presentations as needed																				X	X	X	X	
Deliver all materials to NE DHHS																							X	
Deliverable 4: Olmstead Plan Revision Recommendation Draft Language																								
4.i Provide TA to DHHS and advisory committee on plan changes / revisions																								
Develop meeting agendas																		X	X	X	X	X	X	
Develop meeting materials, including structuring discussion of recommended changes																		X	X	X	X	X	X	
Facilitate meetings																			X	X	X	X	X	
Deliverable 5: Summary of Technical Assistance and Final Recommendations																								
5.i TA meeting summaries and minutes																								
Provide TA meeting summaries & minutes to NE DHHS																				X	X	X	X	X
5.ii Final report on revisions to Olmstead Plan																								
Draft report on Olmstead Plan revisions																					X	X		
Revise report																							X	
Finalize report and deliver to NE DHHS																								X

Deliverable	Project Month																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
6. Meetings with NE DHHS and Olmstead Advisory Committee																								
Quarterly Advisory Committee Meetings[1]			X			X			X			X			X			X			X			X
Monthly touch-base with DHHS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

e. Deliverables and Due Dates

Between September 2026 and August 2028, the NUPPC will design and implement a rigorous evaluation of the Nebraska Olmstead Plan, disseminate information from that evaluation, and provide technical assistance and final recommendations to NE DHHS for Plan revision. This process will produce the following key deliverables on or before their due dates:

- Deliverable 1. Evaluation Plan: Within 90 days of the project start date
- Deliverable 2. Evaluation Report: May 1, 2028
- Deliverable 3. Communications Plan: July 1, 2028
- Deliverable 4. Technical Assistance meetings complete: before final day of the contract
- Deliverable 5. Final Recommendations and Technical Assistance Summary: Final day of contract (anticipated to be August 31, 2028)

[1] Meetings dates are subject to the advisory committee schedule.

Attachment A
Technical Requirements
RFP 125999 O3
Nebraska Olmstead Plan Evaluation

1. Provide a narrative of the bidder's experience evaluating state Olmstead plans or similar, including the use of quantitative and qualitative methods as well as using continuous quality improvement approaches or processes to achieve better results.

NUPPC frequently uses quantitative and qualitative methods to inform planning, often in the context of strategic plan development. This includes providing external evaluation services for the Nebraska State Opioid Response (SOR) project in partnership with the Nebraska Department of Health and Human Services Division of Behavioral Health. Our current scope of work for this project includes evaluating and revising the Nebraska State Naloxone and Distribution Saturation Plan from 2023 ("2023 Plan"). Naloxone Saturation and Distribution plans serve as a central component of public health strategy related to the widespread accessibility and availability of opioid overdose reversal medication at opioid-related witnessed overdoses. Having naloxone in the hands of those most likely to experience or witness an opioid overdose is critically important to reducing premature loss of life and promoting a healthy population.

Naloxone saturation and distribution plans are multifaceted, requiring a comprehensive approach to evaluation, for which we utilized a mixed-methods approach. Our team identified best practices from existing literature for the calculation of "naloxone saturation" for various types of opioid epidemics (i.e. Fentanyl, Fentanyl/Prescription, Heroin, etc.). We then conducted a thorough landscape analysis of opioid misuse and opioid overdose trends in both the United States and Nebraska using quantitative methods to identify the type of epidemic in Nebraska and the quantity of Naloxone needed to reach saturation metrics.

While estimated naloxone volume provides an important measure of need, it does not fully capture where naloxone should be distributed or which populations are most likely to benefit. Guided by the literature and informed by engagement with project partners, this assessment combined quantitative and qualitative methods to identify priority naloxone distribution needs, public access points, and pharmacy accessibility across Nebraska. Qualitative and quantitative methods included performance assessment interviews with State Opioid Response project partners, mixed-methods surveys regarding Opioid Settlement funding and ongoing opioid-related needs, and six regional focus groups (one in each Behavioral Health Region) to discuss preliminary findings,

provide regional context, and identify additional priorities. Evaluation activities assessed existing services, identified service gaps, and gathered regional and statewide public health data. Together, these methods highlighted significant statewide progress toward 2023 Plan goals while identifying opportunities to further strengthen Nebraska's naloxone distribution strategy.

The 2026 plan integrated these robust sources of information (quantitative data analysis, mixed-methods surveys, qualitative focus groups, performance assessment interviews, and other statewide, opioid-related initiatives) from a broad range of project partners to provide an updated picture of the naloxone saturation needs for Nebraska. The evaluation findings were integrated into existing methodologies to support continuous quality improvement and inform ongoing planning and implementation efforts. This work is comparable to statewide strategic planning initiatives, such as for the Olmstead Plan, that require assessing current conditions, engaging partners, and using evidence to inform future priorities.

2. Describe the bidder's experience evaluating partnerships, including identifying partners and stakeholders not currently represented.

The NUPPC regularly engages multiple partners to accomplish project goals. This frequently involves facilitating discussions about which interest holders or impacted populations may be absent from the table at the beginning of a project. This includes recent work for the Nebraska Council on Developmental Disabilities; several projects for Nebraska's Maternal, Infant, and Early Childhood Home Visiting programs; planning processes for Nebraska's Office of Emergency Health Systems; and suicide prevention projects funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), and by the Centers for Disease Control and Prevention (CDC).

Evaluation of a current suicide prevention project funded by the CDC provides an example of a formal evaluation of project partnerships. CDC requires this project to have a multi-sectoral partnership plan that is updated annually. We examine indicators of the partnership process as well as short- and intermediate-term outcomes. We track the number of both continuing and new partners, their type of organization, and describe how each partner has engaged with the program in the past year. We also examine whether and how the involvement of ongoing partners has changed across the years of the project. Each year, NUPPC evaluators review with project staff and the advisory committee the goals of the partnership plan, progress toward the goals, and engagement of new partners (both planned engagement, and new partnerships that had

not been part of the plan). NUPPC evaluators then facilitate discussion of how partnership plan goals were and were not achieved; this discussion leads to development of new goals and objectives for the upcoming year and are included in the partnership plan for the upcoming year.

3. Provide a narrative of the bidder's experience with evaluating the quality and implementation of strategic plan objectives and activities (e.g., state cancer plan, organizational strategic plan).

The NUPPC facilitated a strategic and action planning session with Nebraska State Historical Society (NSHS) senior staff to assess organizational strengths, to envision the agency's future, and to develop three actionable SMART (Specific, Measurable, Achievable, Relevant, Time-Bound) goals. NSHS was asked to describe its strengths, successes, and the conditions that produced them. That assessment generated three organizational priorities. Upon completion of the first strategic planning session, the group agreed to reconvene four months later to discuss goals and monitor progress.

NUPPC helped the agency write three SMART goals, one for each priority. Each goal had a measure, product, and target dates for implementation and completion. A plan to monitor progress and report on results and activities was also created. Goal 1 sought to determine employee engagement using the Gallup Q12 survey. Goal 2, master planning, set a completion of an agency-wide master plan to guide future decision-making. Finally, Goal 3 was the development of a comprehensive database of stakeholders and partners.

A four-month follow-up meeting was held with the same NSHS senior staff. The primary purpose was to review, revise, and plan the implementation of the existing SMART goals. A secondary, but crucial, focus of the meeting was to advance the ongoing effort to update the NSHS vision statement. NUPPC facilitated discussion with NSHS senior staff about the original goals, progress toward those goals, and discussion of whether any mid-course corrections were needed. This process identified some changes that were then put into place by NSHS. Where the initial deadline was no longer realistic, it was reset. Where implementation pointed to a better purpose, goals were reframed. The employee engagement goal, for example, was reframed toward involving all staff, with a Gallup survey folded into annual reviews.

This planning work also included a conversation about whether NSHS should have two vision statements: one presenting an externally focused outlook and another directed

internally to the NSHS workforce. Senior staff worked together to develop these two versions of vision statements.

4. Describe how the bidder proposes to produce evaluation reports using existing and programmatic data. Provide an example of reports completed for previous work.

NUPPC will work with NE DHHS to identify existing programmatic data that is relevant to the evaluation; NE DHHS likely already knows which information to include. Depending on the nature of the programmatic data, a data sharing agreement may be needed; we regularly receive data from project partners and utilize standard processes to securely transfer and store data. We will examine the data and bring any questions we have about the information to NE DHHS; we will also have questions about how the data is gathered and/or where it comes from so that we more fully understand the information.

NUPPC has extensive experience incorporating existing and programmatic data into evaluations. A recently completed evaluation for the NE DHHS Office of Emergency Health Systems exemplifies this approach. The Nebraska Automated External Defibrillator (AED) Initiative received funding from the Helmsley Foundation to place user-friendly AED in law enforcement vehicles and train law enforcement officers to use the AED. The ultimate aim of this project was to reduce heart attack deaths, particularly in rural areas. Our evaluation relied in part on data contained in the Electronic Nebraska Ambulance Rescue Service Information System (eNARSIS), and on data sent by the AEDs to the vendor during their use, to which we were given access. Data from eNARSIS included the years the program operated, and also a comparable time period (3 years) immediately prior to the start of the program, thus enabling a quasi-experimental design for this portion of the evaluation.

The final evaluation report was provided to the Helmsley Foundation, who conveyed to OEHS positive feedback on the report. For successful use of this programmatic data, NUPPC evaluators worked with OEHS staff to thoroughly understand the data. OEHS provided a data dictionary to assist this process, and we clarified definitions of a few of the data fields. We also discussed the process of data collection and data entry, to more fully understand what the data could tell us and its limitations. We understand that the use of programmatic data is more than receiving data, running the data through analytic software, and reporting the results of the analyses. Use of existing programmatic data can provide rich information when evaluators make the effort to fully understand what the information represents.

See Appendix to Attachment A: Example Products for the Nebraska Automated External Defibrillator Initiative Evaluation Report.

5. Provide a narrative of how the bidder will work with NE DHHS to provide technical assistance and support the revision of the Olmstead plan. The bidder may provide an example of previous work.

NUPPC is regularly engaged by our project partners to use qualitative and quantitative evidence to inform development and/or revision of strategic plans and other types of plans. Our participatory evaluation approach extends to interpretation after data has been collected and analyzed. We will discuss preliminary results with NE DHHS and other project partners and request their input to assist in interpreting the meaning of results and developing recommendations for Olmstead Plan revisions. A final report of recommendations based on the evaluation findings and these discussions will be provided to NE DHHS by the end of the project.

To achieve this, NUPPC will work with NE DHHS to identify interest holders to serve on the Olmstead Plan Update Work Group, and/or we will utilize existing meetings of the Olmstead advisory committee. We will assist NE DHHS with organizing meetings of this workgroup and provide any needed logistics (virtual meeting platform, meeting invitations and agendas, etc.). We will facilitate work group meetings to review the Plan and discuss specific revisions, prioritizing areas needing to be strengthened that had been identified through the evaluation and prior discussions of recommended plan revisions. This often works best when work group members review the plan in sections, with an opportunity to review a section prior to a work group meeting and then discuss the section together. Our initial plan will be to organize the work group meetings in this manner, while being flexible to implement a different approach if needed. We will continue to work closely with NE DHHS during this process to support revision of the Olmstead Plan based on the evaluation and work group discussions.

We have recently completed a similar process supporting revision of the Nebraska Emergency Health and Medical Volunteer Plan. NUPPC worked with the NE DHHS Emergency Preparedness and Response Unit (EPRU) to identify plan update work group members representing a variety of interests, including from the Nebraska Emergency Management Agency (NEMA), multiple public health departments, and both the NE DHHS Licensure Unit and Division of Behavioral Health.

NUPPC scheduled meetings, sent each meeting agenda along with the section to be discussed at the next meeting, and facilitated work group meetings. For this process, we

shared a view of the plan and edited live (tracking changes in the plan) as discussion progressed. After each meeting, we reviewed changes and made any minor edits needed (such as spelling or punctuation not captured during discussion, and updates to acronyms needed throughout the document). A version with changes tracked and with changes accepted was then delivered to EPRU to finalize changes and ensure the plan proceeded through the NE DHHS formal review and acceptance process.

6. Describe the bidder's experience identifying systemic issues and developing inter-agency and statewide solutions.

In a large rural state such as Nebraska, it takes an inter-agency approach to develop statewide solutions. The NUPPC recently collaborated with the Nebraska Commission on Law Enforcement and Criminal Justice (Nebraska Crime Commission, NCC) on the LB150 Regional Mental Health Expansion Pilot to help create a solution to a systemic issue.

The Regional Mental Health Expansion Pilot Program Act, as written in Legislative Bill 150 § 1-5 and Nebraska Revised Statute § 47-1201 to 47-1205, cited challenges faced by law enforcement when placing individuals in Emergency Protective Custody (EPC) such as limited mental health bed space and distance to available facilities. As the administrator of the pilot, the NCC convened a steering group to lead the planning process for this pilot.

This steering group crossed several state agencies, service providers, and local law enforcement departments. It was made up of the Crime Commission, the Nebraska Department of Health and Human Services, Division of Behavioral Health (NDHHS-DBH) and Medicaid, Nebraska Probation System, local law enforcement, representatives from crisis service providers, and Regional Behavioral Health Authorities. NUPPC convened four hybrid meetings of this steering group throughout the project and documented progress.

NUPPC, through planning and meeting with the steering group, its subject matter expertise, and qualitative methodological approach, developed a protocol designed to address challenges and needs that could be met with the LB150 pilot, law enforcement’s awareness and use of crisis response resources, and perspectives on jail-based placement for individuals in emergency protective custody. To that end, the NUPPC team interviewed sheriffs and jail staff across six counties in Northeast Nebraska and analyzed the responses.

This information was paired with a gap analysis that the Crime Commission sponsored on the intersection of the state's behavioral health and justice systems as well as the statewide crisis response that the Division of Behavioral Health was planning. The data indicated that adding mental health beds to jails proved impractical regarding cost, liability, staffing, and the fact that Medicaid does not reimburse for services in a detention facility, leaving the counties to carry the burden of cost. These findings helped inform development of recommendations, resulting in seven recommendations along with companion objectives in three core categories (training, services, and monitoring).

LB150 tasked the Nebraska Crime Commission with administering a pilot for a county law enforcement agency to add mental health beds to a jail. NUPPC was instrumental in this process by carrying out data collection, synthesizing results, and reporting findings and recommendations based on those findings. The recommendations address systemic and statewide issues. Recommendations included an ongoing advisory group for agencies and organizations to continue beyond the life of the pilot project in making progress in addressing these issues.

7. Provide a narrative of the bidder's experience with creating documentation for disseminating results for a variety of audiences. This could include but is not limited to success stories, presentations, infographics, fact sheets, and health impact statements. Provide an example completed for previous work.

NUPPC has experience creating documentation to disseminate evaluation and research results for a wide array of audiences. We write comprehensive evaluation reports for our funders (and their funders). We create presentations for academic audiences. We design websites, fact sheets, and infographics to share information with project partners and with a general audience.

An example of our work disseminating data and results online is the Lincoln Vital Signs website, viewable here: https://www.lincolnvitalsigns.org/

Other examples of results dissemination documents are included in the Appendix to Attachment A: Example Products for:

1. Nebraska Automated External Defibrillator Initiative Evaluation Report
2. Participatory Research for Policy Development: Assessing Employer Perspectives on Developmental Disability Employment. Presentation at the Society for Applied Anthropology Annual Meeting.
3. Fact sheets:

a. Identification of Extremist Influence
b. Screening for the Presence of Extremist Influence

4. Infographics:
    a. Overall Data Card for All School Districts
    b. Nebraska Project Aware
    c. CCBHC: Lincoln

8. Describe bidder's experience with survey / assessment tool development and focus group design. The bidder may provide an example of previous work.

NUPPC frequently builds qualitative and quantitative instruments from the ground up, informed by the research needs of the project based on work plans, logic models, and previous projects. Central to the NUPPC methodology is a participatory approach that uses steering groups and advisory committees to provide background and expertise in question formation. NUPPC typically takes a strengths-based approach borrowed from Appreciative Inquiry, which builds on successes rather than deficits. At a minimum, we discuss with partners the overarching topics on which to collect information. We draft questions for review and request feedback from our project partners to ensure we have captured the information they consider important and seek feedback about question wording for varying contexts. Staff for this project are experts in both survey design and focus group protocol design. A project gathering employer feedback was completed in 2025 for the Nebraska Council on Developmental Disabilities exemplifies our approach to both survey design and interview / focus group design. NCDD wanted to know employer thoughts on hiring people with intellectual or developmental disabilities to build an awareness campaign directed at employers. NUPPC worked with a planning group that helped set goals, shape questions, and recommend recruitment processes.

For this project, we first formed a planning group to guide the project. Planning group members suggested by NCDD were invited first; at the initial meeting of the planning group we asked for members to identify who was missing around the table, which led to recruitment of two additional members. We facilitated the discussion of survey topics and questions the group believed to be important for the aim of the project, as well as what survey methods would be most effective for the population of employers.

For the second planning group meeting, NUPPC shared a draft survey ahead of time so that members would be able to come to the meeting with thoughts and ideas for discussion. Feedback during this meeting resulted in final revisions for the survey, as well as an effective survey distribution method. Questions in the survey included

employer demographic questions, closed-ended questions asking employers to indicate benefits and challenges to employing individuals with intellectual or developmental disabilities, and open-ended questions for employers to write suggestions about what they need to increase their ability and confidence in hiring and retaining individuals with intellectual or developmental disabilities.

The third meeting of the planning group focused on survey results, and use of those results to inform focus group questions. We were interested in knowing what survey information raised additional questions for planning group members, so that we could follow up on this information through focus groups. This meeting also covered methodology for recruiting focus group participants. During this discussion, planned focus groups turned into interviews. The final interview protocol was organized around six domains: strengths, challenges, reflections, support needs for employers, outreach, and awareness. Planning group members identified initial people to recruit for interviews; we also used snowball sampling and interview participants identified additional people to invite for interviews.

NUPPC integrated both survey and interview results into a comprehensive report. At its final meeting, the planning group used these results to identify both immediate (0 to 6 months) and intermediate-term (6 to 18 months) to be carried out by NCDD and other organizations.

See Appendix to Attachment A: Example Products for the report, From Barriers to Opportunity: Employer Perspectives on Inclusive Employment in Nebraska, including the survey and interview protocols in the report appendices.

Appendix to Attachment A: Example Products

Question 4 (Reports) & Question 7 (Dissemination Products)

1. Nebraska Automated External Defibrillator Initiative Evaluation Report (57 pages)

Question 7 (Dissemination Products)

2. Participatory Research for Policy Development: Assessing Employer Perspectives on Developmental Disability Employment. Presentation at the Society for Applied Anthropology Annual Meeting. (14 pages)
3. Fact sheets for violence and risk assessment professionals:
    a. Identification of Extremist Influence (2 pages)
    b. Screening for the Presence of Extremist Influence (1 page)
4. Infographics:
    a. Overall Data Card for All School Districts (2 pages)
    b. Nebraska Project Aware (1 page)
    c. CCBHC: Lincoln (1 page)

Question 8 (Report with Survey & Interview Examples)

5. From Barriers to Opportunity: Employer Perspectives on Inclusive Employment in Nebraska (41 pages)

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Nebraska Automated External Defibrillator (AED) Initiative

Final Program Evaluation Report

May 2025

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The University of Nebraska Public Policy Center is a university-wide, multidisciplinary research and outreach unit committed to addressing complex issues by linking academic research, stakeholder perspectives, and practical experience through innovative and creative solutions. Our mission is to link policy with research, process, and practice. We team with researchers, policymakers, and other stakeholders to actively inform public policy.

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Executive Summary

The Leona M. and Harry B. Helmsley Charitable Trust (Trust) is a global philanthropic organization with a primary focus on health-related institutions and efforts. The Trust recognizes cardiac events to be a "leading killer" throughout the United States. To reduce preventable cardiac deaths, the Trust set up the Automated External Defibrillator (AED) Initiative, which equips law enforcement with state-of-the-art AEDs.

The Nebraska Department of Health and Human Services Office of Emergency Health Systems (OEHS) received funding from the Trust to distribute over 2,600 AED devices to law enforcement agencies throughout Nebraska. In addition, OEHS partnered with the University of Nebraska Public Policy Center (NUPPC) to conduct a comprehensive evaluation of the Nebraska Automated External Defibrillator (AED) Initiative.

The evaluation presented in this report examines data from several databases, as well as input from law enforcement agencies participating in the program. Databases included the Nebraska electronic patient care reports (ePCR), as well as information from reports generated automatically upon use by program-issued AEDs, and site and device readiness reports compiled by Stryker (the AED vendor). Input from law enforcement was gathered through annual interviews and a one-time survey toward the end of the program. The evaluation focuses on information primarily from the first three years of program implementation.

During the program, there was greater use of AEDs prior to EMS arrival by first responders in out-of-hospital cardiac arrest (OHCA) cases, as well as in OHCA cases with cardiac etiology. First responders used AEDs in 79% of all cases with any AED use during the program. Nearly half (47%) of program-issued AED use occurred in rural communities; this is substantially higher than observed for non-program AED use by a first responder during the same time period, for which 26% of use cases were in rural communities. Use of program-issued AEDs increased steadily year-over-year.

For all OHCA cases, when controlling for possible confounds, the odds of first responder use of AEDs prior to EMS arrival were 56% higher during the program than before the program. This increased to 65% for OHCA cases of cardiac etiology. In addition, the odds of return of spontaneous circulation (ROSC) were 39% higher in OHCA cases with first responder use of AEDs, regardless of whether this occurred prior to or during the program. This increased to 53% for OHCA cases with cardiac etiology.

Law enforcement agencies provided input via interviews and a survey. Of survey respondents, 92% strongly agreed they would recommend participating in such a program to other law enforcement agencies. Interviews indicated there were some difficulties encountered, including initially connecting AED devices to Wi-Fi due to department firewalls; however, agencies were able to quickly receive assistance resolving these issues. Planning for device software updates that did not occur on a fixed schedule was mentioned as a challenge by some agencies.

Overall, results indicate that providing law enforcement with AED devices increases their use prior to EMS arrival, and that use of AED devices by first responders prior to EMS arrival increases patient survival. In addition, there is high satisfaction among participating agencies. The majority of agencies intend to find ways to continue funding use of the devices past the end of the program, although some will do so at a lower level (i.e., not equipping all cruisers with a device).

Introduction

Background

The Leona M. and Harry B. Helmsley Charitable Trust (Trust) is a global philanthropic organization with a primary focus on health-related institutions and efforts. The charitable trust began its active grantmaking in 2008, when the Trustees became responsible for deciding which charitable purposes to support under six primary program areas: Rural Healthcare, Type 1 Diabetes, Crohn's Disease, Israel, Vulnerable Children in Sub-Saharan Africa, and New York City.[1]

The rural healthcare program area relies on three key pillars to help ensure communities of the rural, upper Midwest have access to the highest quality healthcare. The Trust recognizes that these communities both "help feed the United States and the world" and often have needs related to the provision of healthcare. As such, the Trust has partnered with eight states (North Dakota, South Dakota, Nebraska, Wyoming, Minnesota, Iowa, Montana, and Nevada) to invest in telemedicine, fund programs that increase access to behavioral health services, and support hospitals and first responders to ensure they have the best equipment to treat their patients.[2]

The pillar associated with ensuring hospitals and first responders have the best equipment to treat their patients supported the Automated External Defibrillator (AED) Initiative. The Trust recognized cardiac events to be a "leading killer" throughout the United States. In response, the Trust sought to equip first responders with state-of-the-art AEDs.[3]

As part of this initiative, Nebraska received $6.4 million from the Trust for AEDs. The Nebraska Department of Health and Human Services (DHHS) oversaw the distribution of over 2,600 AEDs to law enforcement agencies, first responders, and state offices and facilities starting in 2021. These devices were initially distributed through to 24 in-person training sites where master trainers taught and refreshed CPR and AED skills. Additional training was provided through a training video available on the website of the device vendor. The AEDs selected for distribution feature technology that reduces pauses during CPR, therefore improving blood circulation and odds of survival. These devices can connect via Wi-Fi to send near real-time information about a patient's heart to emergency services, aiding in more effective post-event evaluation and care.[4]

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[1] *About Us.* (n.d.). Helmsley Charitable Trust. https://helmsleytrust.org/about/#hero-section

[2] *Rural Healthcare: Improving Access to Quality Healthcare in the Upper Midwest and Beyond.* (n.d.). Helmsley Charitable Trust. https://helmsleytrust.org/our-focus-areas/rural-healthcare/

[3] Panzirer, W., & Jelsing, C. (n.d.). *Ensuring Availability of Modern Equipment and Technology Wherever It Is Needed.* Helmsley Charitable Trust. https://helmsleytrust.org/our-focus-areas/rural-healthcare/ensuring-availability-of-modern-equipment-and-technology-wherever-it-is-needed/

[4] Nebraska Department of Health and Human Services. (May 17, 2021). *State Receives $6.4 Million from Helmsley Charitable Trust for Automated Defibrillator Devices* [Press release]. https://dhhs.ne.gov/Pages/State-Receives-6-4-Million-from-Helmsley-Charitable-Trust-for-Automated-Defibrillator-Devices.aspx#:~:text=Helmsley%20Charitable%20Trust%20has%20awarded,enforcement%20organizations%20throughout%20the%20state.

The Nebraska DHHS Office of Emergency Health Systems (OEHS) partnered with University of Nebraska Public Policy Center (NUPPC) to conduct a comprehensive evaluation of the Nebraska Automated External Defibrillator (AED) Initiative funded by the Trust ("AED Initiative"). This report presents data from various sources to examine AED use and out of hospital cardiac arrest (OHCA) outcomes, as well as interviews and surveys with participating agencies to better understand their overall satisfaction with the AED Initiative and plans to sustain the program once the grant support concludes. This evaluation reviews the initial planned three years of the program, May 2021 through April 2024.

Acronyms Used in this Report

Several abbreviations commonly used within emergency services are used throughout this report. To facilitate ease of reviewing the report, abbreviations are listed here, rather than defined as they occur throughout.

- AED – Automated External Defibrillator
- CPR – Cardiopulmonary Resuscitation
- ED – Emergency Department
- EMS – Emergency Medical Services
- FR – First responder
- eNARSIS – Electronic Nebraska Ambulance Rescue Service Information System (the Nebraska ePCR)
- ePCR – Electronic Patient Care Reports
- OHCA – Out-of-Hospital Cardiac Arrest
- ROSC – Return of Spontaneous Circulation

Methods

This evaluation sought to determine the short and long-term effects of the AED Initiative on the outcomes of OHCA in Nebraska. The scope of this evaluation included analyzing ePCR data for OHCA cases occurring within Nebraska, program AED use reports (Stryker CODE-STAT reports, site and device readiness reports (Stryker LIFELINKCentral Program Status reports), and interviews and surveys with law enforcement officers whose departments participated in the program.

Databases and Stryker Reports

EMS ePCR Data Collection System (eNARSIS)

Out-of-hospital cardiac arrest (OHCA) cases were extracted from Electronic Nebraska Ambulance Rescue Service Information System (eNARSIS); this data enables examination of responses and outcomes for OHCA cases both before and during the program. Data from before the program covers the period from May 1, 2018, through April 30, 2021, and data during the program covers May 1, 2021, through April 30, 2024. Evaluators acknowledge that the COVID-19 pandemic occurred during the span of time before the program from which we drew comparison data, and which may have affected the number and outcome of incidents. To reduce this potential impact and match the span time during the program, data for the

three years immediately prior to the program is included. Data prepared by OEHS underwent manual review to isolate a single record per OHCA case (i.e., for a case with multiple EMS agencies responding, a lead EMS agency was identified and duplicate records for that case were removed).

Program AED Use (Stryker CODE-STAT Reports)

CODE-STAT reports are generated each time an AED device distributed by the program is utilized in an OHCA event. These reports for AED use were initially provided to the evaluation team by OEHS but were later sent directly to the evaluation team by Stryker, the vendor providing the AED devices. The evaluation team entered the data from the CODE-STAT reports into a consolidated dataset. Manual review by OEHS and the evaluation team linked CODE-STAT reports to ePCR cases. This dataset was used to examine indicators of short-term effects of AED use and their potential impact on patient outcomes in the field.

Readiness Reports (Stryker LIFELINKCentral Point-in-Time Program Status Summaries)

Point-in-time program summary data was collected from the STRYKER LIFELINKCentral website during the first week of each month during the third year of the program (after access was provided to the evaluation team). This data was used to monitor program implementation through site readiness and device readiness information.

Database Coding

After merging the ePCR and Stryker CODE-STAT data, some variables were recoded to facilitate analysis:

1. Verified cases of program AED use from Stryker CODE-STAT reports were used to indicate first responder use of AEDs in the ePCR data if the case was not already coded as having first responder use of AED. This resulted in 56 additional cases of first responder AED use during the program than indicated in the original ePCR data.
2. The etiology variable was reduced to ‘cardiac (presumed)’ and ‘other’ for the purpose of analysis. The ‘other’ category contains the following original codes: CO or Hazmat Exposure, Drowning/Submersion, Drug Overdose, Electrocution, Exsanguination, Non-Trauma Neuro, Respiratory/Asphyxia, SIDS (Suspected), Trauma, and Unknown.
3. The race/ethnicity demographic variable was collapsed into White and non-White, as the number of OHCA incidents for each separate non-White category were too small for reliable analysis. The non-White category contains the Asian, Black or African American, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, Hispanic or Latino, Other Race, and Two or More Races categories.
4. ePCR cases meeting the standards in the Utstein Guidelines (in which a case is witnessed and presents with an initial shockable rhythm) were identified through a combination of variables. Multiple fields indicating who witnessed the event were combined into a single variable indicating “witnessed” and “not witnessed.” The initial rhythm code was converted into a new variable indicating “shockable” and “not shockable.” Shockable initial rhythms included: VF (Ventricular Fibrillation), VT (Ventricular Tachycardia), Torsades De Pointes, and Unknown AED Shockable Rhythm, while non-shockable initial rhythms included: Asystole, Atrial Fibrillation, PEA (Pulseless Electrical Activity), Bradycardia, Paced Rhythm, Idioventricular Rhythm, Sinus Arrhythmia, Sinus Bradycardia, Sinus Tachycardia, and Unknown AED – Non-Shockable. The two

new variables (witnessed, and shockable) were combined into a single indicator of “witnessed and shockable” or “not witnessed and/or not shockable.”

5. Time periods were divided into program years, starting May 1 and ending April 30. Time before the start of the program utilized the same program year definition. Evaluators then combined the three May to April “years” prior to the start of the program into a single “before program” period. Evaluators followed the same procedure for the first three program years to create a “during program” period.

The Nebraska ePCR dataset does not provide information on the direct use of AED by law enforcement prior to EMS arrival at the scene independent of AED use by other first responders, such as fire and EMS, who are not part of the dispatched response. Evaluators used the code “First Responder” in the field labeled “Who Used AED Prior to EMS Arrival” as a proxy, although the first responder may have not been law enforcement. This approach is consistent with prior evaluations of AED Initiative programs from other states.

Database Analytic Approach

Comparing outcomes from the before program and during program periods for categorical data included the use of chi-square analyses. For continuous variables, before and during program comparisons were made using t-tests. For analysis, a significance threshold of $p = .05$ was used.

Interviews and Surveys with Law Enforcement Agencies

The experience of Nebraska public safety agencies with procuring, using, and updating AED units and services throughout the AED Initiative was assessed through interviews with a subset of participating agencies and a survey distributed to all participating agencies. Interviews were conducted in the fall and winter of 2022-2023 (14 agencies participated), 2023-2024 (12 agencies participated), and 2024-2025 (15 agencies participated), while the survey was administered once during the fall and winter of 2024-2025 (83 surveys received).

The assessments included both open-ended and closed-ended questions. Interviews were recorded, and the recordings, along with interviewer notes, were analyzed using qualitative thematic analysis to identify key themes. Descriptive statistics were calculated for applicable survey questions.

Interview Protocol Design

The NUPPC evaluation team developed an interview protocol for representatives from agencies that have acquired AED units as part of the AED Initiative. In Fall-Winter 2022-2023, this protocol assessed participants' overall experiences with the program through semi-structured, open-ended interview questions. Specifically, the interview design aimed to gather participants' perspectives on three key topics associated with the program:

1. Initial considerations of the AED Initiative.
2. Experience with the AED Initiative’s training and support.
3. Officer/deputy sentiments and program satisfaction.

The Fall-Winter 2022-2023 interview protocol can be found in Appendix A.

In early 2024, the NUPPC evaluation team expanded on the 2022-2023 protocol to gather additional information on several elements, in addition to all the same questions from the 2022-2023 protocol. First, the new survey gathered additional details about policies and procedures for responding to medical emergencies before the AED initiative. Specifically, the new protocol assessed agencies' ability and capabilities concerning AED units and personnel training. Second, information was collected concerning the internal training of agency staff on the new AED units. Third, details about the procurement and distribution of AED units to agency staff and the use of the AED units were explored. Finally, the 2024 interview included a question assessing agency-level planning and sustainability efforts. A copy of the 2024 interview protocol can be found in Appendix B.

The final interview protocol included comparable questions to the 2024 protocol about the agency's experiences with the AED devices, support, and associated training. This protocol also included questions about community impacts and programmatic sustainability. A copy of the 2024-2025 interview protocol can be found in Appendix C.

Interview Data Collection

The evaluation team received a list from OEHS of agencies in Nebraska that had procured at least one AED unit as part of the AED Initiative. Interviews were conducted with a subset of these organizations in each of the three rounds of interviews. The type of organization varied slightly between the three rounds of interviews. Tables displaying the number of agencies contacted and interview completion rates, broken out by interview round, are contained in Appendix E.

Fall-Winter 2022-2023 Interviews

OEHS provided the evaluation team with a list of 15 law enforcement agencies that used their AED units between two and 10 times. Due to an initial lack of responsiveness from OEHS-identified law enforcement agencies, the evaluation team selected an additional 13 predominantly rural law enforcement agencies for an interview. As a result of follow-up contacts, 11 agencies initially identified by OEHS participated in interviews and three additional rural agencies participated, for a total of 14 interviews. The overall completion rate of agencies contacted was 50.0%.

Early 2024 Interviews

The agencies prioritized for interviews in early 2024 included those with a new AED use in the previous year (agencies which had not used AED prior to the first round of interviews but had subsequently used AED), those with outdated AED unit software, and those with "location not specified" status or another Wi-Fi connection issue. Due to the low response rate among agencies with "location not specified," a few agencies with "online" AED status were included. A total of 12 agencies completed interviews, for an overall completion rate of 41.4% of agencies contacted.

Fall-Winter 2024-2025 Interviews

Agencies were identified to take part in the fall-winter 2024-2025 interviews in two ways. The first group of agencies were identified via an equipment list provided by OEHS, including agencies which never connected the devices they received; among this group, only one agency responded to requests for an interview. The second group of agencies indicated in the survey that they would like to be interviewed. A total of 15 agencies took part in an interview, for an overall completion rate of 23.8%.

Survey Design

The evaluation team developed a survey to be sent to each public safety agency included in the AED Initiative. The survey assessed several key programmatic elements. First, the survey assessed each agency's perceived importance of the AED program on a five-point scale ranging from "extremely important" to "not at all important." The survey then assessed the level of agreement on a five-point scale to a series of topics including the following: AED quality, ease of use, training, support services, willingness to recommend to others, and sustainability. A copy of the survey is available in Appendix D.

Survey Data Collection

A contact list including 201 individuals was provided to the evaluators by OEHS. This list included one representative from each agency who was a recipient of an AED through this initiative. Individuals on the contact list that did not complete the survey were sent weekly follow-up emails while the survey was open for two months. In total, 83 individuals completed the survey for a response rate of 42.3%.

Interview and Survey Analytic Approach

Interview analysis was conducted on a question-by-question basis. Each question in the semi-structured interview format focused on specific topics and was analyzed using a thematic analysis approach. The 2024 interview protocol included all questions from the 2022-2023 interviews, along with a few added questions, as outlined in the interview protocol design section. The 2024-2025 interview questions and the open-ended survey questions aligned with those from previous years while also exploring programmatic sustainability beyond the conclusion of funding.

Scale-based survey questions were scored on a scale from one to five, with five being either "extremely important" or "strongly agree" and one representing "not at all important" or "strongly disagree." The mean and standard deviation were calculated for these scores.

Results

EMS ePCR Data

Number of OHCA Incidents

In total, there were 14,475 OHCA cases, with 7,011 (48.4%) in the before program period and 7,464 (51.6%) in the during program period, representing a 6.4% increase across periods (Table 1.). The total number of cases varied by program year (Table 2). A larger number of cases was apparent during the period from May 2020 through April 2023, ranging from 181 to 371 more cases per year, representing between 7.9% and 16.2% more cases, compared to May 2019 through April 2020. It is unknown whether this larger number of cases is related to COVID-19 impacts.

Table 1. OHCA Incidents Before Program and During Program Implementation

Time Period	***n***	**% of sample**
Before Program (May 1, 2018, thru April 30, 2021)	7011	48.4
During Program (May 1, 2021, thru April 30, 2024)	7464	51.6
Total	14475	100.0

Table 2. OHCA Incidents by Program Year

Program Year	*n*	% of sample
May 1, 2018, thru April 30, 2019 (before program)	2256	15.6
May 1, 2019, thru April 30, 2020 (before program)	2287	15.8
May 1, 2020, thru April 30, 2021 (before program)	2468	17.1
May 1, 2021, thru April 30, 2022 (during program)	2597	17.9
May 1, 2022, thru April 30, 2023 (during program)	2658	18.4
May 1, 2023, thru April 30, 2024 (during program)	2209	15.3
Total	**14475**	**100.0**

Demographics

The mean age of patients in all OHCA cases across both time periods was 62.4 years old (Table 3). Nearly two-thirds (63.9%) were male, and over four-fifths (83.6%) were White. No statistically significant differences in patient age or gender were found between the before program and during program periods (Table 3 and Table 4). However, there was a difference by race/ethnicity; a higher percentage of non-White cardiac arrest patients were treated during the program (17.0%) than before the program (15.7%; $p = .035$; Table 4). This is potentially related to an increase in Nebraska's non-White population over the same period, from an average of 21.6% in 2018 through 2020, to an average of 24.2% in 2021 through 2023.[5]

Community size differed across the time periods. More OHCAs were reported from communities with a population of 10,000 or more during the program (73.8%) than before the program (70.6%, $p < .001$; Table 4).

Overall, slightly over half (54.2%) of all OHCA cases across both periods had a presumed cardiac etiology. A higher proportion of OHCA cases before the program had cardiac etiology (58.8%) than during the program (49.9%, $p < .001$; Table 4).

Table 3: Average Age Before and During Program Implementation ($n = 14038$; missing = 437)

Time Period	*n*	Mean Age	*SD*	*t* (14036)	*p*
Before Program	6796	62.6	19.07	1.344	0.179
During Program	7242	62.2	19.17		
Total	14038	62.4	19.12		

[5] U.S. Census Bureau, American Community Survey, 1-year estimates, Table DP05, 2018 through 2023.

Table 4: Demographics Before and During Program Implementation

	Time Period				χ^2 (1)	*p*
	Before Program *n* = 7011		During Program *n* = 7464			
	n	%	*n*	%		
Gender						
Male	4435	63.7	4746	64.0	0.150	.698
Female	2526	36.3	2667	36.0		
Missing	50	--	51	--		
Race/ethnicity						
White	5790	84.3	6034	83.0	4.449	.035
Non-White	1081	15.7	1240	17.0		
Missing	140	--	190	--		
Community Size						
< 10,000	2059	29.4	1954	26.2	18.350	<.001
≥ 10,000	4952	70.6	5510	73.8		
Missing	0	--	0	--		
Etiology						
Cardiac (Presumed)	4122	58.8	3728	49.9	113.998	<.001
Other	2889	41.2	3736	50.1		
Missing	0	--	0	--		

AED use Prior to EMS Arrival for OHCAs

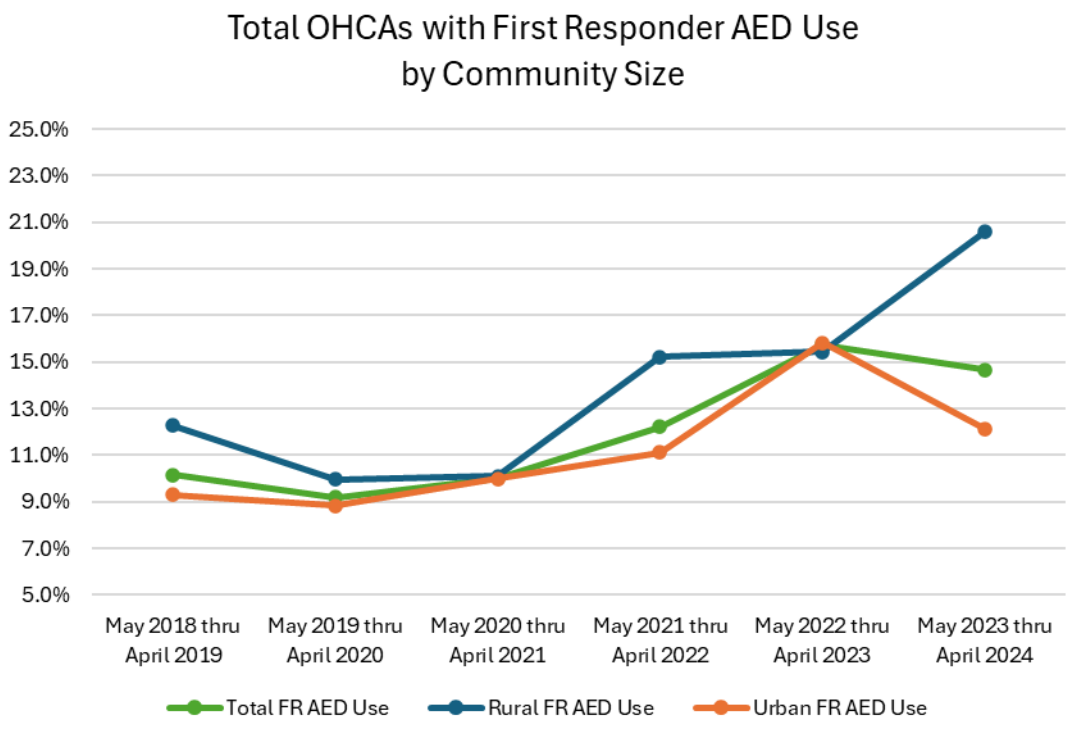
Overall, 2,366 cases, or 16.3% of all OHCA cases across both time periods, had any use of an AED prior to EMS arrival. There was an increase in the proportion of OHCA cases where AED was used prior to EMS arrival from before the program to during the program, rising from 14.7% to 17.9% (Table 5).

Across both time periods, first responder AED use prior to EMS arrival constituted the majority (1,745, or 73.8%) of 2,366 cases where any AED was used prior to EMS arrival, which increased from before the program (686 of 1028 cases, or 66.7%) to during the program (1059 of 1338 cases, or 79.1%). Overall, 11.7% of all OHCA cases had any first responder AED use prior to EMS arrival. There was an increase in the proportion of first responder AED use prior to EMS arrival from before the program to during the program, rising from 9.8% to 13.4% (Table 5). There was not a change in first responder AED use from before the program to after the program based on community size (Table 5). First responder AED use increased for both urban and rural communities during the program period (Figure 1).

Table 5. AED Use Prior to EMS Arrival in OHCAs

	Time Period				χ^2 (1)	*p*
	Before Program		During Program			
	n	%	*n*	%		
Total OHCA with AED use prior to EMS arrival						
Yes	1028	14.7	1338	17.9	28.157	<.001
No	5983	85.3	6126	82.1		
Total OHCA with FR using AED prior to EMS arrival						
Yes	686	9.8	1059	14.2	66.121	<.001
No	6325	90.2	6405	85.8		
Total OHCA with FR using AED by Community Size						
< 10,000	221	32.2	334	31.5	0.088	.767
≥ 10,000	465	67.8	725	68.5		

Figure 1. Total OHCAs with First Responder AED Use by Community Size



A total of 7,850 cases were reported as having presumed cardiac etiology, including 4,122 before the program and 3,728 during the program. Overall use of AED prior to EMS arrival increased for cases with presumed cardiac etiology, with 17.9% and 23.3% of such cases before and during the program, respectively (Table 6).

Likewise, there was an increase in first responder AED use prior to EMS arrival for OHCAs of a cardiac etiology from before the program (11.5% of cases) to during the program (17.6% of cases; Table 6). Of the 1,133 cases with cardiac etiology with first responder AED use prior to EMS arrival, there was no difference across community size (Table 6).

Table 6. AED Use Prior to EMS Arrival in OHCAs of Cardiac Etiology

	Time Period				χ^2 (1)	*p*
	Before Program		During Program			
	n	%	*n*	%		
Cardiac Etiology OHCA with AED use prior to EMS arrival						
Yes	738	17.9	865	23.2	33.823	<.001
No	3384	82.1	2863	76.8		
Cardiac Etiology OHCA with FR using AED prior to EMS arrival						
Yes	476	11.5	657	14.6	58.509	<.001
No	3646	88.5	3071	82.4		
Cardiac Etiology OHCA with FR using AED by Community Size						
< 10,000	159	33.4	231	35.2	0.377	.519
≥ 10,000	317	66.6	426	64.8		

Predictors of First Responder AED Use

Two binary logistic regression models were used to assess factors related to first responder AED use. These models examined differences in AED use by first responders for all OHCA and for OHCA with cardiac etiology by program period (before or during), gender, age, race/ethnicity, and community size.

After adjusting for potential confounds, for all OHCA, first responder AED use was more likely during the program than before the program; the odds of first responder AED use were 56.1% higher during the program. Overall, AED use was lower for those in larger communities and for patients who were female, older, or non-White (Table 7). Results for OHCA with cardiac etiology were similar to those for all cases, with odds of first responder AED use being 64.7% more likely during the program. AED use in cases with cardiac etiology was lower for patients who were female, older, and non-White. Community size was not a predictor of first responder AED use in OHCA cases with cardiac etiology.

Table 7. Predictors of First Responder AED Use

	All OHCA		Cardiac Etiology OHCA	
	Odds Ratio	*p*	Odds Ratio	*p*
Time Period (Before v. During)	1.561	< .001	1.647	< .001
Gender (Male v. Female)	0.885	.027	0.854	.023
Age (Per Year, Continuous)	0.992	< .001	0.993	.001
Race/ethnicity (White v. non-White)	0.851	.032	0.799	.034
Community Size (<10,000 v. ≥10,000)	0.800	< .001	1.016	.821

OHCA Outcomes of First Responder AED Use

For the 1,745 OHCA cases with first responder use of AED prior to EMS arrival, 37 were missing outcome information; evaluators analyzed the 1,708 cases with outcome data. Overall, 45.6% of all first responder AED use prior to EMS arrival cases ended in death either in the ED or in the field, 22.7% achieved any ROSC, and 32.7% were receiving ongoing resuscitation when the EMS response ended. Despite the overall increase in first responder AED use, there was a decrease in the proportion of ROSC in the field cases from before the program (*n* = 133, 19.6%) to during the program (*n* = 145, 14.3%) for OHCA incidents that had first responder AED use prior to EMS arrival. There was also an increase in cases noted as 'Expired in the ED' from before the program (*n* = 171, 25.2%) to during the program (*n* = 305, 29.6%; Table 8).

Table 8. Outcomes for OHCA Incidents with First Responder AED Use Prior to EMS Arrival (*n* = 1708)

	Time Period				χ^2 (4)	*p*
	Before Program (*n* = 678)		During Program (*n* = 1030)			
Outcome	*n*	%	*n*	%		
Expired in the Field	121	17.8	182	17.7	13.143	.011
Expired in the ED*	171	25.2	305	29.6		
ROSC in the Field*	133	19.6	147	14.3		
ROSC in the ED	34	5.0	74	7.2		
Ongoing Resuscitation	219	32.3	322	31.3		

**z-test indicates significant change for this row only.*

For the 1,133 OHCA cases with cardiac etiology and first responder use of AED prior to EMS arrival, 12 cases were missing outcome information; evaluators analyzed the 1,121 cases with outcome data. There was no difference from before the program to during the program in outcomes for cases with cardiac etiology and first responder AED use (Table 9).

Table 9. Outcomes for OHCA Incidents of Cardiac Etiology with First Responder AED Use Prior to EMS Arrival (*n* = 1121)

	Time Period				χ^2 (4)	*p*
	Before Program (*n* = 469)		During Program (*n* = 652)			
Outcome	*n*	%	*n*	%		
Expired in the Field	77	16.4	106	16.3	6.665	.155
Expired in the ED	133	28.4	203	31.1		
ROSC in the Field	84	17.9	92	14.1		
ROSC in the ED	20	4.3	45	6.9		
Ongoing Resuscitation	155	33.0	206	31.6		

Predictors of ROSC

Factors predicting ROSC were assessed using two binary logistic regression models, one for all OHCA, and the other for OHCA with cardiac etiology. Factors included in the models were first responder AED use, program period (before or during), gender, age, race/ethnicity, and community size. A binary outcome variable, "ROSC v. Expired", was created for this analysis.

After adjusting for potential confounds, for all OHCA, the odds of ROSC were 39.0% higher with first responder AED use. Overall, ROSC was higher for those living in larger communities (with population greater than or equal to 10,000) and lower for older patients (Table 10). Predictors of ROSC for OHCAs with cardiac etiology were similar to those for total OHCA; the odds of ROSC for cases with cardiac etiology were 53.4% higher with first responder AED use. Again, ROSC was higher for those living in larger communities and lower for older patients.

Table 10. Predictors of ROSC

	All OHCA		Cardiac Etiology OHCA	
	Odds Ratio	*p*	Odds Ratio	*p*
First Responder AED Use (Not Used v. Used)	1.390	<.001	1.534	<.001
Time Period (Before v. During)	.934	.189	1.018	.787
Gender (Male v. Female)	1.050	.366	.894	.097
Age (Per Year, Continuous)	.987	<.001	.984	<.001
Race/ethnicity (White v. non-White)	.989	.882	.999	.996
Community Size (<10,000 v. ≥10,000)	1.725	<.001	1.677	<.001

Cases Meeting Utstein Criteria

When narrowing cases to those meeting Utstein criteria, there were 1,191 total OHCA cases that were both witnessed and that had a shockable initial rhythm, 617 before the program and 574 during the program. In total, 240 (20.2%) of these cases had first responder AED use prior to EMS arrival. The proportion of cases that were witnessed and had a shockable rhythm and first responder AED use increased from before the program (16.4%) to during the program (24.2%; Table 11).

Table 11. OHCA Cases with First Responder AED Use Prior to EMS Arrival that were Witnessed and had a Shockable Rhythm (*n* = 1191)

	Time Period				χ^2 (1)	*p*
	Before Program (*n* = 617)		During Program (*n* = 574)			
	n	%	*n*	%		
FR AED Use						
Yes	101	16.4	139	24.2	11.378	<.001
No	516	83.6	435	75.8		

Of the 1,191 OHCA cases that were witnessed and had a shockable rhythm, eight were missing outcome data; evaluators analyzed outcomes for 1,183 cases with available data. Overall, 22.3% of these cases ended in death either in the ED or in the field, 42.8% achieved any ROSC, and 34.8% were receiving ongoing resuscitation at the end of the EMS response; most cases resulted in ROSC in the field or in ongoing resuscitation. There was an increased rate of deaths in the ED, from 17.1% before the program to 23.2% during the program, while the proportion of cases receiving ongoing resuscitation decreased from 38.2% to 31.2% between the time periods (Table 12).

Table 12. Outcomes for OHCA that were Witnessed and had a Shockable Rhythm (*n* = 1183)

	Time Period				χ^2 (4)	*p*
	Before Program (*n* = 613)		During Program (*n* = 570)			
Outcome	*n*	%	*n*	%		
Expired in the Field	13	2.1	14	2.5	11.350	.023
Expired in the ED*	105	17.1	132	23.2		
ROSC in the Field	208	33.9	184	32.3		
ROSC in the ED	53	8.6	62	10.9		
Ongoing Resuscitation*	234	38.2	178	31.2		

**z-test indicates significant change for these rows.*

For OHCA cases with first responder AED use prior to EMS arrival that were witnessed and had a shockable rhythm, 239 cases were available with outcome data. Outcomes did not change from before the program to during the program for OHCA that were witnessed and had a shockable rhythm, and had first responder AED use (Table 13).[6] Nebraska historically has a low number of cases meeting Utstein criteria and with first responder AED use in which patients expire in the field, ranging from zero to two cases per year over the six years examined for this evaluation; these low numbers could make the analysis less reliable. Most cases result in ROSC in the field, ongoing resuscitation, or expiring in the ED.

[6] Evaluators collapsed this by outcome type (expired, ongoing resuscitation, and ROSC), and found no significant difference across time periods (χ^2 (2) = 4.364, p = .113).

Table 13. Outcomes for OHCA with First Responder AED Use that were Witnessed and had a Shockable Rhythm (*n* = 239)

	Time Period				χ^2 (4)	*p*
	Before Program (*n* = 100)		During Program (*n* = 139)			
Outcome	*n*	%	*n*	%		
Expired in the Field	2	2.0	3	2.2	6.380	.172
Expired in the ED	18	18.0	39	28.1		
ROSC in the Field	37	37.0	45	32.4		
ROSC in the ED	6	6.0	15	10.8		
Ongoing Resuscitation	37	37.0	37	26.6		

Further examination indicates that a higher proportion of cases were noted as having resolved in the ED during the program (38.8%) than prior to the program (24.0%) compared to cases that resolved in the field or cases with ongoing resuscitation, which did not change (Table 14).

Table 14. Outcomes for OHCA with First Responder AED Use that were Witnessed and had a Shockable Rhythm by Outcome Site (*n* = 239)

	Time Period				χ^2 (4)	*p*
	Before Program (*n* = 100)		During Program (*n* = 139)			
Outcome Site	*n*	%	*n*	%		
ED*	24	24.0	54	38.8	6.273	.043
Field	39	39.0	48	34.5		
Ongoing Resuscitation	37	37.0	37	26.6		

**z-test indicates significant change for this row only.*

Regional Analysis

OHCA Cases

Nebraska has four EMS regions: Western, Central, Northeast, and Southeast. A dedicated EMS Specialist supports each region. Analysis of first responder AED use before and during the program for OHCA cases by region is provided in Table 15. The two regions with the highest density of population, Northeast and Southeast, had the highest counts of first responder AED use prior to EMS arrival. Before the program, rates of AED use by first responders prior to EMS arrival varied from 8.9% to 9.9% (Figure 2). During the program, rates of AED use by first responders prior to EMS arrival increased to between 12.5% and 18.6% of OHCA cases (Figure 3). First responder AED use in OHCA cases changed to a statistically significant degree for the Central, Northeast, and Southeast regions, but not for the Western region (Figure 4). In the Western region, a small number of response agencies cover a large geographic area. In addition, inconsistent Wi-Fi connections exist in the Western region, which has no urban centers and consists of rural and frontier counties. This led to both lower AED distribution because there are fewer law enforcement agencies, and to less usage of distributed AEDs due to connection issues.

Table 15. OHCA Cases with First Responder AED Use Prior to EMS Arrival by EMS Region

FR AED Use Prior to EMS Arrival	Time Period				χ^2 (1)	*p*
	Before Program		During Program			
	n	%	*n*	%		
Western (*n* = 1646)						
Yes	79	9.9	106	12.5	2.614	.106
No	716	90.1	745	87.5		
Central (*n* = 1640)						
Yes	76	8.9	146	18.6	32.739	<.001
No	778	91.1	640	81.4		
Northeast (*n* = 7983)						
Yes	374	9.9	593	14.1	32.735	<.001
No	3401	90.1	3615	85.9		
Southeast (*n* = 3206)						
Yes	157	9.9	214	13.2	8.659	.003
No	1430	90.1	1405	86.8		

Figure 2. AED Use by First Responders per 100 OHCA Before Program

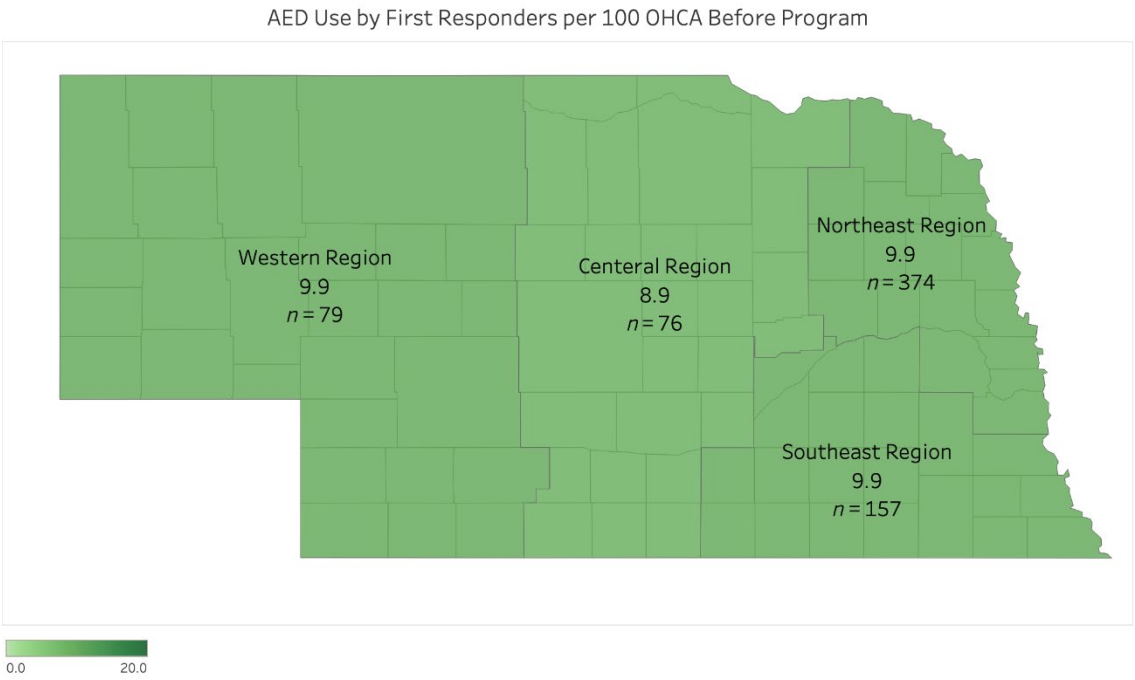


Figure 3. AED Use by First Responders per 100 OHCA During Program

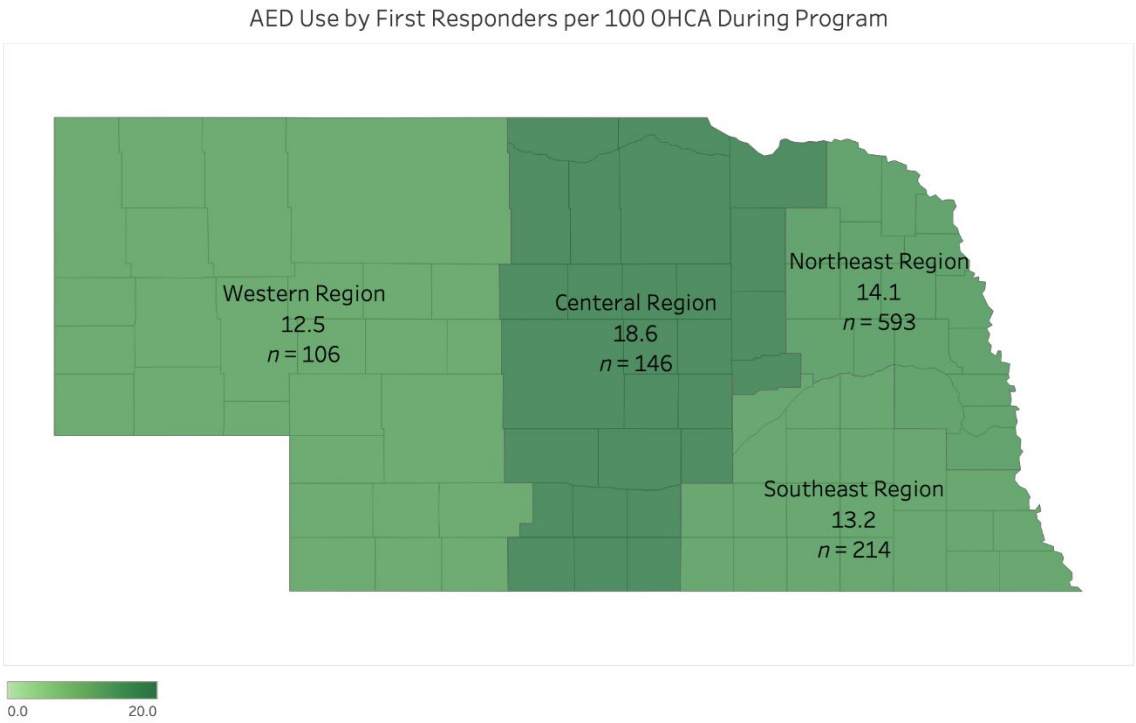
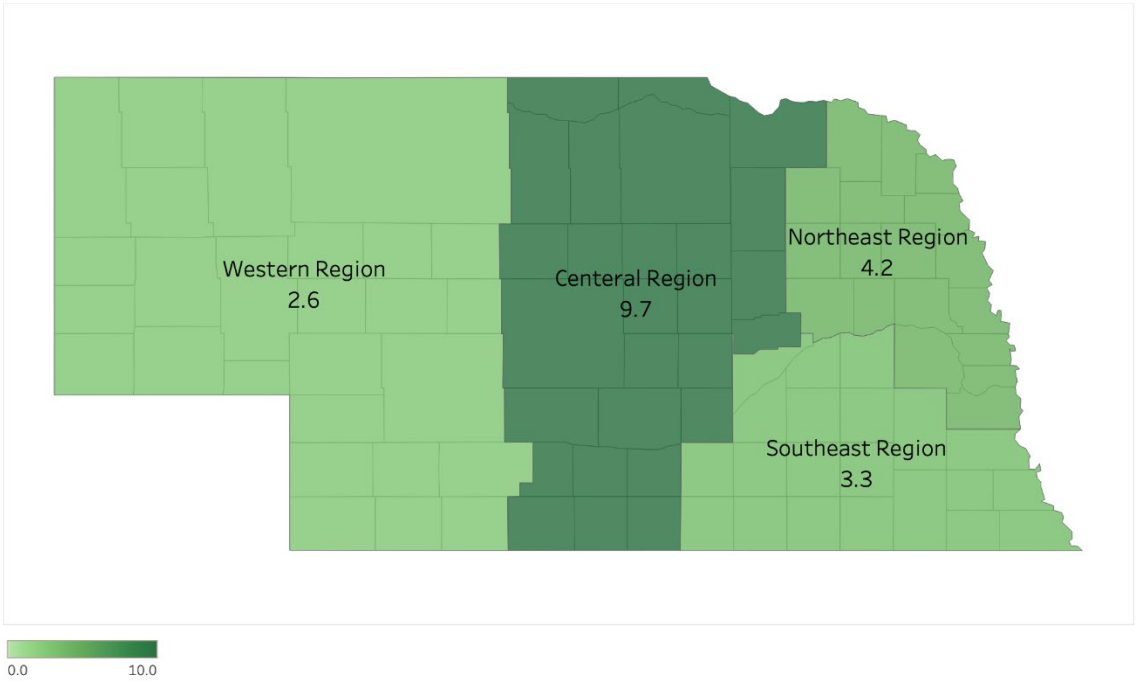


Figure 4. Change in AED Use by First Responders per 100 OHCA from Before Program to During Program



Cases with Cardiac Etiology

Analysis of first responder AED use before and during the program for OHCA cases with cardiac etiology by region is provided in Table 16. Before the program, rates of AED use by first responders prior to EMS arrival in cases with cardiac etiology varied from 9.2% to 13.3% (Figure 5). During the program, rates of AED use by first responders prior to EMS arrival increased to between 13.2% and 19.3% of cases (Figure 6). First responder AED use in OHCA cases with cardiac etiology changed from before the program to during the program for the Central, Northeast, and Southeast regions, but not for the Western region (Figure 7).

Table 16.OHCA Cases with Cardiac Etiology and First Responder AED Use Prior to EMS Arrival by EMS Region

FR AED Use Prior to EMS Arrival	Time Period				χ^2 (1)	*p*
	Before Program		During Program			
	n	%	*n*	%		
Western (*n* = 1074)						
Yes	61	11.5	72	13.2	0.737	0.391
No	469	88.5	472	86.8		
Central (*n* = 1111)						
Yes	56	9.8	102	19.0	19.193	<.001
No	517	90.2	436	81.0		
Northeast (*n* = 3782)						
Yes	264	13.3	346	19.3	25.298	<.001
No	1725	86.7	1447	80.7		
Southeast (*n* = 1883)						
Yes	95	9.2	137	16.1	20.194	<.001
No	935	90.8	716	83.9		

Figure 5. AED Use by First Responders per 100 Cardiac Etiology OHCA Before Program

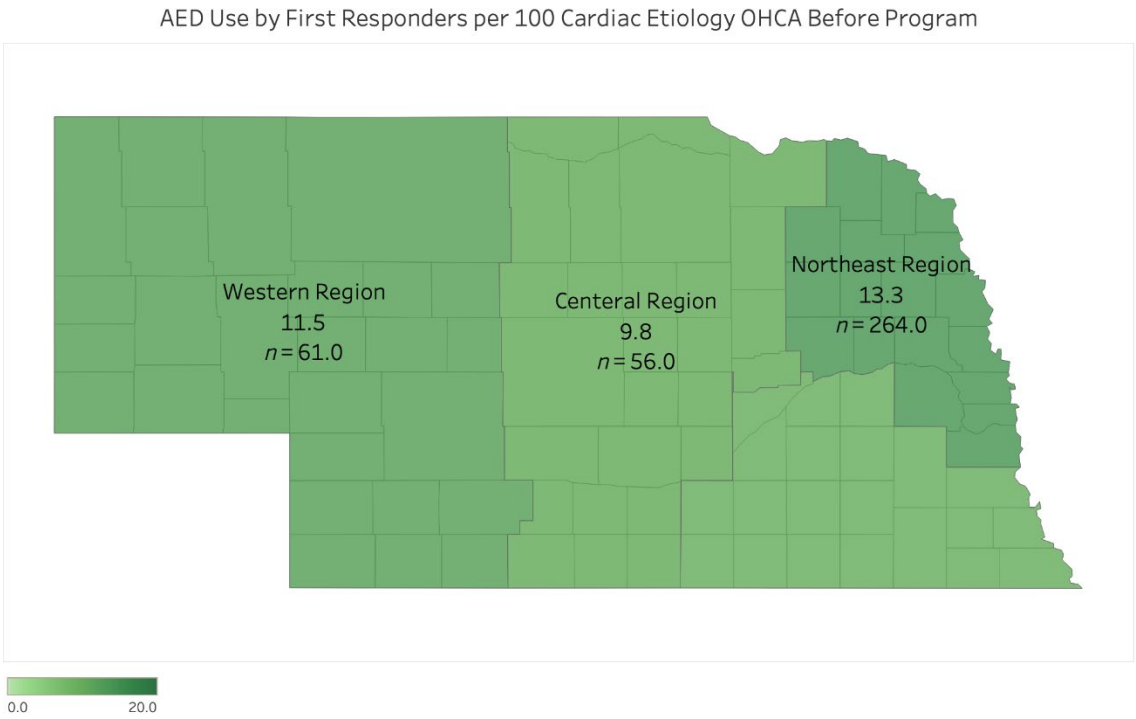


Figure 6. AED Use by First Responders per 100 Cardiac Etiology OHCA During Program

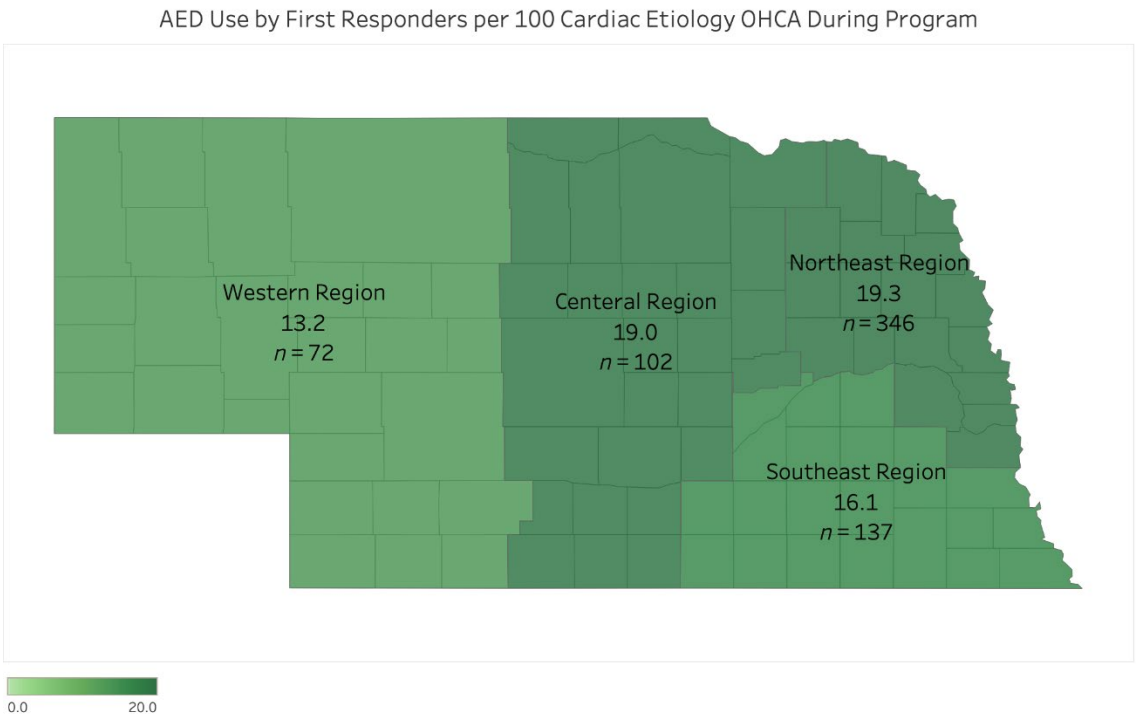
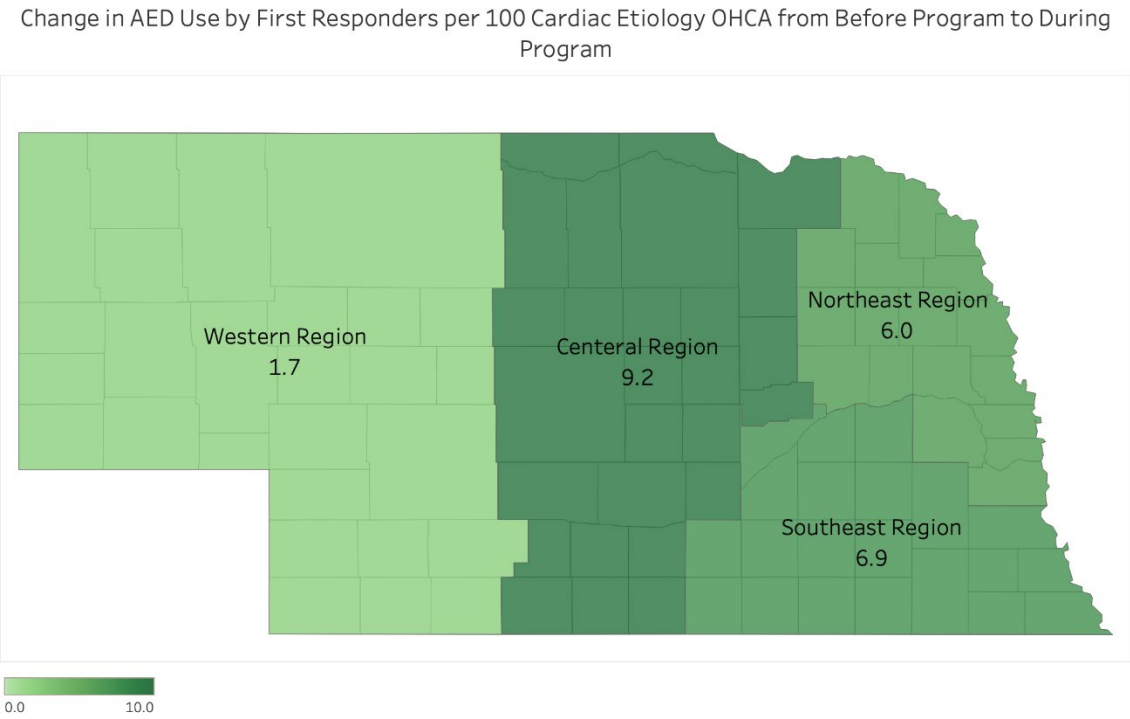


Figure 7. Change in AED Use by First Responders per 100 Cardiac Etiology OHCA from Before Program to During Program



Program-Issued AED Metrics

AED Use

From June 2021 through April 2024, Stryker reported 358 cases with use of an AED distributed through the program to Nebraska law enforcement agencies. As shown in Figure 8, use increased throughout the program.

Figure 8. Program AED Use by Program Year

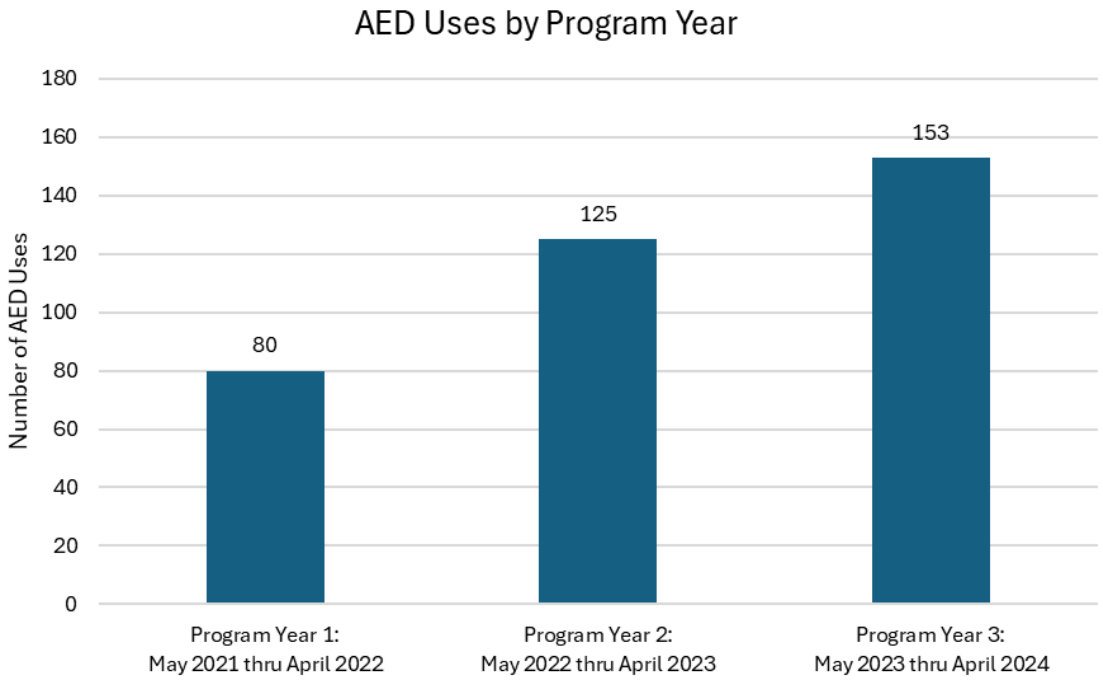
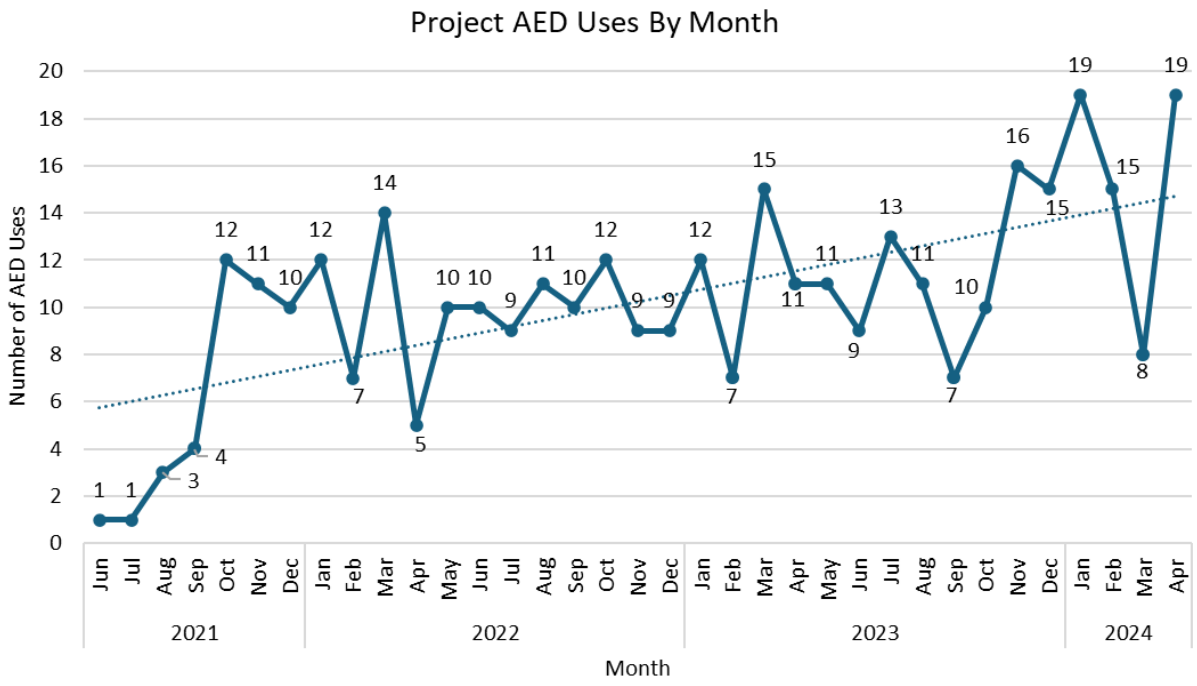


Figure 9 displays monthly program AED use from June 2021 through April 2024, along with a linear trend line. Monthly use increased throughout the program. Early in the program, June through September 2021, there were few uses of the AED devices. AED use increased by the fifth month of the program, when it stabilized. AED use then increased again around November 2023 when higher use occurred for several months.

Figure 9. Program AED Use by Month



Demographics of Program AED Use Cases

Stryker use cases were matched to ePCR cases; this resulted in 294 matches, or an 82.1% match rate. Demographic variables for these records are shown in Table 17. Missing values are denoted in "Missing" rows and include cases in which no ePCR match was made or if data was either missing or entered as "Not Recorded" in the OCHA record.

The average age for AED use patients was 58 years old. The highest age recorded in the matched data is 95 years old. Slightly over 87% of all AED cases with available demographic data were White, with approximately two-thirds of cases involving male patients.

Just under half (45.3%) of program AED use cases occurred in rural areas (community size less than 10,000 residents; Table 17). Cardiac etiology was present for nearly two-thirds of program AED use cases (65.0%).

Table 17. Demographics of Project Distributed AED Use Patients

Variable	Total During Program (*n* = 358)	
	n	*n*
Age (Continuous)	Mean = 58.2 Std = 19.5 *n* = 289	
Missing	69	
Gender		
Male	196	196
Female	96	96
Missing	66	66
Race/ethnicity		
White	253	253
Non-white	37	37
Missing	68	68
Community Size		
< 10,000	162	162
≥ 10,000	196	196
Missing	0	0
Etiology		
Cardiac (Presumed)	191	191
Other	103	103
Missing	64	64

Demographics for program AED use cases were compared to those for non-program first responder AED use prior to EMS arrival for OHCA cases that occurred during the program period. The average age of patients in program AED use cases (58.2) was lower than for non-program OHCA cases with first responder AED use (61.0; Table 18). There was no difference in the gender of patients served between program and non-program cases, nor were there differences in presumed cardiac etiology (Table 19).The program served a higher proportion of White patients (87.2%) than was observed for non-program cases (82.1%). This difference in observed race/ethnicity of patients may be related to the program also serving a much higher proportion of patients in rural areas (46.9%) than were served with first responder AED use in non-program cases (25.6%), as Nebraska's non-White population is largely concentrated in urban areas of the state.

Table 18: Average Age for Program and non-Program First Responder AED Use (*n* = 1044; missing = 15)

In Program or Not	***n***	**Mean Age**	***SD***	*t* (1042)	*p*
Program Case	289	58.2	19.52	2.115	.035
Not Program Case	755	61.0	18.95		
Total	1044	60.2	19.14		

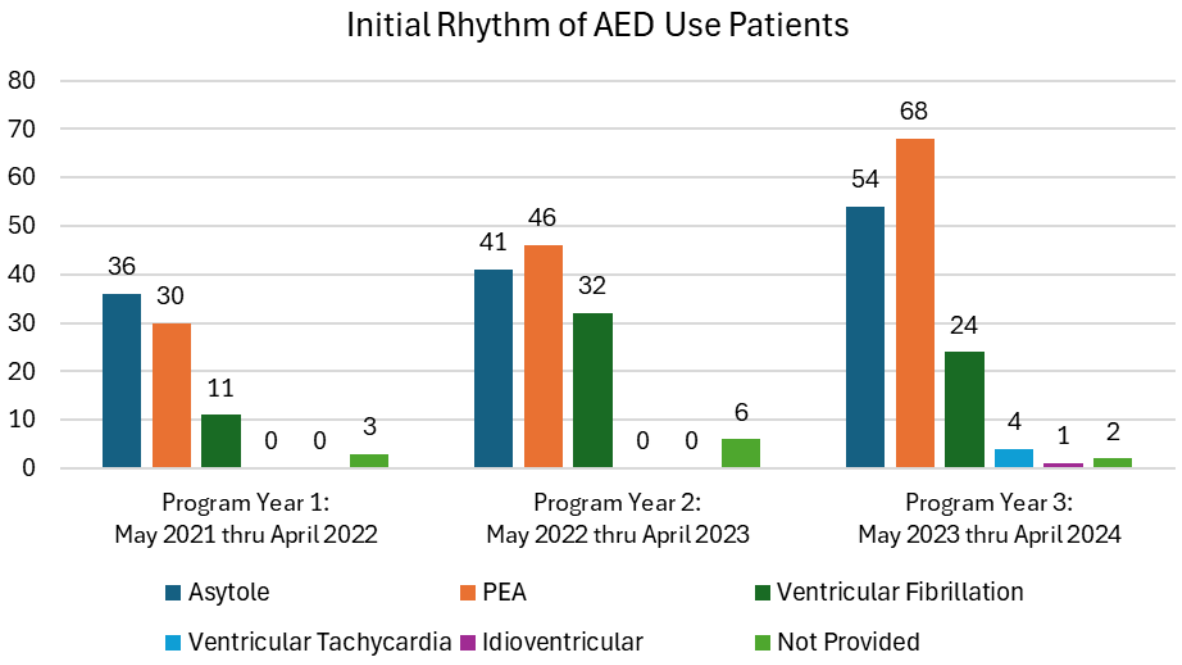
Table 19: Demographics for Program and non-Program First Responder AED Use

	In Program or Not				χ^2 (1)	*p*
	Program Case *n* = 294		Not Program Case *n* = 765			
	n	%	*n*	%		
Gender						
Male	196	67.1	511	67.2	0.001	.972
Female	96	32.9	249	32.8		
Missing	2	--	5	--		
Race/ethnicity						
White	253	87.2	621	82.1	3.966	.046
Non-White	37	12.8	135	17.9		
Missing	4	--	9	--		
Community Size						
< 10,000	138	46.9	196	25.6	44.700	<.001
≥ 10,000	156	53.1	569	74.4		
Missing	0	--	0	--		
Etiology						
Cardiac (Presumed)	191	65.0	466	60.9	1.480	.224
Other	103	35.0	299	39.1		
Missing	0	--	0	--		

Initial Rhythm of AED Use Patients

Figure 10 illustrates the initial rhythm of patients who received use of program AEDs. The initial rhythm is generated by the device upon attachment to the patient. The most frequent initial rhythm overall was pulseless electrical activity, or PEA; however, when broken out by program year, the most frequent initial rhythm in the first year was Asystole (with or without compressions).

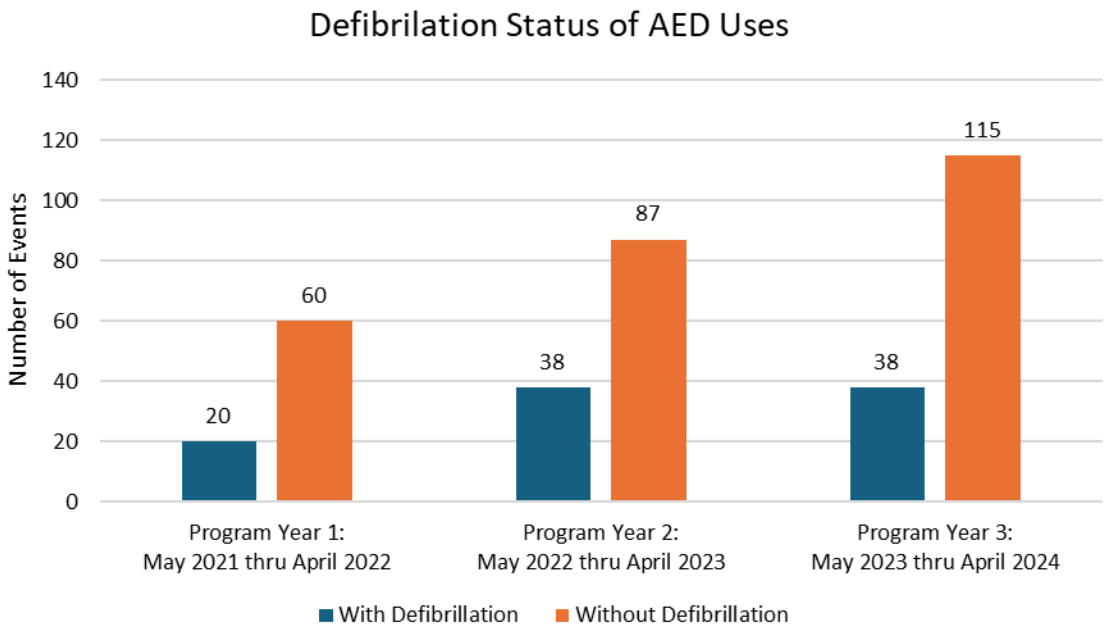
Figure 10. Initial Rhythm of AED Use Patients



Defibrillation Status of AED Uses

Defibrillation status was coded as "With Defibrillation" if the CODE-STAT entry denoted any value greater than zero for "Number of Shocks." Of 358 AED uses, 96 (26.8%) featured a defibrillation shock, Figure 11 charts the yearly breakdown of the defibrillation status of AED uses.

Figure 11. Defibrillation Status of AED Uses



Adoption and Implementation

Adoption

This evaluation included three metrics related to adoption by law enforcement:

1. Number of AED distributed throughout the program
2. Number of LE personnel trained
3. Number of agencies participating in the program

The program has met its adoption goals, as described below.

AED Distributed

The purpose of the Nebraska AED Initiative was to distribute 2625 Stryker LIFEPAK CR2 AEDs to law enforcement agencies across the state. This purpose was achieved, with 100% of AEDs delivered to law enforcement agencies.

Law Enforcement Trained

During 24 in-person and one virtual training, 199 law enforcement personnel trained as master trainers to then deliver training on the AED devices to additional personnel at their agencies, or to partner agencies.

Participating Agencies

In total, 202 law enforcement agencies participated in the AED Initiative. These included local police departments, county sheriff departments, state highway patrol, and state game and parks.

Implementation

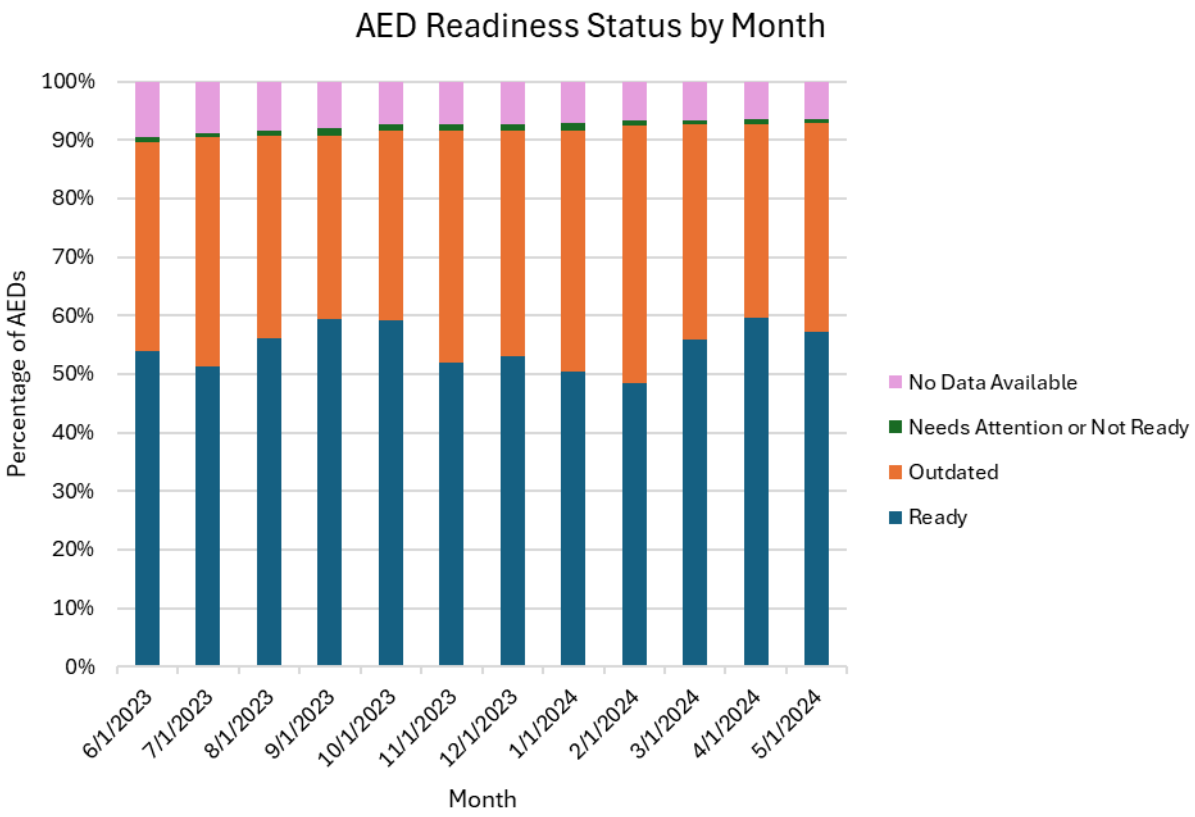
AED Readiness Status

Program implementation was partially monitored through device readiness status reports from STRYKER's LIFELINK Central, which provide data on program-issued AED devices. This information was downloaded monthly from LIFELINK Central. Figure 12 charts the percentage of AEDs operating at each readiness status at the beginning of each month for program year 3, from June 2023 through May 2024.

A device may exist in one of the following states for device readiness status reports: 1) "Ready" means the device is ready for use with no reported issues; 2) "Outdated" means the device has been connected but is now out of range of a Wi-Fi signal, and once data is transmitted over Wi-Fi the status will be returned to "Ready"; 3) "Needs Attention" means the device is usable but can have one or more of several issues, such as batteries or electrodes within 90 days of expiration or the device has not checked in via Wi-Fi at its normal scheduled time; 4) "Not Ready" means the AED requires a replacement, such as new pads after use or a new battery; and 5) "No Data Available" means that the device has not been connected or checked in either manually or through wireless connection.

The percentage of AEDs in a Ready status averaged 54.7% (range: 48.5% to 59.5%) for the year tracked, as illustrated in Figure 12. AEDs reported as "Needs Attention" or "Not Ready" were consistently the most infrequent statuses and are combined in Figure 12 for visibility. AEDs needing attention averaged 0.02% of all AEDS over the period reviewed, while AEDs that were not ready averaged 0.9% of all AEDs.

Figure 12. AED Readiness Status by Month

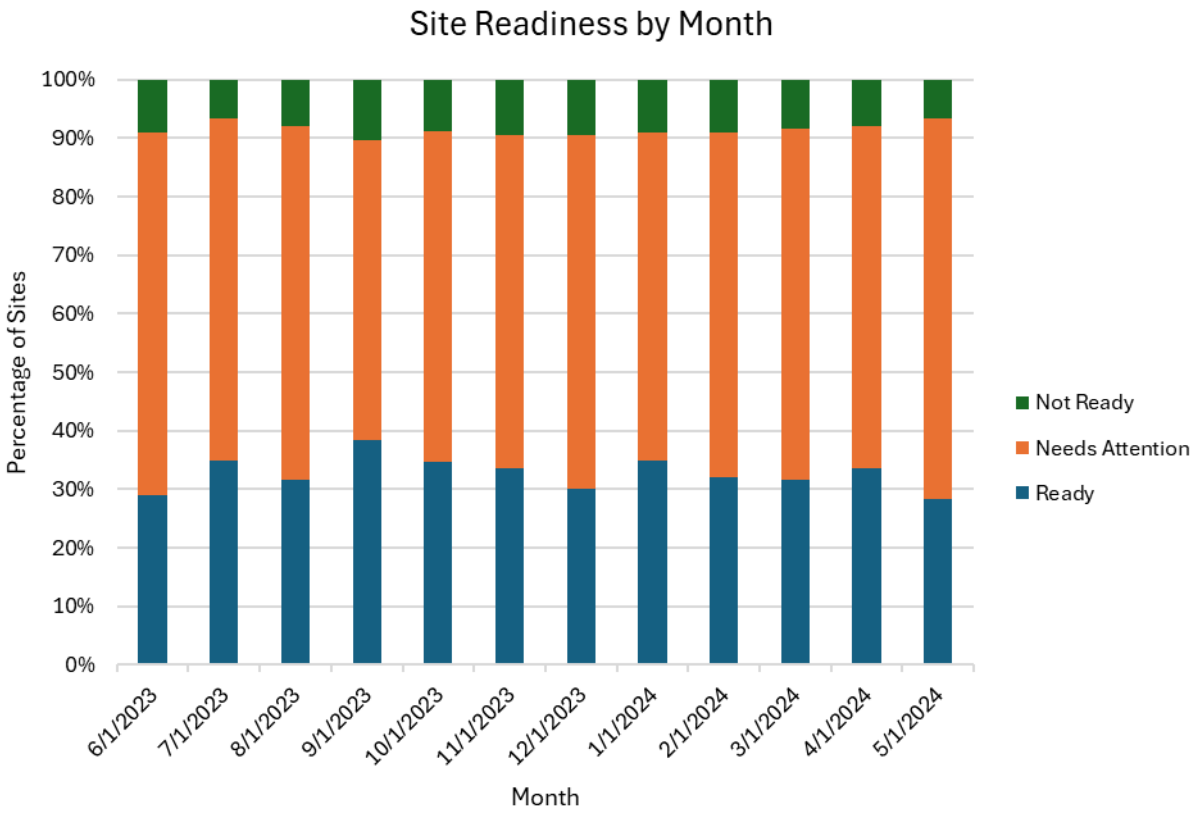


Site Readiness Status

Site readiness was tracked using the STRYKER LIFELINK Central readiness reports. A site may have one of the three statuses: 1) “Ready” means all the site’s AEDs are in the Ready status; 2) “Needs Attention” means that one or more of the site’s AEDs needs attention; and 3) “Not Ready” means that one or more of the site’s AEDs are in the Not Ready status. The number of sites in the period of analysis per month was 212 for most months, with one month having 213 sites noted and another month having 211.

At least half of all sites had all devices in Needs Attention status (range: 51.2% to 65.1%) from the start of June 2023 through the start of May 2024. For any given month in the time frame analyzed, no more than 10% of sites were in a Not Ready status (Figure 13).

Figure 13. Site Readiness by Month



Interviews and Surveys with Law Enforcement Agencies

Analysis of interviews and surveys with law enforcement revealed several key topics: consideration of participation in the AED initiative, initial device training and setup, device ease of use, quality, durability, support services, agency and community impacts, program sustainability, and agency recommendations. This section includes a summary of the findings from these topic areas; detailed findings are available in Appendix F.

Overall, the AED Initiative was exceptionally well-received by Nebraska first responders. Several scaled survey questions assessed respondents' perceived level of importance of the program and level of satisfaction with the program. Each question was presented on a five-point scale, where five was the highest (e.g., extremely important or strongly agree) and one was the lowest (e.g., not important at all or strongly disagree). These questions were as follows:

1. Please rate the importance of the Helmsley AED grant. (Importance Scale)
2. The AED devices provided to my agency were of high quality. (Agreement Scale)
3. The AED devices provided to my agency were easy to use. (Agreement Scale)
4. My agency received adequate training in using the AEDs. (Agreement Scale)
5. My agency received adequate support to ensure AEDs were operable. (Agreement Scale)
6. I would recommend this program to others. (Agreement Scale)
7. Our agency is committed to maintaining operational AEDs beyond the funding provided by this grant. (Agreement Scale)

The means for each of these questions were 4.6 or higher, reflecting a very high level of perceived program importance and satisfaction (Figure 14).

Figure 14: Mean Importance and Level of Agreement by Survey Question (n = 83)

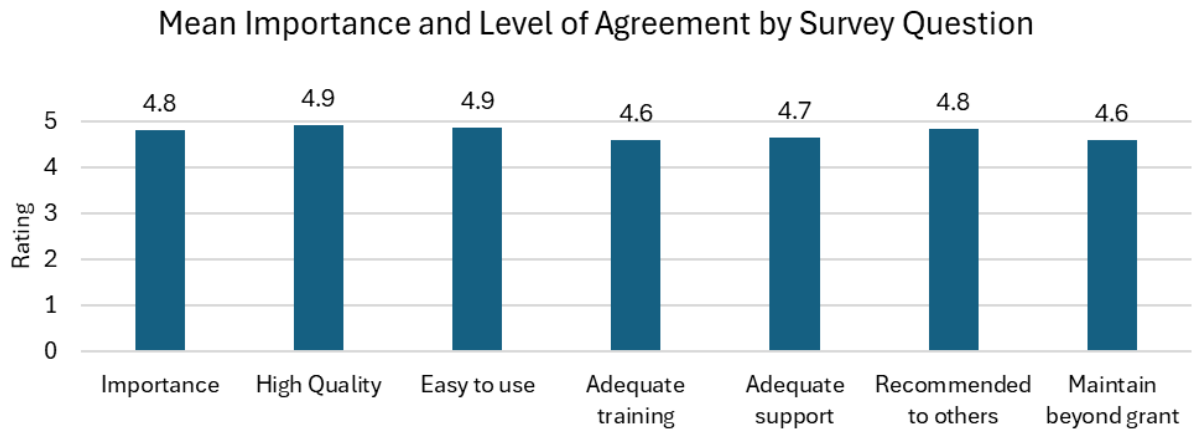


Figure note: For each scale, 5 is the most positive score, and 1 is the least positive. For the importance question, 5 = Extremely important, and 1 = Not at all important. For all other questions, 5 = Strongly agree, and 1 = Strongly disagree.

Interviews with law enforcement agencies participating in the program provided insight into agency perspectives. Agencies were appreciative of the opportunity to participate in the AED program, as it offered a plethora of benefits and minimal barriers towards participation. Cost savings associated with the program expanded first responders' access to AEDs without impact on agency budgets. This resulted in expanded availability of potentially lifesaving equipment, allowing first responders to better serve the public. Many agencies noted a stark contrast in their response to cardiac medical emergencies compared to before the program, when they would perform CPR until EMS arrived, which can be a considerable amount of time in predominately rural areas.

Not only did the agencies receive the AED devices without cost to the agency, but agencies also valued that the devices used the latest technology and were simple to train on and deploy in the field. The technological advancements of these AED units were particularly noteworthy. Unlike earlier devices that were often cumbersome and difficult to use, the new units offered simplified deployment, clear instructions, and advanced feedback mechanisms. The ability to perform CPR while the device assesses shock requirements, combined with user-friendly interfaces, has made these tools accessible to personnel without extensive medical training. Moreover, the automated update and replacement pad systems have significantly reduced the administrative burden on already-stretched law enforcement resources.

Departments perceived they had received adequate training to use the devices. Additionally, support services were very responsive to first responders' needs. While the AEDs rarely experienced any durability issues in cruisers, the implementation of the AED program was not without challenges. Law enforcement agencies encountered obstacles in deploying and maintaining the devices. Connectivity issues emerged as a primary concern, with many departments struggling to consistently update AED units due to Wi-Fi limitations in patrol vehicles. The randomness of update schedules and the logistical complexity of ensuring every device remained current was burdensome to some agencies and presented additional challenges keeping devices in compliance. Agencies also reported difficulties with:

1. Inconsistent Wi-Fi connectivity in rural areas.
2. Challenges in tracking individual officer compliance with updates.
3. Varying vehicle assignment practices that complicated device management.
4. The time-consuming process of manually checking and updating devices.
5. Potential firewall and IT infrastructure complications during initial device setup.

Additionally, some agencies noted limitations such as compatibility issues between different AED models used by local emergency services, and concerns about the limited number of replacement pads included in initial device shipments.

Despite these challenges, agencies would overwhelmingly recommend this program to others. Several individuals characterized the decision as a "no brainer." The experience of saving lives using program-issued devices increased buy-in of participating agencies. While there is uncertainty with the maintenance of AED devices beyond the grant, device updates for up to 8 years were included in the initial purchase. Many agencies plan to retain at least some level of funding to continue to support pad and battery replacements for the devices. Unfortunately, many departments stated that maintaining the devices at the current saturation level (e.g., one per cruiser) will likely be impossible without additional funding from the state or their local county or city governments.

Conclusions and Considerations

The Helmsley AED Initiative has proven to be a transformative program for law enforcement agencies across Nebraska, particularly in rural areas with lengthy EMS response times. The program's success is evident in multiple areas, including its positive reception among law enforcement, favorable community impact, and ability to save lives. Agencies taking part in the initiative reported several benefits:

1. The devices were provided at no cost.
2. They equipped first responders with a potentially lifesaving tool.
3. The AEDs were technologically advanced and user-friendly.
4. They improved officers' confidence and preparedness to deal with cardiac emergencies.
5. They provided critical medical intervention in areas with limited EMS providers.

The program's impact extends far beyond mere equipment distribution. Law enforcement agencies, especially in rural Nebraska, now have a critical tool that allows them to provide immediate medical response in cardiac emergencies. Officers reported increased confidence in their ability to aid patients with devices offering real-time CPR feedback, simplifying the complex process of emergency medical intervention. Program-issued AED units have been credited with multiple life-saving interventions, demonstrating their immediate and tangible value to communities.

Data from Nebraska's ePCR indicate first responder AED use increased during the program from what it had been prior to the program. Although overall AED use by first responders did not differ by community size when comparing the before and during program periods (regardless of whether AED were in-program or out-of-program), there was greater in-program AED use in rural communities when compared to out-of-program AED use during the program period. Outcome data indicates that for cases most likely to be survivable, or those that are witnessed and present with an initial rhythm that is shockable (i.e., cases meeting Utstein guidelines), a larger proportion of cases resolved in the emergency department during the program than before the program. After controlling for possible confounds, first responder use of AED in OHCA cases with cardiac etiology increased the odds of ROSC by 53%, regardless of whether this occurred prior to or during the program. Increased law enforcement use of AED prior to EMS arrival saves lives.

Despite its successes, the program's long-term sustainability presents a substantial challenge. While 73.5% of agencies surveyed strongly agreed they were committed to maintaining operational AEDs, cost remains the primary barrier to continued implementation. Most agencies lack formal policies for sustaining the program beyond the grant, with funding constraints being the most cited obstacle. Despite these challenges, many agency leaders expressed a strong desire to continue the program, viewing the AEDs as a critical asset to community safety. Some departments are exploring budget allocations and seeking additional funding sources to maintain their AED capabilities.

Looking forward, the AED Initiative provided a model of proactive community safety intervention. Agencies recommended the program to others, especially those serving rural communities with limited medical infrastructure. The program's success highlights the potential for targeted grant initiatives to equip first responders with critical life-saving technology. While sustainability is a challenge, the overwhelmingly positive feedback and demonstrated value suggests that continued support and funding could expand this initiative's reach. The program not only provides practical medical tools but also empowers law enforcement officers to provide more comprehensive cardiac emergency care, bridging critical gaps in medical response across Nebraska's diverse communities.

Appendix A: 2022-2023 Interview Protocol

[Introduction]

Today's conversation will be about your agency's/office's experience with the procurement of AED units via the Nebraska Department of Health and Human Services, Emergency Health Systems. Thank you for taking the time to have a conversation with me. The information you share with me today will be combined with information from other departments and to help understand benefits of and barriers to participation in the program. This information will be used to inform future DHHS planning efforts. Do you have any questions before we start?

1. How did you first hear about the AED program?
2. Now I would like you to think back to before your agency/office participated in the AED program. What was your previous procedure in responding to a medical emergency call when using an AED would have been appropriate?
3. When you were considering participating in the AED program, what advantages of participation did you identify?
4. When you were considering participating in the AED program, what disadvantages or barriers to participation existed?
5. Why did you ultimately decide to participate in the AED program?
6. Now, consider your department's/office's experience with the training. What was your experience with accessing the training?
7. Were there any barriers to participation in the training? How do you think this barrier could be mitigated?
8. Since you acquired the units and used them at least a couple times, what have you heard as sentiments from officers/deputies?
9. Have there been any challenges with the use or maintenance of the AEDs?
10. Have you had any difficulty connecting a device to the internet?
11. When you have had these problems, who did you contact?
12. Did you feel you received adequate support?
13. What would you recommend to improve support services?
14. Finally, what would you say to another agency that is considering participation in the AED program?

Appendix B: 2024 Interview Protocol

[Introduction]

Today's conversation will be about your agency's/office's experience with the procurement of AED units via the Nebraska Department of Health and Human Services, Emergency Health Systems. Thank you for taking the time to have a conversation with me. The information you share with me today will be combined with information from other departments and to help understand benefits of and barriers to participation in the program. This information will be used to inform future DHHS planning efforts. Do you have any questions before we start?

1. Please think back before your agency/office participated in the AED program. What was your previous procedure in responding to a medical emergency call when using an AED would have been appropriate?
    a. Did your agency/office have AED units?
        i. If so, tell me about your agency's/office's experience with deployment of the AED units. (potential prompts are below)
            1. Were the units present in all vehicles?
            2. Did personnel have regular training on AED deployment?
            3. How was the equipment quality?
2. How did you or your agency first hear about the AED program?
3. When you were considering participating in the AED program…
    a. What advantages of participation did you identify?
    b. What disadvantages or barriers to participation existed?
4. Now, consider your department's/office's experience with the initial training. What was your experience with accessing the train the trainer training?
    a. Were there any barriers to participation in the training?
        i. If so, how do you think this barrier could be mitigated?
    b. How did your agency go about the process of training your department's staff?
        i. Did you experience any challenges with internal training?
5. Tell me about your agency/department/office's experience with the procurement and distribution of AED units to personnel.
6. Have any of your personnel deployed the new AED units?
    a. About how many times has your department deployed AED?
7. Since you acquired the units ([if appropriate] *and used them at least a couple times*), what have you heard as sentiments from officers/deputies about the units?
8. Have there been any challenges with the use or maintenance of the AEDs?
    a. Please discuss any difficulty connecting a device to the internet.
    b. What barriers are encountered in keeping them connected?
    c. What has your experience been like while interacting with support services to resolve any issues with the AED units?
9. What would you say to another agency that is considering participation in the AED program?
10. Finally, what plans does your department have for implementing any policy or procedures to maintain AED past the 8-years provided by the program?

Appendix C: 2024-2025 Interview Protocol

[Introduction]

Today's conversation will be about your agency's experience with the AED program, which was supported by the Helmsley Charitable Trust grant through the Nebraska Department of Health and Human Services Office of Emergency Health Systems. Since 2021, 2,500 AEDs were distributed to Nebraska law enforcement agencies, first responders, and state offices and facilities. This is the final year of grant funding, and we are gathering partners' feedback regarding programmatic impact and sustainability.

We are helping DHHS and the Helmsley Foundation with assessing how the AED program was received in Nebraska and capturing some of the impacts of it. This will help us assess program sustainability and quantify the program's importance.

Thank you for taking the time to have a conversation with me. Any information you share with me will not be attributed directly to you. Do you have any questions before we start?

1. Do you have any AED units as a result of the AED Helmsley Charitable Trust grant?
    a. If not: end interview
2. If yes: Is at least one of these devices connected to the internet?

<u>At least one operational device:</u>

1. Tell me about the number of AED units your office currently has access to. Specifically, do you have enough units to meet your agency's needs?
    a. Do you have any surplus devices?
2. What has your or your agency's experience with the initial device set up?
    a. What issues have been identified regarding regularly updating your devices?
    b. What sort of issues have you had with device durability?
    c. What has your experience been with the device's support services?
    d. What have been the primary causes of device downtime?
3. Since you acquired the units, what have you heard as sentiments from officers/deputies about the units?
4. What has been the largest impact of the Helmsley AED grant program on …
    a. you?
    b. your agency?
    c. your community?
5. Does your agency plan to maintain operable AED units beyond the time supported by the AED grant program?
    a. What efforts has your agency undertook to promote programmatic sustainability?
6. Is there anything else you would like to share about the program?

Appendix D: 2024 AED Evaluation Survey Questions

1. What agency do you work for or represent?
2. How many AEDs did your agency receive via the Helmsley AED grant? Please enter as a number.

   _____

3. Please rate the importance of the Helmsley AED grant.

   ◯ Extremely important (5)

   ◯ Very important (4)

   ◯ Moderately important (3)

   ◯ Slightly important (2)

   ◯ Not at all important (1)

4. Please rate your level of agreement with the following:

	Strongly agree (5)	Somewhat agree (4)	Neither agree nor disagree (3)	Somewhat agree (2)	Strongly disagree (1)
a. The AED devices provided to my agency were of high quality.	◯	◯	◯	◯	◯
b. The AED devices provided to my agency were easy to use.	◯	◯	◯	◯	◯
c. My agency received adequate training in using the AEDs.	◯	◯	◯	◯	◯
d. My agency received adequate support to ensure AEDs were operable.	◯	◯	◯	◯	◯
e. I would recommend this program to others.	◯	◯	◯	◯	◯
f. Our agency is committed to maintaining operational AEDs beyond the funding provided by this grant.	◯	◯	◯	◯	◯

5. Please share one example of how having the AEDs has improved your ability to serve the public.

   _____

6. What barriers exist to maintaining operable AED devices beyond the AED grant?

   _____

7. Are you willing to participate in a short, follow-up phone interview?

   ◯ Yes

   ◯ No

8. You indicated you are willing to participate in a follow-up interview. Please provide the following:

   Name: _____

   Email Address: _____

   Phone Number: _____

Appendix E: Full Details of Interview Contacts and Response Rates

Fall-Winter 2022-2023 Interviews

	Total Number of Agencies Attempted	Total Number of Agencies with Completed Interview	
	n	*n*	%
OEHS-identified LE agency	15	11	73.3
Rural LE agency	13	3	23.1
Total	**28**	**14**	**50.0**

Early 2024 Interviews

	Total Number of Agencies Attempted	Total Number of Agencies with Completed Interview	
Agency AED Status	*n*	*n*	%
New AED use	6	4	66.7
Unit needs update	6	2	33.3
"Location not specified" / Not connected to internet	12	2	16.7
Online	5	4	80.0
Total	**29**	**12**	**41.4**

Fall-Winter 2024-2025 Interviews

	Number of Agencies Attempted	Number of Agencies with Completed Interview	
Identification	*n*	*n*	%
Equipment list (never connected)	32	1	3.1
Survey	31	14	45.2
Total	**63**	**15**	**23.8**

Appendix F: Detailed Law Enforcement Interview and Survey Findings

Consideration of Participation in AED Program

Survey respondents overwhelmingly thought the Helmsley AED grant was important. With most respondents (*n* = 71, 85.5%) selecting the program was "extremely important." Agencies were generally eager to participate in the program, citing several advantages such as cost savings and ability to better serve their communities with a potentially life-saving tool.

Interview participants from 2022-2023 and early 2024 were asked to name potential barriers considered by their agency before enrolling in the program. Only one individual identified a barrier regarding the initiative. This barrier pertained to the development of the infrastructure needed to accommodate grant funding, including consideration of the time necessary to meet reporting requirements and ensure grant compliance.

> *"It is a grant, and there are certain requirements. We need to be sure we had infrastructure set up to be certain we could maintain grant compliance in addition to other responsibilities. This takes additional time."*

In the 2022-2023 interview, participants were asked what led them to participate in the AED Initiative after consideration of the advantages and disadvantages to participation. Responses could be grouped into three primary categories: improved/more equipment, the opportunity to better serve public/save lives, and no reason not to.

Program Awareness. All interview participants were asked how they first learned about the AED Initiative. Most commonly, OEHS sent an initial survey to agency leadership, followed by a program application. In some cases, interviewees were assigned to the program through their chain of command without knowing how their agency got involved. Others were unaware of their agency's initial participation.

One participant noted that the rollout could have been executed better and more clearly communicated to potential recipients.

> *"The Hemsley grant itself was great. There was very little pre- information. Like, hey, this is what this grant is, please apply for it. It is required. That was not communicated super well. And so, the rollout for us was like, 'Hey, fill this thing out.' Next day was, 'Hey, you're approved.' Now you are getting them hustled to get to this training."*

Previous Cardiac Medical Emergency Response. Individuals were asked about their agency's previous procedure in responding to a medical emergency call when using an AED would have been appropriate. The most common response for both the 2022-2023 interviews and the 2024 interviews was that agencies would provide first aid and CPR due to a lack of availability of AED units.

> *"We would respond to a call and do what we could. This would mean basic CPR and first aid while we waited for emergency medical services to arrive. We usually got there first."*

> *"We would pray for EMS to arrive. We had one AED assigned to our building, not an officer. When we would respond to a medical emergency, we were just standing by with the people calling for help, waiting for EMS to get there."*

Both the 2022-2023 and 2024 interviews highlighted disparities in response times in rural Nebraska. EMS services in these areas often faced significant delays, worsened by workforce shortages among volunteer and rural EMS personnel. In communities with paid EMS services, competing priorities—such as mutual aid and hospital staffing—further impacted response times. As a result, the gap between first responders' arrival and EMS intervention in rural areas often delayed critical, life-saving treatment.

> *"The office's procedure before was just CPR only. We had no units for our deputies and needed to wait for EMS to arrive. We are pretty rural, and that can take a long time."*

> *"Basically, we were such a rural area. Any time a code blue would be called out because we have a volunteer fire department, we would always get to the scene first. We would implement whatever lifesaving procedures we could do - like CPR and breaths. That was pretty much it."*

> *"We had a few in and around our office. We did not have any in our vehicles. We would have called 911. Start CPR and wait for EMS assistance, which could take anywhere between 20 minutes and an hour to arrive."*

Interview participants who formerly had access to AED devices within their agencies noted considerable difficulty in the use of these units. These devices were often not available in cruisers, lacked sufficient technology, or were aging devices in need of replacement.

> *"We had one in the jail, and the deputies did not have any. In the field, we used CPR."*

> *"We did have some AED units – maybe four or five or so. They were old. The batteries were old and huge."*

> *"We had AED before. They were just kind of new when they came out. They came through a grant through the [redacted], and the batteries did not last long."*

Among those interviewed in 2024, most did not have previous access to functional AEDs. Only one of the agencies interviewed reported agency-wide availability and use of AED units. However, in this instance, the devices needed upgrades and did not have a formal data management system. Those interviewed in 2022-2023 reported issues with the user friendliness and overall capabilities of the old units. These concerns often resulted in agency personnel opting to either not carry the device in their patrol cars or not being able to deploy the device in a medical emergency.

> *"[The devices] were often not user friendly, did not offer feedback on CPR, and were often out of service."*

> *"[We] had some units available in their patrol cars, but many of them were aging. They were also not nearly as advanced as the new units."*

Initial Device Training and Setup

Initial Training. Survey respondents were asked to rate their level of agreement with the following: "my agency received adequate training in using the AEDs." On the five-point scale from strongly disagree (1) to strongly agree (5), responses averaged 4.6 (*SD* = 0.9), showing a high level of agreement with the question. Three out of every four respondents "strongly agreed" (*n* = 63, 75.9%) that their agency received adequate training.

This survey finding was supported by experiences shared in interviews. Feedback on the training was positive overall, with no reported barriers. Trainings were held in various locations across Nebraska, allowing smaller departments to take part. However, interviewees from western Nebraska noted challenges in attending training even when sessions were held centrally. These challenges were more significant for agencies with limited personnel. For example, a county sheriff without deputies could not leave the area unattended for long due to potential emergencies. Therefore, ensuring training was both accessible and brief was essential.

> *"It was appreciated that the training was 0.5 days and easily accessible. The trainers were knowledgeable, and the information was highly informative. Our representative reported leaving the training feeling informed about the capabilities of the equipment and comfortable administering the program."*

> *"It was really nice to have it centralized. Nebraska is famous for 'western Nebraska is Kearney.' It really helps out when they have regional training out here. It gives us little agencies without the manpower to go out to these little classes here. That was a really big factor in us being able to participate."*

Procurement of AED Units. The 2024 interview included questions referencing the procurement and distribution of AED devices within agencies. No issues were reported with the procurement of the AED devices. Some respondents said their agencies received the AEDs units via the mail, while others said they brought the devices home with them from the initial training. Both methods worked well for agencies overall, as respondents indicated they received the devices quickly.

> *"It all went really well. We got everything in a timely manner. Ordering, working with the state and Stryker, it all went really smooth. There were no issues."*

Initial Device Setup. While there were no major concerns with the procurement of AED units, agencies adopted a variety of approaches and had a range of experiences setting up and distributing units to personnel. Experiences with device set-up varied from no issues to substantial challenges. When asked about the agency's experience with device setup, one individual described challenges related to connectivity and communications.

> *"The connectivity was very, very weak. The online portal really struggled to keep up with our agency's needs. The reoccurring emails got sent to people that they ought not have been sent to, which caused more internal strife than was needed. The devices themselves performed their function very well but perform all of the other Wi-Fi portions very poorly."*

In some instances, set-up was time consuming. However, taking the time to ensure the initial set-up was completed properly helped streamline the operation of the devices, including the automation of replacement pads following a deployment.

> *"The setup was kind of tough for me to set it up. Just getting everything connected. It was pretty time consuming, but it was worth it because then everything is done through Wi-Fi. So, if you have a usage, it is pretty quick to get us something coming for replacement parts."*

Several respondents shared that the primary challenges were department firewalls or Wi-Fi strength, not the devices themselves.

> *"It is easy for us, really. It would help if we had better Wi-Fi here at the station. That is certainly not a problem with the device itself. I have not had any issues really with these devices."*

> *"Maybe initially, but it was a firewall issue. I think we just contacted the company and were able to sort these issues out. There have not been issues since."*

> *"The first unit I tried to connect did not connect. However, I just had to call our IT guy, and he came over. We had to get around the firewall we have for our department."*

Some agencies assigned one individual to program administration, including setting up the initial Wi-Fi connection.

> *"When they came back, I made sure everything was set up and ready to go and that they were communicating with the online portion and assigned every one of them an AED."*

> *"This was simple. They shipped them to us. We unboxed them, followed the instructions. I understand technology above average level. Setting them up was super easy. It was fairly easy to connect them to the Wi-Fi, and now it is just keeping them updated."*

> *"I handled all of that stuff. Initially figuring out how to get it connected to Wi-Fi. I had to read a little bit, but it was not terrible once you got the first one done. It depends on what kind of Wi-Fi you have. I assigned them out by badge number. It was not difficult for us."*

Others opted for an approach where each personnel member set up their own device. This approach was associated with increased challenges in ensuring a complete initial setup and ongoing compliance.

> *"Procurement was easy. The hassle was getting everyone in the right time to get them set up for their Wi-Fi compatibility."*

Device Ease of Use, Quality, and Durability

Device Ease of Use. Survey respondents overwhelmingly thought the AED units were easy to use. Most respondents (*n* = 75, 90.4%) indicated that they "strongly agreed" that the devices were easy to use. Eight out of 12 agencies interviewed in 2024 noted that training personnel on the AED devices was managed internally. These agencies commonly referred to the simplicity of use of the devices as being important in delivering high-quality training that left personnel feeling confident in their ability to use the AED.

> *"We all went over it together in the conference room. We all had the books out. This is what it is, this is how you use them. The AED talking to them made them feel more at ease. People that do not do that kind of work were really comfortable with it."*

> *"It explained things well enough and had a training video that we were able to use for our staff to show them how to use the AED and the basic idea behind them. Then I put together a few slides that folks watch and how we are going to do it. This was a simple how to video, and new recruits watch it."*

Two respondents indicated that their agencies were able to obtain a trainer AED unit for internal training. This trainer unit allowed personnel to experience a test deployment of the unit and become more familiar with scenario-based learning. Being able to have this firsthand experience was of high importance to these agencies.

Device Quality and Durability. Survey respondents were asked about device quality, and most respondents "strongly agreed" that the devices provided to their agency were of high quality (*n* = 80, 96.4%). Interviewees were specifically asked about issues they have experienced with device durability. These devices are exposed to the elements, including both extreme heat and cold. As noted by a few respondents, they are in the back of cruisers often being "bounced around." Generally, the devices held up exceptionally well. Only one issue was noted several times: the lid connection breaking. Once this happened and the lid was ajar, the batteries would drain.

> *"We had a faulty lid connection. That basically drained our battery, but that was taken care of. I fixed it and replaced everything that they gave to us. So otherwise, no issues. No, they are durable. We keep them in our units, and they get banged around and they're doing just fine."*

> *"I do not know if it would fall under durability. The metal piece that's in the lid; I had issues with those staying in. So, our batteries would die, and we didn't understand why at first, but after we got that figured out, then it was good."*

The devices' resilience to extreme temperatures was noted by several agencies as a major positive point regarding device durability.

> *"Actually. I am surprised they are holding up pretty well. I mean, sometimes we are supposed to bring them in out of the hot or the cold, and sometimes they do get forgotten and have never failed yet."*

> *"They seem to be holding up. We keep them in the backseat of our cruiser, and we have had them in the wintertime when it is really cold. So they are still working, yeah."*

Agency representatives were pleased with the AED units' improved capabilities over old devices. Specifically, the program issued devices boasted enhanced technological and feedback capabilities and improved device quality.

> *"The new units were the latest technology. The information gained about CPR was helpful to personnel."*

> *"They are newer equipment. Top of the line equipment. Also, the process of operating the units was simple."*

> *"I think the ones that we have now through this program are more simplistic. They walk the user through them a little bit better than the ones we had. Newer technology."*

One advantage reported exclusively in the 2022-2023 interviews was the quick and no-cost turnaround for pads after AED deployments. Interviewees especially appreciated that their agencies would not need to request new pads, as the AED unit software featured automated requests to the supplier after each deployment. This automated process decreased the administrative burden on the departments and was especially helpful to departments experiencing workforce shortages.

> *"We really liked that the unit was supposed to notify the company that pads would be needed after a unit was deployed in the field."*

> *"The turnaround time for pads was phenomenal, sometimes less than 24 hours to have a unit back in service."*

Two concerns were noted with the program issued AED devices, consisting of unit compatibility issues with AED devices used by other response agencies, and the small number of pads sent with each new device. In the 2022-2023 interview, one interviewee recommended that agencies taking part in the program order additional replacement pads as soon as possible to minimize device downtime. It was noted that replacement pads take considerable time to receive when they are ordered separate from AED deployments. Waiting for new pads was mentioned as the primary cause of any device downtime.

> *"There is only one issue, and I do not even know if I would call it an issue. It has never come up that I am aware of yet. However, a firefighter called me one day to tell me that the AED units the officers have are not compatible with the units that fire uses. They must be a different manufacturer or model or something."*

> *"One disadvantage that we have seen now. You got the AED with one set of pads, and we did not have extras. After deployment, pads are turned around in a day or two (tops). That is a good thing, but we sometimes had several deployments in a short period of time."*

Routine AED Unit Updates. Law enforcement agencies faced significant challenges in maintaining up-to-date AED devices, primarily due to connectivity and logistical issues. The most critical obstacle stemmed from AED units being stored in police cruisers, which often prevented consistent Wi-Fi connectivity for automatic updates.

The problem of routine unit updates was particularly complex due to varying vehicle assignment practices. Some sheriff deputies had take-home cruisers, while other units were shared among officers. This range of assignments created uncertainty about who was responsible for updating the devices.

> *"We did not see any barriers to participation initially. Moreso of an ongoing thing, the biggest issue is having the officer taking the unit out of the car and bringing it in to connect to Wi-Fi so that it can be updated every month. We found that this was not always an easy process, and we got sick of having to remind deputies to bring it in every month. That is the only challenge we have noticed."*

Connectivity challenges were widespread, affecting both large and small departments in rural and urban areas. Some cruisers occasionally connected to a station's Wi-Fi from the parking lot, but consistent updates remained problematic. The administrative burden of managing these updates was substantial. Program managers often received numerous compliance notifications, and tracking down individual officers to ensure updates was time-consuming.

> *"There are a couple [units] that will connect when they pull into the garage. None have any issues with connecting if they are brought into the building. I think people forget to link them back up. That is the only challenge."*

> *"The person who manages our program indicates she receives many notifications about things out of compliance. There is a considerable time demand to ensure all units are connected and operating correctly, and this is sometimes a challenge with other responsibilities."*

To address these challenges, agencies developed several partial solutions. One approach involved implementing a check-out procedure where AEDs are logged and updated at the beginning of each shift. Another strategy included mandatory device updates during quarterly staff meetings. However, these solutions were not without limitations.

> *"The downside is consistently having [the units] update. So, now we just have them all bring them in one time, and we do it all together. It seems like we have emails every 3rd or 4th day about a unit going outdated. It is a challenge to email the officer back to take care of it. We get the emails on a regular basis. We were trying to track down our guys to tell them to get their stuff updated. Trying to have them do an update month after month after month. When you are talking about officers, I am not sure they are understanding why the software is updating once per month. Now we do it at our quarterly staff meeting together."*

The randomness of the update schedules further complicated the process. One interviewee emphasized, "If the vehicle is not at the station at the time that the AED does it's random, and I cannot emphasize the word random enough, then we've got to do those manual check-ins." This unpredictability made ensuring device compliance with updates a persistent challenge for law enforcement agencies.

While many agencies experienced the challenges with regular updates, not all agencies had these issues. In fact, several agencies said that they have not had any issues with the devices.

> *"We have not had any issues that I am aware of. We get notifications when there is going to be a big update or something. Either Stryker or the state is good about sending out an email and not as far to the best of my knowledge, everything has been pretty seamless, not having any problems."*

> *"No, it has always taken care of itself. I mean, it lets us know. We bring it in. We will either hook it up or wait and it takes care of itself right away."*

Interaction with Support Services

Survey respondents generally either "agreed" (*n* = 15, 18.1%) or "strongly agreed" (*n* = 63, 75.9%) that their agency received adequate support to ensure the AEDs were operable. Feedback from interviewees echoed a high level of satisfaction with support services.

> *"They've been great. Real easy to work with, and I have not had any issues from Stryker or anybody else."*

> *"Yes, and we have had no issues with anybody. Everybody has been super helpful."*

> *"The support is outstanding."*

> *"They were quick. Usually handled by email and it was quick."*

The quick turnaround for replacement parts was noted to be a considerable benefit of the program and representative of the exceptional support services received.

> *"Yes, great support. Pads are received within 24 hours sometimes. A couple officers received a certificate and nice letter for being involved in a life-saving event."*

> *"One device malfunctioned. [New] device within the week. Super easy support."*

A few instances of subpar responsiveness of support services were noted in the 2024 interview.

> *"Initial set up then out of compliance. Gotten a few emails and they said, oh, we have a tech guy that will help you out on that. He never did."*

> *"I think it is okay. I think it is fine, and I don't know what the issue is. My biggest hangup is today, I got an email from the program manager that says I am 20 days past due. Well, I click on the link that they provide, and I cannot get in."*

Agency and Community Impacts

Interview participants were all asked what they had heard as sentiments from officers/deputies about the units. This program was extremely well-received, and the feedback reported was overwhelmingly positive regarding both the program and the devices. One agency simply said that their officers "love it." The availability of the device, especially in rural settings with longer EMS response settings, was noted to give officers "another tool in the toolbox" with potentially life-saving power.

Interview participants shared several instances of AED devices aiding with confidence in the delivery of CPR to patients. The feedback provided by AED devices has helped improve CPR form and proven that life-saving efforts were effectively delivered. Even in instances where an individual died, CPR feedback showed officers/deputies that they performed CPR and defibrillation well. This feedback has been noted as universally helpful.

> *"Information that comes back on paper about the number of compressions has been helpful to the officers. One officer had concern that they could hurt folks if they pushed too hard during CPR. He had come to me and told me that. With these new units, he is able to see that he is doing CPR right, and this helped them improve their form and compression depth."*

> *"I know that when a person is lost, officers could see their reports about how CPR went and know that they did everything they could. This has helped officers in emotionally dealing with losing someone in cardiac arrest. They knew that they did everything they could do to save a person's life."*

> *"They find it cool that we get an email that kind of shows you how everything went while you were doing it."*

This impact extended beyond officers to any bystanders present at the scene. Rather than administering only chest compressions, officers were equipped with this tool to supplement lifesaving efforts. Family or community members watching these efforts could be assured that everything possible is being done to save an individual's life.

> *"[Officers] like having them on scene. They feel like they can do more with family watching. Granted they can do compressions and whatnot, but the family can see the AED is actually getting put on and they are checking for heart rhythm. It looks like more advanced care when it is really just part of the CPR training, and it helps a little more, too, having all of that [information] to walk through and aiding in the transition with rescue once they get on scene."*

> *"I just think there is nothing worse than being on a scene or somebody's having a heart attack and not, I mean, waiting for them to go completely dead without being able to even get them prepped for something like this. And so, I think it is a big security blanket for them. Unfortunately, in rural Nebraska, the ambulance's response time is probably in the 10-minute area out here. Sometimes you could be sitting there for half an hour waiting for somebody to be there on an ambulance. So, I just think it makes, I think it's a huge plus. I mean, we got another option. Things continue to go in a southern direction that they can get prepped and get ready to go. And even if the ambulance or does get there, they can stick the pads on them and they are ready to roll when they get there if they need to."*

The positive impact these AED units could have on the community and law enforcement agency could be profound. One individual interviewed shared a story of a recent save by their police department with the AED units supplied by this grant.

> *"We have had really positive experiences with the units. All of our officers are really willing to utilize them. We had a couple really positive saves. When you come into the office after an officer has deployed a unit, whether it is successful or not, you can kind of just feel it in the air. Feeling like, I was there. I did something. It has been a real positive, even when we have to use those.*
>
> *One of the saves we did a little publicity on. It was a really positive thing for our department and for our community. The declining numbers of EMTs has been on the news, and we have seen our response time increase. It is even more important now that the law enforcement is able to be the first, first responder and actually be able to do something instead of moving furniture, waiting for the stretcher to get in."*

Another example was shared from a department where law enforcement officers had initial hesitation and resistance to carrying the devices. After a deployment and save of a middle-aged man, however, officers became overwhelming supportive of the program.

> *"I will tell you, there were some pushback. Cops are cops just thinking, Hey, we are not EMTs. Until I was the first one to deploy on a guy my age in his forties and let us just say had the AED not been in my truck and me there, we would've had a different outcome. And since then everybody is very receptive to now. So that was kind of the event that changed it. We help with the ambulance calls when we are around in our county and anytime there's that page that comes out that there's a potential for a cardiac issue, my guys just grab them. They do not even think about it."*

During an emergency, pressure is high, and time could be of the essence. The simplicity of these AED devices allowed first responders to easily use the devices while also paying attention to the scene. This included diverting attention towards calming other individuals, mitigating secondary hazards, and preparing for EMS arrival. One respondent shared the following example.

> *"It was very simple to use. You have to put it in the right spot, but you did not have to sit there and think "alright. Is this in exactly the right spot?" The ones prior, you had to be in exactly the right spot. You can just put this one in the area, and you are good to go. You have so many things going through your mind, and you have to concentrate on the scene and other things. You can have family members freaking out. The boyfriend was there; he was freaking out. We were trying to get him to calm, while we were trying to do our thing. We are used to that stress, but when you are trying to save somebody's life, you do not need that kind of stress. This just made it so simple. We just hooked her up to the machine, kept him calm, he saw what we were doing, which kind of helped, and he knew we were doing everything we could."*

Other feedback regarding the ease of use of the devices noted the units were simple to deploy in the field and have clear instructions to follow. A more timely response, combined with the ability to administer chest compressions while the AED assesses the need for a shock improved CPR delivery and improved outcomes.

> *"Really like how user friendly. The diagrams are helpful. Step 1 and Step 2. They like that they can keep doing compressions while AED reads patient…They are able to deploy it speedily."*

> *"The officers say they are very easy to use. Very simple. Like only having one set of pads, do not have to switch for a child. That was advantageous for speed of response."*

First responder sentiment regarding these devices was reported as positive by all respondents. The devices offered another tool that could be used to help serve and protect their communities. It was common for personnel interviewed to arrive before EMS services. Being equipped with an AED can provide expedited care to individuals experiencing cardiac emergencies. This timely access could help improve outcomes. Using all available resources when attempting to save a life was something interview respondents said their personnel valued and took pride in.

> *"These devices have really been a confidence booster during emergency situations. Also, the lifesaving aspect of it is important. We can get the unit started and a cycle or two gone through before EMS arrives. That just puts us ahead in caring for the person."*

> *"Deputies are proud to have the equipment to be able to help. Bringing the AED brings peace of mind that they have all the lifesaving tools at their disposal to engage in lifesaving efforts at the scene."*

Agency and Community Impact. Participants in both the 2022-2023 and the 2024 interviews named similar advantages of their agencies participating in the AED initiative. The most common advantage reported was being able to provide their communities with a potentially lifesaving service at little to no cost for the agency. A Chief of Police from a rural Nebraska law enforcement agency indicated that "many first responder programs nickel and dime your budget." However, the AED Initiative had no impact on his agency's budget whatsoever. Equipping entire fleets of patrol vehicles with AED units was noted to be cost prohibitive among interview participants; the AED Initiative eliminated this key barrier. It was commonly noted that participation was "a no brainer" among several participants.

> *"The ability to save lives right away. I have been at this for a long time. These AEDs save lives, but the cost was prohibitive in equipping all the cars. As soon as the program was offered, we knew we were going to participate."*

> *"It was a solution that we saw as being beneficial to have our officers have access to the equipment. Also, it was done with little to no cost to the agencies other than the training, and the training for the officers. It was a minimal investment and a high value for the department."*

> *"Having equipment more available and grant funded, so no cost to us was the advantage."*

> *"I think just the availability of the equipment. I mean, it being provided at no cost and mean, obviously it comes with a cost savings to our county."*

Survey respondents were asked to share one example of how the AEDs have improved their agency's ability to serve the public. The first benefit noted was the simple availability of a life-saving tool in case of a medical emergency. The funding support allowed agencies to have an AED available in each unit throughout a service area, ensuring quick access to the AED in an emergency.

> *"Each patrol unit has an AED ensuring that no matter who is on duty they have ready access to them in the case of a medical emergency."*

> *"The grant enabled us to put an AED into each patrol cruiser. This improved our response to medical calls."*

Law enforcement was often the initial first responder on scene. In rural Nebraska, law enforcement sometimes arrived a considerable amount of time before EMS.

> *"Many times, we are first on scene to CPR calls. In remote parts of our county, it can take upwards of 30 minutes to get an ambulance on scene."*

> *"Very small rural town, volunteer fire and rescue so officers are on scene almost first all the time."*

Having the proper equipment in these situations was vital in providing potentially life-saving interventions.

> *"It provides the opportunity to save or preserve life until EMS is on scene."*

> *"We are normally first on the scene and it is very important to have all equipment available to my Deputies."*

Several reports of saves were provided during interviews, including multiple departments that noted several saves with the AEDs the Helmsley Foundation provided.

> *"We have had multiple life saves by having and using the provided AED's."*

> *"Previous to the Helmsley grant we did not have AEDs in very many patrol units. Now with the addition of an AED in every patrol unit there have been multiple cases where a deputy can assist rural fire departments before they are on scene. One deputy responded to a 22-year-old male that was not breathing and not conscious. He deployed his AED and started CPR until the fire department was on scene, likely saving his life."*

Program Sustainability and Agency Recommendations

Sustainability. Only 73.5% of those surveyed "strongly agreed" that their agency was committed to maintaining operational AEDs beyond the funding provided by this grant. When asked what barriers existed to maintaining operational AED devices beyond the grant, the most cited barrier was cost and funding constraints (*n* = 42, 68.9%), followed by ongoing issues with regular updates and device connectivity to Wi-Fi (*n* = 17, 27.9%).

Interview participants in 2024 were asked about current policies, procedures, or other efforts to address sustainability of the AED program beyond the grant period. Zero participants indicated that their agency had a formal policy to sustain these efforts. Three participants (25.0%) indicated that they expect the program will be continued. For these three agencies, the AED program has support from high-ranking leadership. While formal policies have not been in place, the direction of these agencies appeared clear.

> *"I will budget for it because it is not something I want to get rid of because it is an asset to our community."*

> *"We do not have policy and procedure for it. The chief and sheriff are adamant that we will continue this and allocate for it in the budget."*

> *"Include it. It is an aid right now. To implement it fully, we would probably have to set up a policy."*

One agency representative said that there would be considerable challenges to continuing the program beyond the grant period due to funding constraints. Specifically, this tribal law enforcement agency indicated that policy implementation in their department is incredibly challenging. Administration issues and expected budgetary constraints will challenge the existence of this program for some agencies.

> *"I do not think we're going to have an option. There is no way that we're going to buy new devices. We are just working with what we have. Just use pads and batteries, whatever as we go along."*

> *"Budget's going to be, especially out here is always going to be the rough deal. I would hope so."*

Some department representatives said that they will need to maintain fewer units in their department, resulting in less than one unit per vehicle.

> *"We will maintain a small number of them, probably in that six to eight range, and we will get rid of 20 of them. So we have a budget cycle, and I was asked as the program coordinator, I guess, to track what it would cost to track what it would cost to maintain all 26, and we essentially opted for that sub 10 number as a realistic metric."*

Several departments will try to budget for the AEDs, but decisions regarding the sustainability of the program beyond grant funding have not been made. Respondents indicated that their agencies would need to assess costs and submit formal proposals to their governing or budgetary agencies. Sustainability questions require input from high-ranking individuals, and the interview participants were not always privy to this decision making.

> *"Requested, haven't heard."*

> *"As far as maintaining it further, we have not discussed too much. Since we got those, we got some practical med kids for the cruisers that upholds medical care as a priority in our department. It is definitely to our benefit to maintain the devices and purchase more or more batteries. I am pretty sure our command would be receptive to continuing the program, but there is no current policy."*

> *"We have started looking into that. When we had the delay in getting the replacement pads, we were looking at the cost of having the extra pads. In previous years, when we had the AED in the building, the pads would expire. It was an expense, and they were not getting used. We looked into what those costs were. Whether that is a budget line item and something we keep around if that cost fell completely on the department, there has not been complete discussion on that."*

> *"We have not gone through and figured out what the next step is beyond this. We know we will have to purchase some new equipment, but we do not have any policy in place."*

Several agencies noted that it would be tremendously beneficial if additional funding to continue to support this program comes available due to its high quality and ability to promote public safety.

> *"I mean, we are just pleased with it and I hope it continues in some form going down the road. And as I said, if it does not, we will find another way to make it happen. I think it has been a well-run program. It's been well received, and it'd be nice if it could continue in some form."*

> *"How important and how much we use them. I worry that sometimes things like this fall out of use and are forgotten, but this program is important, and we want to be able to sustain it."*

The initial purchase agreement with Stryker established a comprehensive 8-year plan for AED maintenance and support. Throughout this period, law enforcement agencies received device updates and have access to reduced priced replacement components. During the first 4 years, the agreement provided a structured approach to device sustainability, with agencies required to budget for pad and battery replacements after 4 years. At this stage, Stryker offered a discounted combo pack of pads and batteries priced at $184.00, providing a cost-effective solution for maintaining critical life-saving equipment.

For the subsequent 4 years, law enforcement agencies continued to benefit from reduced pricing on replacement parts, ensuring ongoing affordability and accessibility. Throughout the entire 8-year period, agencies retained access to the LifeLink system, which provided essential support and resources. Upon conclusion of the 8-year term, agencies had the flexibility to continue their LifeLink participation at their own expense, with the understanding that pad and battery prices would revert to standard market rates.

Guidance to Other Agencies Considering Participation. Survey respondents overwhelmingly "strongly agreed" that they would recommend this program to others (*n* = 76, 91.6%). Interview participants were asked what they would say to another agency that is considering taking part in the AED program. Participation of agencies in the program was encouraged by respondents.

Other feedback was grouped into general themes. First, many interview participants provided general, positive feedback about participation. These responses highlighted opportunities and a lack of drawbacks, especially financially, to participation.

> *"Do it. It is a phenomenal program. I would be a great cheerleader for the program. Everything that they promised is what they have done."*

> *"This program, the amount of time and energy that goes into it, pays for itself in 2 months."*

> *"I would highly recommend it. To me, I do not think there are any negatives to being involved in it. Even if you have the opportunity to help one person, it is definitely worth it."*

A second set of responses highlighted the disproportionate impact of having the AED units in rural areas. In these areas, increased access to another potentially lifesaving tool can improve outcomes for those experiencing a cardiac emergency.

> *"I think for anybody in Nebraska they need to have it. 90% of your agencies are rural. The fact that 90% of your emergency services are volunteer. So, you are waiting 10-15 minutes for someone to show up to one of these things, it is clearly too late. You can do CPR, but if you can have this within minutes of someone going down, you can give them a bit of a better chance. Anyone with the opportunity should get what they can, as many as they can get."*

> *"I would say it is a valuable resource. For us, we have the city, we can use them at any given point. I would say it is even more beneficial to those rural facilities that are an hour or two away from the nearest hospital or urgent care. Especially for those agencies, it is beneficial to have. It is better to have it and not need it than not have it and need it."*

A third set of responses referenced device capabilities and ease of use. Responses focused on the technological capabilities and ease of use of the offered devices being superior to preexisting device models. These responses also stressed the automation and low maintenance needs of the AED units.

> *"I would highly recommend it. I have actually used it, and it is very simple. The instructions are very clear. It gives you plenty of time. You do not have to rush. Everything is simple. It is like click, click, and you are done. The monthly updates are so simple. The max time it took me one time was five minutes."*

> *"I would tell them to go for it. The units are low maintenance. They are easy to use. It does not take much to get them. I say go for it. They have been a great asset to us. It is nice knowing when I go out to a unit call that we have it."*

> *"Absolutely do it. This program is really a no brainer. It is worth it to get one unit in each cruiser. We have had no complaints from any of our officers. The units are easy to care for, simple to use. They have clear instructions to follow during deployment. All I have to do is wipe them down with alcohol wipes every month or so. When they are deployed, the pads are quickly received, and they are back in service quickly."*

One benefit that was referred to in the 2022-2023 interviews was the program's ability to bolster inter-agency communications and increase support from the community. One individual noted, "You will have support from the public knowing that AED is in every first responder vehicle and ready to be used should it be needed." Another individual mentioned that several state agencies now have access to these devices. This led to a streamlined response at the scene and increased compatibility and mutual understanding of devices being used. He stated, "Game and Parks and State Patrol both have them. When we are responding to a cardiac emergency scene with these individuals, we can speak the same AED equipment language and more quickly establish what needs to be done."

Participatory Research for Policy Development

Assessing Employer Perspectives on Developmental Disability Employment

University of Nebraska Public Policy Center

Kurt Mantonya, PhD
Ashley Miller, MPA
Stacey Hoffman, PhD

Society for Applied Anthropology Annual Meeting
Albuquerque, New Mexico
March 26, 2026

1

Project Overview

Partnership

NUPPC partnered with NCDD to assess employer awareness and opinions about hiring individuals with developmental disabilities

Purpose

Inform a future awareness campaign responsive to employer needs, concerns, and knowledge levels

Policy Impact

Directly addresses employment disparities while demonstrating how anthropological methods bridge competing interests in policy-relevant research

2

Participatory Approach

Planning Group

A multi-stakeholder planning group guided the project, including method selection, instrument development, participant identification, and review of findings.

Members included Vocational Rehabilitation, disability service providers, advocacy organizations, policy experts, and parent advocates.

Planning Group Timeline

April 2025 – November 2025

- **April** — Goals, members, survey design
- **May** — Survey finalization, distribution (Qualtrics)
- **Jun–Aug** — Survey launch and data collection
- **August** — Results review, interview protocol development and interviews
- **November** — Presentation of findings

3

Mixed Methods Design and Approach

1. **Employer Survey**
2. **Key Informant Interviews**
3. **Planning Group**

4

Quantitative Overview

Methodology

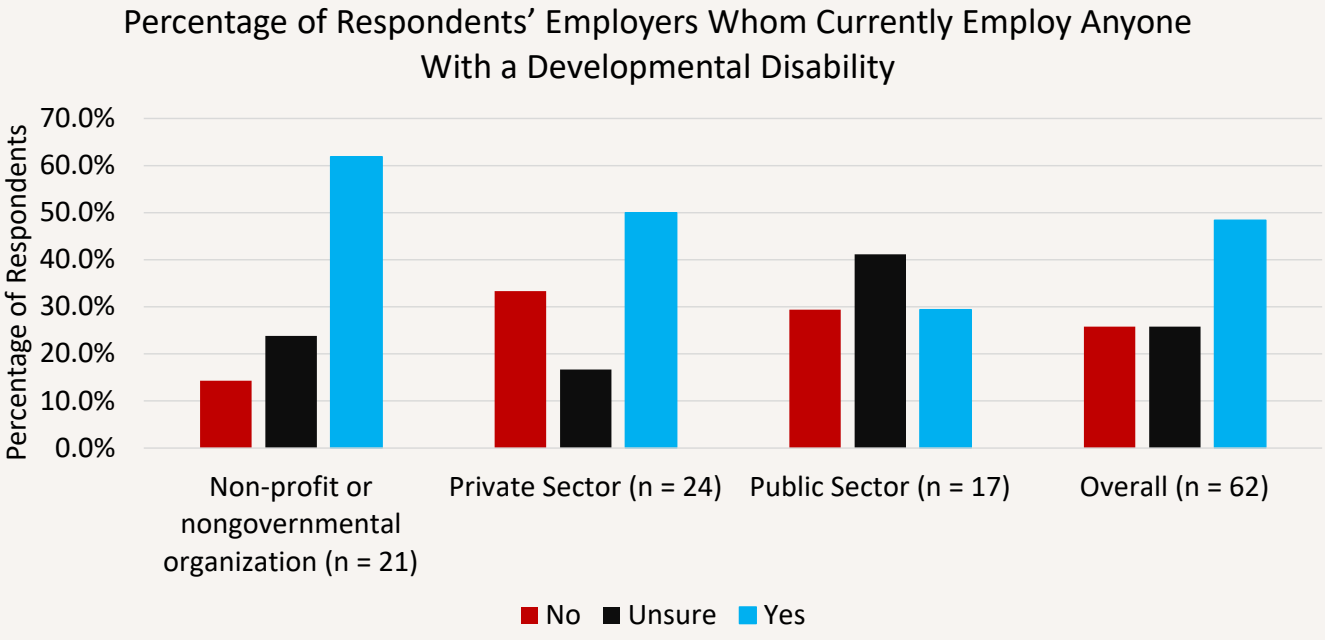
- Qualtrics survey with open-ended questions
- Snowball and purposive sampling
- Employers, service providers, advocates
- SPSS analysis

Focus Areas

- Employee strengths
- Current employers employing people with DD
- Benefits
- Employer needs

5

Sector Comparisons



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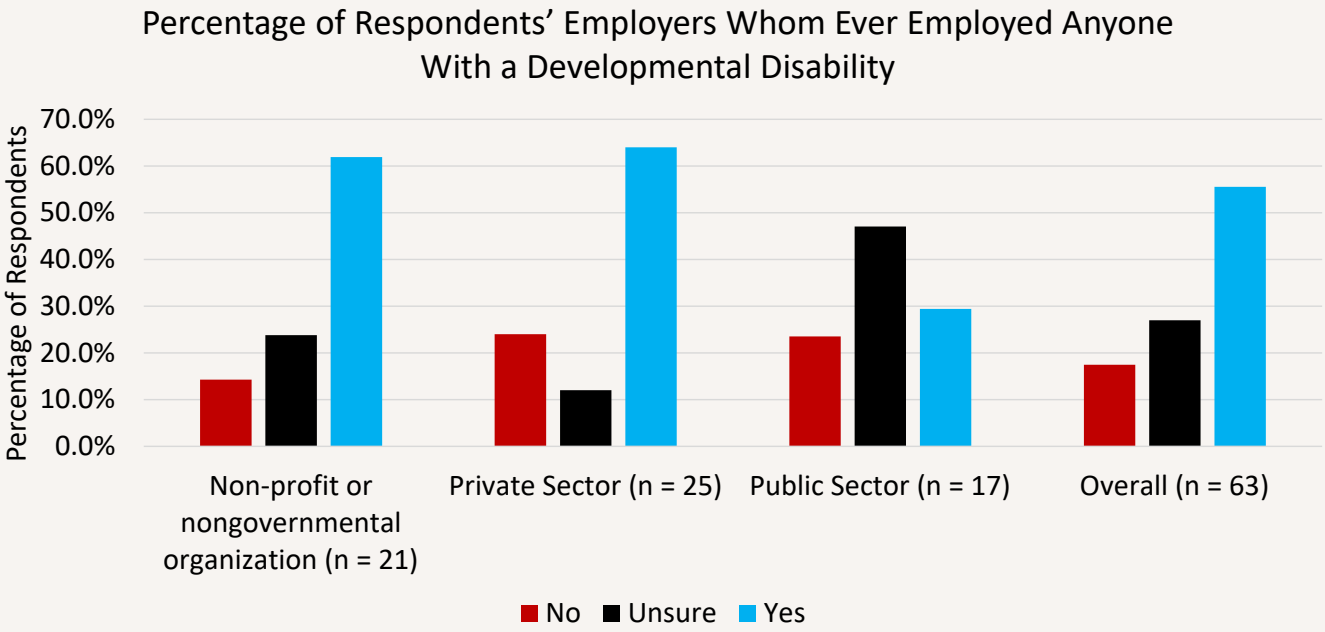
Sector Comparisons

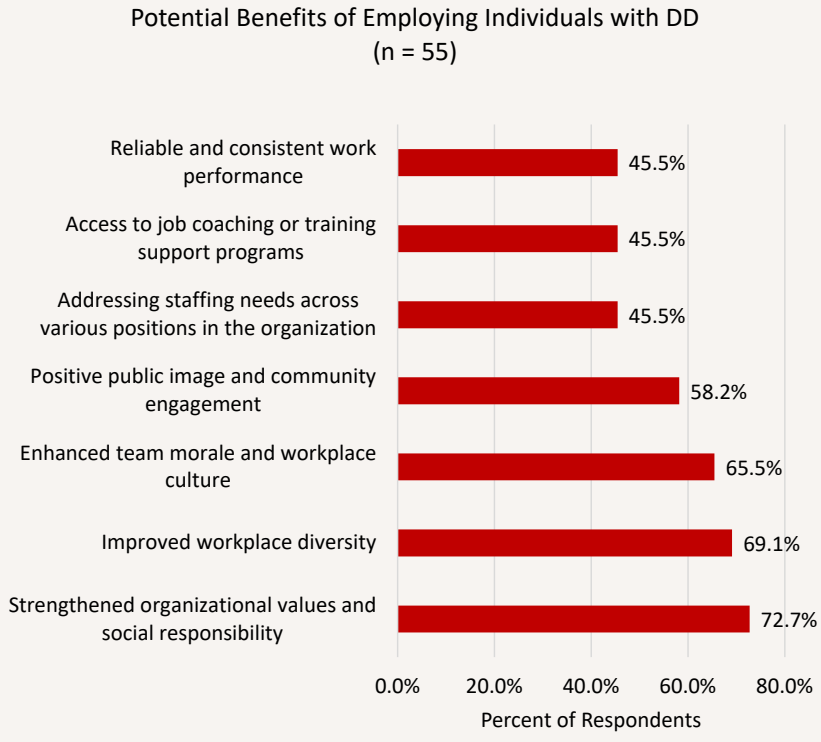


7

Benefits

"Hiring individuals with developmental disabilities offers numerous valuable benefits to the workplace. These employees are often highly reliable and bring genuine enthusiasm to their roles each day, which can positively influence over all team morale."

"It has been very positive and has filled a valuable gap in our workforce."



8

In Their Words: Employer Experiences (Open-Ended Responses)

> *"All the people we have working here have some form of disability. I really hate the word disability. We find that once we discover the person's abilities, we can harness those talents to propel the growth of our company. A true win-win."*
>
> — Employer, Survey Respondent

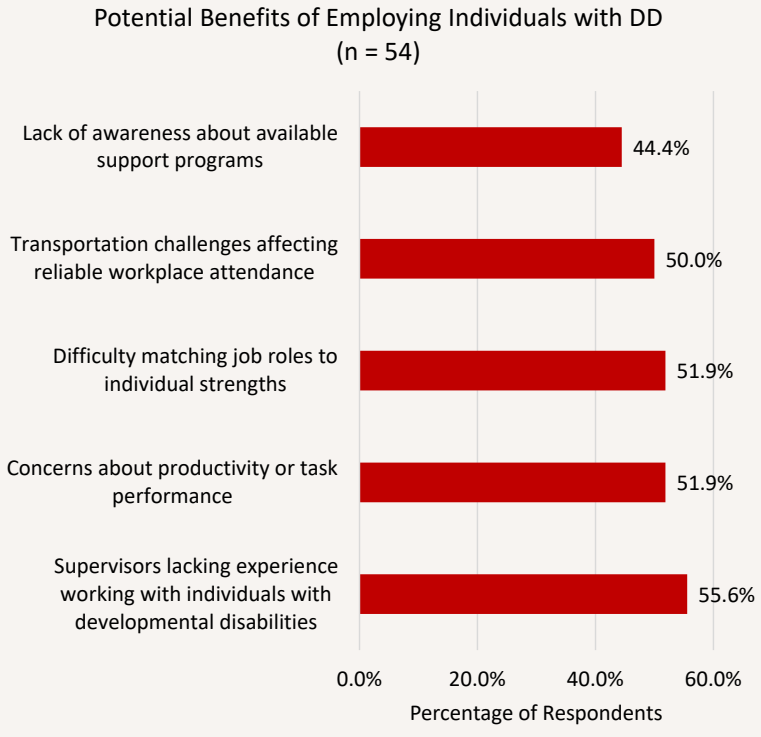
> *"In my experience, I've found that individuals with developmental disabilities bring the same value and dedication as any other team member. With the right support and inclusive environment, they perform their roles reliably and often bring a unique perspective and strong work ethic."*
>
> — Employer, Survey Respondent

9

Challenges

"They tend to need additional support, and direction which makes these individuals more difficult to employ."

"Good, it takes a bit longer to train them, but they are the most loyal, dedicated and happy employees to work with."



10

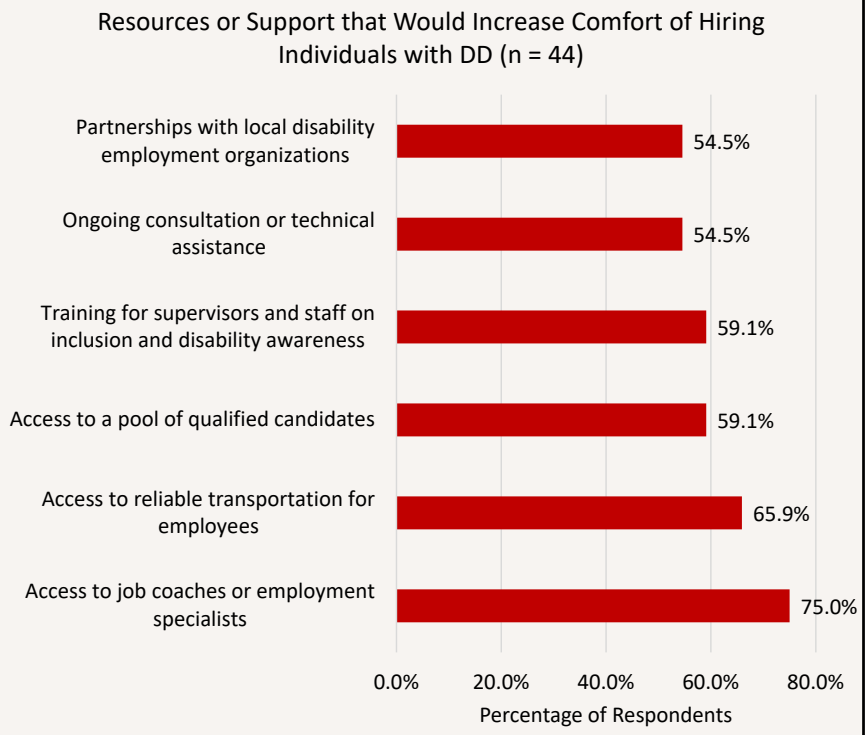
Survey: What Employers Need

70%

willing or conditionally willing to participate in integration programs

Preferred Info Delivery

- Online webinars **59.0%**
- Guides / toolkits **56.0%**
- Expert consultations **46.0%**
- In-person training **41.0%**



11

Qualitative Overview

Methodology

- Recruitment: emails, phone calls, recommendations
- Virtual interviews (45–60 minutes)
- Employers, service providers, advocates
- Transcribed and coded by themes

Focus Areas

- Employee strengths
- Workplace challenges
- Support needs
- Outreach strategies

12

Interviews: Employee Strengths

Attendance & Reliability

Most frequently cited strength; positively influences entire team attendance

Consistency & Performance

Once trained, employees maintain standards with remarkable adherence

Loyalty & Retention

Long-term placements of 5–15+ years; reduced turnover costs

Skill Development

Employees gain certifications, communication skills, and self-advocacy

"They are an untapped talent pool that people are not knowing that they need to access."
"They were the best candidate for the job."
"Good, it takes a bit longer to train them, but they are the most loyal, dedicated and happy employees to work with."

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In Their Words: Attendance and Culture

"Loyalty and accountability. They always show up for work. Unless they're dying or have some kind of significant illness, they are here."

"It also changes the culture and climate of my staff because then my staff without disabilities knows that they need to be at work to support my employees that do have disabilities... So, my staff without disabilities show up to work."

— Employer, Interview Participant

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In Their Words: Employee & Family Voices

I always like to show up on time and I never like to miss a day of work. I just want to show up and be there and just get my normal pay every week.

— Employee with IDD

He's very friendly. He loves to meet new people, and he's very courteous and polite. He's punctual. He has reliable transportation. He's a rule follower, so he's not going to be in the bathroom messing with his phone. He doesn't call in hungover... I mean, he wants to work.

— Parent Advocate

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Successful Placements & Unexpected Benefits

WORKPLACE DESIGN

"I have tape on each syrup that says, 'Hot drink, three pumps. Cold drink, five pumps.' They're just little tiny, tiny things, but that keep them moving independently."

— Coffee Shop Owner

LOYALTY SURPRISE

"It didn't dawn on me that I would have all the same original baristas a year and a half later, and a waiting list of 40 people who want to work here."

— Coffee Shop Owner

BEYOND JOB PERFORMANCE

"Seeing the confidence, seeing the connection, seeing the change... The financial piece is super valuable, but it's also everything else: that pride, that accomplishment, and being willing to take risks in other places because they've been successful with employment."

— Employer, Interview

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Interviews: Systemic Barriers

Application & Onboarding

Automated screening systems exclude qualified candidates; compliance training creates early defeat

Transportation

Inadequate public transit, especially in rural areas; a "make-or-break" factor for employment

Training Costs

~$1,700 baseline per employee; extended timelines strain small business budgets

Underemployment

Capable individuals stuck in limited part-time roles; social isolation from age-mismatched placements

Key finding: Most barriers emerged from organizational structures and resource limitations — not from the employees themselves.

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In Their Words: Barriers to Employment

TRANSPORTATION

"That's a huge, huge reason that people like him struggle to work. And also why I think we have a lot of poverty in our city because people just can't get to the jobs consistently."

— Parent Advocate

TRAINING COSTS

"Just to hire the average employee, it's about $1,700... With our adults with disabilities, they require much more training and I have to pay them for that. As I'm paying them, that means I can't schedule another employee."

— Employer, Restaurant Owner

UNDEREMPLOYMENT

"For 10 years, my son has been severely underemployed... He's a 28-year-old bagger. He's capable of much more and you can't live on that wage."

— Parent Advocate, Planning Group

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How Barriers Cascade

When one barrier exists, it triggers failures across multiple domains

The Compounding Effect

A 3-month training period can extend to 6+ months when compounded by transportation barriers. At ~$1,700 baseline training cost per employee, extended timelines significantly increase employer investment. This financial strain discourages future inclusive hiring, while simultaneously discouraging individuals with IDD from pursuing employment — creating a self-reinforcing cycle of exclusion.

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What Employers Learned

Presume Competence

Don't focus on perceived limitations — teach employees what you need them to do. Many get slowly phased out when employers lose patience prematurely.

Focus on Skills & Matching

Overlook the disability and see the skills. Match employee strengths to position requirements for natural success.

Invest in Multimodal Training

Use checklists, visuals, modeling, and verbal instruction together. These practices benefit all employees, not just those with disabilities.

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What Employers Learned

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Use checklists, visuals, modeling, and verbal instruction together. These practices benefit all employees, not just those with disabilities.

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In Their Words: Advice for Employers

Assume competence. Don’t look at what you think they can’t do. Teach them to do what you need them to do... And then, just be kind.

— Employer, Coffee Shop Owner

It’s almost like the individuals with IDD don’t need a job coach. It’s the employers that do.

— Employer, Interview Participant

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In Their Words: Reaching Employers

> *"We just have to talk to them. You got to go to the business... talk to employers, talk to Chamber of Commerce, and just keep knocking on those doors. But not as, they're doing us a favor. We're doing them the favor."*
>
> — Employer, Interview Participant

> *"As an employer, I would want to know what are my actual resources... If I as an employer knew what was out there, I would take advantage of that, but I don't know a single resource."*
>
> — Employer, Interview Participant

> *"Take a vignette of young people like him and do a PSA and spread it in all sorts of social media... 'I'm so-and-so, 28 years old. I have autism. I want to work. I'm a hard worker.'"*
>
> — Parent Advocate

23

Reframing the Narrative

Charity & Accommodation

Framing inclusive employment as a favor to people with disabilities creates patronizing dynamics and undervalues real contributions

Untapped Talent Pool

"We're doing them the favor" by providing qualified, loyal employees who bring reliability, consistency, and community connection

> *"I don't think anyone cares about the disability component... I need someone in this position starting tomorrow. It's recruiting talent that matches the business."*

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Recommended Next Steps

Immediate (0–6 months)

Employer Resource Toolkits

Visual-heavy guides with infographics, video examples, and supported employment contacts

Transportation Resource Guide

Medicaid plans, Handi-Van, transit advocacy contacts, and employer case examples

Grassroots Outreach

Chamber of Commerce and SHRM presentations with employer testimonials

Medium-Term (6–18 months)

Lunch & Learn Training Series

Success stories, communication techniques, visual training strategies, full employment lifecycle

Inclusive Employer Recognition

Bronze/Silver/Gold certification levels with public recognition, signage, and case studies

Bolster Job Coach Capacity

Train coaches on business operations and employer needs — not just employee support

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Possible Outreach Strategies

What Works

Face-to-face contact, social media success stories, lunch-and-learns at workplaces, Chamber of Commerce partnerships

What Doesn't

"You're going to get an email and they're going to be like, 'Delete.' You know how many emails I delete a day?"

Key Message

"This is a talented workforce. You're missing out on a talented workforce."

Business Focus

"I don't think anyone cares about the disability component... I need someone in this position starting tomorrow."

The focus should be on matching the skill to the employee

"Assume competence. Teach them what you need. Be kind."

26

Key Takeaways

- Employers recognize the value of employees with IDD — barriers are systemic, not attitudinal
- Transportation, training costs, and fragmented support systems are the primary obstacles
- Participatory methods ensured research reflected stakeholder perspectives and priorities
- Anthropological approaches bridge competing interests in policy-relevant research
- Awareness campaigns should frame employment as accessing talent, not providing charity

"This is a talented workforce. You're missing out on a talented workforce."

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Thank you for attending!

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IDENTIFICATION OF
Extremist Influence //

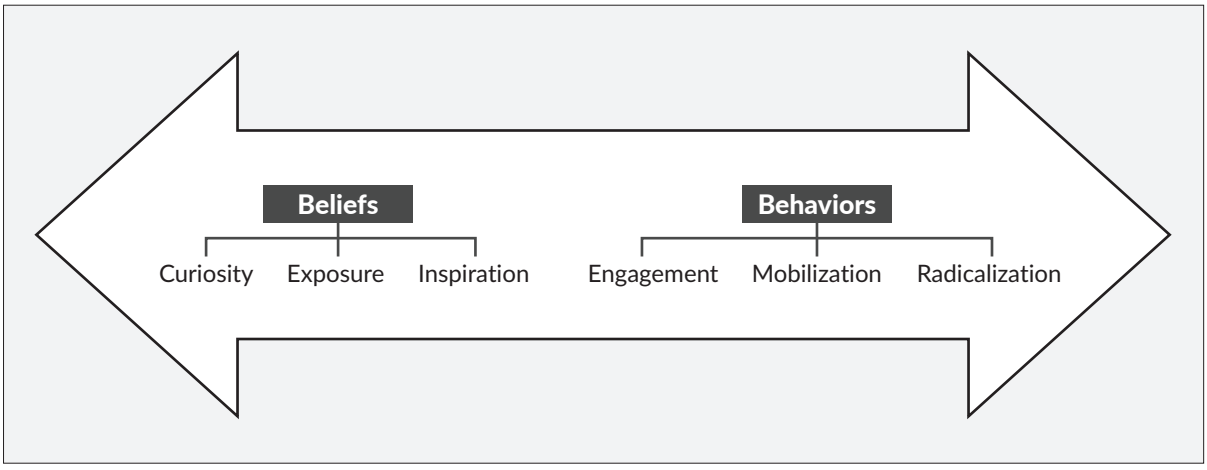
Professionals working on the front-line encounter individuals every day who have been influenced by extreme beliefs or rhetoric. The definition of extremism varies widely across the globe. Not all extreme beliefs qualify as extremism. The threshold for extremism is often cited as when beliefs are used to justify violence.

The FBI defines extremism as *encouraging, condoning, justifying, or supporting the commission of a violent act to achieve political, ideological, religious, social, or economic goals*.[1] A 2025 review of scientific literature provided this definition of extremism: *adoption or promotion of rigid ideological beliefs that reject diversity and tolerate little or no dissent, often resulting in or justifying behavior that contravenes widely accepted social, moral or legal norms*.[2]

Recent research conducted at the University of Nebraska identified behaviors encountered by law enforcement, school officials, or behavioral health professionals that may be indicative of extremist influence. Key findings from this research are presented below.

- One does not have to "join" a group with violent ideology to learn its tactics—individuals may cut and paste reasons to justify violence from a variety of sources.
- Engagement with extremist content occurs along a continuum ranging from curiosity, exposure to, or inspiration from extremist beliefs, all the way to behaviors indicating someone has engaged with, been mobilized or radicalized by extremist content (*Figure 1*).

Figure 1. Spectrum of Extremist Engagement



Note. Adapted from *A threatening approach: Differential predictors of mobilization to violence* [Paper presentation] by R. F. Grydehøj & M. J. Scalora, 2025, March 13-15, American Psychology and Law Society, San Juan, Puerto Rico. Copyright 2025 by R. F. Grydehøj & M. J. Scalora. Adapted from *Mobilization to violence in community settings* by M. J. Scalora & R. F. Grydehøj, 2024, University of Nebraska Public Policy Center (unpublished report). Copyright 2024 by M. J. Scalora & R. F. Grydehøj.

[1] https://www.unodc.org/e4j/fr/terrorism/module-2/key-issues/radicalization-violent-extremism.html

[2] Ismail, A.M., Jamir Singh, P.S. & Mujani, W.K. A systematic review: unveiling the complexity of definitions in extremism and religious extremism. *Humanit Soc Sci Commun* **12**, 1297 (2025). https://doi.org/10.1057/s41599-025-05685-z

IDENTIFICATION OF Extremist Influence

- People with mental illness may experience a "morphing" of extremist language with their own delusional beliefs. Pay attention to the content of the delusion rather than writing if off as just a product of mental illness.
- Extremist tactics or ideology influencing the justification of violence shows up as:
  - Belief that government is corrupt or illegitimate
  - Anti-government behaviors
  - Believing rights are violated or injustices suffered
  - Justification containing religious or racist references or content
- Indicators that someone may be influenced by extremist content or ideology include the following:
  - References to prior acts of mass violence
  - Current references to any extremist groups, ideology, or their activities
  - Current references to hate or an identifiable ideology
  - Past disclosure of extreme beliefs, plans for justified violence, or past steps taken toward carrying out violence that are justified
  - Expressed desire to die for an extreme belief
- People may reinforce their personal grievance with justified violence language.
- People can be inspired to carry out violence from a variety of sources. This can come from online sources, media, peers, or reading material.

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This project was supported by Award No. 15PNIJ-21-GG-02722-DOMR, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.

SCREENING FOR THE PRESENCE OF Extremist Influence //

Professionals working on the front-line encounter individuals every day who have been influenced by extreme beliefs or rhetoric. Not all extreme beliefs qualify as extremism. The threshold for extremism is often cited as when beliefs are used to justify violence.

The following questions can help front-line professionals (e.g., law enforcement, educators, and behavioral health professionals) determine if someone's behavior is influenced by extreme beliefs, groups, or tactics. Screening can help determine the level of concern about the behavior and type of intervention required to prevent violence or manage concerning behaviors.

Question	If Yes, then:
Is a grievance present?	• Is it **personal**? • Who is to blame for the perceived source of grievance?
Does the presenting behavior or recent past behavior include justification of violence to address the grievance?	Describe the justifications.
Does the person **reference** extreme beliefs? *Specific references could include: mentions of individuals or groups with extremist beliefs; references to government corruption or illegitimacy; bias or hate language related to race, politics, or religion; or references to rights being violated.*	Look for: • Dehumanizing of targets. • Willingness to die for beliefs. • Acceptance of violence as necessary to achieve ideological goals. • Threats related to political issues or other flashpoint events. • Mention of extremist actors or attacks.
Do any of the person's communications suggest **adherence to or support for** extreme beliefs?	Look for: • Communicating a desire for violent social action. • Calls to action or incitement of violence. • Desire or willingness to die for extreme beliefs. • Receipt or spread of specific extremist content. • Glorification of extremist actors or attacks.

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This project was supported by Award No. 15PNIJ-21-GG-02722-DOMR, awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.

OVERALL DATA CARD FOR ALL SCHOOL DISTRICTS

SCHOOL MENTAL HEALTH SERVICES

DECEMBER 2021-MAY 2025 | SYSTEM OF CARE

The Region Six System of Care (R6SOC) project developed a system of care that promotes student well-being through early identification and providing services and supports to meet student needs. This fact sheet provides student data collected at intake to services at the district level.

R6SOC students served through May 31, 2025: 425

STUDENT SCREENING

6,089 students screened.

90.2% of students in the district were screened.

1.5% of students screened identified as warranting referral to therapeutic services.

STUDENT MEASURES AT INTAKE (*n*=425)

89.4% indicated they are handling daily life.

88.8% indicated they get along with family members.

88.1% indicated they get along with friends and other people.

59.8% indicated they are able to deal with unexpected events.

67.5% indicated they do well in social situations.

99.3% indicated they have a safe place to live.

Diagnosis at Intake*

mood (affective) disorders
0 — 25.9% — 100%

reaction to severe stress/adjustment disorders
0 — 29.2% — 100%

disorders of adult personality disorder
0 — 3.8% — 100%

behavioral and emotional disorders, child onset
0 — 25.6% — 100%

phobic anxiety/anxiety disorders
0 — 24.0% — 100%

** students may have more than one diagnoses*

STUDENT MEASURES AT INTAKE (cont'd)

Students Reported in the Past 30 Days Feeling:

nervous
0 — 77.5% — 100%

hopeless
0 — 35.3% — 100%

restless or fidgety
0 — 84.3% — 100%

so depressed that nothing could cheer me up
0 — 22.5% — 100%

that everything was an effort
0 — 53.5% — 100%

worthless
0 — 40.5% — 100%

bothered by psychological or emotional problems
0 — 58.6% — 100%

Social Connectedness

happy with their friendships
0 — 87.2% — 100%

have people with whom they can do enjoyable things
0 — 98.8% — 100%

feel that they belong in the community
0 — 81.5% — 100%

in a crisis, would have the support they need from family and friends
0 — 96.3% — 100%

have family or friends supportive of their recovery
0 — 98.5% — 100%

generally accomplishes what they set out to do
0 — 85.2% — 100%

Impact of the R6SOC program

It's a difference maker. It has been for us, not just at the student level, but at the staff level and the community level. It's brought so much to us educationally, professional development wise, programming, the MTSS and just the other things. It's been, it's hard to believe it's been as many years as it's been, but we have grown tremendously in this past four years for sure.

R6SOC is funded by the System of Care Expansion and Sustainability Grant from SAMHSA, Grant #1H79SM084029.

NEBRASKA DEPT. OF HEALTH AND HUMAN SERVICES

Year 4 2024-25

Nebraska Project AWARE 2.0

With Project AWARE (Advancing Wellness and Resilience in Education), the Nebraska Department of Education (NDE) has supported three Nebraska school districts (Lexington, Nebraska City, and Valentine) to increase awareness about mental health issues among school-aged youth, provide training for adults who interact with youth to detect and respond to mental health needs, and connect students and their families to needed mental health services.

CAPACITY BUILDING

376

educators and other professionals that support students were trained in restorative practices, crisis response, bullying prevention, dating violence prevention, or other topics.

28

mental health professionals, therapists, and related workforce attended training in evidence-based practices related to school-based mental health and school safety.

100%

of survey respondents reported an improvement in knowledge, attitudes, and beliefs related to prevention and mental health promotion.

STUDENT SUPPORTS

4,094

students were screened using universal screeners.

361

students referred to a variety of needed behavioral health services.

352

students accessed Tier 2 and Tier 3 behavioral health services.

"What this grant has allowed us to do in this district, I think of like a cultural shift. We take little by little what we change, but then we look at the magnitude of what we've changed in this district from when we started this grant, it's great." – District Administrator

The project is funded by a grant from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Grant Number: 1H79SM085318.

PREPARED BY
University of Nebraska PUBLIC POLICY CENTER

Lutheran Family Services

YEARS 1–3 & YEAR 4: Q1-2 | OCT. 2022–MAR. 2026

CCBHC: Lincoln

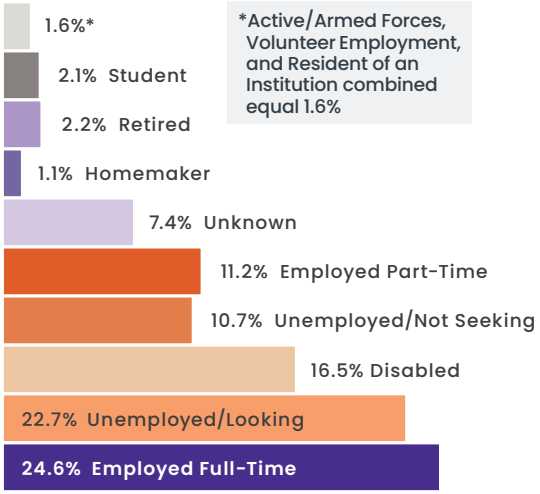
| LINCOLN, NEBRASKA

A Certified Community Behavioral Health Clinic (CCBHC) model is designed to ensure access to coordinated, comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age (SAMHSA, 2023). Lutheran Family Services received a grant to establish a CCBHC at its Lincoln location in May 2020. In Year 4, Quarter 2, the Lincoln LFS location continued implementation of all 9 core services. LFS Lincoln last attested to achieving CCBHC required criteria in September 2022, and received Nebraska state CCBHC certification in August 2025. LFS Lincoln also ensured that at least 50% of its Advisory Committee has lived experience.

Clients
Who We Serve

NOTE: This handout's statistics are estimates based on non-missing data points (n).

ADULT EMPLOYMENT n=3584



*Active/Armed Forces, Volunteer Employment, and Resident of an Institution combined equal 1.6%

4,242 clients served at least one core service

3,766 new clients received (476 of which are youth)

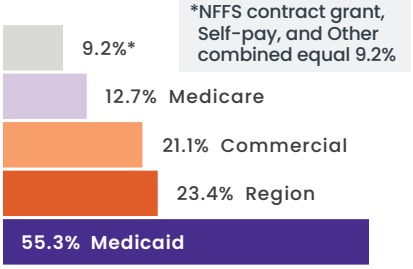
18.3% of adult clients do not have a high school diploma or GED (n=618 out of 3,371)

743 clients are justice-involved

6.0% of clients are currently unhoused (n=135 out of 2,251)

0.5% of clients report military service (n=21 out of 3,836)

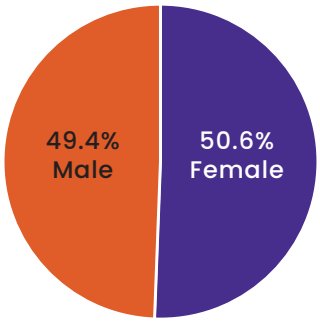
INSURED STATUS** n=3228



*NFFS contract grant, Self-pay, and Other combined equal 9.2%

**Percent will not add to 100% due to some clients receiving multiple funding sources.

GENDER n=4115



Clients
Improved Outcomes

Clients reported an increase in their ability to function throughout daily life. This was measured by comparing clients' most recent scores with their intake scores on the Daily Living Assessment (DLA, n=372) and the Patient Health Questionnaire (PHQ, n=498).

4.99 Average DLA score at intake

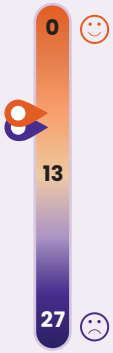
5.23 Average most recent DLA score

1=extremely severe to **7**=optimal

10.04 Average PHQ score at intake

8.91 Average most recent PHQ score

0=none/minimal to **27**=severe



SUBSTANCE USE

151 participants
Substance Use (SU) Program

90 participants
Intensive Outpatient (IO) Program

83% SU participants
83% IO participants
maintained abstinence

87% SU participants
88% IO participants
reduced their risk for substance use

This flyer was developed [in part] under grant #H79SM086962 from the Substance Abuse Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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From Barriers to Opportunity: Employer Perspectives on Inclusive Employment in Nebraska

December 2025

Authors

Ashley Miller, MPA

Kurt Mantonya, PhD

Stacey Hoffman, PhD

The Nebraska Council on Developmental Disabilities is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $526,312.00 with 100% funding by ACL/HHS. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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The University of Nebraska Public Policy Center is a university-wide, multidisciplinary research and outreach unit committed to addressing complex issues by linking academic research, stakeholder perspectives, and practical experience through innovative and creative solutions. Our mission is to link policy with research, process, and practice. We team with researchers, policymakers, and other stakeholders to actively inform public policy.

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Introduction and Approach

The University of Nebraska Public Policy Center (NUPPC) partnered with the Nebraska Council on Development Disabilities (NCDD) to assess employer awareness of and opinions related to employing persons living with developmental disabilities. This information will help NCDD develop an awareness campaign that is responsive to the needs, concerns, and awareness levels expressed by employers.

Gathering information from employers and NCDD partner organizations followed an intentional and deliberate approach to data collection. A planning group was formed for this project, and NUPPC worked closely with the NCDD planning group members and NCDD staff to develop methods and materials to gather input regarding employing individuals living with disabilities. The process included several key components.

To begin the process, NUPPC, in collaboration with NCDD personnel, formed the planning group by gathering a list of key partners providing services and supports for individuals with developmental disabilities throughout the state of Nebraska. The planning group provided expertise regarding the methods to gather input, development of data collection instruments, and identification of appropriate participants. Ultimately, the planning group sessions informed the development of both an employer survey and a focus group/interview protocol. Results of these instruments were discussed with the group. Please see Table 1 for a list of planning group dates and topics discussed.

Table 1: Planning Group Meeting Schedule

Date	Platform	Topic(s)
April 7, 2025	Zoom	- Review project and planning group goals - Review planning group members, discuss who may be missing - Discuss employer survey topics and questions - Discuss strategies to engage employers
May 14, 2025	Zoom	- Review project activities and timeline - Discuss employer survey topics and questions - Identify resources for survey disbursement, contact lists, etc.
May 22, 2025 (optional)	Zoom	- Discuss and finalize employer survey topics and questions
August 18, 2025	Zoom	- Review project activities and timeline - Discuss employer survey results - Discuss focus group topics and questions - Discuss strategies to engage focus group participants
November 17, 2025	Zoom	- Present survey and focus group findings - Discuss findings

A mixed methods approach was used to assess employer awareness and opinions as they related to employing persons living with developmental disabilities. The survey featured primarily quantitative questions to capture data from a variety of employers across Nebraska. Focus groups and interviews using qualitative methods provided the opportunity for more detailed conversations with partners to expand on information captured via the survey. However, both the survey and the semi-structured interviews included open-ended questions. Several key themes emerged via the analysis of the

qualitative and quantitative data. Because the survey was collected, discussed, and used to inform development of the interview/focus group questions, below you will find information about the survey presented first, followed by information about the interviews/focus groups.

Employer Survey

The NUPPC, with the assistance of the NCDD planning group, developed the employer survey via a series of planning group sessions already detailed in Table 1. A copy of the survey is available in Appendix A. The survey was developed to evaluate Nebraska employers' experiences with hiring and employing individuals with developmental disabilities. It aimed to identify the perceived benefits and challenges associated with such employment, as well as the factors that could enhance employers' confidence in hiring and supporting these individuals.

Methods

NUPPC utilized a mixed sampling methodology that combined snowball sampling with purposive sampling. This approach was chosen to ensure a broad range of participants while maintaining relevance to the study objectives. NUPPC started by identifying and reaching out to key employers within relevant fields who were well-positioned to provide insight and connect NUPPC with others in their networks. These individuals served as the initial seeds in a snowball sampling process, allowing NUPPC to expand the sample through their referrals to other knowledgeable and engaged employers.

Once the initial network was established, NUPPC transitioned to a more structured approach using purposive sampling. Potential employers were selected intentionally to ensure representation across a range of sectors. Within each sector, a variety of organizations were chosen by size (e.g., small, medium, and large entities) and geographic location (e.g., urban, suburban, and rural areas). This strategy was intended to capture a range of experiences and perspectives that reflect the complexity of the broader network of Nebraska employers. NUPPC monitored the surveys being received and targeted sectors and locations that appeared underrepresented in our sample with automated follow-up survey distributions via Qualtrics© survey software.

The survey was first launched on June 27, 2025, and was closed on August 18, 2025. Individuals included in the purposive sampling list were sent the initial survey invitation on either July 16 or July 17, 2025. Those who did not complete the survey were sent a reminder email on either July 22 or July 23, 2025. Those in the snowball sampling list could be sent the link at any time during the survey window.

Respondent Characteristics

A total of 66 people responded to the survey. Survey respondents were asked which of the following best described their workplace. Responses were split relatively evenly across non-profit or nongovernmental organizations, private sector, and public sector. See Table 2 for details.

Table 2: Workplace Sector (*n* = 66)

Workplace Sector	*n*	*%*
Non-profit or nongovernmental organization	22	33.3
Private sector	25	37.9
Public sector (government or government-funded)	19	28.8

Respondents were also asked to identify which industry they represented. Categories were not mutually exclusive, meaning a respondent could select more than one category. The healthcare and social assistance industry was heavily represented in the sample (*n* = 24, 36.4%). Responses in the "Other" category included agriculture, arts, environment and natural resources, logistics and utilities, media and entertainment, service provider, transportation, and wholesale distribution. See Table 3 for additional detail.

Table 3: Type of Industry (*n* = 66)

Type of Industry	*n*	*%*
Healthcare & Social Assistance	24	36.4
Faith-Based & Philanthropy	9	13.6
Hospitality	9	13.6
Nonprofit	9	13.6
Tourism & Food Services	9	13.6
Manufacturing & Engineering	7	10.6
Government & Public Administration	5	7.6
Construction & Skilled Trades	3	4.5
Education & Training	3	4.5
Advertising & Communications	2	3.0
Finance	2	3.0
Information Technology & Software	2	3.0
Insurance & Real Estate	2	3.0
Law Enforcement	2	3.0%
Legal & Professional Services	2	3.0
Marketing	2	3.0
Other	8	12.1

Note: Categories are not mutually exclusive, and percentages may add to more than 100%.

Most of the respondents' employers had headquarters in Nebraska (*n* = 58, 87.9%; Table 4). Of employers with headquarters in Nebraska, many were from either Lincoln (*n* = 28, 48.3%) or Omaha (*n* = 11, 19.0%). See Table 5 for additional detail.

Table 4: General Headquarters Location (*n* = 66)

Headquarters Location	*n*	*%*
Nebraska	58	87.9
United States, not Nebraska	4	6.1
International	2	3.0
Unknown	2	3.0

Table 5: Nebraska Headquarters Location (*n* = 58)

Headquarters Location (if within Nebraska)	*n*	%
Lincoln, NE	28	48.3
Omaha NE	11	19.0
Scottsbluff, NE	4	6.9
Kearney NE	3	5.2
Grand Island, NE	2	3.4
Beatrice, NE	1	1.7
Bellevue, NE	1	1.7
Brainard, NE	1	1.7
Dakota City, NE	1	1.7
Exeter, NE	1	1.7
Hemingford, NE	1	1.7
McCook, NE	1	1.7
North Platte, NE	1	1.7
Ogallala NE	1	1.7
Sidney, NE	1	1.7

The final question assessing employer characteristics was the approximate number of employees in a company. Respondents tended to select employer sizes of either 11 to 50 employees (*n* = 20, 30.8%) or 501+ employees (*n* = 17, 26.2%). Overall, there was a good mix of employer size included in the sample. See Table 6 for details.

Table 6: Organization Size (*n* = 66)

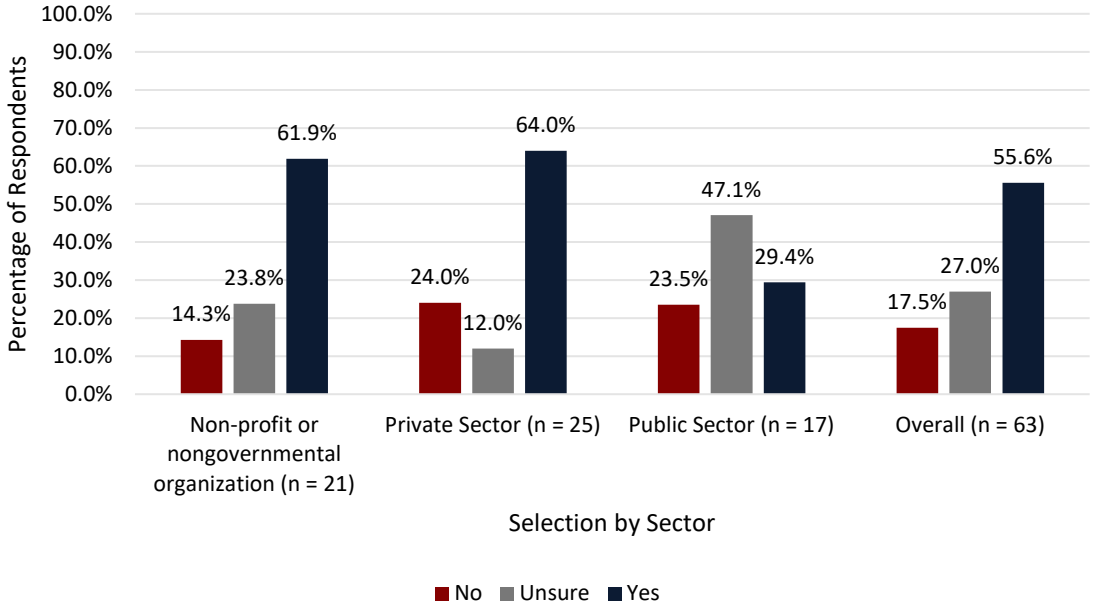
Organization Size	*n*	%
1-10	11	16.9
11-50	20	30.8
51-100	12	18.5
101-500	5	7.7
501+	17	26.2

Results

Employment of Individuals with a Developmental Disability: Historic and Current

Respondents were asked whether their employer has ever employed or currently employs an individual with a developmental disability. Some variability was observed across sectors. Respondents representing the private sector (*n* = 16, 64.0%) or a non-profit or nongovernmental organization (*n* = 13, 61.9%) were most likely to report that their employer had ever employed an individual with a developmental disability (Figure 1).

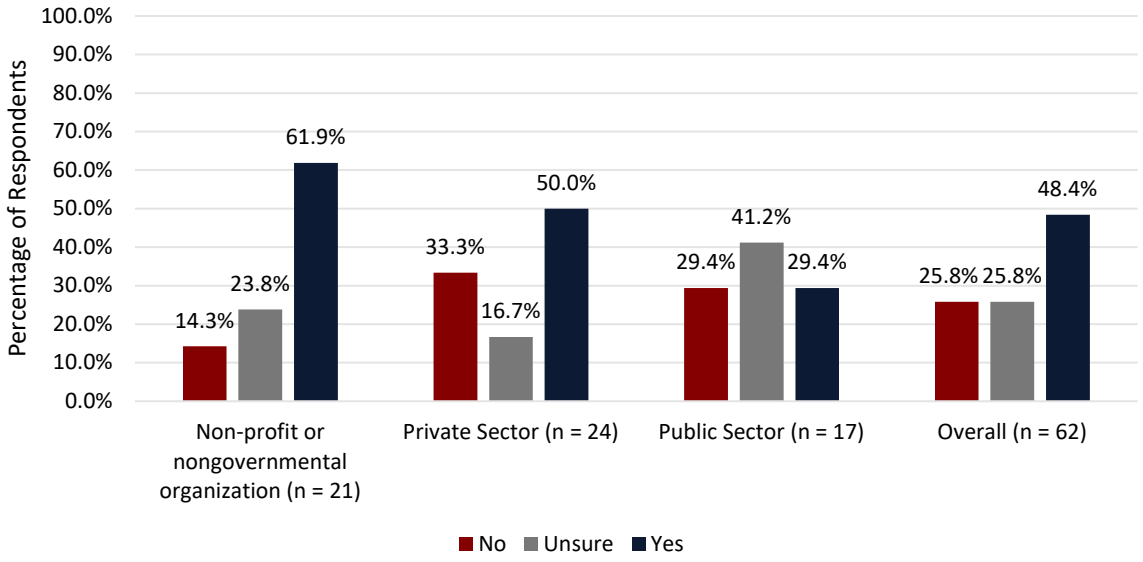
Figure 1: Percentage of Employers Who Had Ever Employed Anyone with a Developmental Disability



Respondents representing the nonprofit or nongovernmental organization sector were most likely to indicate that their employer currently employs at least one individual with a developmental disability (*n* = 13, 61.9%), a proportion that remained consistent with those who reported their employer had ever employed an individual with a developmental disability (Figure 2). However, the percentage of private sector employers reporting they currently employ at least one individual with a developmental disability was lower (*n* = 12, 50.0%). Additionally, one-third of private sector respondents said their employer *did not currently* employ anyone with a developmental disability (*n* = 8, 33.3%), an increase from the 24.0% (*n* = 8) of private sector respondents who indicated their employer *had never* employed anyone with a developmental disability. This shows a decreasing employment trend of individuals with disability among private sector survey respondents.

Nearly half of respondents from the public sector were unsure whether their employer had ever employed anyone with a developmental disability (n = 8, 47.1%). This percentage was slightly lower, though still relatively high, when asked whether their employer currently employs anyone with a developmental disability (n = 7, 41.2%). These findings suggest that public sector respondents may have been less familiar with their agency's personnel compared to respondents from the private and nonprofit or nongovernmental organization sectors. See Figure 1 and Figure 2 for additional detail.

Figure 2: Percentage of Employers Who Currently Employ Anyone With a Developmental Disability



Experiences Employing Individuals with a Developmental Disability

Respondents who indicated that their employer either currently employs or has previously employed an individual with a developmental disability were asked to reflect on their experiences working with these individuals. Overall, respondents shared favorable experiences, noting that employees with developmental disabilities have been valuable assets to their workplaces, demonstrating dedication and loyalty. Respondents further described these employees as reliable and enthusiastic contributors who have positively influenced team morale and helped fill important gaps within their organizations.

> *Hiring individuals with developmental disabilities offers numerous valuable benefits to the workplace. These employees are often highly reliable and bring genuine enthusiasm to their roles each day, which can positively influence over all team morale.*
>
> *It has been very positive and has filled a valuable gap in our workforce.*

One respondent emphasized the importance of shifting the focus from a person's disability to recognizing their distinct abilities and talents. Across all workplaces, all individuals bring different strengths, and employees with developmental disabilities are no exception. Respondents noted that when provided with appropriate support and a supportive environment, these employees perform the responsibilities of their positions. Using a strengths-based approach not only enhances individual performance, but also contributes to a more dynamic and effective workplace culture where all employees can thrive.

> *In my experience, I've found that individuals with developmental disabilities bring the same value and dedication as any other team member. I haven't noticed a significant difference in their ability to contribute meaningfully to the workplace. With the right support and inclusive environment, they perform their roles reliably and often bring a unique perspective and strong*

work ethic. I appreciate their contributions and view them as an integral part of a diverse, effective team.

All the people we have working here have some form of disability. I really hate the word disability. We find that once we discover the person's abilities, we can harness those talents to propel the growth of our company. A true win-win.

While most respondents shared positive experiences, some noted that finding the right fit between the individual and the position was critical to success. A few respondents described situations in which employees with developmental disabilities experienced challenges with productivity or understanding instructions, underscoring the importance of matching job responsibilities to each person's abilities and support needs. Ensuring that roles are clearly defined and that appropriate training and guidance are provided can help both the employee and the organization succeed.

Generally good employees. Good attendance. Occasional difficulties with productivity and understanding instructions.

They tend to need additional support, and direction which makes these individuals more difficult to employ.

Overall, respondents emphasized that with reasonable accommodations and the right supports in place, employees with developmental disabilities can thrive and make lasting contributions to their workplaces. Many noted that once given the opportunity to learn and adapt to their roles, these employees often become some of the most dependable and dedicated members of the team. Respondents described them as hardworking, loyal, and enthusiastic individuals who enhance workplace culture and strengthen team morale. Their collective experiences highlight that inclusive hiring practices not only create meaningful opportunities for individuals with developmental disabilities but also benefit organizations through greater stability, engagement, and diversity.

Good, it takes a bit longer to train them, but they are the most loyal, dedicated and happy employees to work with.

Benefits of Employing Individuals with a Developmental Disability

All respondents were asked the following question, "Based on your understanding or experience, which of the following do you believe could be potential benefits of employing individuals with developmental disabilities". Respondents were provided with a list of options and were able to select as many options as they believed were appropriate. The highest percentage of respondents indicated that *strengthened organizational values and social responsibility* was a benefit of employing an individual with a developmental disability (*n* = 40, 72.7%). Only a small number of respondents indicated *tax credits or financial incentives* could be potential benefits of employing individuals with developmental disabilities (*n* = 8, 14.5%). See Table 7 for details.

Table 7: Benefits of Employing Individuals with a Developmental Disability (*n* = 55)

Benefit	*n*	*%*
Strengthened organizational values and social responsibility	40	72.7
Improved workplace diversity	38	69.1
Positive public image and community engagement	36	65.5
Enhanced team morale and workplace culture	32	58.2
Access to job coaching or training support programs	25	45.5
Addressing staffing needs across various positions in the organization	25	45.5
Reliable and consistent work performance	25	45.5
Increased employee loyalty and retention	24	43.6
Broader customer appeal through hiring practices	13	23.6
Tax credits or financial incentives	8	14.5

Note: Categories are not mutually exclusive, and percentages may add to more than 100%.

When perceived potential benefits of employing individuals with developmental disabilities are explored by sector, some key similarities and differences emerge. First, the top two overall benefits (*strengthened organizational values and social responsibility* and *improved workplace diversity*) were among the top three potential benefits identified for all three sectors (Table 8). For the nonprofit or nongovernmental sector, these were the top two potential benefits, respectively. Private sector respondents noted *enhanced team morale and workplace culture* as a top potential benefit (*n* = 12, 57.1%). A high percentage of respondents representing the public sector (*n* = 13, 92.9%) and the nonprofit or nongovernmental sector (*n* = 15, 75.0%) tended to identify *positive public image and community engagement* as a potential benefit of employing individuals with a developmental disability, which was a notable difference from respondents representing the private sector (*n* = 8, 38.1%). See Table 8 for additional details.

Table 8: Benefits of Employing Individuals with a Developmental Disability by Sector

Benefit	*Nonprofit or nongovernmental Sector* (*n* = 20)		*Private Sector* (*n* = 21)		*Public Sector* (*n* = 14)	
	n	***%***	***n***	***%***	***n***	***%***
Strengthened organizational values and social responsibility	18	90.0	12	57.1	10	71.4
Improved workplace diversity	16	80.0	11	52.4	11	78.6
Positive public image and community engagement	15	75.0	8	38.1	13	92.9
Enhanced team morale and workplace culture	12	60.0	12	57.1	8	57.1
Access to job coaching or training support programs	11	55.0	7	33.3	7	50.0
Addressing staffing needs across various positions in the organization	11	55.0	7	33.3	7	50.0
Reliable and consistent work performance	8	40.0	10	47.6	7	50.0
Increased employee loyalty and retention	10	50.0	9	42.9	5	35.7
Broader customer appeal through hiring practices	6	30.0	3	14.3	4	28.6
Tax credits or financial incentives	3	15.0	4	19.0	1	7.1

Note: Categories are not mutually exclusive, and percentages may add to more than 100%.
Top three selections within each sector are displayed with green text.

Challenges of Employing Individuals with a Developmental Disability

Respondents were asked about potential challenges in hiring employees with developmental disabilities and provided a list of options, with space to write in something else. Over half of the respondents identified three potential challenges. First was *supervisors lacking experience working with individuals with developmental disabilities* (*n* = 30, 55.6%). This was followed by a tie between *concerns about productivity or task performance* and *difficulty matching job roles to individual strengths* (*n* = 28, 51.9%). See Table 9 for additional detail.

Table 9: Challenges of Employing Individuals with a Developmental Disability (*n* = 54)

Challenge	*n*	*%*
Supervisors lacking experience working with individuals with developmental disabilities	30	55.6
Concerns about productivity or task performance	28	51.9
Difficulty matching job roles to individual strengths	28	51.9
Transportation challenges affecting reliable workplace attendance	27	50.0
Lack of awareness about available support programs	24	44.4
Concern about individuals' potential loss or impact on public benefits like Social Security disability benefits, Medicaid, SNAP, housing, etc.	23	42.6
Need for additional training or job coaching	23	42.6
Concerns about workplace safety or liability	22	40.7
Uncertainty about how to provide accommodations	22	40.7
Limited internal resources to support inclusion efforts	18	33.3
Misunderstandings or stigma among staff or customers	16	29.6
Lack of qualified candidates	15	27.8
Legal or regulatory concerns	10	18.5
Unclear policies or procedures for inclusive hiring	8	14.8
Other (please specify)	0	0.0

Note: Categories are not mutually exclusive, and percentages may add to more than 100%.

Supervisors lacking experience working with individuals with developmental disabilities was the most frequently identified potential challenge among respondents of both nonprofit or nongovernmental organizations (*n* = 12, 63.2%) and the private sector (*n* = 13, 61.9%). The most frequently identified potential challenge for the public sector was *difficulty matching job roles to individual strengths* (*n* = 8, 57.1%), which was also tied for the most frequently identified potential challenge for nonprofit or nongovernmental organizations (*n* = 12, 63.2%). Nonprofit or nongovernmental organizations also frequently identified a *lack of awareness about available support programs (n* = 11, 57.9%) as a potential challenge. *Concerns about individual's potential loss of benefits* was among the top three potential challenges noted among public sector representatives (*n* = 6, 42.9%), tied with *concerns about productivity or task performance* for this sector. The lack of awareness about support programs and concerns about potential loss of benefits demonstrate potential opportunities to inform these sectors of additional information and available opportunities. See Table 10 for additional detail.

Table 10: Challenges of Employing Individuals with a Developmental Disability by Sector

Challenge	*Nonprofit or nongovernmental Sector* (*n* = 19)		*Private Sector* (*n* = 21)		*Public Sector* (*n* = 14)	
	n	***%***	***n***	***%***	***n***	***%***
Supervisors lacking experience working with individuals with developmental disabilities	12	63.2	13	61.9	5	35.7
Concerns about productivity or task performance	10	52.6	12	57.1	6	42.9
Difficulty matching job roles to individual strengths	12	63.2	8	38.1	8	57.1
Transportation challenges affecting reliable workplace attendance	9	47.4	11	52.4	7	50.0
Lack of awareness about available support programs	11	57.9	8	38.1	5	35.7
Concern about individuals' potential loss or impact on public benefits like Social Security disability benefits, Medicaid, SNAP, housing, etc.	7	36.8	10	47.6	6	42.9
Need for additional training or job coaching	10	52.6	9	42.9	4	28.6
Concerns about workplace safety or liability	9	47.4	10	47.6	3	21.4
Uncertainty about how to provide accommodations	7	36.8	9	42.9	6	42.9
Limited internal resources to support inclusion efforts	7	36.8	9	42.9	2	14.3
Misunderstandings or stigma among staff or customers	9	47.4	3	14.3	4	28.6
Lack of qualified candidates	4	21.1	8	38.1	3	21.4
Legal or regulatory concerns	4	21.1	5	23.8	1	7.1
Unclear policies or procedures for inclusive hiring	3	15.8	3	14.3	2	14.3

Note: Categories are not mutually exclusive, and percentages may add to more than 100%.
Top three (with ties allowed) selections within each sector are displayed with green text.

Resources and Training to Support Hiring and Employing Individuals with a Developmental Disability

Respondents were asked what their business would need to make them more comfortable hiring and retaining individuals with developmental disabilities. They were provided a list of response options and invited to select all applicable options. Three quarters of all respondents indicated that *access to job coaches or employment specialists* (*n* = 33, 75.0%) was a resource or support of value. The second most selected resource or support was *access to reliable transportation for employees* (*n* = 29, 65.9%). One person selected "Other" and specified, "Identifying positions we could add in our organization that match skill set and enhance our services" as the support that would be of value. See Table 11 for details.

Table 11: Resources/Supports for Employers in Hiring Individuals with a Developmental Disability (*n* = 44)

Resource or Support	*n*	*%*
Access to job coaches or employment specialists	33	75.0
Access to reliable transportation for employees	29	65.9
Access to a pool of qualified candidates	26	59.1
Training for supervisors and staff on inclusion and disability awareness	26	59.1
Ongoing consultation or technical assistance	24	54.5
Partnerships with local disability employment organizations	24	54.5
Mentorship or peer support from other inclusive employers	23	52.3
Guidance on how to provide reasonable accommodations	22	50.0
Assistance with onboarding and role matching	20	45.5
Funding or incentives to support inclusive hiring	20	45.5
Success stories or case studies from other employers	16	36.4
Access to disability and public benefits consultation	15	34.1
Legal guidance on hiring people with disabilities	14	31.8
Clear policies and procedures for inclusive hiring	11	25.0
Information on tax incentives or financial assistance	11	25.0
Other (please specify)	1	2.2

Note: Categories are not mutually exclusive, and percentages may add to more than 100%.

When these resources were examined by sector, several key similarities and differences were once again identified. *Access to job coaches or employment specialists* was among the top three most commonly identified resources or supports across all sectors. *Access to reliable transportation for employees* was frequently identified by both the private (*n* = 14, 73.7%) and public sectors (*n* = 7, 77.8%). *Access to a pool of qualified candidates* was indicated more by respondents from nonprofit or non-governmental organizations (*n* = 11, 68.8%) and the private sector (n = 13, 68.4%), especially compared to those representing the public sector (*n* = 2, 22.2%). Two-thirds of public sector representatives indicated that *success stories or case studies from other employers* (66.7%) would be a valuable resource to help employer comfort in hiring individuals with intellectual or developmental disabilities. The differences in the desired resources and supports that would increase employer comfort by sector warrant further examination to identify targeted methods for marketing and information delivery, as it is clear that needs and priorities vary considerably across sectors. See Table 12 for details.

Table 12: Resources/Supports for Employers in Hiring Individuals with a Developmental Disability by Sector

Resource or Support	*Nonprofit or nongovernmental Sector* (*n* = 16)		*Private Sector* (*n* = 19)		*Public Sector* (*n* = 9)	
	n	***%***	***n***	***%***	***n***	***%***
Access to job coaches or employment specialists	13	81.3	15	78.9	5	55.6
Access to reliable transportation for employees	8	50.0	14	73.7	7	77.8
Access to a pool of qualified candidates	11	68.8	13	68.4	2	22.2
Training for supervisors and staff on inclusion and disability awareness	10	62.5	11	57.9	5	55.6
Ongoing consultation or technical assistance	9	56.3	11	57.9	4	44.4
Partnerships with local disability employment organizations	9	56.3	11	57.9	4	44.4
Mentorship or peer support from other inclusive employers	9	56.3	10	52.6	4	44.4
Guidance on how to provide reasonable accommodations	8	50.0	9	47.4	5	55.6
Assistance with onboarding and role matching	8	50.0	8	42.1	4	44.4
Funding or incentives to support inclusive hiring	7	43.8	8	42.1	5	55.6
Success stories or case studies from other employers	4	25.0	6	31.6	6	66.7
Access to disability and public benefits consultation	5	31.3	8	42.1	2	22.2
Legal guidance on hiring people with disabilities	4	25.0	7	36.8	3	33.3
Clear policies and procedures for inclusive hiring	2	12.5	6	31.6	3	33.3
Information on tax incentives or financial assistance	4	25.0	6	31.6	1	11.1
Other (please specify)	1	6.3	0	0.0	0	0.0

Note: Categories are not mutually exclusive, and percentages may add to more than 100%.
Top three (with ties allowed) selections within each sector are displayed with green text.

Respondents were given an open-ended opportunity to share additional information about what their business would need to increase confidence in hiring and retaining individuals with developmental

disabilities. Several respondents noted that they already employ individuals with developmental disabilities and feel confident in their ability to continue hiring and retaining them.

> *I feel we are well suited currently and do not need to increase confidence.*

A few key themes emerged, some of which were consistent with the potential challenges and identified resources and supports mentioned previously. A central theme was the need for additional information, awareness, and training. This requested information included increased general awareness of individuals with developmental disabilities within communities.

> *More awareness of people in the DD community and understanding that like all people they, too, will have strengths and weaknesses.*

Foundational knowledge, including defining developmental disability, and understanding laws pertaining to reasonable accommodation, were noted as needed by some of the respondents.

> *Understand laws and developmental disabilities.*
>
> *Definition of developmental disabilities; is this something the applicant shares during the hiring process?*

Beyond foundational knowledge and awareness, respondents noted a need for training for hiring managers and supervisors. Ideally, this training would connect participants to resources that help support employees with developmental disabilities in achieving their potential through supportive employment or other appropriate means. Additionally, providing information on available partnerships and contacts for businesses to reach out to when support is needed could further increase confidence in hiring and retaining individuals with developmental disabilities.

> *More training and awareness opportunities for our hiring managers across our departments who are making hiring decisions.*
>
> *Any business would benefit from additional training for managers and staff on inclusive workplace practices, clear guidance on reasonable accommodations, funding for staff training program enhancements, and access to external resources or partnerships that provide support and expertise in working with individuals with developmental disabilities.*

The survey continued to assess interest in participating in programs to integrate employees with developmental disabilities into the respondent's workplace. Respondents tended to either indicate that they would be willing to do this (*n* = 15, 31.9%) or may be willing to do this if there are clear benefits and support (*n* = 18, 38.3%). This indicates a high level of overall willingness to participate in such a program. The private sector had the highest percentage of no responses to this question (*n* = 8, 42.1%), with a slightly higher level of interest among the public and nonprofit or nongovernmental organizations. See Table 13 for details.

Table 13: Employer Interest in Participating in Programs to Integrate Employees with Developmental Disabilities by Sector

Response category	*n*	%
Private sector (*n* = 19)		
Yes, definitely	6	31.6
Maybe, if there are clear benefits and support	5	26.3
No, I don't think it's feasible for my business	8	42.1
Public sector (*n* = 11)		
Yes, definitely	4	36.4
Maybe, if there are clear benefits and support	4	36.4
No, I don't think it's feasible for my business	3	27.3
Nongovernmental/nonprofit sector (*n* = 17)		
Yes, definitely	5	29.4
Maybe, if there are clear benefits and support	9	52.9
No, I don't think it's feasible for my business	3	17.6

The next question assessed whether respondents would be interested in attending a training on best practices for hiring and supporting employees with developmental disabilities. About one quarter of the respondents indicated they *would definitely* be interested in this type of training (*n* = 13, 27.7%). The highest percentage of respondents indicated they *may be* interested in the training if there are clear benefits and support (*n* = 25, 53.2%). Respondents were asked what might increase their interest in such training, and generally they stated that limited time and personnel budgets are barriers. Additionally, a lack of understanding of what a developmental disability is was noted by one respondent. Table 14 shows details on employer interest in trainings by sector.

Table 14: Employer Interest in Training on Best Practices for Hiring and Supporting Employees with Developmental Disabilities

Response category	*n*	%
Private sector (*n* = 19)		
Yes, definitely	6	31.6
Maybe, if there are clear benefits and support	7	36.8
No, I don't think it's feasible for my business	6	31.6
Public sector (*n* = 11)		
Yes, definitely	2	18.2
Maybe, if there are clear benefits and support	7	63.2
No, I don't think it's feasible for my business	2	18.2
Nongovernmental/nonprofit sector (*n* = 17)		
Yes, definitely	5	29.4
Maybe, if there are clear benefits and support	11	64.7
No, I don't think it's feasible for my business	1	5.9

The next question inquired about respondent's interest in participating in a mentorship program with other employers who have successfully hired employees with developmental disabilities. Only four respondents (8.9%) indicated they would be interested in this. About half of respondents indicated it would depend on the time commitment (*n* = 25, 55.6%). Respondents from nonprofit or nongovernmental organizations showed a slightly higher willingness to participate, with only three of these respondents selecting "no" (18.8%). See Table 15 for details.

Table 15: Employer Interest in Participating in a Mentorship Program on Hiring Employees with Developmental Disabilities

Response category	*n*	*%*
Private sector (*n* = 18)		
Yes, definitely	1	5.6
Maybe, if there are clear benefits and support	9	50.0
No, I don't think it's feasible for my business	8	44.4
Public sector (*n* = 11)		
Yes, definitely	1	9.1
Maybe, if there are clear benefits and support	5	45.5
No, I don't think it's feasible for my business	5	45.5
Nongovernmental/nonprofit sector (*n* = 16)		
Yes, definitely	2	12.5
Maybe, if there are clear benefits and support	11	68.8
No, I don't think it's feasible for my business	3	18.8

The preferred methods for receiving information about hiring individuals with developmental disabilities were online webinars or workshops (*n* = 23, 59.0%) and informational guides or toolkits (*n* = 22, 56.4%). Other listed methods were each selected by over 30% of respondents, indicating that they may also provide value. See Table 16 for details.

Table 16: Preferred Methods for Receiving Information About Hiring Individuals with Developmental Disabilities (*n* = 39)

Preferred method	*n*	*%*
Online webinars or workshops	23	59.0
Informational guides or toolkits	22	56.4
Direct consultations with experts	18	46.2
In-person training sessions	16	41.0
Success stories and case studies	12	30.8

Note: Categories are not mutually exclusive, and percentages may add to more than 100%.

Interviews

Methods

The NUPPC team conducted virtual interviews with employers, educational service providers, employees, and parent advocates with employment expertise. The interview questions were developed to expand on information learned from the employer survey, specifically to gain more insight into experiences hiring and employing individuals with IDD. A copy of the interview questions is available in Appendix B. The team contacted 22 people via phone or email and invited them to participate in the interviews, with 7 people contributing. The interviews lasted between 45 minutes and one hour. Consent to record the interviews for note-taking purposes was obtained.

Once completed, researchers uploaded the audio files to an online transcription service. Transcripts were coded based on the interview domains (Strengths, Challenges, Reflections, Support Needs for Employers, and Outreach and Awareness), and themes emerged.

Results

Strengths

Interview participants identified numerous strengths among employees with developmental disabilities. These strengths clustered around workplace essentials such as attendance, reliability, and task completion, as well as less tangible but just as important contributions to workplace culture and building community connections. While some strengths aligned with employer expectations, others came as surprises, challenging preconceptions about the capabilities of individuals with developmental disabilities and their impact on the workplace and broader community. Additional strengths are reflected in the following section on deciding factors.

Deciding Factors in Hiring People with Disabilities

When asked about deciding factors in hiring individuals with developmental disabilities, informants revealed motivations ranging from mission-driven business models, to recognizing untapped talent pools. One employer designed their entire business to provide employment opportunities for individuals with IDD. Another employer described individuals with developmental disabilities as "an untapped talent pool that people are not knowing that they need to access." Another informant simply stated. "They were the best candidate for the job."

Attendance and Reliability

Attendance emerged as the most frequently mentioned strength. One employer stated, "Loyalty and accountability. They always show up for work. Unless they're dying or have some kind of significant illness, they are here."

An employee with a disability reinforced this finding by saying, "I always like to show up on time and I never like to miss a day of work. I just want to show up and be there and just get my normal pay every week.”

A parent advocate, who also participated in the interview, elaborated on the traits employers can expect:

> *He's very friendly. He loves to meet new people, and he's very courteous and polite. He's punctual. He has reliable transportation. He's a rule follower, so he's not going to be in the bathroom messing with his phone. He doesn't call in hungover, let's put it that way. I mean, he wants to work.*

This commitment was seen as positively influencing other staff or team members as an employer told us:

> *It also changes the culture and climate of my staff because then my staff without disabilities knows that they need to be at work to support my employees that do have disabilities because they know how difficult it is for a change in routine sometimes or to have them not be there and that's their person that they ask the questions to. So, my staff without disabilities show up to work.*

Reliability extended beyond task completion to include broader workplace responsibilities. Employers stressed that once expectations were clearly established and learned, employees with developmental disabilities maintained those standards

Consistency and Performance

Once employees with IDD learned their assigned tasks, they demonstrated reliability and adherence to those procedures. This consistency proved valuable in positions requiring attention to detail. As one employer explained:

> *Once they learn it, they've got it. Now, there are some employees that I've shown them 972 times how to do the same thing and we're not there yet, but their strengths aren't necessarily for that position. It might be more of that social component going out to the customers, interacting, et cetera. But for most of them, once they've gone through the training on how to do something, they've got it. They don't deviate from it. They don't try to make up their own rules or change anything at all.*

This was contrasted with experiences with other employees, as the same employer noted. "Some of my employees without disabilities will be like, 'Well, what if we made the pizzas this way, or could we do this instead?' I'm like, 'Can you just follow the recipe please?'"

An employee described his work ethic. “I always like to stay busy. I always need to have something to work on. I don't want to just stand around confused, doing nothing." He detailed his responsibilities at a grocery store. "I just bag groceries for customers. I also help with carry-outs if they need any. I also bring in carts from outside...I also take out garbage...Sometimes I sweep the floors."

Loyalty and Retention

Long-term retention emerged as a significant benefit. One parent advocate noted her daughter has worked at the same grocery store chain for 15 years, following the same manager to different locations.

Another parent advocate emphasized the importance of retention. "Students like [name removed] are not crazy about change. I mean, if he has a job he likes and loves, he'll stay there 30 years. They're not

going to have turnover." The employee himself worked at one retailer for five years and has been at his current grocery position for two years.

A coffee shop owner was surprised by loyalty. "It didn't dawn on me that I would have all the same original baristas a year and a half later, and a waiting list of 40 people who want to work here."

Skill Development

Employers reported that employees developed job-specific competencies and broader professional skills, though growth required workplace-specific training rather than reliance on previous program experience. One employer explained:

> *They have to put six biscuits on a tray. So, I have a young man with [developmental disability] and he has to put six biscuits on the tray. Maybe their time in a transition program, they do piecework, like putting six little colored bears on a chart of one, two, three, four, five, six. So, it's a transferable skill that you would think like, 'Okay, well, they've been putting bears on numbers, their whole transition career.' It does not transfer. It doesn't. At least I haven't found that it does. So, just reteaching very job-specific things like this, it might take them a while, but then they'll get it.*

Communication skills also improved, though employers noted this development was common among all young workers entering the workforce. The key to successful development was hands-on, job-specific instruction tailored to actual workplace responsibilities rather than assuming skills from previous programs would transfer directly.

One parent advocate noted growth in self-advocacy skills through transition programs such as Nebraska Transition College. "In Nebraska Transition College, they do have one or two courses that teach self-advocacy, and I've actually seen the difference in him, where he's had to go to his employer and say, 'This isn't working and here's why.' Whereas a few years ago, he would not have had the courage to do that."

Employees 19 and older can serve alcohol. One employer described the assumption that their staff with disabilities would not be able to get “ServeSafe” certification.

> *I had three staff with disabilities go through that online programming, and all three of them are certified. They all have intellectual disabilities. So, just those types of things, they're able to get certifications. They're able to learn the specific tasks of the job.*

When these job-specific skills were combined with appropriate workplace supports and employer understanding, successful long-term placements emerged.

Successful Placements

Success hinged on employees feeling they belonged. As a parent advocate described, "I think that sense of, I belong here, I want to go to work, I want to groom for work, I want to be proud of where I work. I think that's what keeps people coming back to any job."

This parent advocate elaborated:

> *Where my daughter works, she knows everybody. She knows the meat department, they call her trouble, she calls them trouble. They say, 'Hey, trouble.' She knows the floral*

department. That's her problem when she's in bakery and has to run out and get some more something, she's too chatty...She likes people, she knows people. And she doesn't hesitate to ask a customer who's looking for something, 'Do you need help?' Because she also knows the store, so, she can take them right where they need to be.

Trainer competence proved vital as one restaurant owner stated. "Whoever the trainer is or the manager is, they have to understand disability or understand how the brain learns. If they don't understand those two things and they just try to train them as if they were training everyone else, it's not a successful match."

A coffee shop owner described her systematic approach to workplace design:

I'm very, very purposeful of creating a space that's inclusive and accepting and patient. So that's part of it. But also I have designed...If you go to Scooter's or Starbucks, often they're measured by metrics, how fast you can crank out a drink, how many drinks are made per hour. I knew going in, we weren't trying to compete with that.

She explained specific adaptations, "We only have one size for hot and one size for cold. So, the recipes are the same for the most part. We're not changing ratios for every 18,000 different drink sizes."

Her visual support evolved and adapted over time to suit the needs of workers. "Initially, we started with all of the recipes printed out and on the wall. They're very big and they're just in blocks. And then that got to be too overwhelming because they were all on the wall. So now we have them on an iPad so they can just look at one at a time." Simple modifications helped. "I have tape on each syrup that says, 'Hot drink, three pumps. Cold drink, five pumps,' or whatever. So, they're just little tiny, tiny things, but that keep them moving independently."

One parent advocate highlighted a successful program model called Project Search:

It is a national curriculum. A school district partners with a local employer...The students are generally more high functioning, like [name], and they participate in a year long program where they're going every day to the employer. And then they're actually working with this employer. The employees are primed to be supportive and assisted. And then they also teach budgeting and life skills...It's a year-long program. And some students actually get hired when they're done. It's also a good opportunity for employers to check out, 'Oh, I'd like to hire this guy. I've worked with him for a year. I know he's good.'

Unexpected Benefits

Many employers were surprised that positive outcomes went beyond job performance to encompass community relationships and workplace culture. One employer reflected on the broader impact of employment:

I know the impact that this [employment] has been for a couple of the people that I've hired. They kind of got locked in during COVID and had a really hard time getting out into the community and getting back on track. So, one person had stopped driving altogether, and now she's starting to drive a little bit more, because she's got the confidence to do this, and she's got a job to go to. So, I think just seeing how much

> *employment means at a whole other level for this population. Employment's life-changing for everybody, but seeing the confidence, seeing the connection, seeing the change, and how important it is. The financial piece is super valuable, but it's also everything else: that pride, that accomplishment, and being willing to take risks in other places because they've been successful with employment.*

Employers also noted rapid skill development and integration and described "Surprise at how quickly they fit in with the team and how hard they tried. The willingness to seek feedback and then be able to translate that into meaningful action and change." Another was struck by certification achievements and noted that "I was surprised that my staff could do the responsible beverage training."

Community response exceeded expectations. One employer worried about negative reactions but found their customers to be emotional in a positive manner. "They've thanked us. So, it's built a community amongst the customers." Another person summarized their experience. "I think they're proud that they have folks successfully working in their stores...it just shows what good humans can do, how we all can work together in a very positive way."

Challenges

While employers identified numerous strengths among employees with IDD, they also described barriers that complicated hiring and retention. These challenges ranged from application system difficulties to financial burdens created by extended training periods, and from navigating complex social interactions to addressing fundamental infrastructure gaps like transportation.

Notably, many challenges emerged not from the employees themselves but from organizational structures and resource limitations. Employers emphasized that with appropriate support, most of these barriers could be mitigated or eliminated. The following challenges represent both immediate workplace concerns and broader systemic issues that require coordinated solutions.

Application and Onboarding

Initial hiring processes posed barriers. Automated screening systems and compliance requirements created significant obstacles before candidates even reached the interview stage. One employer described the application process:

> *Getting through the application process can be a challenge. It's just, there's a lot, particularly through [employer], there's some barriers. You have to fill out certain questions accurately. But if you don't, your application will get kicked out. If your resume is not highlighting the experience in the way that the screener is going to recognize that skill, that will get kicked out. So, it's just really making sure... I think individuals with disabilities, we've got some folks in the community, they're helping with resume assistance, but don't always know what the screening software is to make sure that their application and resume get pushed through. I think that's kind of a trick for this population, especially if they haven't had significant work experience. That's getting everybody kicked out within less than five seconds from a lot of the software, like Indeed and some of those things.*

Compliance training added hurdles as one employer told us. "Thirteen compliance trainings...each can take anywhere from five minutes to an hour...I've had some individuals, it may take us 13 tries on one

compliance training...And just the defeat when you're starting off and they're like, 'Oh my gosh, I can't do this job yet.'"

Underemployment

A significant challenge that emerged was underemployment, i.e., employees capable of more responsibility working limited hours in entry-level positions. One parent advocate described her son as "severely underemployed" working only 18 hours per week as a grocery bagger despite being 28 years old with years of work experience.

She explained the disconnect. "Those bagger jobs are usually for people in high school. And so we talk about the social component of work and how important that is for people to have work friendships and things like that. Most of the people he's working with are in high school." This can lead to social isolation as this informant continued, "Even with the girls, in this day and age, he has to be very careful communicating with the girls as a 28-year-old man to be making sure that they're not misconstruing anything he would say...So it makes his work life a little lonely, I think. Where so many people have very strong friendships in work. When you're underemployed or working with people who are way outside your age range, it makes for a lonely day at work."

The path from part-time to full-time can be difficult. As one parent advocate explained, "His goal is to get off of social security disability and get a full-time job and just live independently like the rest of us do. But until he has a full-time job in place, he can't do any of these things." The challenge is what is called incremental transition. “He can't go right now from 18 hours a week to 40 hours a week without crashing...His doctors and his employment team, they think it would be better if he gradually increased his hours so that he would be successful long-term."

Training Time and Costs

Beyond initial hiring barriers, extended training requirements created ongoing financial pressures for employers, particularly small businesses operating on tight labor budgets. Extended training periods created financial strain as an interview participant explained:

> *Just to hire the average employee, it's about $1,700 to train the average employee in a restaurant setting. That's no disability of any kind in a very generic basic position, not even a culinary one, right? Just cashier, waitress, kitchen support staff, whatever. So, with our adults with disabilities, they require much more training and I have to pay them for that. As I'm paying them, that means I can't schedule another employee because I only get so much money.*

This posed difficult decisions at times. "Do I keep this person with a disability in training and cut another staff and then I'm there trying to just double do both duties, or do I let payroll exceed that [limit]?"

Another employer highlighted ongoing needs:

> *Individuals with developmental disabilities need ongoing support potentially for months after their initial training. Without that support, things will come up unexpected within their positions or there's a schedule change or who they work with. Or there's just a change in how something is being done that they're used to it being a certain way. The consequences of that are confusion, chaos, frustration.*

Social Interactions

Customer interactions presented challenges, particularly when employees lacked filters or understanding of workplace-appropriate communication. One employer remarked, "That social interaction, especially with customers, how quickly it can go downhill if there's not another person there supporting."

She provided a detailed example of an employee who was technically excellent at register operations but brought personal projects to work and made unsuitable comments to customers:

> *I had a student with autism working as my cashier. He was completely independent on the register, had great verbal communication skills in terms of getting orders back, whatever, but he also was writing a novel at home and brought it in to share...shared it with other employees, shared it with customers, and in his mind, he was so proud of his work.*
>
> *I also would overhear or listen to conversations and he'd say things about the food that were his own opinions but were not appropriate to share. So, he'd say, 'The waffles, don't do the waffles. You need to get the breakfast burrito'...Then the customer would be like, 'Well, that's okay. I'm going to go ahead and stick with the waffles'. 'Oh, well, you're making a big mistake.'*

The visibility of disabilities significantly affected customer responses as one employer explained. "When it's more visible, it's less problematic, but when it's more hidden disabilities, it's more problematic...Customers can get a little snarky and rude...Or they'll leave Google Reviews." Another informant acknowledged negative public reactions. "People have made just unnecessary mean comments. But that's just society in general, too."

Transportation Barriers

Transportation emerged as one of the most critical barriers to successful employment, affecting everything from initial job acceptance, to training opportunities, to long-term retention.

One parent advocate connected transportation to broader poverty. "That's a huge, huge reason that people like him struggle to work. And also why I think we have a lot of poverty in our city because people just can't get to the jobs consistently."

She contrasted experiences. "We lived in Germany for seven years, in Japan for five. And those countries have amazing public transportation...When we came back to Omaha, we were frustrated, to say the least, that you get one bus that goes West Roads to downtown."

This parent advocate continued by describing specific limitations:

> *We looked into if he could take the bus to the zoo, because we were taking him back and forth all the time...It was like two hours one way to go from West Omaha down to the zoo. And he'd have to get up at like four in the morning to catch buses and do transfers. And it's not safe for a person who's got an intellectual disability to be out and work at these hours.*

One person with direct experience illustrated how transportation barriers derailed employment. Vocational Rehabilitation (VR) taught her daughter to independently use the bus system to reach a volunteer position; the placement ended when the employer determined she needed more support than they could provide. Without transportation alternatives, "We started her in a day program just to give her something to do during the day than just sit at home. And she hated it. She wanted to work. Every day she came home hating it." This story illustrated how transportation success could evaporate when job placements failed, leaving families without viable options for maintaining employment momentum.

Another employer stated. "Transportation can be a huge make-or-break deal on any kind of employment." Public transportation infrastructure proved inadequate as bus systems don't reach residential neighborhoods or serve the an entire metropolitan area or small town. One informant noted that bus route infrastructure was not growing at the same pace as the city they lived in.

Solutions exist within current systems but remain poorly understood. Only one of three available Medicaid plans offers non-medical transportation. State officials are exploring ride-share options for individuals on waivers, recognizing the particular severity of this barrier, especially in rural areas.

Overcoming Challenges

Employers described various practical strategies for addressing workplace challenges, from direct communication approaches to physical adaptations. One informant stressed directness in corrective feedback: "I call them friction points. Here are friction points that we've encountered, and this is what we do to fix them...You have to say, ‘Hey, this is where you messed up. This is what you do to fix it, and this is what it'll look like next time. Okay, high five, buddy, get back to work.'"

For application barriers, one worked directly with her institution's HR department to modify screening processes. One employer described simple but effective workplace adaptations:

> *We have them on an iPad so they can just look at one at a time...I have tape on each syrup that says, 'Hot drink, three pumps. Cold drink, five pumps'...they're just little tiny, tiny things, but that keep them moving independently.*

While these workplace-level adaptations addressed immediate challenges, employers also identified broader systemic supports needed to make inclusive employment sustainable at scale, which are explored in detail in subsequent sections.

Several promising models aimed at supporting individuals with IDD in finding and maintaining employment were mentioned by informants, including: Project Search (school-employer partnerships), Autism Action Partnership (relationship-building first), and peer mentorship with financial incentives. Technical solutions like video job descriptions and pre-employment training platforms could address barriers.

Reflections: What I Wish I Knew

Employers' understanding of inclusive employment evolved significantly through direct experience. When asked what they wished they had known before hiring and what advice they would offer other employers, responses revealed a consistent pattern: initial nervousness and knowledge gaps gave way

to practical wisdom and recognition that many assumed challenges were manageable with appropriate preparation and mindset shifts.

Initial Knowledge Gaps

Employers entering inclusive employment often lacked critical information that complicated early placements. The range of preparedness varied considerably; those who had designed businesses specifically around employing individuals with disabilities felt well-equipped, while others, even those with special education expertise, encountered unexpected challenges.

The financial and time investment required for training emerged as the most common surprise. One employer stated directly, "the amount of time I was going to take to train them from a paid employee standpoint." This commitment proved more substantial than anticipated, creating budget pressures that could have been anticipated with better advance information.

Understanding the job coach's role represented another critical gap. One employer explained, "I wish we understood the role of the job coach better...I wish we understood [our employee's] triggers better...Some individuals do need a little bit longer breaks or more frequent breaks." This knowledge deficit extended to understanding reasonable accommodations that could prevent problems before they developed.

Transportation constraints surprised employers who had focused on workplace readiness without considering how employees would physically reach the job. Employers underscored the fundamental importance of transportation to placement success.

However, employers emphasized that these surprises emerged not from fundamental barriers but from information gaps that could be addressed through better preparation and communication with support providers before hiring.

Advice for Employers

When asked what advice they would give to other employers considering hiring individuals with developmental disabilities, informants pointed out fundamental principles beyond specific accommodation or technical support. Their recommendations clustered around three core themes: presuming competence while maintaining patience, focusing on skills and job matching rather than disability labels, and investing in thorough, multimodal training (visual aids, written materials, verbal instructions).

Notably, several emphasized that many of these practices—patience, clear communication, and structured training—benefit all employees, not just those with disabilities.

Presume Competence

One employer was emphatic. "Assume competence. Don't look at what you think they can't do. Teach them to do what you need them to do...And then, just be kind." She noted employees often get slowly phased out by other employers, saying, "Hours are just slowly cut...they're just slowly trying to phase them out." She concluded by stating, "You have to be really patient. So competent, yes, they can do it. Doesn't mean they're going to do it as fast or as well or as by-the-book...it just depends on the person, like it would with anybody else."

One parent advocate emphasized the need for broader understanding and breaking down stereotypes. "I guess, educate employers that autism is not just Rain Man. I think so many people have the mind that, especially older people, when you're talking about a person on the spectrum, they think of the person who is on one end of the spectrum who might have a lot of challenging behaviors or issues. They're not so much thinking about the person like him, who has learned to manage some of his challenges and grow through them."

Focus on Skills

One informant stressed, "Overlook the disability and see the skills that they have. Look at them as a skilled worker that can contribute and add value to their business."

Another employer stressed matching skills to tasks, saying, "Really understand the employee's strengths and weaknesses for what the position is that they're hiring for...if the position is very like rigid and routine, and that employee has autism and they thrive off rigid and routine, it's going to be a great match."

Invest in Training

One employer emphasized it is beneficial to invest in the training provided. "Very thorough training...think about it in a really multimodal sense. So maybe you're going to have a checklist...And maybe there's going to be some visuals."

These recommendations revealed that successful employers learned to view inclusive employment not as charity requiring special patience but as standard workforce development requiring intentional, structured approaches that benefit entire organizations.

Support Needs for Employers

When asked what supports would help Nebraska employers hire and retain individuals with developmental disabilities, informants identified three critical systemic changes that would substantially reduce the challenges described in the previous section. Transportation infrastructure topped the list, with one noting. "I would expand our city bus system. This is the first community of this size that I've lived in where the bus didn't travel into neighborhoods." Financial support during training emerged as equally critical. "Someone like a Voc Rehab needs to take on the payment of wages until both [parties] and the business agree, yes, it's the right fit...that takes the stress off the employer." One employer added, "It's almost like the individuals with IDD don't need a job coach. It's the employers that do." Knowledge and awareness also proved essential, with employers emphasizing that many are "just nervous or afraid" and need to see successful employment "in action in other places."

Beyond these overarching priorities, employers articulated specific needs ranging from immediate practical assistance to systemic changes. Their responses revealed that many existing support structures were either poorly understood or inadequately implemented. The following detail how employers imagine job coaching, incentives, and employer and employee support systems could be implemented effectively.

Job Coaching

Job coaching emerged as the most frequently mentioned support need, though employers emphasized they needed better understanding of what job coaches actually do, and how to work with them

effectively. As one person explained, "An understanding of their role. They're not just the transportation there and back...who's their supervisor? So, who can I notify if I have concerns about the job coach?"

Beyond traditional job coaching for employees, several employers identified a critical gap including employers themselves need coaching. One employer described an ideal scenario, "A one-on-one coaching program with employers where either they can come shadow people who are already doing it, or if they hire somebody new, then you can come train them."

Employers repeatedly noted the importance of on-site, contextualized support. One employer said:

> *It has to be on-site training. There's no training that can be presented at any workshop or conference that prepares employers...I need someone to come to my business and meet all of my employees, learn about my company, learn about what the job duties are, and then say, 'Oh, I have the right candidate for you'.*

This hands-on approach should be extended to the onboarding process as one person suggested, "Assistance with the onboarding process...figuring out accommodations, figuring out how to provide some guidance on how to navigate those accommodations." These supports need to be tailored to specific workplace contexts rather than delivered through generic training sessions.

Incentives

Beyond operational supports, employers also discussed financial considerations and recognition mechanisms that might encourage more businesses to hire individuals with disabilities.

Opinions on incentives diverged sharply. One person was resistant:

> *I hate incentives because...the employer shouldn't have to get incentives to hire the right person...I feel like incentives give the impression that the employee is less than. The incentive is you're going to get a great employee who's going to show up every day.*

However, others acknowledged financial realities. An informant suggested redirecting funding from day programs to support job coaches and wage subsidies during training periods. The same informant also proposed non-monetary recognition, such as gubernatorial proclamations or public nominations, honoring businesses with strong track records of hiring individuals with disabilities. The consensus among those supporting incentives was that they should offset genuine training costs rather than serve as additional payments.

Support Systems for Employers

When asked to design an ideal support system for employing individuals with developmental disabilities, employers described comprehensive frameworks that balanced structure with flexibility. Their visions shared common elements such as pre-employment preparation, skilled job matching, on-site training support, and ongoing consultation—while acknowledging that no single prescribed approach could work for all individuals or all workplaces.

One employer described the importance of job coaches. “They would be matched to a job with a job coach that understands the needs of the business as well as their individual needs. It's like a recruiter...a scout.”

Another employer put emphasis on flexibility:

> *They're all different. We couldn't put together a boxed package...I think an open mind in learning to read people and adapt for what they specifically need...And support. I guess maybe somebody to ask questions of.*

Another person offered a sketch of their vision:

> *A very thorough orientation to whatever the job is...modeling for the supervisor of what the expectations are and how are we going to align your expectations with the ability of the person...And maybe a resource of, here's a bunch of visuals that you could use as needed.*

An employee reinforced the use of visuals and even described videos used. "One employer actually had a video you could click on...There was a link where they had somebody who was already doing this job explaining what you would do and what it's like to work for the employer... it was maybe 90 seconds." This illustrated the value of having practical, accessible resources available for employers to utilize in developing accessible trainings.

Outreach and Awareness

While employers articulated clear visions for ideal support systems, they underscored that such systems would only succeed if employers knew they existed and understood how to access them. When asked how to better reach employers with information about supports and opportunities for hiring individuals with developmental disabilities, informants stressed two critical components: the method of outreach and the framing of the message. Their recommendations revealed that traditional approaches, mass emails and generic workshops, proved largely ineffective, while direct, personal engagement combined with business-focused messaging resonated with employers' actual needs and motivations.

Face-to-Face engagement

Personal, face-to-face contact emerged as the most effective outreach strategy. One employer emphasized:

> *Two things that I have found seem to work the best are social media...But the other thing is really...boots on the ground, is me walking around...having easy-to-read lots of pictures, information about who we are, what we do.*

This employer was clear about email limitations, “You're going to get an email and they're going to be like, 'Delete.'...You know how many emails I delete a day?" Another agreed:

> *We just have to talk to them. You got to go to the business...talk to employers, talk to Chamber of Commerce, and just keep knocking on those doors...But not as, they're doing us a favor. We're doing them the favor.*

Lunch and Learns

Additional strategies included lunch-and-learns at workplaces, showcasing success stories through social media, and partnering with nonprofit organizations. One employer stressed a fundamental information gap. "As an employer, I would want to know what are my actual resources...If I as an employer knew what was out there, I would take advantage of that, but I don't know a single resource."

Message framing was considered crucial. One employer-owner reflected:

> *I don't think at this point in 2025, how desperate people are for workers and good workers, I don't think anyone cares about the disability component... I need someone in this position starting tomorrow...I don't think it's necessarily so much about the disability piece. It's recruiting talent that matches the business.*

Social Media and Public Service Announcements

Multiple informants emphasized visual success stories. The parent advocate suggested. "Well, I think let's use social media. Let's do blasts of benefits of showing positive experiences of workplace where people with disabilities work. Let's have models out there that are visible."

A restaurant owner described effective content:

> *If you do use social media, it's creating almost...making people see...if we can't get in and give everybody individual coaching, seeing the benefits of what that would look like, like, 'Hey, this could be you.'...This could be you if you hire someone with a disability. I have cute pictures. These are real pictures. They're not staged, for the most part. It is just them and who they are.*

One parent advocate proposed a public service announcement campaign and provided the following vignette:

> *Social media is everything these days, and if we want to reach employers who haven't even considered that...I guess I'm looking at it in terms of a public service announcement...little commercial, 30 to 60 second slots where they would give you public service information...But using humor...Take [name] and do a video and have him say something like, 'I'm so-and-so, 28 years old. I have autism. I want to work. I'm a hard worker. I do this. I do that.' Take a vignette of young people like him and do a PSA and spread it in all sorts of social media.*

Finally, one informant summarized the value of this important workforce. "This is a talented workforce. You're missing out on a talented workforce...I think we just need to keep hitting on the value and the talent." The consensus was clear: frame employment of individuals with disabilities as accessing an untapped talent pool rather than as charitable inclusion.

Planning Group Review and Input

Following interviews, the NCDD Planning Group convened to review preliminary findings and provide additional input. The group included representatives from Vocational Rehabilitation, disability service providers, advocacy organizations, policy experts, and parent advocates.

Key Themes

Planning group members validated the interview findings. One noted "I was really interested to see the desire on behalf of the employers to get training... Not putting all the emphasis on training the employee to do the job, but it's also training employers to understand and broaden their horizons."

Another observed. "There is a desire for this information and a desire on behalf of employers to employ this community. You can build on that."

The group identified information overload as a critical barrier:

> *If there are a variety of trainings or information or organizations providing that information, maybe we need to figure out a way to get all those folks talking together and producing one as opposed to 13 different scattershot. Because if you have 13, you can easily get confused... Shut down.*

Transportation was confirmed as a longstanding and systemic issue. "That's going to be a big, big issue. Because you can do the job but if you can't get there, why even apply for it?" The group discussed Medicaid waiver modifications, city transportation planning engagement, and business advocacy for expanded transit.

Another planning group member who also provided a parent advocate perspective raised the issues of underemployment. "For 10 years, my son has been severely underemployed... He's a 28-year-old bagger. He's capable of much more and you can't live on that wage." This highlighted gaps between hiring and career advancement.

For employer support, one parent advocate suggested. "Just asking the individual, what do you need in order to be a successful employee? Let the employee help educate the employer." Another stressed. "Bring in the coworkers because the coworkers can make or break a placement."

Outreach recommendations included Chamber of Commerce and SHRM presentations, webinar series, lunch-and-learns, state government as a model employer, and return-on-investment data compilation. Participants cautioned against over-reliance on broad marketing. "The best way is when you have a skilled employment specialist spending lots of time in the community building relationships with employers."

One participant discussed a significant policy issue regarding Medicaid. "Would you rather spend Medicaid dollars on people spending their days in “dayhab” where they need constant supervision, or invest in helping people develop job skills so that they can be truly integrated and contributing members of their communities?"

The planning group discussion reinforced key findings from interviews while adding other considerations, particularly underemployment and the need for career advancement opportunities beyond entry-level positions. Their input underscored that addressing employment barriers for individuals with developmental disabilities requires coordinated action across multiple levels such as streamlined information systems, transportation support, sustained relationship-building with employers, and strategic messaging that emphasizes business value and workforce needs rather than charity.

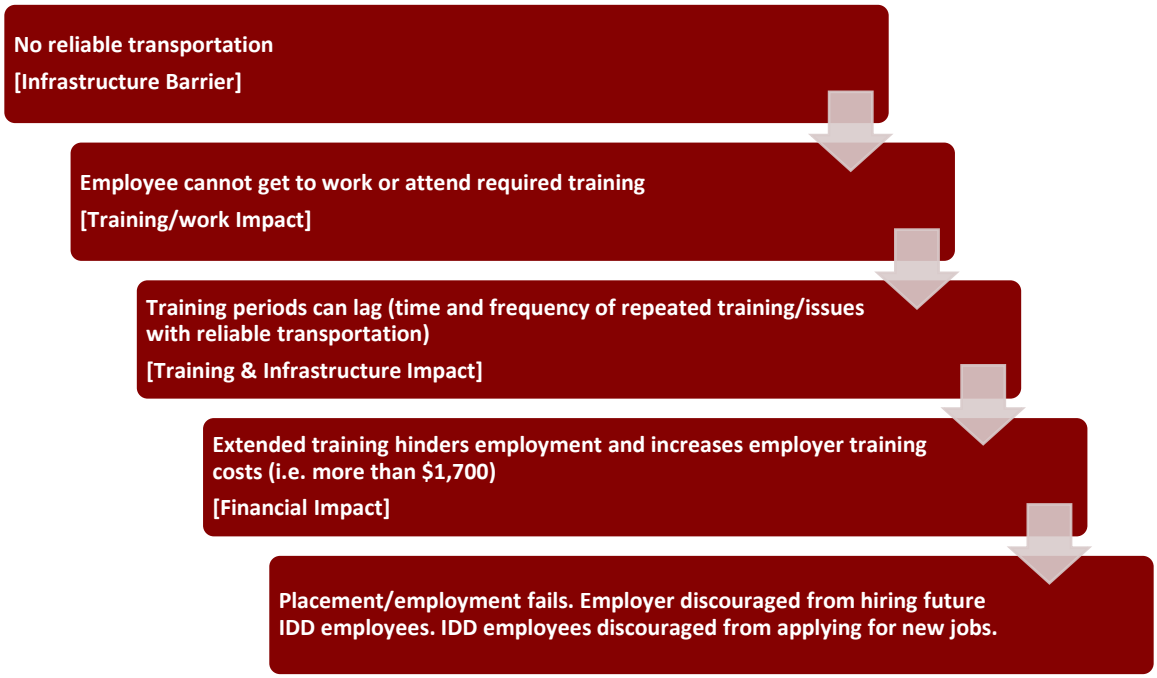
Discussion and Next Steps

Survey respondents and interview informants emphasized that employees with developmental disabilities bring significant strengths to the workplace including reliability, consistency, and ability to develop specialized skills. These distinct skills, abilities, and talents at an individual level can uniquely

position these individuals, in the same way as any other individual, to be a qualified candidate to fill an open position for an employer. However, systemic barriers, including transportation limitations, extended training needs, application obstacles, and financial constraints, do sometimes create challenges.

Figure 3 demonstrates how barriers cascade across domains. This transportation example illustrates a pattern identified across all interview findings. When one barrier exists, it triggers failures across multiple domains. Without reliable transportation, employees cannot get to their jobs or attend training consistently, extending what should be a 3-month training period to 6+ months. As one employer noted, basic employee training costs approximately $1,700, but when training periods extend due to barriers like transportation or inadequate support, employers absorb significantly increased costs while paying trainees. This financial strain can lead to placement failures and discourage employers from future inclusive hiring, while, at the same time discouraging people with IDD from applying to different positions.

Figure 3. How Barriers Cascade Across Domains



Often, successful placements depend on appropriate job matching, adequate training time and support, workplace adaptations, and effective communication. A primary finding from both the survey and the interviews was the need for both an improved understanding of and increased access to job coaches and employment specialists to help support both employees and employers. Employers consistently noted that, given proper support, individuals with developmental disabilities are valuable employees who contribute meaningfully to workplace culture and business success.

The overarching message was clear. **Hiring individuals with developmental disabilities should not be viewed as charitable but as accessing an untapped talent pool**. However, realizing this potential requires addressing systemic barriers through enhanced transportation infrastructure, financial support

during training periods, improved application processes, and accessible, practical guidance for employers.

Interview informants emphasized that outreach efforts should primarily focus on face-to-face engagement, showcase success stories, provide concrete resource information, and frame the conversation around business value and talent rather than disability. As one employer stated, NCDD and partners should have the attitude, "We're doing them the favor" by providing qualified employees, not vice versa. However, survey findings indicated that online webinars or workshops and informational guides and toolkits were among the most valuable resources. Regardless of the outreach method used, the content must be topic-specific and address gaps in understanding pertaining to hiring and supporting individuals with IDD in the workplace.

Recommended Next Steps

With the information collected via the methods in this study, NCDD would like to be poised to develop an awareness campaign responsive to the needs, concerns, and knowledge expressed by employers as it pertains to hiring and employing individuals with IDD. **Based on these findings, NCDD may consider the following next steps organized by implementation timeline:**

Immediate Actions (0-6 months):

- **Employer Resource Toolkits** - Develop separate toolkits for hiring and employing individuals with IDD, including contacts for supported employment resources. Toolkits should be heavy on visuals (infographics, 90-second video examples), accessible (audio versions, high contrast), and available in digital and printable formats.
- **Transportation Resource Guide** - Compile information on Medicaid plans offering non-medical transportation, Handi-Van eligibility and application process, transit advocacy contacts, and case examples of transportation solutions other employers have implemented.
- **Grassroots Outreach Initiative (Face-to-Face Engagement)** - Schedule presentations at Chambers of Commerce and SHRM chapters featuring employer testimonials and success stories. Develop one-page resource document with business benefits, available supports, etc.

Medium-Term Actions (6-18 months):

- **Lunch and Learn Training Series for Supervisors/Employers** covering:
    - Success Stories: What works and business impact
    - Communication and Feedback: Direct communication techniques and "friction point" management
    - Training Strategies: Use of visuals, breaking down tasks, multimodal instruction
    - Full Employment Lifecycle: Application screening, onboarding, and advancement opportunities
- **Inclusive Employer Recognition Program** - Establish Bronze/Silver/Gold certification levels based on number of employees with IDD, retention, job coaching support, and advancement

opportunities. Recognition includes certificates, window signage/logos, website listing, and featured case studies. Creates visible models of successful inclusive employment, recognizes employers, and generates authentic content for outreach.

- **Bolster Current Job Coaches and Train Others** - Train job coaches on business operations and employer needs, not just employee support. Use employer feedback to improve coaching quality.

Conclusion

The findings reveal that Nebraska employers recognize the value of employees with intellectual and developmental disabilities, and, given appropriate supports, are willing and able to provide meaningful employment opportunities. The primary barriers are not attitudinal but systemic, such as transportation infrastructure gaps, financial constraints for small businesses, fragmented support systems, and scattered information creating confusion and disengagement. NCDD's awareness campaign can address these root causes through the phased approach outlined above, creating sustainable improvements in employment outcomes for Nebraskans with intellectual and developmental disabilities.

Appendix A – Employer Survey

NCDD Employer Survey Questions

The University of Nebraska Public Policy Center (NUPPC) has partnered with the Nebraska Council on Developmental Disabilities (NCDD) to assess employer awareness of and opinions related to employing people living with developmental disabilities.

The CDC defines developmental disabilities as "a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime." This population represents a significant and diverse talent pool with varying abilities, skills, and support needs.

Current employment statistics show that individuals with developmental disabilities experience lower workforce participation rates compared to the general population. Understanding employer perspectives on hiring practices, workplace accommodations, and potential barriers is essential for identifying opportunities to bridge this employment gap. This survey aims to gather insights from employers across various industries to better understand current practices, challenges, and interest in expanding recruitment and retention of workers with developmental disabilities.

You will not be asked for your name, position, or company name in this survey. Results will be reported together with the results from all survey respondents. This survey is voluntary, and you may skip any questions you do not prefer to answer. If you have any questions about this survey, please contact Ashley Miller (amiller102@unl.edu). Thank you in advance for your input!

1. **Which of the following best describes your workplace?**
    a. Public sector (government or government-funded)
    b. Private sector
    c. Non-profit or nongovernmental organization
    d. Other (please specify) _____

2. **Which industry best describes your business or the work you do? (select all that apply)**
    a. Agriculture, Environment & Natural Resources
    b. Arts, Media & Entertainment
    c. Construction & Skilled Trades
    d. Education & Training
    e. Finance, Insurance & Real Estate
    f. Government & Public Administration
    g. Healthcare & Social Assistance
    h. Hospitality, Tourism & Food Services
    i. Information Technology & Software
    j. Legal & Professional Services
    k. Manufacturing & Engineering
    l. Marketing, Advertising & Communications
    m. Nonprofit, Faith-Based & Philanthropy

n. Transportation, Logistics & Utilities
o. Other (Please specify) _____

3. **In what city and state are the headquarters of your business located?**
   a. _____

4. **What is the approximate number of employees in your company?**
   a. 1-10
   b. 11-50
   c. 51-100
   d. 101-500
   e. 500+

5. **Does your company currently employ anyone with a developmental disability?**
   a. Yes
   b. No
   c. Prefer not to answer
   d. Unsure

6. **Has your company ever employed anyone with a developmental disability in the past?**
   a. Yes
   b. No
   c. Prefer not to answer
   d. Unsure

7. **What has been your experience working with individuals with developmental disabilities?**

   _____

   _____

8. **Based on your understanding or experience, which of the following do you believe could be potential benefits of employing individuals with developmental disabilities?** (Check all that apply)
   a. Access to job coaching or training support programs
   b. Addressing staffing needs across various positions in the organization
   c. Broader customer appeal through hiring practices
   d. Enhanced team morale and workplace culture
   e. Improved workplace diversity
   f. Increased employee loyalty and retention
   g. Positive public image and community engagement
   h. Reliable and consistent work performance
   i. Strengthened organizational values and social responsibility
   j. Tax credits or financial incentives
   k. Other (please specify) _____

9. **What are the potential challenges in hiring employees with developmental disabilities?** (Check all that apply)

    a. Concerns about productivity or task performance
    b. Concern about individuals' potential loss or impact on public benefits like Social Security disability benefits, Medicaid, SNAP, housing, etc.
    c. Concerns about workplace safety or liability
    d. Difficulty matching job roles to individual strengths
    e. Lack of awareness about available support programs
    f. Lack of qualified candidates
    g. Legal or regulatory concerns
    h. Limited internal resources to support inclusion efforts
    i. Misunderstandings or stigma among staff or customers
    j. Need for additional training or job coaching
    k. Supervisors lacking experience working with individuals with developmental disabilities
    l. Transportation challenges affecting reliable workplace attendance
    m. Uncertainty about how to provide accommodations
    n. Unclear policies or procedures for inclusive hiring
    o. Other (please specify) _____

10. **What would your business need to increase confidence in hiring and retaining individuals with intellectual or developmental disabilities?**

    _____

    _____

11. **What resources or support would make you more comfortable hiring people with intellectual or developmental disabilities?** (Check all that apply)

    a. Access to disability and public benefits consultation
    b. Access to job coaches or employment specialists
    c. Access to a pool of qualified candidates
    d. Access to reliable transportation for employees
    e. Assistance with onboarding and role matching
    f. Clear policies and procedures for inclusive hiring
    g. Funding or incentives to support inclusive hiring
    h. Information on tax incentives or financial assistance
    i. Legal guidance on hiring people with disabilities
    j. Guidance on how to provide reasonable accommodations
    k. Mentorship or peer support from other inclusive employers
    l. Ongoing consultation or technical assistance
    m. Partnerships with local disability employment organizations
    n. Success stories or case studies from other employers
    o. Training for supervisors and staff on inclusion and disability awareness
    p. Other (please specify) _____

12. **Would you consider participating in a program or initiative to help integrate employees with intellectual or developmental disabilities into your workplace?**

    a. Yes, definitely
    b. Maybe, if there are clear benefits and support
    c. No, I don't think it's feasible for my business

13. **Would you be interested in attending training on best practices for hiring and supporting employees with intellectual or developmental disabilities?**

    a. Yes
    b. Maybe, depending on the content
    c. No

14. **If no, what would increase your interest?**

    _____

15. **How would you prefer to receive information about hiring individuals with intellectual or developmental disabilities?** (Select all that apply)

    a. Direct consultations with experts
    b. Informational guides or toolkits
    c. In-person training sessions
    d. Online webinars or workshops
    e. Success stories and case studies
    f. Other (please specify) _____

16. **Would you like to participate in a mentorship program with other employers who have successfully hired employees with intellectual or developmental disabilities?**

    a. Yes, definitely
    b. Maybe, depending on the time commitment
    c. No

18. **Is there anything else you would like to share about your experience or thoughts on hiring individuals with intellectual or developmental disabilities?**

    _____

    _____

Appendix B – Interview Questions

Six key topic areas – strengths, challenges, reflections, employer supports, outreach and awareness

Strengths

1. What was a deciding factor in your decision to hire a person with developmental disabilities?
    a) What strengths or skills did they "bring to the table" and did they develop new strengths or skills?
2. Would you consider this employee to be a successful "placement"? What made it successful or not?
    a) What, if anything, surprised you? What, if anything, did you take away from hiring a person/people with developmental disabilities?
3. Please describe the overall benefits or drawbacks, if any, of employing a person with developmental disabilities.

Challenges [what has been tried?]

1. What challenges, if any, have you experienced employing individuals with developmental disabilities?
2. How did you overcome or work around those challenges? What "worked"?
3. What would make employing people with developmental disabilities less challenging?

Reflections: [what I wish I knew?]

1. Before hiring individuals with developmental disabilities, what do you wish you had understood better?
2. Were there any surprises — positive and/or negative?
3. What advice would you give to an employer when hiring individuals with developmental disabilities?

Support Needs for Employer

1. What supports would help Nebraska employers hire people with developmental disabilities?
2. What technical assistance would benefit your organization or other employers that have hired and/or want to hire people with developmental disabilities?
3. What incentives would help Nebraska employers hire people with developmental disabilities?
4. If you could design the "ideal support system" for employing individuals with developmental disabilities, what would it include?

Outreach and Awareness

1. The goal of this project is to develop materials to raise awareness about the supports available for employers and employees related to hiring and employing individuals with intellectual and developmental disabilities. How do we better reach employers with this information?

Attachment B: Resumes

1. Kurt Mantonya, PhD
2. Stacey Hoffman, PhD
3. Ashley Miller, MPA
4. Grant Van Robays, MPIA

Kurt Mantonya

Co-Principal Investigator and Co-Evaluator
Senior Research Manager: University of Nebraska Public Policy Center
Lincoln, Nebraska • (402) 472-8865 • kmantonya@nebraska.edu

Capacity to Perform This Work

I am an applied cultural anthropologist with extensive experience in ethnographic and qualitative methods, public participation and community engagement, and rural and community development. I lead qualitative and ethnographic efforts through focus groups and interviews and provide expertise on qualitative analysis. I have helped carry out strategic planning, evaluation, and assessment work for state agencies, including the Nebraska Department of Health and Human Services, Nebraska State Historical Society, Nebraska Department of Water, Energy, and Environment, and Nebraska Environmental Trust. My practice draws on Appreciative Inquiry, the Community Capitals Framework, and Asset-Based Community Development, and I have particular experience engaging underserved and vulnerable populations across Nebraska.

Understanding of the Process

My role in this project will be to co-lead the evaluation, provide oversight to the NUPPC team, and manage the project's flow across the five deliverables in the solicitation.

- **Data Collection and Evaluation Plan (Deliverable 1).** In conjunction with the other PI, I will develop the evaluation plan, indicator framework, and data collection tools in consultation with DHHS. Facilitate and conduct interviews and focus groups with program staff, partners, and stakeholders across the Plan's seven goals, and review program records and subrecipient reports.
- **Olmstead Plan Evaluation Report (Deliverable 2).** Lead thematic analysis and analysis of existing data, and prepare the draft Plan Evaluation Report and the strategic-plan progress report for the Legislature.
- **Communications Plam and Supporting Materials (Deliverable 3).** Guide development of the communication plan and supporting materials with DHHS approval.
- **Revision Recommendations and Technical Assistance (Deliverables 4–5).** Provide technical assistance to DHHS and the Olmstead advisory committee and prepare the final recommendations.

Throughout, I will provide meeting co-facilitation, stakeholder engagement, and qualitative analysis, co-facilitate the monthly touch-base with DHHS, and ensure the project stays on track and meets its deliverables.

Academic Background and Degrees

Ph.D., Geography / School of Global Integrative Studies, University of Nebraska–Lincoln, 2025. Dissertation: An Archaeoethnodemographic Analysis of Population Dynamics and Settlement Patterns in the Navajo Dinétah.

M.A., Anthropology, University of Nebraska–Lincoln, 2001. Thesis: Felt Needs of Ethnically Diverse Populations in Rural Nebraska Meatpacking Towns.

B.S., Sociology, Kansas State University, 1994.

Professional Training and Certifications

- International Association for Public Participation (IAP2) Certificate
- CITI Human Research — Social/Behavioral Research Investigators and Key Personnel; CITI Conflicts of Interest
- FEMA Emergency Management Institute — NIMS (IS-700), Incident Command System, and Multihazard Emergency Planning for Schools

Relevant Professional Experience

Senior Research Manager, University of Nebraska Public Policy Center:

Oct 2021–Present

- Lead and oversee applied qualitative and ethnographic research and program evaluation, including instrument design, key informant interviews, focus groups, and thematic analysis, producing reports and recommendations for state agencies including Nebraska DHHS.
- Direct strategic planning and stakeholder engagement processes, facilitating planning groups and multi-stakeholder input to inform program development, priorities, and recommendations.

Associate Extension Educator / Lead, Rural Prosperity Nebraska, Nebraska Extension

Mar 2018–Oct 2021

- Delivered technical assistance, facilitation, and training across an 11-county region; co-led statewide disaster response and a nine-month community development recovery program.

Senior Associate, Heartland Center for Leadership Development

2005–2018

- Designed curriculum and conducted primary and secondary research, evaluation, and facilitation in leadership and community and economic development.

Applied Cultural Anthropologist, Development Systems/Applications International

1999–2004

- Conducted DHHS-funded Rapid Assessment, Response, and Evaluation (RARE) projects on HIV/AIDS among Native American, Latino, and other populations in Nebraska, producing evaluation reports and prevention intervention recommendations for the Nebraska DHHS AIDS Program.

References

Jon Cannon, Director, Nebraska Association of County Officials, 1335 H St. Lincoln, NE 68508 Jon.cannon@nebraskacounties.org • (402) 434-5660

Carrie Gottschalk, Engagement Zone Coordinator, Nebraska Extension, 322 S. 14th St. Seward, NE 68434 Carrie.gottschalk@unl.edu • (402) 643-2981

Dr. Carrie Heitman, Professor, School of Global Integrative Studies, 826 Oldfather Hall, University of Nebraska-Lincoln, Lincoln, NE 68588 cheitman@nebraska.edu. (402) 472-7957.

Stacey J. Hoffman

Co-Principal Investigator and Co-Evaluator
Senior Research Manager: University of Nebraska Public Policy Center
Lincoln, Nebraska • (402) 472-4373 • shoffman@nebraska.edu

Capacity to Perform This Work

I am a social psychologist with extensive experience quantitative methods, public participation and community engagement, and communicating data to a public audience. I lead quantitative data collection, primarily through surveys and programmatic data, and quantitative analysis. I have helped carry out strategic planning, evaluation, and assessment work for state agencies, including the Nebraska Department of Health and Human Services, the Lancaster County Adult Drug Court, National Institute of Justice, and the Centers for Disease Control and Prevention.

Understanding of the Process

My role in this project will be to co-lead the evaluation, and lead quantitative data collection, analysis, and reporting.

- **Data Collection and Evaluation Plan (Deliverable 1).** In conjunction with the other PI, I will develop the evaluation plan, indicator framework, and data collection tools in consultation with NE DHHS, and review program records and subrecipient reports.
- **Olmstead Plan Evaluation Report (Deliverable 2).** Lead survey development and analysis, guide the use of existing data, and prepare the draft Plan Evaluation Report.
- **Communications Plan and Supporting Materials (Deliverable 3).** Collaborate in development of the communications plan, and guide development of supporting materials to disseminate evaluation results.
- **Technical Assistance and Olmstead Plan Revision Recommendations (Deliverables 4–5).** Provide technical assistance to DHHS and the Olmstead advisory committee to develop the final revisions to the Olmstead Plan, an assist with preparing the final recommendations.

Throughout, I will provide meeting co-facilitation, stakeholder engagement, and quantitative analysis, participate in the monthly touch-base with DHHS, and work with my co-lead to ensure the project stays on track and meets its deliverables.

Academic Background and Degrees

Ph.D., Psychology, with a minor in Quantitative Methods, University of Nebraska–Lincoln, 2026. Dissertation: Stress and Coping in Flood Survivors.

M.A., Psychology, University of Nebraska–Lincoln, 1998.

B.A., Psychology, German, Comparative Religion, Cornell College, Mt. Vernon, IA, 1993.

Professional Training and Certifications

- Certified Resilience Coach
- CITI Human Research — Social/Behavioral Research Investigators and Key Personne
- CITI Conflicts of Interest

Employment Experience

Senior Research Manager, University of Nebraska Public Policy Center, 2006–Present.

- Lead and oversee applied quantitative and mixed methods research and program evaluation, including survey design, and use of large data sets; producing reports and recommendations for state agencies including Nebraska DHHS.
- Lead professional development for NUPPC staff in quantitative and mixed methods.

Statistics Consultant, freelance, 2002-2014.

- Analyzed data and produced easy to understand reports.

Graduate Research Assistant, University of Nebraska Public Policy Center, 1999-2006.

- Analyzed data and drafted research and evaluation reports for behavioral health and public health projects.

Graduate Teaching Assistant, Department of Psychology, University of Nebraska-Lincoln, 1996-1999.

- Taught research methods and statistics lecture and lab sessions to undergraduate psychology majors.

Relevant Grant and Evaluation Activities

Year(s)	Role. Project Name. Funder.
2025	Principal Investigator. Assessment of Employer Perspectives on Developmental Disability Employment. Nebraska Council on Developmental Disabilities.
2023-present	Principal Investigator and Lead Evaluator. Lancaster County Adult Drug Court Enhancement Grant. Lancaster County, through a grant from the Bureau of Justice Assistance.
2023-present	Quantitative Lead. Research and Evaluation on Domestic Terrorism Prevention: Incidence of ideologically influenced threatening and violent activity in rural communities. National Institute of Justice.
2023-2024	Principal Investigator. Emergency Services Strategic Plan. Office of Emergency Health Services, Nebraska Department of Health and Human Services.
2022-present	Lead Evaluator. Nebraska Comprehensive Suicide Prevention Cooperative Agreement. Centers for Disease Control and Prevention.
2022-2025	Lead Evaluator. University of Nebraska Campus Garrett Lee Smith Suicide Prevention Grant. Substance Abuse and Mental Health Services Administration.
2022-2025	Principal Investigator and Lead Evaluator. Lancaster County DUI Court Enhancement Grant. Lancaster County, through a grant from the Bureau of Justice Assistance.
2022-2025	Lead Evaluator. Invent2PreventProgram Evaluation. University of Nebraska National Counterterrorism Innovation, Technology, and Education Center (NCITE), through a grant from the U.S. Department of Homeland Security.
2022-2024	Quantitative Lead. Supporting school threat assessment teams via the implementation of a statewide anonymous reporting system. U.S. Department of Justice.
2022-2024	Principal Investigator and Lead Evaluator. Evaluation for Nebraska DHHS Law Enforcement AED Project. Office of Emergency Health Services, Nebraska Department of Health and Human Services, through a grant from the Helmsley Foundation.

Year(s)	Role. Project Name. Funder.
2022-2024	Principal Investigator and Lead Evaluator. Evaluation of Nebraska's 988 Implementation Cooperative Agreement and Enhancement Project. Division of Behavioral Health, Nebraska Department of Health and Human Services, through a grant from the Substance Abuse and Mental Health Services Administration.
2019-2024	Lead Evaluator. Nebraska State Garrett Lee Smith Suicide Prevention Grant. Substance Abuse and Mental Health Services Administration
2019-2023	Principal Investigator and Lead Evaluator. Lancaster County Veteran's Treatment Court Enhancement Grant. Lancaster County, through a grant from the Bureau of Justice Assistance.
2018-2021	Lead Evaluator. University of Nebraska Campus Garrett Lee Smith Suicide Prevention Grant. Substance Abuse and Mental Health Services Administration.
2015-2020	Principal Investigator and Lead Evaluator. Public Health Surveillance System Evaluation Projects: several projects beginning with development of a brief evaluation protocol based on CDC guidelines, development and delivery of training on use of the Brief Evaluation Protocol, and completion of multiple evaluations utilizing the protocol. Division of Public Health, Nebraska Department of Health and Human Services.
2016-2020	Co-Investigator. Evaluation of Cooperative Agreement to Benefit of Homeless Individuals-Lincoln (CABHI-Lincoln). Substance Abuse and Mental Health Services Administration.

References

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Ashley Miller

Project Co-Evaluator
Senior Research Specialist: University of Nebraska Public Policy Center
Lincoln, Nebraska • (402) 472-4687 • amiller150@nebraska.edu

Capacity to Perform This Work

My experience has prepared me to successfully support the Olmstead Project through expertise in program evaluation, strategic planning, partner engagement, and data-driven decision-making. I have led complex evaluation initiatives, developed performance measurement systems, managed multidisciplinary teams, and translated research findings into actionable recommendations that inform policy and improve services. My work building collaborative partnerships, implementing quality improvement strategies, and advancing person-centered outcomes aligns well with the Olmstead Project's focus on strengthening community-centered systems and improving outcomes for diverse populations.

Understanding of the Process

My role in this project will be as a member of the NUPPC evaluation team. My contribution to the following deliverables will be as follows:

- **Data Collection and Evaluation Plan (Deliverable 1).** I will facilitate and conduct interviews and focus groups with program staff, partners, and stakeholders across the Plan's seven goals, and review program records and subrecipient reports.
- **Olmstead Plan Evaluation Report (Deliverable 2).** I will collaboration on the preparation of the Plan Evaluation Report.
- **Communications Plam and Supporting Materials (Deliverable 3).** I will consult on the development of the communication plan and supporting materials with the internal term, as needed.
- **Revision Recommendations and Technical Assistance (Deliverables 4–5).** I will participate in technical assistance calls with DHHS and the Olmstead advisory committee and prepare the final recommendations as needed.

Throughout, I will participate in meetings, partner engagement, and data analysis as needed.

Academic Background and Degrees

M.P.A., *Public Management*, University of Nebraska–Omaha, 2021

B.S., Psychology, University of South Dakota, 2015

Professional Training and Certifications

- CITI Human Research — Social/Behavioral Research Investigators and Key Personnel; CITI Conflicts of Interest
- Lean Six Sigma Black Belt, Level II

Relevant Professional Experience

Senior Research Specialist, University of Nebraska Public Policy Center:

Oct 2020–Present

- Led cross-functional teams in designing and executing comprehensive program evaluations, utilizing organizational insights to develop data collection instruments and analyze both qualitative and quantitative data. Identified strengths and growth opportunities to optimize services and support strategic planning, while presenting findings that influenced policy at organizational, local, state, and federal levels.
- Partnered with diverse partners to build data-driven frameworks that enhanced organizational strategies and resource allocation, contributing to informed decision-making.
- Guided partners through quality improvement initiatives, applying strategic planning and process optimization techniques to reduce variability and boost program outcomes.

Nebraska Violent Death Reporting System Program Manager/State Unintentional Drug Overdose Reporting System Program Manager, Nebraska Department of Health and Human Services

Dec 2017 – Aug 2025

- Direct strategic planning initiatives, developing and implementing monitoring and evaluation plans that consistently place the program in top 10 nationally for data quality
- Lead and manage high-performing remote teams to execute comprehensive program plans, ensuring alignment with state and federal reporting standards
- Oversee data outputs from analyst teams, implementing quality control measures and performance metrics
- Cultivate strategic relationships with key partners, increasing data accessibility from 12% to over 99% through targeted outreach
- Implement process improvements using Lean Six Sigma methodologies, enhancing project timelines and resource utilization

References

Leah Hosseinabad, Director of Behavioral Health and Outreach, Nebraska Department of Veterans' Affairs • 301 Centennial Mall South, 4th Floor, Lincoln, NE 68509 • leah.hosseinabad@nebraska.gov • (531) 739-8537

Jennifer Pollock, Director of Student Services, Ralston Public Schools • 8545 Park Dr, Omaha, NE 68127 • jennifer_pollock@ralstonschools.org • (402) 331-4700

Emma Piffner, School Mental Health Program Specialist, ESU #3 • 6949 S 110th St, La Vista, NE 68128 • epiffner@esu3.org • (402) 597-4947

Grant Van Robays

Research Specialist I
University of Nebraska Public Policy Center
402-472-5689 | grantvanrobays@nebraska.edu | LinkedIn

Academic Background and Degrees

University of Pittsburgh - Pittsburgh, PA | Master of Public and International Affairs
School of Public and International Affairs
Human Security, April 2024

- *Concentration*: Human Security
- *Grade Point Average*: 4.0

University of Nebraska at Omaha - Omaha, NE | Bachelor of Science
College of Arts and Sciences, May 2022

- *Minor(s):* Sociology; Human Rights Studies
- *Grade Point Average*: 3.99

Understanding of the Process

- **Data collection and evaluation plan (Deliverable 1)**: Co-facilitate interviews and focus groups and develop procedures for data storage and analysis.
- **Olmstead Plan evaluation report (Deliverable 2**). Implement thematic analysis of existing analysis under supervision of co-PIs and assist in performing writing and edits to the Olmstead Plan Evaluation Report.
- **Communications plan and supporting materials (Deliverable 3**): Support development of communication plan and supporting materials in coordination with DHHS and NUPPC research and design staff.
- **Olmstead Plan revision recommendation draft language (Deliverable 4)**: Coordinate with and provide technical assistance to DHHS to develop and refine final recommendations.
- **Summary of technical assistance and final recommendations (Deliverable 5)**: Draft and edit summary reporting materials to ensure all final deliverables for completeness and accuracy.

Relevant Skills and Experience

I am a research specialist at the University of Nebraska Public Policy Center (NUPPC) with experience in qualitative and quantitative methodologies. In this work, I have collaborated with state agencies including Nebraska Department of Health and Human Services, Nebraska Department of Education, Nebraska Crime Commission, Nebraska State Historical Society, and Nebraska Environmental Trust. The following selection of my skills in this role demonstrates my capacity to execute the tasks required in this project.

- **Focus group and interviews**
  - Conduct focus groups for evaluations of school mental health projects, diversion courts, and rural community development
  - Conduct focus groups of regional behavioral health authorities for a landscape and needs assessment for housing and serious mental illness

    - Implement data management procedures for recordings and transcripts
    - Lead thematic analysis and summary reports
- **Survey and assessment tool development and analysis**
    - Create and distribute survey and assessment tools for program evaluation projects in school mental health projects and diversion courts
    - Disseminate survey results reports with descriptive statistics and data visualization
- **Strategic planning**
    - Co-facilitate and document strategic planning sessions in partnership with the Nebraska State Historical Society and Nebraska Regional Food Systems Initiative
- **Outcome and performance measure monitoring and reporting**
    - Manage data collection tools to evaluate school mental health outcomes and measures including service delivery and training
    - Manage data collection to meet grant reporting requirements
- **Coordination with state and local agency partners**
    - Coordinate and document inter-agency steering groups for school mental health program evaluations, mobile crisis response curriculum development, and a review of Nebraska Legislative Bill 150

Professional Research Experience

Research Specialist I | August 2024- Present
University of Nebraska Public Policy Center – Lincoln, NE

- Support conceptualization and design of training module content for online courses in mobile crisis response and connecting pediatric primary care with mental health
- Maintain relational and datasets for evaluating projects on behavioral health, community development, and public safety

Research Associate | October 2022- April 2024
Matthew B. Ridgway Center for International Security Studies – Pittsburgh, PA

- Supervised 10-member research team conducting open-source research on radicalized individuals from the U.S. military and veteran community
- Conducted literature reviews on violent extremism and quantitative analyses of extremist activity databases, including descriptive statistics and logistic regression

Research Intern | June 2023 – August 2023
National Consortium for the Study of Terrorism and Responses to Terrorism (START) – College Park, MD

- Collected open-source data on ideologically motivated crimes, detailing event characteristics, preparatory actions, criminal histories, and offender profiles
- Analyzed Global Terrorism Database with pivot tables, correlation matrices, and descriptive statistics

Professional Training and Certifications

- Collaborative Institutional Training Initiative (CITI) Program
    - Human Research – Social/Behavioral Research Investigators and Key Personnel
    - Conflicts of Interest

    - Responsible Conduct of Research
- University of Nebraska System
    - NU Fundamentals of FERPA
    - Responsible Conduct of Research
    - NU Annual Information Security Fundamentals
    - NU Annual Title XI Training

Professional Association Membership

- Association for Public Policy Analysis and Management
- American Sociological Association
- American Evaluation Association

References

- **Kurt Mantonya**, Senior Research Manager, University of Nebraska Public Policy Center. Lincoln, NE.
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    - *Phone:* 402-472-8865
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- **Michael Kenney**, Posvar Chair in International Security Studies, Director of the Ridgway Center, Professor, University of Pittsburgh.
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    - *Phone:* 412-648-7640
    - *Email:* mkenney@pitt.edu
- **Michelle Black**, Associate Professor, Political Science, University of Nebraska at Omaha.
    - *Address:* 6001 Dodge Street, 275 Arts and Sciences Hall, Omaha, NE, 68182
    - *Phone:* 402-554-2624
    - *Email:* michellblack@unomaha.edu
- **Michael Loadental**, Professor of Research, Center for Cyber Strategy & Policy, University of Cincinnati.
    - *Address:* 2600 Clifton Avenue, Cincinnati, OH, 45221
    - *Phone:* 513- 556-3698
    - *Email*: loadenml@ucmail.uc.edu

State of Nebraska Department of Health and Human Services (DHHS)
REQUEST FOR PROPOSAL FOR SERVICES CONTRACT

SOLICITATION NUMBER	RELEASE DATE
125999 O3	June 30, 2026
OPENING DATE AND TIME	**PROCUREMENT CONTACT**
July 27, 2026 2:00 p.m. Central Time	Angellica Shasteen

PLEASE READ CAREFULLY!
SCOPE OF SERVICE

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this solicitation for a service contract for the purpose of selecting a qualified bidder to provide a Nebraska Olmstead Plan Evaluation. A more detailed description can be found in Section V. The resulting contract may not be an exclusive contract as DHHS reserves the right to contract for the same or similar services from other sources now or in the future.

The term of the contract will be two (2) years commencing upon execution of the contract by DHHS and the Vendor (Parties). The Contract does not include the option to renew. DHHS reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Parties.

In the event that a contract with the awarded bidder(s) is cancelled or in the event that DHHS needs additional Vendors to supply the solicited services, this solicitation may be used to procure the solicited services for eighteen (18) months from the date the Intent to Award is posted, provided that 1) the solicited goods or services will be provided by a bidder (or a successive owner) who submitted a response pursuant to this solicitation, 2) the bidder's solicitation response was evaluated, and 3) the bidder will honor the bidder's original solicitation response, including the proposed cost, allowing for any price increases that would have otherwise been allowed if the bidder would have received the initial award.

ALL INFORMATION PERTINENT TO THIS SOLICITATION CAN BE FOUND ON THE INTERNET AT: https://das.nebraska.gov/materiel/bidopps.html.

IMPORTANT NOTICE: Pursuant to Neb. Rev. Stat. § 84-602.04, State contracts in effect as of January 1, 2014, and contracts entered into thereafter, must be posted to a public website. The resulting contract, the Solicitation, and the awarded solicitation response will be posted to a public website managed by DAS, which can be found at http://statecontracts.nebraska.gov and https://www.nebraska.gov/das/materiel/purchasing/contract_search/index.php.

In addition, and in furtherance of the State's public records Statute (Neb. Rev. Stat. § 84-712 et seq.), all responses received regarding this Solicitation will be posted to the State Purchasing Bureau public website.

These postings will include the entire solicitation response. Bidder must request that proprietary information be excluded from the posting. The bidder must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information in a separate file named conspicuously as "PROPRIETARY INFORMATION". The bidder should submit a detailed written document showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992). **THE BIDDER MAY NOT ASSERT THAT THE ENTIRE SOLICITATION IS PROPRIETARY. COST SHEETS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA.** The State will determine, in its sole discretion, if the disclosure of the information designated by the Bidder as proprietary would 1) give advantage to business competitors and 2) serve no public purpose. The Bidder will be notified of the State's decision. Absent a determination by the State that the information may be withheld pursuant to Neb. Rev. Stat. § 84-712.05, the State will consider all information a public record subject to disclosure.

If the State determines it is required to release withheld proprietary information, the bidder will be informed. It will be the bidder's responsibility to defend the bidder's asserted interest in non-disclosure.

To facilitate such public postings, with the exception of proprietary information, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, or solicitation response for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a solicitation response, specifically waives any copyright or other protection the contract, or solicitation response may have; and acknowledges that they have the ability and authority to enter into such waiver. This reservation and waiver are a prerequisite for submitting a solicitation response, and award of a contract. Failure to agree to the reservation and waiver will result in the solicitation response being found non-responsive and rejected.

Any entity awarded a contract or submitting a solicitation response agrees not to sue, file a claim, or make a demand of any kind, and will indemnify and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature,

II. TERMS AND CONDITIONS

Bidder should read the Terms and Conditions within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Terms and Conditions Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Terms and Conditions Within Section as Written (Initial)	**Exceptions Taken to Terms and Conditions Within Section as Written (Initial)**	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
C B G		

The bidders should submit with their solicitation response any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the solicitation response as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award has been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one (1) Party has a particular clause, then that clause shall control,
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together,
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

1. The contract resulting from this Solicitation shall incorporate the following documents:

    a. Solicitation, including any attachments and addenda;
    b. Questions and Answers;
    c. Bidder's properly submitted solicitation response, including any terms and conditions or agreements submitted by the bidder;
    d. Addendum to Contract Award (if applicable); and
    e. Amendments to the Contract. (if applicable)

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) Executed Contract and any attached Addenda 3) Addendums to the solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda or attachments, and 5) the Vendor's submitted solicitation response, including any terms and conditions or agreements that are accepted by the State.

Unless otherwise specifically agreed to in writing by the State, the State's standard terms and conditions, as executed by the State, shall always control over any terms and conditions or agreements submitted or included by the Vendor.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Bidder and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally; electronically, return receipt requested; or mailed, return receipt requested. All notices, requests, or communications shall be deemed effective upon receipt.

Either party may change its address for notification purposes by giving notice of the change and setting forth the new address and an effective date.

C. BUYER'S REPRESENTATIVE

The State reserves the right to appoint a Buyer's Representative to manage or assist the Buyer in managing the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the bidder will be provided a copy of the appointment document and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Nonnegotiable)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK & SUSPENSION OF SERVICES

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Vendor. The Vendor will be notified in writing when work may begin.

The State may, at any time and without advance notice, require the Vendor to suspend any or all performance or deliverables provided under this Contract. In the event of such suspension, the Contract Manager or POC, or their designee, will issue a written order to stop work. The written order will specify which activities are to be immediately suspended and the reason(s) for the suspension. Upon receipt of such order, the Vendor shall immediately comply with its terms and take all necessary steps to mitigate and eliminate the incurrence of costs allocable to the work affected by the order during the period of suspension. The suspended performance or deliverables may only resume when the State provides the Vendor with written notice that such performance or deliverables may resume, in whole or in part.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS OR SUBSTITUTIONS

The State and the Vendor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Vendor may not claim forfeiture of the contract by reasons of such changes.

The Vendor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Vendor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Vendor's solicitation response, were foreseeable, or result from difficulties with or failure of the Vendor's solicitation response or performance.

No change shall be implemented by the Vendor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any good or service is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract to include the alternate product at the same price.

*****Vendor will not substitute any item that has been awarded without prior written approval of DHHS*****

H. RECORD OF VENDOR PERFORMANCE

The State may document the vendor's performance, which may include, but is not limited to, the customer service provided by the vendor, the ability of the vendor, the skill of the vendor, and any instance(s) of products or services delivered or performed which fail to meet the terms of the purchase order, contract, and/or specifications. In addition to other remedies and options available to the State, the State may issue one or more notices to the vendor outlining any issues the State has regarding the vendor's performance for a specific contract ("Contract Compliance Request"). The State may also document the Vendor's performance in a report, which may or may not be provided to the vendor ("Contract Non-Compliance Notice"). The Vendor shall respond to any Contract Compliance Request or Contract Non-Compliance Notice in accordance with such notice or request. At the sole discretion of the State, such Contract Compliance Requests and Contract Non-Compliance Notices may be placed in the State's records regarding the vendor and may be considered by the State and held against the vendor in any future contract or award opportunity. The record of vendor performance will be considered in any suspension or debarment action.

I. NOTICE OF POTENTIAL VENDOR BREACH

If Vendor breaches the contract or anticipates breaching the contract, the Vendor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. BREACH

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by email, delivery receipt requested; certified mail, return receipt requested; or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time.

The State's failure to make payment shall not be a breach, and the Vendor shall retain all available statutory remedies.

K. NON-WAIVER OF BREACH

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. SEVERABILITY

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

M. INDEMNIFICATION

1. **GENERAL**

The Vendor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and

expenses (“the claims”), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Vendor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Vendor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. **INTELLECTUAL PROPERTY**

The Vendor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Vendor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Vendor prompt notice in writing of the claim. The Vendor may not settle any infringement claim that will affect the State’s use of the Licensed Software without the State’s prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State’s use of any intellectual property for which the Vendor has indemnified the State, the Vendor shall, at the Vendor’s sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State’s behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State’s election, the actual or anticipated judgment may be treated as a breach of warranty by the Vendor, and the State may receive the remedies provided under this Solicitation.

3. **PERSONNEL**

The Vendor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker’s compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor’s and their employees, provided by the Vendor.

4. **SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01. If there is a presumed loss under the provisions of this agreement, Vendor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,239.01 to 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Neb. Rev. Stat. § 81-8,294), Tort (Neb. Rev. Stat. § 81-8,209), and Contract Claim Acts (Neb. Rev. Stat. § 81-8,302), as outlined in state law and accepts liability under this agreement only to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. ATTORNEY'S FEES

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. ASSIGNMENT, SALE, OR MERGER

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Vendor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Vendor’s business. Vendor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Vendor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUBDIVISIONS OF THE STATE OR ANOTHER STATE

The Vendor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. § 81-145(2), to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Vendor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

Q. FORCE MAJEURE

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event") that was not foreseeable at the time the Contract was executed. The Party so affected shall immediately make a written request for relief to the other Party and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

R. COMPLIANCE WITH PRESIDENTIAL EXECUTIVE ORDERS 14151 AND 14173

Executive Order 14151, issued by President Donald Trump on January 20, 2025, and Executive Order 14173, issued by President Donald Trump on January 21, 2025, prohibit discriminatory "diversity, equity, and inclusion" (DEI) programs and "diversity, equity, inclusion, and accessibility" (DEIA) mandates, policies, programs, preferences, and activities in the federal government. If the Contract involves federal funds, Contractor shall not use contract funds for any DEI program or for any DEIA mandate, policy, program, or preference. Contractor shall assure its compliance and the compliance of any subcontractors with all requirements of Executive orders 14151 and 14173.

S. CONFIDENTIALITY

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

T. EARLY TERMINATION

The contract may be terminated as follows:

1. The State and the Vendor, by mutual written agreement, may terminate the contract, in whole or in part, at any time.
2. The State, in its sole discretion, may terminate the contract, in whole or in part, for any reason upon thirty (30) calendar day's written notice shall be delivered by email, delivery receipt requested; certified mail, return receipt requested; or in person with proof of delivery to the Vendor. Such termination shall not relieve the Vendor of warranty or other service obligations incurred under the terms of the contract. In the event of termination, the Vendor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract, in whole or in part, immediately for the following reasons:

    a. if directed to do so by statute,
    b. Vendor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business,
    c. a trustee or receiver of the Vendor or of any substantial part of the Vendor's assets has been appointed by a court,
    d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Vendor, its employees, officers, directors, or shareholders,
    e. an involuntary proceeding has been commenced by any Party against the Vendor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Vendor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Vendor has been decreed or adjudged a debtor,
    f. a voluntary petition has been filed by the Vendor under any of the chapters of Title 11 of the United States Code,
    g. Vendor intentionally discloses confidential information,
    h. Vendor has or announces it will discontinue support of the deliverable; and,

i. In the event funding is no longer available.

U. CONTRACT CLOSEOUT

Upon termination of the contract for any reason the Vendor shall within thirty (30) days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State,
2. Transfer ownership and title to all completed or partially completed deliverables to the State,
3. Return to the State all information and data unless the Vendor is permitted to keep the information or data by contract or rule of law. Vendor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Vendor's routine back up procedures,
4. Cooperate with any successor Vendor, person, or entity in the assumption of any or all of the obligations of this contract,
5. Cooperate with any successor Vendor, person, or entity with the transfer of information or data related to this contract,
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this section should be construed to require the Vendor to surrender intellectual property, real or personal property, or information or data owned by the Vendor for which the State has no legal claim.

V. AMERICANS WITH DISABILITIES ACT

Vendor shall comply with all applicable provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131–12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub.L. 110–325, 122 Stat. 3553 (2008)), which prohibits discrimination on the basis of disability by public entities.

W. LONG-TERM CARE OMBUDSMAN (Nonnegotiable)

Vendor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. § 81-2237 et seq. This section shall survive the termination of this contract.

X. OFFICE OF PUBLIC COUNSEL (Nonnegotiable)

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Vendor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. § 81-8,240 et seq. This section shall survive the termination of this contract.

Y. LOBBYING

1. No federal or state funds paid under this RFP shall be paid for any lobbying costs as set forth herein.

2. Lobbying Prohibited by 31 U.S.C. § 1352 and 45 CFR §§ 93 et seq, and Required Disclosures.

   a. Contractor certifies that no federal or state appropriated funds shall be paid, by or on behalf of Contractor, 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 award for: (a) the awarding of any federal agreement; (b) the making of any federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any federal agreement, grant, loan, or cooperative agreement.

   b. If any funds, other than federal 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 Contractor, Contractor shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. Lobbying Activities Prohibited under Federal Appropriations Bills.

   a. No funds paid under this RFP shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government itself.

b. No funds paid under this RFP shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c. The prohibitions in the two sections immediately above shall include any activity to advocate or promote any proposed, pending, or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

4. Lobbying Costs Unallowable Under the Cost Principles. In addition to the above, no funds shall be paid for executive lobbying costs as set forth in 45 CFR § 75.450(b). If Contractor is a nonprofit organization or an Institute of Higher Education, other costs of lobbying are also unallowable as set forth in 45 CFR § 75.450(c).

III. VENDOR DUTIES

Bidder should read the Vendor Duties within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Vendor Duties Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Vendor Duties Within Section as Written (Initial)	Exceptions Taken to Vendor Duties Within Section as Written (Initial)	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	C B G	Clause J; suggest alternate as follows: University is self-insured pursuant to the University of Nebraska Self-Insurance Trust Program. Subject to the terms, conditions, exclusions, and limits of the Statement of Self-Insurance Coverage contained in the Program, the University shall become legally obligated to pay as damages for liability occurrences, up to the limits of $1,000,000 per liability occurrence and $3,000,000 in the aggregate of liability occurrences in any fiscal year.

A. INDEPENDENT VENDOR / OBLIGATIONS

It is agreed that the Vendor is an independent Vendor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Vendor is solely responsible for fulfilling the contract. The Vendor or the Vendor's representative shall be the sole point of contact regarding all contractual matters.

The Vendor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Vendor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the bidder's solicitation response shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Vendor to the contract shall be employees of the Vendor or a subcontractor and shall be fully qualified to perform the work required herein. Personnel employed by the Vendor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Vendor or the subcontractor respectively.

With respect to its employees, the Vendor agrees to be solely responsible for the following:

1. Any and all pay, benefits, employment taxes and/or other payroll withholding,
2. Any and all vehicles used by the Vendor's employees, including all insurance required by state law,
3. Damages incurred by Vendor's employees within the scope of their duties under the contract,
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law,
5. Determining the hours to be worked and the duties to be performed by the Vendor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Vendor, its officers, agents, or subcontractors or subcontractor's employees).

If the Vendor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the solicitation response. The Vendor shall agree that it will not utilize any subcontractors not specifically included in its solicitation response in the performance of the contract without the prior written authorization of the State. If the Vendor subcontracts any of the work, the Vendor agrees to pay any and all subcontractors in accordance with the Vendor's agreement with the respective subcontractor(s).

The State reserves the right to require the Vendor to reassign or remove from the project any Vendor or subcontractor employee.

Vendor shall ensure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Vendor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. FOREIGN ADVERSARY CONTRACTING PROHIBITION ACT CERTIFICATION (Nonnegotiable)

The Vendor certifies that it is not a scrutinized company as defined under the Foreign Adversary Contracting Prohibition Act, Neb. Rev. Stat. Sec. § 73-903 (5); that it will not subcontract with any scrutinized company for any aspect of performance of the contemplated contract; and that any products or services to be provided do not originate with a scrutinized company.

C. EMPLOYEE WORK ELIGIBILITY STATUS

The Vendor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Vendor is an individual or sole proprietorship, the following applies:

1. The Vendor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at https://das.nebraska.gov/materiel/docs/pdf/Individual%20or%20Sole%20Proprietor%20United%20States%20Attestation%20Form%20English%20and%20Spanish.pdf
2. The completed United States Attestation Form should be submitted with the Solicitation response.
3. If the Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Vendor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Vendor understands and agrees that lawful presence in the United States is required, and the Vendor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

D. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Nonnegotiable)

The Vendor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Vendors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Vendor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Vendor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this Solicitation.

E. COOPERATION WITH OTHER VENDORS

Vendor may be required to work with or in close proximity to other Vendors or individuals that may be working on same or different projects. The Vendor shall agree to cooperate with such other Vendors or individuals and shall not commit or permit any act which may interfere with the performance of work by any other Vendor or individual. Vendor is not required to compromise Vendor's intellectual property or proprietary information unless expressly required to do so by this contract.

F. DISCOUNTS

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the solicitation response. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

G. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the Solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

Fixed Price Contract All prices, costs, and terms and conditions submitted in the solicitation response shall remain fixed and valid commencing on the opening date of the solicitation until the contract terminates or expires.

DHHS reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

DHHS will be given full proportionate benefit of any decreases for the term of the contract.

H. PERMITS, REGULATIONS, LAWS

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Vendor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Vendor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Vendor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Vendor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

J. INSURANCE REQUIREMENTS

The Vendor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Vendor shall not commence work on the contract until the insurance is in place. If Vendor subcontracts any portion of the Contract the Vendor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor,
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Vendor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Vendor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Vendor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Vendor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within four (4) year of termination or expiration of the contract, the Vendor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and four (4) year following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Vendor elects to increase the mandatory deductible amount, the Vendor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. **WORKERS' COMPENSATION INSURANCE**

The Vendor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Vendor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter**. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. **COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Vendor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Vendor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Vendor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Vendors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory**. **The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
XCU Liability (Explosion, Collapse, and Underground Damage)	Included
Independent Vendors	Included
Abuse & Molestation	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
All Other Professional Liability (Errors & Omissions)	$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$5,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

3. **EVIDENCE OF COVERAGE**

The Vendor shall furnish the Contract Manager, via email, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

125999 O3

Department of Health and Human Services
Attn: Angellica Shasteen, Procurement Contracts Officer
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509
dhhs.rfpquestions@nebraska.gov

These certificates or the cover sheet shall reference the solicitation number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Vendor to maintain such insurance, then the Vendor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. **DEVIATIONS**
The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Vendor.

K. ANTITRUST
The Vendor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

L. CONFLICT OF INTEREST
By submitting a solicitation response, vendor certifies that no relationship exists between the vendor and any person or entity which either is, or gives the appearance of, a conflict of interest related to this solicitation or project.

Vendor further certifies that vendor will not employ any individual known by vendor to have a conflict of interest nor shall vendor take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, vendor shall provide with its solicitation response a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall solicitation response evaluation.

M. ADVERTISING
The Vendor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

N. DISASTER RECOVERY/BACK UP PLAN
The Vendor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

O. DRUG POLICY
Vendor certifies it maintains a drug free workplace environment to ensure worker safety and workplace integrity. Vendor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

P. WARRANTY
Despite any clause to the contrary, the Vendor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Vendor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Vendor is unable to perform the services as warranted, Vendor shall reimburse the State all fees paid to Vendor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

Q. TIME IS OF THE ESSENCE
Time is of the essence with respect to Vendor's performance and deliverables pursuant to this Contract.

IV. PAYMENT

Bidder should read the Payment clauses within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Payment clauses Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Payment Clauses Within Section as Written (Initial)	Exceptions Taken to Payment Clauses Within Section as Written (Initial)	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
C B G		

A. PROHIBITION AGAINST ADVANCE PAYMENT (Nonnegotiable)

Neb. Rev. Stat. § 81-2403 states "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency" The standard term is to pay after deliverables and that any alteration of that standard term should be carefully considered and used only when absolutely necessary to accommodate certain critical exceptions, i.e. insurance premiums, etc. that must be paid in advance.)

Pursuant to Neb. Rev. Stat. § 81-2403, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

B. TAXES (Nonnegotiable)

The State is not required to pay taxes and assumes no such liability as a result of this Solicitation. The Vendor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Vendor's equipment which may be installed in a state-owned facility is the responsibility of the Vendor.

C. INVOICES

Invoices for payments must be submitted by the Vendor to the agency requesting the services with sufficient detail to support payment.

Invoices shall be submitted to: DHHS
Nebraska Division of Developmental Disabilities
Attn: Policy Administrator II
301 Centennial Mall South, 4th Floor
Lincoln, NE 68509-2529

The terms and conditions included in the Vendor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been

previously agreed to by the State as an amendment to the contract. **The State shall have forty-five (45) calendar days to pay after a valid and accurate invoice is received by the State.**

D. INSPECTION AND APPROVAL

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

E. PAYMENT (Nonnegotiable)

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. § 81-2403). The State may require the Vendor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Vendor prior to the Effective Date of the contract, and the Vendor hereby waives any claim or cause of action for any such goods or services.

F. LATE PAYMENT (Nonnegotiable)

The Vendor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Nonnegotiable)

The State's obligation to pay amounts due on the Contract for fiscal years following the current fiscal year is contingent upon legislative or federal appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Vendor reasonable written notice prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Vendor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Vendor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Nonnegotiable)

The State shall have the right to audit the Vendor's performance of this contract upon a thirty (30) days' written notice. Vendor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. § 84-304 et seq.) The State may audit, and the Vendor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Vendor shall make the Information available to the State at Vendor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Vendor so elects, the Vendor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Vendor be required to create or maintain documents not kept in the ordinary course of Vendor's business operations, nor will Vendor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Vendor.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one percent (1%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Vendor, the Vendor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Vendor agrees to correct any material weaknesses or conditions found as a result of the audit.

V. PROJECT DESCRIPTION AND SCOPE OF WORK

A. PROJECT BACKGROUND

The Nebraska Olmstead Plan, first published in December 2020, and revised in June 2023, provides a strategic plan for the State of Nebraska to achieve the vision of people with disabilities living, learning, working, and enjoying life in the most integrated settings. The Olmstead Plan is meant to bring Nebraska into compliance with the principles of judicial opinion in *Olmstead vs. LC* (527 US 581) in which the Supreme Court found that individuals with disabilities should have the supports needed to live in their communities when services are appropriate, the person does not oppose community-based services, and when community-based services can be reasonably accommodated.

Use this link to see the Nebraska Olmstead information including the plan: https://dhhs.ne.gov/Pages/Olmstead.aspx

Nebraska's Olmstead Plan reflects the following fundamental beliefs in supporting individuals with disabilities. Nebraska is committed to person-centered and family-centered approaches; ensuring the safety of, and an improved quality of life for, people with disabilities; services that are readily available, at locations accessible to individuals in need and their families; and supporting individuals to live a meaningful life in the community they choose.

To achieve that vision Nebraska has articulated seven goals within the Olmstead Plan.

Goal 1: Nebraskans with disabilities will have access to individualized community-based services and support that meet their needs and preferences.

Goal 2: Nebraskans with disabilities will have access to safe, affordable, accessible housing in the communities in which they choose to live.

Goal 3: Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.

Goal 4: Nebraskans with disabilities will have increased access to education and choice in competitive, integrated employment opportunities.

Goal 5: Nebraskans with disabilities will have access to affordable and accessible transportation statewide.

Goal 6: Individuals with disabilities will receive services and support that reflect data-driven decision-making, improvement in the quality of services, and enhanced accountability across systems.

Goal 7: Nebraskans with disabilities will receive services and support from a high-quality workforce.

B. SCOPE OF WORK

DHHS seeks a vendor to conduct evaluation and provide technical assistance in the development of revisions to the Olmstead Plan to include evaluation of the program's successes, identification of barriers, and recommendations for revisions to the plan. This will consist of, but is not limited to, qualitative and quantitative assessment of published outcomes and benchmarks; recommending updates and revisions to Plan outcomes and benchmarks; technical assistance to the DHHS and the Olmstead advisory committee in implementing plan revisions.

Vendor shall conduct the following:

1. In consultation and NE DHHS staff, the vendor will develop an evaluation plan including the collection and monitoring of evaluation indicators, providing updates on activities and assessments completed, and survey and assessment tool development and revision.
2. Conduct interviews and focus groups with program staff, partners, and stakeholders to evaluate plan successes, systemic challenges, and opportunities for plan revision.
3. Provide draft Plan Evaluation Report to DHHS for consultation and coordinated revisions prior to submission.
4. Develop an analysis of the strategic plan and a report on the progress of the strategic plan and recommend changes or revisions for the Legislature.
5. In consultation with and approval of NE DHHS, develop a communication plan and supporting materials to disseminate evaluation findings. Supporting materials could include, but is not limited to, success stories, presentations, infographics, fact sheets, and impact statements.
6. Provide technical assistance to DHHS and Olmstead advisory committee in making recommended changes and revisions to the plan.

7. Attend and facilitate meetings with program staff, partner agencies, and stakeholders, as determined by NE DHHS staff.
8. Monthly touch-base with DHHS to share insights and progress to be coordinated with DHHS staff.

C. WORK PLAN

Vendor shall provide Work Plan as part of their proposal to demonstrate their approach to data collection and plan for completing the necessary work within the contract period.

D. TECHNICAL REQUIREMENTS

Bidders shall provide responses in Attachment A – Technical Requirements.

E. DELIVERABLES

Vendor will complete the outlined deliverables listed below. NE DHHS may waive deadlines or allow extension for the provision of certain Deliverables. In order to fulfill following deliverables, vendor will 1) Attend and facilitate meetings with program staff, partner agencies, and stakeholders, as determined by NE DHHS staff. 2) complete a monthly touch-base with DHHS to share insights and progress to be coordinated with DHHS staff. 3) provide technical assistance with the implementation of recommended plan changes and revisions

1. Data Collection and Evaluation Plan
    i. In consultation and NE DHHS staff, the vendor will develop an evaluation plan including the collection and monitoring of evaluation indicators, providing updates on activities and assessments completed, and survey and assessment tool development and revision.
    ii. Conduct interviews and focus groups with program staff, partners, and stakeholders to evaluate plan successes, systemic challenges, and opportunities for plan revision.

2. Olmstead Plan Evaluation Report
    i. Review program records and subrecipient reports
    ii. Provide draft Plan Evaluation Report to DHHS for consultation and coordinated revisions prior to submission.
    iii. Develop an analysis of the strategic plan and a report on the progress of the strategic plan and recommend changes or revisions for the Legislature.
    iv. Outcome and performance measure monitoring and reporting

3. Communications Plan and Supporting Materials
    i. In consultation with and approval of NE DHHS, develop a communication plan and supporting materials to disseminate evaluation findings. Supporting materials could include, but is not limited to, success stories, presentations, infographics, fact sheets, and impact statements

4. Olmstead Plan revision recommendation draft language
    i. Provide technical assistance to DHHS and Olmstead advisory committee in making recommended changes and revisions to the plan

5. Summary of Technical Assistance and Final Recommendations for Plan Revisions
    i. Summary of technical assistance meetings, and minutes
    ii. Final report recommending structural or language changes to the State Olmstead Plan

VI. SOLICITATION RESPONSE INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Corporate Overview and Technical Response portions of the solicitation response. The solicitation Cost Sheet template should be completed by bidders and submitted as a separate attachment with their solicitation response. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in their solicitation response; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Solicitation responses are due by the date and time shown in the Schedule of Events. Content requirements for the Corporate Overview and Technical Response are presented separately in the following subdivisions:

A. SOLICITATION RESPONSE SUBMISSION

1. CORPORATE OVERVIEW

The Corporate Overview section of the solicitation response should consist of the following subdivisions:

a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

b. FINANCIAL STATEMENTS

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that solicitation evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the solicitation response due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

d. OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

e. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous ten (10) years. If the organization, its predecessor, or any Party named in the bidder's solicitation response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's solicitation response is or was an employee of the State within the past twenty-four (24) months, identify the individual(s) by name, State agency with whom

employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for solicitation response submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this solicitation. If no such relationship exists, so declare.

g. **CONTRACT PERFORMANCE**

If the bidder or any proposed subcontractor has had a contract terminated for default during the past ten (10) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past ten (10) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's solicitation response accordingly. If no such termination for default has been experienced by the bidder in the past ten (10) years, so declare.

If at any time during the past ten (10) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

h. **SUMMARY OF BIDDER'S CORPORATE EXPERIENCE**

The bidder should provide a summary matrix listing the bidder's previous projects similar to this Solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the solicitation response.

The bidder should address the following:

i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Solicitation. These descriptions should include:

   a) The time period of the project,
   b) The scheduled and actual completion dates,
   c) The bidder's responsibilities,
   d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
   e) Each project description should identify whether the work was performed as the prime Vendor or as a subcontractor. If a bidder performed as the prime Vendor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.

ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.

iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

i. **SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**

The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface, and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

j. **SUBCONTRACTORS**

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

i. name, address, and telephone number of the subcontractor(s),
ii. specific tasks for each subcontractor(s),
iii. percentage of performance hours intended for each subcontract; and
iv. total percentage of subcontractor(s) performance hours.

2. **TECHNICAL RESPONSE**

The Technical Response section of the solicitation response should consist of the following subsections:

a. Understanding of the project requirements;
b. Proposed development approach;
c. Technical requirements;
d. Detailed project work plan; and
e. Deliverables and due dates.

CONTRACTUAL AGREEMENT FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder is not owned by the Chinese Communist Party.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

X _____ NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Vendor. "Nebraska Vendor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation. All vendors who are not a Nebraska Vendor are considered Foreign Vendors under Neb. Rev Stat § 73-603 (c).

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. § 71-8611 and wish to have preference considered in the award of this contract.

THIS FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

COMPANY:	Board of Regents of the University of Nebraska for the University of Nebraska-Lincoln
ADDRESS:	151 Prem S. Paul Research Center at Whittier School 2200 Vine Street, Lincoln NE 68583-0861
PHONE:	402-472-3171
EMAIL:	osp-preaward@unl.edu
BIDDER NAME & TITLE:	Craig Goodrich, Pre-Awards Team Lead, Office of Sponsored Programs
SIGNATURE:	Craig Goodrich
DATE:	07/24/2026 | 11:18 CDT

VENDOR COMMUNICATION WITH THE STATE CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)	
NAME:	Kurt Mantonya
TITLE:	Senior Research Manager
PHONE:	402-472-5768
EMAIL:	kmantonya@nebraska.edu

Certificate Of Completion

Envelope Id: 2CA50AA4-1B36-8222-81F4-EEADEF3FFC86 Status: Completed

Subject: Complete with Docusign: 125999 O3 University of Nebraska Public Policy Center Response 1 File 1...

Source Envelope:

Document Pages: 188 Signatures: 1 Envelope Originator:

Certificate Pages: 1 Initials: 0 Craig Goodrich

AutoNav: Disabled 1400 R St.

EnvelopeId Stamping: Disabled Lincoln, NE 68588

Time Zone: (UTC-06:00) Central Time (US & Canada) cgoodrich3@unl.edu

IP Address: 134.238.165.79

Record Tracking

Status: Original Holder: Craig Goodrich Location: DocuSign

7/24/2026 11:15:28 AM cgoodrich3@unl.edu

Signer Events	Signature	Timestamp
Craig Goodrich cgoodrich3@unl.edu Security Level: Email, Account Authentication (Optional)	Craig Goodrich Signature Adoption: Pre-selected Style Using IP Address: 134.238.165.79	Sent: 7/24/2026 11:18:23 AM Viewed: 7/24/2026 11:18:31 AM Signed: 7/24/2026 11:18:59 AM Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via Docusign

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/24/2026 11:18:23 AM
Certified Delivered	Security Checked	7/24/2026 11:18:31 AM
Signing Complete	Security Checked	7/24/2026 11:18:59 AM
Completed	Security Checked	7/24/2026 11:18:59 AM

Payment Events	Status	Timestamps

Cost sheet
RFP 125999 O3
Nebraska Olmstead Plan Evaluation

Bidder Name: University of Nebraska-Lincoln

Important Instructions: Bidders are to complete all fields highlighted in yellow.

Do not alter existing format or content within the Cost Sheet. However, if Bidder identifies that other items are essential in **Part I** to create full functionality, and meet the requirements as outlined in the RFP document and any related attachments, then additional lines may be inserted as needed. **Important:** In case of a mathematical error in extension of price, unit price shall govern.

All prices, costs, and terms and conditions submitted in the solicitation response shall remain fixed and valid commencing on the opening date of the solicitation until the contract terminates or expires.

Basis for award of points is the "Total Project Cost" for the Nebraska Olmstead Plan Evaluation $ 176,878 for ITEM BY ITEM RESPONSE
This amount shall equal the sum of Deliverables 1-5 for **Part I**.

Part I: Project section requirements as outlined in Section (V) of the Request for Proposal (RFP) document and Attachment A – Technical Requirements. Bidder to provide pricing for each of the project deliverable categories listed as fixed price per deliverable.

Description	Cost per completed deliverable
Deliverable 1: Data Collection and Evaluation Plan	$33,096____
Deliverable 2: Olmstead Plan Evaluation Report	$84,962____
Deliverable 3: Communications Plan and Supporting Materials	$21,689____
Deliverable 4: Olmstead Plan revision recommendation draft language	$21,455____
Deliverable 5: Summary of Technical Assistance and Final Recommendations for Plan Revisions	$15,676____
TOTAL PROJECT COST:	**$176,878_____**