



Saline County Board of Commissioners

Meeting Agenda

AGENDA

SALINE COUNTY BOARD OF COMMISSIONERS

SALINE COUNTY COURTHOUSE

Wilber, NE

9:30 AM

DATE: December 12, 2023

This agenda is kept on a daily basis and may change from day to day as requests come in to the County Clerk's office. Requests to be on the agenda must be in the County Clerk's office 24 hours prior to the start of the meeting as stated above. This agenda is considered current on the day of the meeting and cannot be changed or altered except for an emergency.

The Board reserves the right to go into executive session if such session is clearly necessary for the protection of the public interest or for the prevention of needless injury to the reputation of an individual.

ROLL CALL

APPROVAL OF AGENDA

APPROVAL OF MINUTES OF THE PREVIOUS MEETING

CITIZENS FORUM - In compliance with the Open Meetings Act and Saline County Resolution #2023-34, a rule of five (5) minutes per person attending to speak has been established.

CORRESPONDENCE

REPORT OF OFFICIALS

BUSINESS FOR ACTION

Melanie Kunc, Saline County Extension

10:00 a.m. Senator Brandt visit

10:30 a.m. Discuss/Approve Moving from NACO Insurance Plan to MEDICA Insurance Plan

Discuss/Approve Setting HRA Amount

Discuss/Approve Setting HSA Amount

Discuss/Approve Setting Insurance Premiums

Discuss/Approve Clerk of the District Court Fees in the amount of \$60,391.05;

Discuss/Approve Sheriff Fees in the amount of \$4,418.54

Discuss/Approve Clerk fees in the amount of \$11,361.25

Discuss/Approve Submittal of Juvenile Services Grant Application

Discuss/Approve Resolution #2023-75 Release of Pledged Security at Pinnacle Bank

Quarterly Jail Inspection

RESOLUTIONS TO TRANSFER FUNDS

Discuss/Approve Resolution #2023-77 transfer \$500,000.00 from Inheritance Tax Fund #2700 to the Road & Bridge Fund #0300, to be reimbursed when funds become available

Discuss/Approve Resolution #2023-78 transfer \$5,000.00 from Inheritance Tax Fund #2700 to Grant Fund #2500, to be reimbursed when funds are available

HIGHWAY SUPERINTENDENT - ROAD AND BRIDGE MATTERS

CLAIMS APPROVAL

11:30 COUNTY GENERAL ASSISTANCE AND CLOSED SESSION MATTERS

Moved to enter into closed session for Assistance Application #2023-04, Yearly Employee Evaluation of Appointed Officials and examine applications received for the open seats on the Planning and Zoning Board.

Move to exit the closed session

ADJOURNMENT

SALINE COUNTY BOARD OF COMMISSIONERS

The regular meeting of the Saline County Board of Commissioners was called to order at 9:30 a.m. on Tuesday, November 28, 2023, by Vice-Chairperson Stephanie A. Krivohlavek. Present: Krivohlavek, Marvin A. Kohout, and Russ Karpisek; Commissioners, County Attorney David Solheim and County Clerk Diann Nettifee. Committee Members Phil Hardenburger and Janet J. Henning were absent.

Notice of said meeting was posted in the County Clerk's Office, on the Saline County Website, and published in all three County newspapers on November 22, 2023, in compliance with State Statutes.

Krivohlavek advised those present of the open meetings act posted at the back of the room and that all proceedings are electronically recorded;

APPROVED CURRENT AGENDA;

Karpisek moved to approve the agenda, seconded by Kohout. Motion carried;

- Hardenburger: *Absent*
- Henning: *Absent*
- Krivohlavek: *aye*
- Karpisek: *aye*
- Kohout: *aye*

Motion Passed;

APPROVED MINUTES OF THE PREVIOUS MEETING;

Kohout moved to approve the minutes of the previous Board of Commissioners meeting, seconded by Karpisek. Motion Carried;

- Hardenburger: *Absent*
- Henning: *Absent*
- Karpisek: *aye*
- Kohout: *aye*
- Krivohlavek: *aye*

Motion Passed;

CITIZENS FORUM - In compliance with the Open Meetings Act and Saline County Resolution #2023-34, a rule of five (5) minutes per person attending to speak has been established. Gary Veprovsy addressed the Board;

CORRESPONDENCE; Clerk relayed information about a public meeting in Gage County for a proposed tower, made committee aware of new information on COVID Premium Pay (ARPA), retirement should have been taken out, this is being corrected, discussed yearly evaluation of appointed officials, will be scheduled for next meeting;

REPORT OF OFFICIALS; Heard reports of attending NIRMA meeting in York, NACO Zoom meeting, Planning & Zoning, Wellness and pipeline informational meeting;

BUSINESS FOR ACTION;

Kay Kottas addressed the Committee with information about the danger of CO2 Pipelines and the lack of regulations;

Approved JAG Grant Award for Victim Witness Coordinator;

Kohout moved to Approve JAG Grant Award for Victim Witness Coordinator, seconded by Karpisek.

Motion carried;

- Hardenburger: *Absent*
- Henning: *Absent*
- Kohout: *aye*
- Krivohlavek: *aye*
- Karpisek: *aye*

Motion Passed;

RESOLUTIONS TO TRANSFER FUNDS;

Approved Resolution #2023-74 Transfer \$180,000.00 from Inheritance Tax Fund #2700 to Roads and Bridges #0300, to be reimbursed when funds are available;

Karpisek moved to Approve Resolution 2023-74 Transfer \$180,000.00 from Inheritance Tax Fund #2700 to Roads and Bridges #0300, to be reimbursed when funds are available, seconded by Kohout. Motion carried;

- Hardenburger: *Absent*
- Henning: *Absent*
- Krivohlavek: *aye*
- Karpisek: *aye*
- Kohout: *aye*

Motion Passed;

HIGHWAY SUPERINTENDENT - ROAD AND BRIDGE MATTERS; Project 833 (bridge project) completed, working on replacing culverts and night time sign inspections;

CLAIMS APPROVAL;

Karpisek moved to approve the claims as presented, seconded by Kohout. Motion carried;

- Hardenburger: *Absent*
- Henning: *Absent*
- Karpisek: *aye*
- Kohout: *aye*
- Krivohlavek: *aye*

Motion Passed;

Rebecca Anderson	Atty Fees	1,515.25
Anytime Plumbing	Bldg Maint	120.00
Capital Business Sys	Cntrct	148.00
Country Inn	Trng	166.00
Crete Ace Hardware	Spls	292.25
Crossroads Awards	Spls	720.00
Culligan	Cntrct	460.35
Cummins	Cntrct	772.63
Eakes	Spls	1,204.69
Ecolab Pest	Cntrct	194.58
Fairfield Inn	Trng	348.00
Farmers Coop	Fuel	28,516.94
Food Mesto	Spls	50.98
Galls	Unif	105.00
Scott Gropp	Atty Fees	9,400.00
Grunwald	Bldg Maint	1,382.55
Heath Sports	Unif	24.00
Heritage Water Svcs	Cntrct	150.00
Irrigation Plus	Bldg Maint	365.00
Kalkwarf & Smith	Atty Fees	1,751.00
Matthew Kosmicki	Atty Fees	4,021.08
Microfilm	Cntrct	150.00
MIPS	Cntrct	190.00
Nathan Mueller	Mlg	98.91
Korene Mullen	Reimb	123.00
NACO	Dues	2,243.62
NACO	Dues	450.00
NE Assn of Co Assrs	Dues	50.00
NE Sheriff Assn	Dues	820.00
NE.Gov	Cntrct	16.00
Tyson Osborn	Reimb	76.28
Paper Tiger Shrd	Cntrct	396.30
Point C	Cntrct	308.00
Quadient	Cntrct	998.04
Quill	Spls	89.56
NBC Capital	Trng	218.00
Saline Co Crt	Reimb	709.86
Saline Co Dist Crt	Reimb	289.00
Saline Co Reg of Deeds	Reimb	10.00
Saline Co Sheriff	Reimb	921.05
Sapp Bros	Fuel	11,952.56
Schuerman Welding	Spls	27.50
Secretary of State	Cntrct	20.00
Seward Co Ind	P&P	1,392.25
Shop Qwik	Fuel	247.10
Siemens	Cntrct	1,288.32
Rachel Smith	Reimb	8.56

Soarin Grp	Cntrct	6,594.00
Solheim Law	Atty Fees	50.00
SE Dist Assr Assn	Dues	50.00
State of NE	Cntrct	242.00
Striv	Cntrct	567.35
Summit	Spls	18,993.51
Thomson Reuters	Cntrct	160.24
USPS	Pstg	5,000.00
Visa	Trng	62.28
Visa	Pstg	30.70
Visa	Fuel	179.93
Visa	Spls	335.20
Visa	Bldg Maint	267.27
Visa	Fuel	30.02
Visa	Cntrct	129.57
Visa	Dues	21.39
Visa	Spls	318.30
Walker	Cntrct	82.03
Jennifer Warning	Reimb	21.85
Madeline Werner	Mlg	34.98
Windstream	Comm	2,939.43
Witness Fees	Wit Fees	37.03
Ace Irrigation	Spls	14,811.00
AKRS	Spls	44.53
Beatrice Concrete	Gravel	33,451.17
Beaver Hardware	Spls	106.42
City of Friend	Utly	42.00
Crete Auto	Spls	998.50
Crete Lumber	Spls	131.25
Farmers Union Coop	Spls	3,583.19
Filtercare	Spls	107.20
KT's Market	Spls	12.28
Linde Gas	Spls	88.62
NMC	Equip Rpr	1,235.89
NPPD	Utly	475.84
Pomp's Tire	Equip Rpr	3,030.30
CNH	Spls	547.00
SW Gravel	Gravel	4,936.58
Speece-Lewis	Eng Fees	26,759.24
Truck Center	Spls	23.31
Van Kirk Bros	Cntrct	104,519.24
Village of Swanton	Utly	67.76
Visa	Misc	2,275.50
Waste Connections	Utly	237.94
Young's Welding	Spls	290.20
JJK Const	Cntrct	93,668.87
Kathy Homolka	Mlg	289.51
Sokol Hall	Reimb	1,567.40
Tobias Comm Club	Reimb	98.40
Debra Collins	Prgm	747.00
Samantha Cosaert	Prgm	285.00
Food Mesto	Prgm	168.62
Tabitha	Prgm	743.75
Visa	Prgm	278.66
Visa	Prgm	1,042.03
Wilber Care Center	Prgm	852.00

Anita Stougard	Prgm	1,131.50
Bob Barker Co	SpIs	393.64
People Mgz	Cntrct	197.00
UBT	Bnd Pmt	504,827.33
iSolved	Pyrl & TxS	249,593.85
Ameritas Life	Retire	29,241.02
BC/BS	Hlth Ins	105,164.66
Health Savings Account	Hlth Sv Acct	18,780.27
Principal Dental	Dental Ins	2,369.40
Madison Nat'l Life	Life Ins	64.71
AFLAC	Ins	971.96
VSP	Eye Ins	569.14
Empower	Def Comp	4,017.00
Point C	Café	952.07
Colonial Supp Ins	Ins	137.37
Madison Nat'l Life	Dis Ins	216.09
Teamsters	Dues	297.00
New York Life	Ins	95.64
Globe Life	Ins	213.64
Saline County Court	Garnish	513.77

11:30 COUNTY GENERAL ASSISTANCE AND CLOSED SESSION MATTERS;

No Request for Assistance or Closed Session needed;

ADJOURNMENT;

There being no further business to come before the Board, the meeting was adjourned at 10:32 a.m. The next meeting will be on December 12, 2023 at 9:30 A.M. in the Saline County Commissioners' Room, Courthouse, Wilber, NE.

ATTEST:

Absent

Phil Hardenburger, Chairperson

Stephanie A. Krivohlavek, Vice Chairperson

Marvin A. Kohout

Russ Karpisek

Absent

Janet J. Henning

Diann Nettifee, County Clerk

I, Diann Nettifee, County Clerk in and for Saline County, do hereby certify that the minutes of the November 14, 2023 Board of Commissioners' meeting were presented and approved as presented.

Absent

Phil Hardenburger, Chairperson

Stephanie A. Krivohlavek, Vice Chairperson

Marvin A. Kohout

Russ Karpisek

Absent

Janet J. Henning

Diann Nettifee, County Clerk

SALINE COUNTY

Prepared by

Benefit Management, Inc

January-2024

An Exclusive Service of OCI Insurance & Financial Services

SALINE COUNTY

MEDICAL SUMMARY

Effective: 1/1/2024



Proposal Type	CURRENT	PROPOSED	PROPOSED	PROPOSED
Carrier	BCBSNE	BCBSNE	MEDICA	MEDICA
Note	HSA - Embedded		HSA - Embedded	
Plan Name	\$6,100 QHDHP	\$6,100 w/ Copay	\$6,100 50% HSA	\$5,000 80% (Three Free)
Option Type				
Network	In Network	In Network	In Network	In Network
Deductible - EE	\$6,100	\$6,100	\$6,100	\$5,000
Deductible - Family	\$12,200	\$12,200	\$12,200	\$10,000
Coinsurance	50%	50%	50%	80%
Out of Pocket Max	\$7,050	\$7,250	\$7,050	\$6,500
Out of Pocket Max - Family	\$14,100	\$14,500	\$14,100	\$13,000
Physician/Specialist Copay	Ded then 50%	\$35/\$60	Ded then 50%	\$30*/\$50
Copay Note				First 3 Primary & Urgent Visits Free
Standard Telehealth Copay				\$0
Urgent Care Copay	Ded then 50%	\$75	Ded then 50%	\$30*
Emergency Room Copay	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 20%
X-Ray/Lab	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 20%/\$0
Major Diagnostic (MRI,CT,etc.)	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 20%
Prescriptions(Rx)	Ded then 50%	25%/25%/50%	Ded then 50%	\$12/\$50/\$90
Specialty Rx	Ded then 50%	25%	20% to \$200/40%	20% to \$200/40%
Rx Notes			Preventive Drug Benefit	Preventive Drug Benefit
Provider Network	Network BLUE	Network BLUE	Medica Choice National	Medica Choice National
Employee	31 \$870.34	31 \$954.06	31 \$689.01	31 \$846.10
Employee + Spouse	9 \$1,747.12	9 \$1,915.19	9 \$1,446.91	9 \$1,776.81
Employee + Child(ren)	6 \$1,747.12	6 \$1,915.19	6 \$1,309.11	6 \$1,607.59
Employee + Family	26 \$1,998.88	26 \$2,191.17	26 \$1,929.22	26 \$2,369.08
Employee Total	\$62,664.48	\$68,692.32	\$49,608.72	\$60,919.20
Dependent Total	\$42,493.74	\$46,581.81	\$42,787.16	\$52,542.81
Combined Monthly Total	\$105,158.22	\$115,274.13	\$92,395.88	\$113,462.01
% Variance		9.62%	-12.14%	7.90%

Rates and benefits are illustrative only and represent only a brief summary of the plan highlights. Final rates will be determined from effective date, actual enrollment and/or health conditions.

*Please refer to the benefit summary for more specific details regarding this benefit.

^Please refer to the carrier proposal and/or benefit summary for more specific details.

SAMPLE Health Plan Cost & Design Saline County

	<u>Current Benefit</u>	<u>Proposed Snapshot 1 Medica</u>	<u>Proposed Snapshot 2 Medica</u>	
Single Deductible	\$ 6,100	\$ 6,100	\$ 6,100	
Family Deductible	\$ 12,200	\$ 12,200	\$ 12,200	
Single Out of Pocket Max	\$ 7,050	\$ 7,050	\$ 7,050	
Family Out of Pocket Max	\$ 14,100	\$ 14,100	\$ 14,100	
Annual HRA Contribution Single	\$ -	\$ 3,550	\$ 3,550	**
Annual HRA Contribution Family	\$ -	\$ 7,100	\$ 7,100	**
Annual HSA Contribution Single	\$ 3,500	\$ 1,800	\$ 1,200	
Annual HSA Contribution Family	\$ 7,000	\$ 3,600	\$ 2,400	
Net Out of Pocket to Single	\$ 3,550	\$ 1,700	\$ 2,300	
Net Out of Pocket to Family	\$ 7,100	\$ 3,400	\$ 4,600	
Annual Total Premium	\$ 1,261,899	\$ 1,108,751	\$ 1,108,751	
Less Employee Share	\$ -	\$ 85,243	\$ 36,043	
Net Annual County Premium	\$ 1,261,899	\$ 1,023,507	\$ 1,072,707	
Annual County HRA (est)	\$ -	\$ 120,345	\$ 120,345	
Annual County HSA	\$ 395,500	\$ 203,400	\$ 135,600	
Total Annual Cost	\$ 1,657,399	\$ 1,347,252	\$ 1,328,652	
		\$ 310,146	\$ 328,746	
\$15,000 of Life Insurance	\$ -	\$ 7,200	\$ 7,200	
\$1500 of long term disability	\$ -	\$ 12,000	\$ 12,000	

****Contributed as reimbursement only without fixed outlay**

Outcomes:

- 1) Substantially less out of pocket risk for employees
- 2) Assistance for employees from preventative prescription benefits
- 3) Significant long term benefits for those receiving HSA contributions
- 4) Ability for employees to make health savings account (HSA) contributions
- 5) County reduces cost over \$300,000 over 12 months

Medica Preventive Drug List

(1/1/2024)

Certain health plans provide a specific benefit for preventive outpatient drugs that are considered maintenance drugs used to treat common disease states. Plan terms vary and members should consult their benefit plan documents to determine whether they have coverage for preventive maintenance drugs and, if so, with lower or no member cost sharing. Some strengths or dosage forms, noted with an *, may not be included in the Preventive Drug List, regardless of their appearance in this document. Certain products or categories may not be covered or may be subject to utilization management edits such as step therapy, prior authorization or quantity limits. Please check with your plan provider should you have any questions about coverage. If your benefit includes mail order, please note that some drugs and supplies may not be available through this service.

ANTICOAGULANTS/ ANTIPLATELETS

ANTICOAGULANTS

enoxaparin
fondaparinux
warfarin*
ELIQUIS
XARELTO

PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole
prasugrel
BRILINTA

CORONARY ARTERY DISEASE

ANTIHYPERTENSIVES

atorvastatin
cholestyramine
colesevelam*
colestipol
ezetimibe
fenofibrate*
fenofibric acid*
fenofibric acid delayed-rel
fluvastatin
gemfibrozil
icosapent ethyl
lovastatin
niacin ext-rel
omega-3 acid
ethyl esters
pravastatin
rosuvastatin
simvastatin

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin

DIABETES

SUPPLIES

INSULIN SYRINGES, AND NEEDLES - BD
Products

BLOOD GLUCOSE MONITORS

ACCU-CHEK BLOOD GLUCOSE METER
CONTOUR NEXT BLOOD GLUCOSE METER

INJECTABLE DIABETES AGENTS

HUMULIN R* (U-500 Only)
NOVOLIN N, R, 70/30
NOVOLOG
SEMGLEE (YFGN) TOUJEO
TRESIBA
OZEMPIC
RYBELSUS
TRULICITY
VICTOZA

ORAL DIABETES AGENTS

acarbose
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide, micronized
glyburide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
repaglinide/metformin

FARXIGA

JANUMET
JANUMET XR
JANUVIA
JARDIANCE
GLYXAMBI
SEGLUROMET
STEGLATRO
SYNJARDY
SYNJARDY XR
TRIJARDY XR
XIGDUO XR

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
eprosartan
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
moexipril/hydrochlorothiazide

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase.

Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

perindopril
quinapril
quinapril/hydrochloro
thiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide

BETA-BLOCKERS AND COMBINATION AGENTS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nadolol/bendroflumethiazide
pindolol
propranolol
propranolol ext-rel
propranolol/hydrochlorothiazide
timolol maleate

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
amiloride/hydrochlorothiazide
diltiazem - select products
felodipine ext-rel
isradipine
nicardipine
nisoldipine ext-rel
verapamil
verapamil ext-rel

DIURETICS

chlorothiazide
chlorthalidone
furosemide
hydrochlorothiazide
indapamide
methyclothiazide
spironolactone
spironolactone/hydrochlorothiazide
torsemide
triamterene/hydrochlorothiazide

OTHER ANTIHYPERTENSIVE AGENTS

amlodipine/telmisartan
amlodipine/valsartan/ hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
methyldopa
minoxidil

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clomipramine
desipramine
desvenlafaxine succinate ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
fluvoxamine
imipramine HCl
imipramine pamoate
maprotiline
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel

ANTIPSYCHOTICS

aripiprazole
chlorpromazine
clozapine
fluphenazine
haloperidol
loxapine
lurasidone
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

OSTEOPOROSIS

BONE RESORPTION THERAPY

alendronate
ibandronate
raloxifene
risedronate

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

albuterol inhaler*
albuterol nebulizer solution
budesonide inhalation suspension
cromolyn sodium
fluticasone/salmeterol diskus
inhaler* ipratropium nebulizer
solution ipratropium/albuterol
nebulizer solution levalbuterol
nebulizer solution montelukast
theophylline
zafirlukast
zileuton ER
ADVAIR HFA
ARNUITY
ASMANEX HFA
ASMANEX TWISTHALER
BREQ ELLIPTA
DULERA
QVAR REDHALER
SPIRIVA
SPIRIVA RESPIMAT
SYMBICORT

Over-the-counter (OTC) products require a prescription. Coverage may vary by plan.

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase.

Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

(SAMPLE OPTION 1)



Benefits Snapshot

January 1, 2024 – December 31, 2024

Our employees are our most valued asset. That is why at Saline County we are committed to a comprehensive benefits program that helps our employees stay healthy, feel secure and maintain a positive work-life balance.

Type of Benefit	In Network Benefit	\$5,000 PPO with HRA	HSA \$6,100 with HRA
Medical Insurance 	Deductible		
	Individual	\$3,000	\$3,500
	Family	\$6,000	\$7,000
	Coinsurance	0%	0%
	Out of Pocket Max		
	Individual	\$3,000	\$3,500
	Family	\$6,000	\$7,000
	Preventative/Routine Care	Covered at 100%	Covered at 100%
	Office Visit	\$30 Copay (First 3 Free!)	Deductible and Coinsurance
	Specialist Visit	\$50 Copay	Deductible and Coinsurance
	Urgent Care Visit	\$30 Copay	Deductible and Coinsurance
	Emergency Room	Deductible and Coinsurance	Deductible and Coinsurance
	Telehealth	\$0 Copay	Deductible and Coinsurance
	Prescription Drug Benefits		
	Generic	\$12 Copay	Deductible and Coinsurance
Preferred brand	\$50 Copay	Deductible and Coinsurance	
Non-preferred brand	\$90 Copay	Deductible and Coinsurance	
Specialty	20% coinsurance to \$200	Deductible and Coinsurance	
Monthly Medical Rates			
	Employee	\$0.00	\$0.00
	Employee + Spouse	\$174.59	\$144.69
	Employee + Child	\$129.39	\$130.91
	Family	\$332.78	\$192.92

Health Savings Account (HSA): \$150/month for single coverage \$300/month for all family coverage types

Contributions will be made for those electing the HSA eligible plan option. Saline County Will be using Point C to administer the HSA account, and employees are also eligible to make additional contributions up to annual limits assuming they do not have other non-HSA medical coverage. 2024 HSA contribution limits are \$4,150 for individuals and \$8,300 for family coverage. Employees 55 or over can contribute an additional \$1,000 annually as a catch-up contribution.

Health Reimbursement Arrangement (HRA): Employees have a \$6,500 maximum out of pocket for the \$5,000 PPO plan and \$7,050 maximum out of pocket for HSA \$6,100; family amounts are double. Saline County will reimburse all in-network deductible and out of pocket expenses once an employee reaches \$3,000 out of pocket on the \$5,000 plan or once \$3,500 out of pocket is reached on the \$6,100 plan. Families are double these amounts. The reimbursement is being administered through Mid-American Benefits and employees will not need to submit for reimbursement. Mid-American Benefits will receive claims directly from Medica. They will pay providers directly for claims over the employee's portion of the deductible and will reimburse employees directly for pharmacy claims over their portion of the deductible.

This is a summary of the key plan benefits. For more information on your benefit coverage, please contact your benefits representative. For questions, please contact Brooke Hinz, Dustin Will or Dan Duren with Benefit Management at 402-420-7776 or brooke@benefit-management.com.

(SAMPLE OPTION 2)



Benefits Snapshot

January 1, 2024 – December 31, 2024

Our employees are our most valued asset. That is why at Saline County we are committed to a comprehensive benefits program that helps our employees stay healthy, feel secure and maintain a positive work-life balance.

Type of Benefit	In Network Benefit	\$5,000 PPO with HRA	HSA \$6,100 with HRA
Medical Insurance 	Deductible		
	Individual	\$3,000	\$3,500
	Family	\$6,000	\$7,000
	Coinsurance	0%	0%
	Out of Pocket Max		
	Individual	\$3,000	\$3,500
	Family	\$6,000	\$7,000
	Preventative/Routine Care	Covered at 100%	Covered at 100%
	Office Visit	\$30 Copay (First 3 Free!)	Deductible and Coinsurance
	Specialist Visit	\$50 Copay	Deductible and Coinsurance
	Urgent Care Visit	\$30 Copay	Deductible and Coinsurance
	Emergency Room	Deductible and Coinsurance	Deductible and Coinsurance
	Telehealth	\$0 Copay	Deductible and Coinsurance
	Prescription Drug Benefits		
	Generic	\$12 Copay	Deductible and Coinsurance
Preferred brand	\$50 Copay	Deductible and Coinsurance	
Non-preferred brand	\$90 Copay	Deductible and Coinsurance	
Specialty	20% coinsurance to \$200	Deductible and Coinsurance	
Monthly Medical Rates			
	Employee	\$57.09	\$0.00
	Employee + Spouse	\$174.59	\$44.69
	Employee + Child	\$129.39	\$30.91
	Family	\$332.78	\$92.92

Health Savings Account (HSA): \$100/month for single coverage \$200/month for all family coverage types

Contributions will be made for those electing the HSA eligible plan option. Saline County Will be using Point C to administer the HSA account, and employees are also eligible to make additional contributions up to annual limits assuming they do not have other non-HSA medical coverage. 2024 HSA contribution limits are \$4,150 for individuals and \$8,300 for family coverage. Employees 55 or over can contribute an additional \$1,000 annually as a catch-up contribution.

Health Reimbursement Arrangement (HRA): Employees have a \$6,500 maximum out of pocket for the \$5,000 PPO plan and \$7,050 maximum out of pocket for HSA \$6,100; family amounts are double. Saline County will reimburse all in-network deductible and out of pocket expenses once an employee reaches \$3,000 out of pocket on the \$5,000 plan or once \$3,500 out of pocket is reached on the \$6,100 plan. Families are double these amounts. The reimbursement is being administered through Mid-American Benefits and employees will not need to submit for reimbursement. Mid-American Benefits will receive claims directly from Medica. They will pay providers directly for claims over the employee's portion of the deductible and will reimburse employees directly for pharmacy claims over their portion of the deductible.

This is a summary of the key plan benefits. For more information on your benefit coverage, please contact your benefits representative. For questions, please contact Brooke Hinz, Dustin Will or Dan Duren with Benefit Management at 402-420-7776 or brooke@benefit-management.com.

Saline County Board
Monthly Fees/Fines Report
From 11/01/2023 to 11/30/2023

Account Description	Total Amount
Petition	175.00
Automation Fee	80.00
NSC Education Fee	10.00
Dispute Resolution Fee	7.50
Indigent Defense Fee	30.00
Uniform Data Analysis Fee	10.00
PSC Supervision Fee	25.00
PSC Local Fee	10.00
Parenting Act Fund	100.00
J.R.F.	84.00
Filing Fee-JRF	70.00
Civil Legal Services Fund	4.00
L.E.I.F.	8.00
Legal Aid/Services Fund	30.00
Legal Aid/Services Fund	62.50
Issuance of Writ	5.00
10% Bond Fee	25.00
Comp Rec/Records Management Fe	75.00
Photocopy Fees	33.00
Interest on Bank Account	12.11
County Court Fees	5.00
Substance Abuse Testing Fees	5.00
Postage	230.00
Fines	353.00
Sup Ct Filing Fee	.00
Property Settlement	51,263.29
Judgment (General)	275.40
Attorney Fees	4,933.25
Restitution	500.00
Uncalculated Amounts Due	.00
Passport Processing Fee-County	1,295.00
Bindover Ten Percent Bond	450.00
Bond	225.00
Sup Ct Cost Bond	.00

Grand Total	60,391.05

APPROVED

This 12 Day of December 20 23

COUNTY BOARD

Chairman

State of Nebraska } SS
Saline County
Filed in the County Clerks
office Saline County, Nebraska

DEC 04 2023

at _____ o'clock and _____ minute
County Clerk

SALINE COUNTY DISTRICT COURT
 Cases Filed Report
 For the Month of November , 2023

Cases Filed	Prior Pending	New Filings	Reopened Cases	Disposed Cases	Current Pending	Appealed Cases	Assign Co. Judge
Criminal							
Felony - Filed	0	0	0	0	0	0	
Felony - Bindovers	67	3	1	8	63	2	
Miscellaneous	0	0	0	0	0	0	
Misdemeanor	0	0	0	0	0	0	
Appeals - Trial Court	0	0	0	0	0	0	
	-----	-----	-----	-----	-----	-----	
Total Criminal	67	3	1	8	63	2	
Traffic							
Appeals - Trial Court	0	0	0	0	0	0	
	-----	-----	-----	-----	-----	-----	
Total Traffic	0	0	0	0	0	0	
Civil							
Tort	1	0	0	0	1	0	
Contract	5	0	0	0	5	0	
Real Property	4	1	0	1	4	0	
Miscellaneous	6	1	0	0	7	0	
Condemnation	0	0	0	0	0	0	
Appeals - Admin Agency	0	0	0	0	0	0	
Appeals - Trial Court	0	0	0	0	0	0	
	-----	-----	-----	-----	-----	-----	
Total Civil	16	2	0	1	17	0	
Domestic Relations							
Marriage Dissolution	32	0	0	4	28	0	0
Support/Custody	12	2	2	2	14	0	0
Paternity	14	2	0	4	12	0	0
URESAs	0	0	0	0	0	0	0
Protection Orders	0	1	0	1	0	0	0
Miscellaneous	0	1	0	0	1	0	0
Appeals - Trial Court	0	0	0	0	0	0	0
	-----	-----	-----	-----	-----	-----	-----
Total Domestic Relations	58	6	2	11	55	0	0
Estate							
Appeals - Trial Court	0	0	0	0	0	0	
	-----	-----	-----	-----	-----	-----	
Total Estate	0	0	0	0	0	0	
Subtotal	141	11	3	20	135	2	
Juvenile							
Misdemeanor/Infraction	0	0	0	0	0	0	
Felony	0	0	0	0	0	0	
Neglected/Dependent	0	0	0	0	0	0	
Status Offender	0	0	0	0	0	0	
Mentally Ill and Dangerous	0	0	0	0	0	0	
Parental	0	0	0	0	0	0	
	-----	-----	-----	-----	-----	-----	
Total Juvenile	0	0	0	0	0	0	
	-----	-----	-----	-----	-----	-----	
Total Cases Filed	141	11	3	20	135	2	

Disposition	Appeals					Total
	Small Civil Claims	Dom. Rel.	Probate	From Trial Court/Admin Agency		
Jury-Verdict Issued	0	0	0	0	0	0
Jury-Disposed Before Verdict	0	0	0	0	0	0
Tried to Court	1	0	3	0	0	4
Uncontested/Default	0	0	4	0	0	4
Dismissed by Party	0	0	3	0	0	3
Dismissed by Court	0	0	1	0	0	1
Suggestion of Bankruptcy	0	0	0	0	0	0
Transferred	0	0	0	0	0	0
Stipulation Agreement/Payment (CC 0	0	0	0	0	0	0
Total	1	0	11	0	0	12

Month of November, 2023

Date: 12/01/2023

CRIMINAL - TRAFFIC - JUVENILE DISPOSITIONS

Time: 08:52:54

Disposition	Felony	Misdemeanor	Traffic	Juvenile	Appeals from Trial Court	Total

Jury Impaneled:						
a. Verdict Issued	0	0	0	0	0	0
b. Disposed Prior to Verdict	0	0	0	0	0	0
Tried to Court	0	0	0	0	0	0
Preliminary Hearing Held:						
a. Bound Over	0	0	0	0	0	0
b. Dismissed by Court	0	0	0	0	0	0
Preliminary Hearing Waived	0	0	0	0	0	0
Felony Reduced to Misdemeanor	0	0	0	0	0	0
Dismissed by Prosecutor	0	0	0	0	0	0
Dismissed by Court Prior to Trial	0	0	0	0	0	0
Transferred	0	0	0	0	0	0
Guilty Plea in Court	8	0	0	0	0	8
Guilty Plea by Waiver	0	0	0	0	0	0

Total Dispositions	8	0	0	0	0	8

8:14 AM

12/05/23

Accrual Basis

DEC 05 2023

Saline Civil Account
 Transactions by Account

As of November 30, 2023

Type	Date	at	o'clock	Minute	Name	Memo	Split	Amount	Balance
200 · Due to County Treasurer									3,569.64
201 · Writ Fees									1,371.00
Check	11/01/2023		101789		Saline County Treasurer	Oct 2023 Sheriff...	100 · Ca...	-1,371.00	0.00
Invoice	11/01/2023		242-99		Messerli & Kramer PA	Writ Fees-Ivonn...	120 · A/R	18.00	18.00
Invoice	11/01/2023		242-100		BQ & Associates, PC, LLO	Writ Fees-Christ...	120 · A/R	6.00	24.00
Invoice	11/01/2023		243-09		Gurstel Law Firm, PC	Writ Fees-Erin ...	120 · A/R	18.00	42.00
Invoice	11/01/2023		243-03		Hanson, Hroch & Kuntz	Writ Fees-Donal...	120 · A/R	27.00	69.00
Invoice	11/01/2023		243-02		Karen Stewart	Writ Fees-Debra...	120 · A/R	18.00	87.00
Invoice	11/01/2023		242-93		AR Solutions Inc	Writ Fees-Tanne...	120 · A/R	18.00	105.00
Invoice	11/01/2023		242-94		AR Solutions Inc	Writ Fees-Mary ...	120 · A/R	27.00	132.00
Invoice	11/01/2023		242-95		AR Solutions Inc	Writ Fees-Kurtis...	120 · A/R	18.00	150.00
Invoice	11/01/2023		242-96		AR Solutions Inc	Writ Fees-Jefri ...	120 · A/R	18.00	168.00
Invoice	11/01/2023		242-98		SouthLaw, PC	Writ Fees-Amy ...	120 · A/R	36.00	204.00
Invoice	11/01/2023		243-04		Credit Management	Writ Fees-Malea...	120 · A/R	18.00	222.00
Invoice	11/01/2023		243-05		Credit Management	Writ Fees-Erika ...	120 · A/R	18.00	240.00
Invoice	11/01/2023		243-06		Credit Management	Writ Fees-Sheyl...	120 · A/R	18.00	258.00
Invoice	11/01/2023		243-07		Credit Management	Writ Fees-Andra...	120 · A/R	18.00	276.00
Invoice	11/01/2023		243-08		Credit Management	Writ Fees-Migue...	120 · A/R	6.00	282.00
Invoice	11/01/2023		243-01		Collection Agency, LLC	Writ Fees-Carly ...	120 · A/R	27.00	309.00
Invoice	11/01/2023		243-52		Collection Agency, LLC	Writ Fees-Claud...	120 · A/R	6.00	315.00
Invoice	11/01/2023		243-19		Credit Management	Writ Fees-Behn...	120 · A/R	18.00	333.00
Invoice	11/01/2023		243-36		Morrow, Poppe, Watermeier & Lonow...	Writ Fees-Toma...	120 · A/R	18.00	351.00
Invoice	11/01/2023		243-29		Anderson Creager & Wittstruck, PC, L...	Writ Fees-Roby...	120 · A/R	18.00	369.00
Invoice	11/01/2023		243-50		Gurstel Law Firm, PC	Writ Fees-Migue...	120 · A/R	6.00	375.00
Invoice	11/01/2023		243-41		Solheim Law Firm LLC	Writ Fees-Cortn...	120 · A/R	18.00	393.00
Invoice	11/01/2023		243-10		Kalkwarf & Smith Law Offices, LLC	Writ Fees-Dawn ...	120 · A/R	18.00	411.00
Invoice	11/01/2023		242-92		State	Writ Fees-Dillon ...	120 · A/R	18.00	429.00
Invoice	11/01/2023		243-12		State	Writ Fees-Shayl...	120 · A/R	18.00	447.00
Invoice	11/01/2023		243-13		State	Writ Fees-Gary ...	120 · A/R	18.00	465.00
Invoice	11/01/2023		243-20		State	Writ Fees-Alexa...	120 · A/R	18.00	483.00
Invoice	11/01/2023		243-21		State	Writ Fees-Timot...	120 · A/R	18.00	501.00
Invoice	11/01/2023		243-22		State	Writ Fees-Timot...	120 · A/R	18.00	519.00
Invoice	11/01/2023		243-23		State	Writ Fees-Schuy...	120 · A/R	18.00	537.00
Invoice	11/01/2023		243-24		State	Writ Fees-Mitch...	120 · A/R	18.00	555.00
Invoice	11/01/2023		243-30		State	Writ Fees-Dylan ...	120 · A/R	6.00	561.00
Invoice	11/01/2023		243-37		State	Writ Fees-Sandr...	120 · A/R	18.00	579.00
Invoice	11/02/2023		243-11		McHenry, Haszard Law	Writ Fees-Joyce...	120 · A/R	18.00	597.00
Invoice	11/02/2023		243-14		James A Cada	Writ Fees-Myom...	120 · A/R	6.00	603.00
Invoice	11/02/2023		243-15		James A Cada	Writ Fees-Mayel...	120 · A/R	27.00	630.00
Invoice	11/02/2023		243-16		James A Cada	Writ Fees-Beverl...	120 · A/R	18.00	648.00
Invoice	11/02/2023		243-31		State	Writ Fees-Luis ...	120 · A/R	6.00	654.00
Invoice	11/03/2023		243-33		Collection Agency, LLC	Writ Fees-Dara ...	120 · A/R	18.00	672.00
Invoice	11/03/2023		243-34		Collection Agency, LLC	Writ Fees-Emm...	120 · A/R	18.00	690.00
Invoice	11/03/2023		243-35		Collection Agency, LLC	Writ Fees-Donn...	120 · A/R	27.00	717.00

8:14 AM

12/05/23

Accrual Basis

Saline Civil Account Transactions by Account

As of November 30, 2023

Type	Date	Num	Name	Memo	Split	Amount	Balance
Invoice	11/03/2023	243-18	Credit Management	Writ Fees-Morga...	120 · A/R	6.00	723.00
Invoice	11/03/2023	243-17	BQ & Associates, PC, LLO	Writ Fees-Migue...	120 · A/R	6.00	729.00
Invoice	11/03/2023	242-97	State	Writ Fees-Jorge ...	120 · A/R	18.00	747.00
Invoice	11/03/2023	243-28	State	Writ Fees-Aaron...	120 · A/R	18.00	765.00
Invoice	11/03/2023	243-32	State	Writ Fees-Edwin...	120 · A/R	9.00	774.00
Invoice	11/03/2023	243-38	State	Writ Fees-Edwin...	120 · A/R	9.00	783.00
Invoice	11/03/2023	243-42	State	Writ Fees-Jorge ...	120 · A/R	9.00	792.00
Invoice	11/03/2023	243-43	State	Writ Fees-Jorge ...	120 · A/R	9.00	801.00
Invoice	11/06/2023	243-25	State	Writ Fees-Alejan...	120 · A/R	18.00	819.00
Invoice	11/06/2023	243-44	State	Writ Fees-Jose ...	120 · A/R	18.00	837.00
Invoice	11/07/2023	243-82	AR Solutions Inc	Writ Fees-Danie...	120 · A/R	18.00	855.00
Invoice	11/08/2023	243-47	Messerli & Kramer PA	Writ Fees-Rebe...	120 · A/R	18.00	873.00
Invoice	11/08/2023	243-48	Messerli & Kramer PA	Writ Fees-Carol ...	120 · A/R	18.00	891.00
Invoice	11/08/2023	243-39	State	Writ Fees-Mario ...	120 · A/R	27.00	918.00
Invoice	11/08/2023	243-40	State	Writ Fees-Rodri...	120 · A/R	18.00	936.00
Invoice	11/09/2023	243-46	Johnson, Flodman, Guenzel & Widger	Writ Fees-Bobby...	120 · A/R	18.00	954.00
Invoice	11/10/2023	243-45	State	Writ Fees-Oscar...	120 · A/R	18.00	972.00
Invoice	11/13/2023	243-80	Rausch Sturm LLP	Writ Fees-Scott ...	120 · A/R	6.00	978.00
Invoice	11/14/2023	243-53	James A Cada	Writ Fees-Juan ...	120 · A/R	18.00	996.00
Invoice	11/14/2023	243-54	Credit Management	Writ Fees-Britne...	120 · A/R	18.00	1,014.00
Invoice	11/14/2023	243-55	Credit Management	Writ Fees-Jeitha...	120 · A/R	6.00	1,020.00
Invoice	11/14/2023	243-51	State of Iowa	Writ Fees-Christ...	120 · A/R	6.00	1,026.00
Invoice	11/14/2023	243-66	State	Writ Fees-Kyle ...	120 · A/R	18.00	1,044.00
Invoice	11/14/2023	243-67	State	Writ Fees-Dylan ...	120 · A/R	18.00	1,062.00
Invoice	11/14/2023	243-68	State	Writ Fees-Kyle ...	120 · A/R	18.00	1,080.00
Invoice	11/14/2023	243-69	State	Writ Fees-Dylan ...	120 · A/R	18.00	1,098.00
Invoice	11/14/2023	243-72	State	Writ Fees-Dylan ...	120 · A/R	18.00	1,116.00
Invoice	11/15/2023	243-56	Credit Management	Writ Fees-Cindy ...	120 · A/R	6.00	1,122.00
Invoice	11/15/2023	243-62	Credit Bureau Services, Inc	Writ Fees-Zack ...	120 · A/R	27.00	1,149.00
Invoice	11/15/2023	243-57	Credit Bureau Services, Inc	Writ Fees-Josep...	120 · A/R	27.00	1,176.00
Invoice	11/15/2023	243-58	State	Writ Fees-Karl H...	120 · A/R	18.00	1,194.00
Invoice	11/15/2023	243-59	State	Writ Fees-Carda...	120 · A/R	24.00	1,218.00
Invoice	11/15/2023	243-61	State	Writ Fees-Nicole...	120 · A/R	18.00	1,236.00
Invoice	11/16/2023	243-63	Credit Management	Writ Fees-Albert...	120 · A/R	6.00	1,242.00
Invoice	11/16/2023	243-64	State	Writ Fees-Luis ...	120 · A/R	18.00	1,260.00
Invoice	11/17/2023	243-65	Credit Management	Writ Fees-Ana P...	120 · A/R	18.00	1,278.00
Invoice	11/20/2023	243-71	David Chipman or Mindy Rush-Chipman	Writ Fees-Hayle...	120 · A/R	18.00	1,296.00
Invoice	11/20/2023	243-70	Jefferson Capital Systems, LLC	Writ Fees-Russ...	120 · A/R	18.00	1,314.00
Invoice	11/20/2023	243-60	State	Writ Fees-Rolan...	120 · A/R	6.00	1,320.00
Invoice	11/21/2023	243-81	Gurstel Law Firm, PC	Writ Fees-Justin...	120 · A/R	18.00	1,338.00
Invoice	11/21/2023	243-73	James A Cada	Writ Fees-Migue...	120 · A/R	27.00	1,365.00
Invoice	11/21/2023	243-75	James A Cada	Writ Fees-Make...	120 · A/R	6.00	1,371.00
Invoice	11/22/2023	243-76	AR Solutions Inc	Writ Fees-Juan ...	120 · A/R	6.00	1,377.00
Invoice	11/27/2023	243-78	Messerli & Kramer PA	Writ Fees-Saul ...	120 · A/R	18.00	1,395.00

8:14 AM

12/05/23

Accrual Basis

Saline Civil Account Transactions by Account

As of November 30, 2023

Type	Date	Num	Name	Memo	Split	Amount	Balance
Invoice	11/27/2023	243-77	Messerli & Kramer PA	Writ Fees-Gabri...	120 · A/R	18.00	1,413.00
Invoice	11/27/2023	243-79	Credit Management	Writ Fees-Micha...	120 · A/R	18.00	1,431.00
Invoice	11/29/2023	243-26	AR Solutions Inc	Writ Fees-Brian ...	120 · A/R	6.00	1,437.00
Invoice	11/29/2023	243-27	AR Solutions Inc	Writ Fees-Thom...	120 · A/R	27.00	1,464.00
Invoice	11/29/2023	243-49	BQ & Associates, PC, LLO	Writ Fees-Shan...	120 · A/R	18.00	1,482.00
Invoice	11/30/2023	243-74	Revco Solutions, Inc	Writ Fees-Mega...	120 · A/R	18.00	1,500.00
Total 201 · Writ Fees						129.00	1,500.00
202 · Mileage							1,403.64
Check	11/01/2023	101789	Saline County Treasurer	Oct 2023 Sheriff...	100 · Ca...	-1,403.64	0.00
Invoice	11/01/2023	242-99	Messerli & Kramer PA	Mileage-Ivonne ...	120 · A/R	14.52	14.52
Invoice	11/01/2023	242-100	BQ & Associates, PC, LLO	Mileage-Christo...	120 · A/R	42.35	56.87
Invoice	11/01/2023	243-09	Gurstel Law Firm, PC	Mileage-Erin We...	120 · A/R	18.76	75.63
Invoice	11/01/2023	243-03	Hanson, Hroch & Kuntz	Mileage-Donald/...	120 · A/R	13.92	89.55
Invoice	11/01/2023	243-02	Karen Stewart	Mileage-Debra ...	120 · A/R	1.21	90.76
Invoice	11/01/2023	242-93	AR Solutions Inc	Mileage-Tanner ...	120 · A/R	31.46	122.22
Invoice	11/01/2023	242-94	AR Solutions Inc	Mileage-Mary/C...	120 · A/R	13.92	136.14
Invoice	11/01/2023	242-95	AR Solutions Inc	Mileage-Kurtis Li...	120 · A/R	7.87	144.01
Invoice	11/01/2023	242-96	AR Solutions Inc	Mileage-Jefri Na...	120 · A/R	14.52	158.53
Invoice	11/01/2023	242-98	SouthLaw, PC	Mileage-David/A...	120 · A/R	0.61	159.14
Invoice	11/01/2023	243-04	Credit Management	Mileage-Maleah ...	120 · A/R	8.47	167.61
Invoice	11/01/2023	243-05	Credit Management	Mileage-Erika T...	120 · A/R	13.92	181.53
Invoice	11/01/2023	243-06	Credit Management	Mileage-Sheyla ...	120 · A/R	16.94	198.47
Invoice	11/01/2023	243-07	Credit Management	Mileage-Andrad...	120 · A/R	14.52	212.99
Invoice	11/01/2023	243-08	Credit Management	Mileage-Miguel ...	120 · A/R	14.52	227.51
Invoice	11/01/2023	243-01	Collection Agency, LLC	Mileage-Carly/H...	120 · A/R	9.68	237.19
Invoice	11/01/2023	243-52	Collection Agency, LLC	Mileage-Claudia ...	120 · A/R	0.00	237.19
Invoice	11/01/2023	243-19	Credit Management	Mileage-Behna...	120 · A/R	14.52	251.71
Invoice	11/01/2023	243-36	Morrow, Poppe, Watermeier & Lonow...	Mileage-Tomas ...	120 · A/R	13.92	265.63
Invoice	11/01/2023	243-29	Anderson Creager & Wittstruck, PC, L...	Mileage-Robyn ...	120 · A/R	14.52	280.15
Invoice	11/01/2023	243-50	Gurstel Law Firm, PC	Mileage-Migueli...	120 · A/R	18.15	298.30
Invoice	11/01/2023	243-41	Solheim Law Firm LLC	Mileage-Cortney...	120 · A/R	0.61	298.91
Invoice	11/01/2023	243-10	Kalkwarf & Smith Law Offices, LLC	Mileage-Dawn C...	120 · A/R	19.97	318.88
Invoice	11/01/2023	242-92	State	Mileage-Dillon R...	120 · A/R	25.41	344.29
Invoice	11/01/2023	243-12	State	Mileage-Shayla ...	120 · A/R	146.00	490.29
Invoice	11/01/2023	243-13	State	Mileage-Gary Wi...	120 · A/R	368.00	858.29
Invoice	11/01/2023	243-20	State	Mileage-Alexand...	120 · A/R	0.00	858.29
Invoice	11/01/2023	243-21	State	Mileage-Timothy...	120 · A/R	0.00	858.29
Invoice	11/01/2023	243-22	State	Mileage-Timothy...	120 · A/R	0.00	858.29
Invoice	11/01/2023	243-23	State	Mileage-Schlyler ...	120 · A/R	0.00	858.29
Invoice	11/01/2023	243-24	State	Mileage-Mitchell ...	120 · A/R	0.00	858.29
Invoice	11/01/2023	243-30	State	Mileage-Dylan P...	120 · A/R	44.00	902.29
Invoice	11/01/2023	243-37	State	Mileage-Sandra ...	120 · A/R	0.00	902.29
Invoice	11/02/2023	243-11	McHenry, Haszard Law	Mileage-Joyce N...	120 · A/R	13.92	916.21

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12/05/23

Accrual Basis

Saline Civil Account Transactions by Account

As of November 30, 2023

Type	Date	Num	Name	Memo	Split	Amount	Balance
Invoice	11/02/2023	243-14	James A Cada	Mileage-Myoma ...	120 · A/R	13.92	930.13
Invoice	11/02/2023	243-15	James A Cada	Mileage-Mayelin...	120 · A/R	13.92	944.05
Invoice	11/02/2023	243-16	James A Cada	Mileage-Beverly ...	120 · A/R	11.50	955.55
Invoice	11/02/2023	243-31	State	Mileage-Luis Ce...	120 · A/R	44.00	999.55
Invoice	11/03/2023	243-33	Collection Agency, LLC	Mileage-Dara H...	120 · A/R	0.61	1,000.16
Invoice	11/03/2023	243-34	Collection Agency, LLC	Mileage-Emma ...	120 · A/R	0.61	1,000.77
Invoice	11/03/2023	243-35	Collection Agency, LLC	Mileage-Donna/...	120 · A/R	7.87	1,008.64
Invoice	11/03/2023	243-18	Credit Management	Mileage-Morgan ...	120 · A/R	14.52	1,023.16
Invoice	11/03/2023	243-17	BQ & Associates, PC, LLO	Mileage-Miguel ...	120 · A/R	19.97	1,043.13
Invoice	11/03/2023	242-97	State	Mileage-Jorge C...	120 · A/R	88.00	1,131.13
Invoice	11/03/2023	243-28	State	Mileage-Aaron S...	120 · A/R	0.00	1,131.13
Invoice	11/03/2023	243-32	State	Mileage-Edwin P...	120 · A/R	75.00	1,206.13
Invoice	11/03/2023	243-38	State	Mileage-Edwin P...	120 · A/R	75.00	1,281.13
Invoice	11/03/2023	243-42	State	Mileage-Jorge C...	120 · A/R	44.00	1,325.13
Invoice	11/03/2023	243-43	State	Mileage-Jorge C...	120 · A/R	44.00	1,369.13
Invoice	11/06/2023	243-25	State	Mileage-Alejandro...	120 · A/R	14.52	1,383.65
Invoice	11/06/2023	243-44	State	Mileage-Jose Ju...	120 · A/R	234.00	1,617.65
Invoice	11/07/2023	243-82	AR Solutions Inc	Mileage-Daniel ...	120 · A/R	13.92	1,631.57
Invoice	11/08/2023	243-47	Messerli & Kramer PA	Mileage-Rebecc...	120 · A/R	13.92	1,645.49
Invoice	11/08/2023	243-48	Messerli & Kramer PA	Mileage-Carol M...	120 · A/R	0.61	1,646.10
Invoice	11/08/2023	243-39	State	Mileage-Mario L...	120 · A/R	16.34	1,662.44
Invoice	11/08/2023	243-40	State	Mileage-Rodrigo...	120 · A/R	15.73	1,678.17
Invoice	11/09/2023	243-46	Johnson, Flodman, Guenzel & Widger	Mileage-Bobby ...	120 · A/R	15.13	1,693.30
Invoice	11/10/2023	243-45	State	Mileage-Oscar E...	120 · A/R	15.73	1,709.03
Invoice	11/13/2023	243-80	Rausch Sturm LLP	Mileage-Scott Si...	120 · A/R	32.67	1,741.70
Invoice	11/14/2023	243-53	James A Cada	Mileage-Juan Ja...	120 · A/R	15.73	1,757.43
Invoice	11/14/2023	243-54	Credit Management	Mileage-Britney ...	120 · A/R	14.52	1,771.95
Invoice	11/14/2023	243-55	Credit Management	Mileage-Jeitha A...	120 · A/R	17.55	1,789.50
Invoice	11/14/2023	243-51	State of Iowa	Mileage-Christo...	120 · A/R	0.00	1,789.50
Invoice	11/14/2023	243-66	State	Mileage-Kyle Bla...	120 · A/R	23.00	1,812.50
Invoice	11/14/2023	243-67	State	Mileage-Dylan P...	120 · A/R	23.00	1,835.50
Invoice	11/14/2023	243-68	State	Mileage-Kyle Bla...	120 · A/R	23.00	1,858.50
Invoice	11/14/2023	243-69	State	Mileage-Dylan P...	120 · A/R	23.00	1,881.50
Invoice	11/14/2023	243-72	State	Mileage-Dylan P...	120 · A/R	0.00	1,881.50
Invoice	11/15/2023	243-56	Credit Management	Mileage-Cindy al...	120 · A/R	20.57	1,902.07
Invoice	11/15/2023	243-62	Credit Bureau Services, Inc	Mileage-Zack/Je...	120 · A/R	0.61	1,902.68
Invoice	11/15/2023	243-57	Credit Bureau Services, Inc	Mileage-Joseph/...	120 · A/R	37.51	1,940.19
Invoice	11/15/2023	243-58	State	Mileage-Karl Ha...	120 · A/R	14.52	1,954.71
Invoice	11/15/2023	243-59	State	Mileage-Cardarfi...	120 · A/R	13.92	1,968.63
Invoice	11/15/2023	243-61	State	Mileage-Nicole ...	120 · A/R	21.78	1,990.41
Invoice	11/16/2023	243-63	Credit Management	Mileage-alberto ...	120 · A/R	13.92	2,004.33
Invoice	11/16/2023	243-64	State	Mileage-Luis Co...	120 · A/R	0.00	2,004.33
Invoice	11/17/2023	243-65	Credit Management	Mileage-Ana Per...	120 · A/R	13.92	2,018.25
Invoice	11/20/2023	243-71	David Chipman or Mindy Rush-Chipman	Mileage-Haylea ...	120 · A/R	31.46	2,049.71

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 12/05/23
 Accrual Basis

Saline Civil Account
Transactions by Account
 As of November 30, 2023

Type	Date	Num	Name	Memo	Split	Amount	Balance
Invoice	11/20/2023	243-70	Jefferson Capital Systems, LLC	Mileage-Russell ...	120 · A/R	0.61	2,050.32
Invoice	11/20/2023	243-60	State	Mileage-Roland...	120 · A/R	0.00	2,050.32
Invoice	11/21/2023	243-81	Gurstel Law Firm, PC	Mileage-Justin D...	120 · A/R	19.97	2,070.29
Invoice	11/21/2023	243-73	James A Cada	Mileage-Miguel ...	120 · A/R	15.13	2,085.42
Invoice	11/21/2023	243-75	James A Cada	Mileage-Makena...	120 · A/R	0.00	2,085.42
Invoice	11/22/2023	243-76	AR Solutions Inc	Mileage-Juan Or...	120 · A/R	14.52	2,099.94
Invoice	11/27/2023	243-78	Messerli & Kramer PA	Mileage-Saul Lo...	120 · A/R	13.92	2,113.86
Invoice	11/27/2023	243-77	Messerli & Kramer PA	Mileage-Gabriel ...	120 · A/R	31.46	2,145.32
Invoice	11/27/2023	243-79	Credit Management	Mileage-Michael...	120 · A/R	15.13	2,160.45
Invoice	11/29/2023	243-26	AR Solutions Inc	Mileage-Brian L...	120 · A/R	0.61	2,161.06
Invoice	11/29/2023	243-27	AR Solutions Inc	Mileage-Thomas...	120 · A/R	22.99	2,184.05
Invoice	11/29/2023	243-49	BQ & Associates, PC, LLO	Mileage-Shanno...	120 · A/R	19.97	2,204.02
Invoice	11/30/2023	243-74	Revco Solutions, Inc	Mileage-Megan ...	120 · A/R	14.52	2,218.54
Total 202 · Mileage						814.90	2,218.54
203 · Vehicle Inspections							640.00
General ...	11/01/2023	221			-SPLIT-	-640.00	0.00
Sales Re...	11/30/2023	Nov 2023		Title Inspections...	160 · On...	580.00	580.00
Total 203 · Vehicle Inspections						-60.00	580.00
204 · Gun Permits							155.00
General ...	11/01/2023	221			203 · Ve...	-155.00	0.00
Sales Re...	11/30/2023	Nov 2023		Gun Permits 75...	160 · On...	120.00	120.00
Total 204 · Gun Permits						-35.00	120.00
208 · Miscellaneous							0.00
Total 208 · Miscellaneous							0.00
Total 200 · Due to County Treasurer							
TOTAL						848.90	4,418.54

Sheriff Fees	
Mileage	\$2,218.54
Writ Fees	\$1,500.00
Inspections	\$580.00
Gun Permits	\$120.00
	<u>\$4,418.54</u>

Saline County Clerk

REPORT OF FEES

November 2023

Copies	\$	90.00
Emailing Fees	\$	10.50
Phone & Written Searches	\$	-
Maps	\$	-
Tax Liens (Federal & State)	\$	-
Marriage Licenses	\$	102.00
Election, voter registration lists, etc.	\$	-
Real Estate	\$	4,286.00
Documentary Stamp Tax	\$	6,872.75

TOTAL	\$	11,361.25
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Approved

This 12th day of December, 2023

County Board

NEBRASKA CRIME COMMISSION
FY2025 Community-based Juvenile Services Aid
[CB] Application

Nebraska Revised Statute §43-2404.02

Lead County/Tribe:	Saline County	Phone: (402)821-2151
Address of Applicant:	Address: 306 West 3 rd Street	
	City: Wilber	State: NE Zip Code: 6846+5-0865
List of Partnering Counties/Tribes:	N/A	
Lead Project Contact:	Name: Anita Stougaard	Phone: (402) 821-2151
	Title: Program Coordinator	
	Email: astougaard2@unl.edu	
	Address: 306 West 3 rd Street	
	City: Wilber	State: NE Zip Code: 68465-0978
Secondary Project Contact: (optional)	Name: David Solheim	Phone: (402) 821-2531
	Title: County Attorney	
	Email: dsolheim@salinecountyne.gov	
	Address: 204 South High Street	
	City: Wilber	State: NE Zip Code: 86465
Financial Contact:	Name: Deb Spanyers	Phone: (402) 821-2375
	Title: Saline County Treasurer	
	Email: salinetreas@diodecom.net	
	Address: P.O Box 865	
	City: Wilber	State: NE Zip Code: 68465-0865
Authorized Official:	Name: Russ Karpisek	Phone: (402) 821-2909
	Title: Chair, Board of Commissioners	
	Email: commissioner4@salinecountyne.gov	
	Address: 204 South High Street	
	City: Wilber	State: NE Zip Code: 68465-0865

SECTION I: COMMUNITY PLANNING INFORMATION

Comprehensive Juvenile Services Community Plan: REQUIRED FOR FUNDING

This application is accepted only for communities with an approved Comprehensive Juvenile Services Community Plan submitted with the Nebraska Crime Commission. If your community does not have a comprehensive juvenile services plan, please contact the Nebraska Crime Commission.

<p>1. Was the community plan utilized in drafting the grant application to ensure the requests align with and address the priorities outlined in the plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. How do the requests in this application align with the strategies to address the priorities in the community plan? Reducing recidivism, Providing services that will help to reduce the likelihood of future offending, reducing system costs, increasing school attendance, increase in conflict resolution skills, increase in pro-social attitudes and behaviors, increase in decision making skills, increase in development and maintenance of relationships with positive, caring adults</p>
<p>3. Was the community plan reviewed for progress or updates at any other times throughout the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Have changes been made to the community plan since the last submission to the Crime Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:</p>
<p>5. List the current priorities in the community plan:</p> <ul style="list-style-type: none"> a. Strengthen collaboration and distribute responsibilities for community betterment among communities, public organizations, private organizations, government entities and all interested parties via collective impact. b. Support the current Juvenile Diversion Program c. Maintain a system of school-based mental health services for students.
<p>6. What steps have been taken towards addressing these priorities? Priority a) to reach a 75% response to ensure active participation on planning issues, priority b) all eligible youth are referred to the diversion program directly from the county attorney now, reducing the entry rate into the juvenile justice system, priority c) Therapy services provided directly in the school eliminates family barriers due to insurance, cost, and transportation issues, and/or time for therapy.</p>
<p>7. How is the community team evaluating progress with the needs and priorities in the community plan? Updates on data for diversion program and school-based behavioral health. Done at team meetings.</p>
<p>8. Do changes need to be made to the community plan regarding any priority, including adding new priorities, to align with the requests in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: <i>If yes, please submit a community plan addendum adding the new priority(s).</i></p>
<p>9. Did the community team vote and approve the requests in this application: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <ul style="list-style-type: none"> a. If not, how was this decision made: Program Coordinator made the application. Due to medical reasons, the coordinator was not able to conduct team meetings. b. Provide the meeting date and agenda when the application was approved: Program coordinator approved application agenda on 12-7-23, Board of Commissioners approved on 12-12-23
REFER TO PAGE 10 OF THE RFA FOR INSTRUCTIONS

PROGRAM NARRATIVE

Fill out separately for each program or service listed in the Program Type Table

PROGRAM TITLE: Saline County Youth Diversion

1. If awarded, these funds will (check only one):
 - Create a new service/activity.
 - Enhance an existing program funded by the grant.
 - Continue an existing program funded by the grant.
 - Expand, continue, or enhance an existing project not funded under the grant in the previous year
2. What allowable program type request on page 5 of the Request for Application does this program fall under:
Diversion
3. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding: Yes No
If yes, provide grant number(s): 24-CB-0524
4. Provide all funding sources and amounts currently contributing to the proposed **project**. The percentage of total column should equal 100%. See RFA page 11 for example:

Funding Source	% of Total	Dollar Amount	How is it used?
24-CB-0524	100%	\$30,380	Wages for program coordinator, travel expenses, operating expenses, and educational materials
5. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?): Working closely with the County Attorney to have all eligible youth referred directly. This has increased the number of referrals substantially. Cost savings to the county is about \$500/youth enrolled in the program. If the program is not funded it could not continue to be effective, as all grant funds are used to pay for wages, program materials, and continued training opportunities. FY 2023 saw a \$7,500 cost savings with those youth who completed the program.
6. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less): The Saline County Youth Diversion Program was established to prevent youth offenders ranging in age from 11-18 years, of certain crimes from going through the court system. This benefits the offender in that he/she does not have a conviction for the offense on their record once they successfully complete the program. Provides youth an opportunity to work together through guided activities that will teach life skills and improve interpersonal relationships, as well as promote alcohol and other drug prevention/awareness, encourage positive coping mechanisms for boredom, frustration and low self-esteem, practice individual decision making skills for self, family, and community, identify areas of personal value, conflict and confusion, identify strengths of the individual through communication, problem solving, responsibility, and family interaction.
7. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less): Data from the 2021 NRPFS show illegal substance use/abuse and underage drinking are concerns in our community. 12th graders report marijuana uses at higher rates in Saline County compared to state rates, as well as electronic vapor use. All grades are reporting lower than state averages for alcohol but seeing an increase in tobacco use higher than the state among 8th graders. All grades are seeing a higher than state rates when it comes to electronic vapor use. The relative ease of alcohol and tobacco procurement and permissive attitudes toward alcohol by some adults/parents contribute to the use of alcohol by juveniles. Arrests with the "all other offenses" category have seen a decrease for all age groups in Saline County. In March of 2022, when talking with the Crete High School Principal, he indicated that there is a problem with students having electronic vaping devices containing either nicotine or THC on school grounds.

8. Is the issue above a stated issue in the comprehensive juvenile services plan? Yes No
Provide page number in community plan where this issue is referenced? Page 6

9. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured? The resulting value of the Saline County Youth Diversion Program allows the involved youth and their parent(s)/guardian to learn from the mistakes made and prevents an otherwise single mistake to negatively impact their future. Youth can avoid traveling through the juvenile justice system for their first-time offense. Youth enrolling in the program and successfully completing, saves the county approximately \$500 per youth enrolled thus allowing the courts to focus on more serious arrests. Currently working on obtaining recidivism rates of those enrolled within the last few years. FY23 there were 21 referrals: 3 unsuccessful, 3 did not enroll and 15 completed successfully. Cost savings to the county for those who successfully completed was \$7,500.00

10. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:

	Agency Name	Description of Coordination
1		Not aware of any others
2		
3		
4		
5		

11. Describe how the proposed program or service will operate from beginning to end:

a. What agency(s) will implement this program: Nebraska Extension Saline County

b. Age, Gender, and Race/Ethnicity targeted by this program: Youth 11-18 years of age, all gender and race/ethnicity, all inclusive

c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc. All eligible referrals come directly from County Attorney and a letter is sent informing youth and parents of the program along with a brochure outlining what the diversion program is and the benefits of enrolling in the program. Youth then have 10 days from the date of referral letter to contact program coordinator and set an intake appointment. If youth do not contact the program coordinator for enrollment, the County Attorney's office is notified, and a petition is then filed.

d. Do all referrals get accepted? Yes No If no, explain: If youth is over 18, or under age 11, they are not eligible for the program.

e. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs: All referrals should already meet the criteria for eligibility. The NSAT is administered to youth at intake appointment to assess his/her risks and needs. Programming is then based on youth's risk and needs as well as laws violated. Each youth will have a contract outlining the requirements of the program. Each contract/program requirement is designed specifically for each individual. Saline County does not take youth who score as high-risk.

f. What is the maximum capacity of youth this program can serve at one time? There is no maximum number of youths that can be served if they fall into the eligibility criteria for diversion

g. How many youths are anticipated to be served by this program during the project period: 30

h. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides): Journaling in 1 or more workbooks, depending on individual needs/risks, 4 to 8-hour personal class time, community service of 10-20 hours required, again based on each individual youth. The diversion program is a 90-day program. Flexibility is given to ensure successful completion, but most youth enrolled complete in 90 days or less. Average completion time for FY23 was 74 days.

i. Are you utilizing evidence-based, promising, or research-based practices and/or programming? Yes No
If yes, provide specific examples. Do not just cite research articles: NSAT to determine level of risk, evidence-based curriculum from The Change Companies. Workbooks used are: What about Marijuana, Re-Think Now-Responsible Choices, Alternatives Youth Diversion Education Program: Alcohol and drug related workbook. 4-8-hour educational

<p>class tailored to individual participant risks and needs, taking into account participants input and cultural considerations.</p>
<p>j. What practice-based programming are you utilizing that is working in your community and what positive results have you seen? In-person interactions. All educational classes are done on an in-person basis. No electronics are allowed during classes, thus allowing minimization of misconduct that could be the result of texting or email. All correspondence to participants and parents is done via text, email or phone calls using the programs designated phone number. There is no interaction with program participants through any personal accounts on social media platforms. All texts from participants are saved until youth completes program. All emails are printed and put in the participants file, whether it be to/from program coordinator, participant and/or parent. Any email correspondence from the county attorney's office regarding participating youths' is also printed and put in the participant file. Clear parameters such as acceptable behavior, and consequences for failure to abide by the requirements of the program are shared with youth and parents/guardians during the intake process. All required paperwork must have a signature by the participant and parent/guardian.</p>
<p>k. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? Successful completion of all requirements means youth 100% completed all requirements, completion means youth completed 85% of requirements, termination if youth receive another citation while enrolled in the program or if they voluntarily leave the program or did not complete any requirements within the 90-day period. If youth are terminated or voluntarily leave the program, notification is sent to the county attorney for filing of a petition. Successful completion/completion is also sent to county attorney for charges to be dismissed.</p>
<p>l. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: Our program will reach youth ages 11-18 years of age who has an eligible offense, and meets the eligibility requirements regardless of race, ethnicity, gender or income, all-inclusive program. Law enforcement and public schools in Saline County are all aware this program is available to youth.</p>
<p>m. Is there a cost to youth and/or families to participate in this program or service? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No Amount: \$ 150.00 If yes, explain what steps are taken to ensure costs are not a barrier to program participation: Steps are taken to ensure that cost is not a barrier to participation. Fee can be on a sliding scale or completely waived. The use of the USDA free and reduced lunch income eligibility is used to reduce or waive fee and is considered after the state statistics form is filled out. Regardless of ability to pay, cost is never a factor for participation.</p>
<p>n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery. A general questionnaire is given after class time to participants/family for input and feedback about the program services they received, and all information is taken into account when implementing programming for youth, and future programming needs.</p>
<p>o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No If yes, describe:</p>
<p>12. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth: Using the NSAT to assess youths' risks and needs. Through journaling workbooks, the youth will be able to better understand use of positive coping skills, constructive use of time, healthy/positive peer relationships. Through the use of the educational materials, youth will be able to learn how to challenge their own thinking, increase communications skills, better understanding of decision-making process, improved goal setting ability, build and establish positive relationships in their family and community, increased knowledge of substance uses and responsibility. Community service will help them increase pro-social behavior in their community.</p>
<p>13. <i>If the program currently operates, regardless of funding source:</i></p>
<p>a. How long has this program been operating? 15 years. However, this program has been receiving funding since 2016. Current program coordinator has been involved with this program since 2015.</p>
<p>b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: All eligible youth are now being referred to this program directly from the county attorney's office. Eligible youth are enrolling in the program at a higher rate than before.</p>
<p>c. How does this program continue to address the above stated need in the community and why is continued funding necessary? Reaching all eligible youth through direct referral from County Attorney. The rate of referrals and enrollments have increased 300% from previous years. FY2023 had an 86% successful completion rate. 3 youth did</p>

not enroll and 3 were dropped from the program due to violations or not fulfilling requirements. This program is a great benefit for this community and without funding it could not operate.

REFER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS

PROGRAM NARRATIVE

Fill out separately for each program or service listed in the Program Type Table

PROGRAM TITLE: School-based Behavioral Health Therapist

14. If awarded, these funds will (check only one):

- Create a new service/activity.
- Enhance an existing program funded by the grant.
- Continue an existing program funded by the grant.
- Expand, continue, or enhance an existing project not funded under the grant in the previous year

15. What allowable program type request on page 5 of the Request for Application does this program fall under:
Treatment Services

16. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding: Yes No
If yes, provide grant number(s): 24-CB-0524

17. Provide all funding sources and amounts currently contributing to the proposed **project**. The percentage of total column should equal 100%. See RFA page 11 for example:

Funding Source	% of Total	Dollar Amount	How is it used?
24-CB-0524	100%	\$51,629	Wages for therapist

18. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?): The Crime Commission supportive funds are crucial to this program. Our school partners, who also provide limited funding, often are unable to add additional support as costs for all services rise. We, as a program are continually in search of grants and other funding opportunities to assist in the continuation of our services.

19. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less): The Family Service Behavioral Health Program provides school-based therapy, serving youth and families. Through Evidence-Based practices, we address mental and behavioral needs to help youth be successful at school, at home and in the community. Early intervention allows us to reach youth before behaviors escalate and more intensive services are needed.

20. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less): Youth are in crisis and presenting with serious behavioral health issues including trauma, use of drugs and alcohol, and other at-risk behaviors. Truancy is high among youth with behavioral health needs. Youth are scoring high on the NYS in the areas of low parent engagement and high leisure and recreation time. Data from the 2021 NRPFFS regarding Violence, Bullying and Mental Health; all grades reported occurrences of bullying with a rate exceeding 45%, physical bullying was highest among 8th graders at 70%. Verbal bullying was greatest among 8th graders at 70%, socially bullying was highest among 8th graders at 70%. 8th graders experienced the highest rate of loss of sleep at 34%, 12th graders experienced the highest rate of feeling depressed at 45%, 8th graders had the highest rate of inflicted self-harm at 45% as well as the highest rate for considered or attempting suicide at 36%. 12th graders had a rate of 15% of dating violence.

21. Is the issue above a stated issue in the comprehensive juvenile services plan? Yes No
Provide page number in community plan where this issue is referenced? Page 7

22. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured? The intended impact of our behavioral health program is to teach youth healthy coping mechanisms, and resiliency by building on protective factors and personal strengths. Strength-based individual and group therapy is utilized to treat trauma, anxiety, and/or depression which has led to criminogenic behavior. Through building rapport, psychoeducation and teaching of healthy coping skills and techniques, we try to assist youth in eliminating their drug and/or alcohol use. In addition, by addressing trauma, anxiety, and depression we can get to the root causes of why youth are absent from school. We continually work to engage parents in the therapeutic process. As part of this, we focus on the

parent-child relationship and engagement. Measurement of program impact is measured by: 1) goal attainment measured at closure by the number of goals met as indicated on a treatment plan 2) pre and post Likert indicates the level of behavior displayed by the youth in the school and home setting 3) satisfaction survey completed twice a year (November and April) to measure the level of youth satisfaction with therapy services in addition to increased functioning and improvement in noted areas of concern, for example, decreased anxiety, increased attendance, decreased negative externalizing behaviors.

23. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:

	Agency Name	Description of Coordination
1	Blue Valley	Referrals and collaboration of care
2	Six Pence	We are exploring the ability to provide and receive referrals and collaboration of care
3	Public Health Solutions	Coordination of care, referral option
4		
5		

24. Describe how the proposed program or service will operate from beginning to end:

- a. What agency(s) will implement this program: Family Services Lincoln
- b. Age, Gender, and Race/Ethnicity targeted by this program: This program focuses on youth between the ages of 11-18 and is open equally to all.
- c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc. A prompt for referral could be related to a professional seeing a change in a student's behavior. This behavior change can range from a drop in grades, to truancy, defiance, or opposition. Another prompt for referral can be related to a change in emotions or behaviors such as a student isolating, not participating in school or social events or making comments about not wanting to live. Referrals are primarily made through our partnership with Crete Public Schools. The referrals can be made by teachers, parents, administrators, school counselors or other school personnel. Parents are contacted to complete intake within two weeks of receipt of the referral. Interventions: Family Service's behavioral health program is strength based. At intake, we assess strengths in the client both through personal identification, parent information and collateral or referral source input. We rely on the youth's natural strengths and abilities to build rapport, motivate the client, and engage interest in therapy. Individual therapy fosters, encourages and advocates for youth to pursue, enhance and rely on their strengths to overcome challenges, increasing independence and pro-social engagement. Therapeutic modalities are utilized to treat underlying mental health condition affecting behavior
- d. Do all referrals get accepted? Yes No If no, explain: Referrals not meeting criteria for community-based juvenile services aid (i.e., are not displaying at risk behaviors and/or not at risk of being involved in the juvenile justice system) will not be served through this program
- e. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs: Youth are required to have at least one criminogenic factor that puts them at risk of juvenile delinquency per the RFA. The process used to determine the appropriateness of the program includes risks noted on the referral form our partnering schools. Further assessments are completed during intake to determine the level of interventions and services needed. If it is determined the student needs this service to be successful and improve mental, behavioral and/or attendance goals, the student is approved and will begin services provided the parent and youth agree to participate in the intake and treatment process. IF the student is not approved due to not meeting criteria, the family and school will be connected to other resources. Screening and assessment tools consist of our referral form, intake history, pre-treatment assessment, mental status exam, strengths, and difficulties questionnaire (SDQ) and other client specific assessments as needed.
- f. What is the maximum capacity of youth this program can serve at one time? 24
- g. How many youths are anticipated to be served by this program during the project period: 30

<p>h. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides): Family Service Lincoln’s behavioral health therapy services are provided within school setting to assist students and families in dealing with situations that impact the students’ behaviors and relationships at school and home. Individual and family therapy is offered to address concerns around mental and behavioral health needs. Individual and family therapy services address areas such as depression, anxiety, trauma, anger management, conflict resolution, relationship building, drug and/or alcohol use, life transitions, and self-esteem. By addressing their mental and emotional needs, students can focus more on school and be successful. Through our collaboration with schools, we provide a comprehensive approach to meet the needs of the families. Therapists engage parents in the therapeutic process through family sessions. We teach parents the skills needed to address their youth’s behaviors while strengthening their relationship. We can help youth who may be growing up in an unhealthy environment, learn the skills to survive and thrive. Our preventative focus allows us to provide services to youth and families before they become involved with the juvenile justice system, thus, saving the family emotional, mental, and financial hardship.</p>
<p>i. Are you utilizing evidence-based, promising, or research-based practices and/or programming? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No If yes, provide specific examples. Do not just cite research articles: Family Service has certified therapists in trauma-focused cognitive behavioral therapy. Through this work, they are following a specific workbook that consists of indemnifying trauma, relaxation techniques, and trauma narrative. Many therapists learned other evidence and research-based practices while in graduate school. Some of the most common are cognitive behavioral therapy, teaching clients how thought, emotions and behaviors are interrelated and methods of emotional regulation, solution-focused therapy, sessions focus on the solution, not the problem and dialectic behavioral informed therapy (DBT) focuses on acknowledging and validating client emotion in addition to pushing to change unwanted behavior. DBT focuses on emotional regulation, distress tolerance and radical acceptance. Collaborative assessment and management of suicidality (CAMS) is utilized to treat and manage suicidal ideation and behavior. Services are provided at both middle and high school levels. Therapists determine which practice will be most effective in working with youth, considering their level of development, and understanding.</p>
<p>j. What practice-based programming are you utilizing that is working in your community and what positive results have you seen? Our program provides school-based, individual and group therapy services to youth within the Crete community. Therapists utilize the above-mentioned evidence-based practices in treatment. In the last year, 100% of clients discharged did so successfully, having met treatment goals and maintained or decreased negative behaviors. The April 2023 programmatic client satisfaction survey results showed 80% of respondents agreed or strongly agreed they were better at handling daily life and 97% reported feeling they had someone to talk to when needed.</p>
<p>k. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? Youth are discharged from the program after successful completion, i.e., meeting or partially meeting treatment goals. Termination occurs when a youth moves away from the program area, stops attending, or is referred to a higher level of care.</p>
<p>l. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: As an agency we collaborate with individuals from all cultures and diverse populations. Our program provides bilingual services when possible. We provide strengths-based, preventative care to build the resilience of our client population within their communities. Each evidence-based practice is adapted to honor and preserve cultural differences. Therapists encourage youth and families to openly share their own cultural values and beliefs. Therapists participate in cultural and diversity training. In addition, therapists are encouraged to research varied cultural perspectives and check in with their clients to ensure understanding and welcoming of new information. Therapists work collaboratively with each other and resources in the community to enhance learning and understanding of community assets.</p>
<p>m. Is there a cost to youth and/or families to participate in this program or service? <input type="checkbox"/>Yes <input type="checkbox"/>NoX Amount: \$ If yes, explain what steps are taken to ensure costs are not a barrier to program participation:</p>
<p>n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery. Clients are invited to provide session feedback on a regular basis. Twice a year, client satisfaction surveys are collected. These surveys are sent to parents of children ages 5-12 and directly to adolescents receiving services. Survey feedback is utilized to enhance training and address areas of improvement within our program. Specific feedback for individual therapist is provided in supervision to strengthen the therapists’ skills.</p>

o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? Yes No

If yes, describe: We evaluate our program regularly based on client outcomes such as goal attainment, a decrease in risk and criminogenic factors and an increase in protective factors as noted by assessment information, collateral information, and ongoing client feedback in addition to client satisfaction surveys collected twice a year.

25. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth: The behavioral health program addresses the following risks and criminogenic behaviors: drug/alcohol use, anxiety/depression, mental health disorders, sensation seeking, lack of concern for others, previous victimization, truancy, low achievement, low attachment, deviant peer groups. Individual and group therapy is provided to engage, acknowledge, and validate client life experiences. Using evidence-based curriculum and practices, therapists can address the various risks and behaviors. Therapists collaborate with youth, families, and school to build on strengths and teach problem solving skills, to encourage school engagement through consistent attendance, teacher-student relationships, positive classroom behavior and high academic standards. Therapists work with clients to teach skills and techniques to increase personal drive/self-esteem, positive coping skills, self-regulation/impulse control and promote positive mental, physical, and emotional health. By individual and group engagement, therapists work to teach youth skills, allowing them to navigate and cope with challenging life events. These skills can impact youth to become successful adults in the community. By teaching students' skills and strategies early on, they can learn to cope with life difficulties. Our therapists demonstrate unconditional positive regard by providing a safe, caring, and supportive environment for youth where they can share without being judged. Youth build trusting relationships with our therapists and know we are here to help them. Youth also gain knowledge and skills in addressing their mental health needs. Youth learn how to manage their anxiety, depression and/or anger through addressing their cognitive distortions and learning coping skills. For example, by addressing a youth's anxiety, the youth improve their attendance, homework completion, overall physical health, and relationships with school personnel.

26. *If the program currently operates, regardless of funding source:*

a. How long has this program been operating? 3 years

b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: The program's effectiveness is demonstrated through successful goal completion, client self-reports and discharges with a decrease in or maintenance of problem related behaviors. In this past grant year, 14 clients were successfully discharged from this program, having met treatment goals and all had a decrease in problematic behaviors as rated on the Likert Scale.

c. How does this program continue to address the above stated need in the community and why is continued funding necessary? Continued funding is necessary to support the community need for youth behavioral health services to address truancy concerns, high suicide risk at both middle and high schools, ongoing behavioral issues in general, and the long waiting lists to receive mental health care (as reported by partnering schools). Many of our school partners who provide limited funding are struggling and unable to provide additional support as costs for services rise. The program continually seeks grants and other funding opportunities to help continue the service. The behavioral health program at Family Service Lincoln fills a need in the community by being in schools and providing services to families who may not qualify for financial coverage through Medicaid and/or cannot afford third-party insurance. Our licensed staff members meet with youth at their school, which is a natural and familiar environment. Providing services in the schools reduces stress or conflict for parents who would otherwise have to leave their employment to transport their child to appointments. Working within the school setting allows for consistent attendance to therapy sessions and decreased the rate of no shows or late cancellations.

REFER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS

SECTION III: BUDGET

Budget Summary

Category	Requested Amount
Personnel (County/Tribe)	\$
Travel (County/Tribe)	\$ 343.00
Operating Expenses (County/Tribe)	\$ 1,131.00
Contract Fee for Service (County/Tribe)	\$ 22,244.00
Sub-Awards Total	\$ 29,625.00
TOTAL AMOUNT REQUESTED	\$ 53,343.00

Budget Requirements	
<p>All budget requests must be allowable, cost effective, and necessary for project activities. All requests must comply with the following:</p>	
DIRECT	All costs must be direct expenses. No indirect organizational costs may be requested.
ALLOCABLE	Costs can be allocated to the grant to the extent they support grant funded activities. Grant funds cannot provide general support to the operations/programs of the organization receiving funding.
ACTUAL	Only actual expenses may be charged to the grant. Charges cannot be based upon budgeted or estimated amounts. EXAMPLE: The project budget anticipates the portion of the project coordinator's time spent on the grant funded activity will be 10% or 4 hours/week. The actual weekly time spent fluctuates between 0 hours and 2.5 hours/week. The actual time spent each week and not the budgeted cost is the amount that can be charged to the grant and time sheets must justify the hours.
REASONABLE	A cost is considered reasonable if the nature of and the price paid for the goods or services reflects the action that a practical person would have taken given the circumstances. In determining the reasonableness of a particular cost, the following criteria will be considered: • In accordance with generally accepted accounting principles and business practices • An "arm's length" transaction • Consistent with established practices of the grantee • Consistent with market prices for comparable goods or services in your area.
NECESSARY	All expenses must be necessary to achieve the outcomes of the program. Expenses must be directly related to the program, be necessary to carry out the function of the program or service and must be necessary to effectively meet the program goals and outcomes.

CONTRACTS (COUNTY/TRIBE)

A contract is required for a service to be considered a contract

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service.

Program Title <i>From Program Type Table</i>	Service Type <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	Provider Name	Rate	Number of Occurrences	Amount Requested
Mental Health	School-based Behavioral Health Therapist	Family Service Lincoln	\$40	556 <input checked="" type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$22,244
				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
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				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
CONTRACT FEES TOTAL					\$22,244

REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS

CONTRACTS NARRATIVE

Fill out for each contract listed in the table above

SERVICE TYPE AND PROVIDER NAME: School-Based Behavioral Health Therapist-Family Service Lincoln

1. Describe the service being contracted, including the referral process for youth to participate in the contracted service: School-based behavioral health therapist. The referral could be related to a professional seeing a change in the behavior of a student. This could range from drop in grades, truancy, defiance, or opposition, change in emotions or behaviors such as isolation, not participating in school or social events, or making comments about not wanting to live. Referrals can be made by teachers, administrators, school counselors, parents, or school psychologists
2. Did the county use an application process to determine the provider for this service? Yes No
Explain:
3. Does the County/Tribe currently have a contract in place with the provider? Yes No
4. Describe how the contracted service is **allowable, cost effective, and necessary for project activities**: This is an allowable expense as defined in the RFA, Cost effective for youth/parent as there are no out-of-pocket expenses for the participants. Necessary cost to pay for therapist hourly wage to carry out the program and meet program goals and outcomes.

REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS

Sub-Award Budget Summary

Agency Name	Personnel	Travel	Operating Expenses	Contracts	Requested Amount
Nebraska Extension Saline County		\$343.00	\$1,131	\$29,625	\$31,099
TOTAL AMOUNT REQUESTED					\$31,099

SUB-AWARD NARRATIVE

AGENCY NAME: Nebraska Extension Saline County

1. Does the agency currently receive any Crime Commission grants (state or federal): Yes No
If yes, provide grant number(s): 24-CB-0524
2. Describe agency's current scope of services or operations: (250 words) The roles of specialist, educators and assistants/associates are continuously evolving. While there are distinct responsibilities especially between specialists and educators. Teamwork and communication are significant responsibilities of everyone in this overlapping effort and it is essential to have dialogue among specialists, educators and assistants/associates about their programming goals and accomplishments. Faculty and staff have responsibilities for addressing the growing diversity needs of Nebraskans. While it is expected that specialists assume lead roles in developing curricula, development of curricula is evolving into more of a partnership with educators. Educators are key to the determination of appropriate delivery models because of their familiarity with constituents and are increasingly responsible for teaching locally delivered programs. There will be venues where specialists and educators (and in some cases assistants/associates) will team teach. Assistants/Associates, in their specifically targeted roles will collaborate with their supervising specialist/educator to deliver programs.

REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD OPERATING EXPENSES

All operating expenses must be necessary for program function and directly related to effectively meeting the program goals and outcomes. Operating expenses cannot be overarching expenses of an office, but rather for the program or service only. Pro-rate operating expenses accordingly. All allowable operating expenses will be reviewed on a case-by-case basis.
DO NOT CHANGE OR ADD CATEGORIES

AGENCY NAME: Nebraska Extension Saline County

Program Title: Saline County Youth Diversion	Detailed Budget Breakdown	Amount Requested
Examples: Communication Conference Registration Educational Materials Incentives Postage Transportation for Youth	Verizon Wireless Cellphone \$40/month X 12 months = \$480. NJJA conference \$150 registration x 2 = \$300 3 rd Millennium Classes 65 x \$30/class = \$1963 Sonic 15 @ \$5.00 = \$75 Subway 15 @ \$5.00 = \$75 2 rolls of stamps x \$60/roll = \$120 Gas Vouchers 45 @ \$10.00	
Communication	Cell phone \$43.00/month x 12 months	\$516.00
Conference Registration	NJJA Conference, Kearney, Nebraska	\$175.00
Dues and Subscriptions		
Educational & Program Materials	Alt. to Detention: Alcohol and Drugs workbook \$6.20 ea. X 25=\$155.00, What about Marijuana \$4.50 ea. X 25=\$112.50, Rethink Now :Responsible Choices, \$6.90 ea. X 25=\$172.50	\$440.00
External Fees for Youth		
Food for Youth		
Incentives for Youth		
Postage		
Program Equipment		
Transportation for Youth		
OPERATING EXPENSES TOTAL		\$1,131.00

BUDGET NARRATIVE

1. For each operating expense requested above, explain the following:
 - a. How is each request necessary to meet the goals and outcomes of the program? A cell phone is necessary for the program coordinator to have contact with diversion participants outside of office hours. NJJA conference would give program coordinator the opportunity for new/updated program information around the state and to hear success stories of youth, as well as improve/implement programming that would be beneficial to youth.
 - b. How is each request reasonable and cost effective? Cell phone is cost effective in that program coordinator would reduce the amount of office time on returning voice mails from youth/parent, and anyone who may want more information about the program, would have direct contact with county clerk/court staff, and the county attorney when program coordinator is out of the office. NJJA conference is cost effective as to have training opportunities, and education opportunities in one setting. Program materials are cost effective in that it saves money on having multiple speakers come in to talk about the assorted topics included in materials.
2. If requesting program equipment, provide the following:
 - a. List each item requested and purpose:

b. Purchase date of equipment being replaced:

c. Date and description of most recent program equipment request: 2019, Epson Workforce ES-300W Scanner

d. Include three quotes:

REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD CONTRACTS

A contract is required for a service to be considered a contract

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service.

AGENCY NAME: Nebraska Extension Saline County

Program Title From Program Type Table	Service Type <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	Provider Name	Rate	Number of Occurrences	Amount Requested
Youth Diversion	Contractor	Anita Stougard	\$18.75	1580 <input checked="" type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$29,625
				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
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				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
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				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
CONTRACT FEES TOTAL					\$29,625

REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD CONTRACTS NARRATIVE

Fill out for each contract listed in the table above

SERVICE TYPE AND PROVIDER NAME: Contractor, Anita Stougard

1. Describe the service being contracted, including the referral process for youth to participate in the contracted service: Anita Stougard, Program Coordinator for Saline County Youth Diversion, to implement all aspects of the Youth Diversion program. Referrals come from the County Attorney
2. Did the Agency use an application process to determine the provider for this service? Yes No
Explain: Former Extension Educator was leading this program. This role was outside of the extension guidelines and could no longer be involved. I was asked if I would like to continue as Lead for this program, as I had been assisting with program in the past. Approved by the Board of Commissioners in 2015.
3. Does the Agency currently have a contract in place with the provider? Yes No
4. Describe how the contracted service is **allowable, cost effective, and necessary for project activities**: Allowable as defined in the RFA, cost effective in that there is 1 person handling all aspects of programming, this is a part-time position right now, operating expenses are necessary to carry out all programming and for youth participants to achieve a successful outcome.

REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD TOTAL *Fill out separate total for each Sub-Award*	
AGENCY: Nebraska Extension Saline County	
PERSONNEL FEES	\$0.00
TRAVEL FEES	\$343.00
OPERATING FEES	\$1,131.00
CONTRACT FEES	\$29,625
TOTAL AMOUNT REQUESTED	\$31,099.00

Section IV: Memorandums of Understanding

Counties or tribes applying as a group must submit a current copy of the MOU signed by each participating county board chair or tribal council chair confirming their commitment to the proposed joint project(s) in this application and agreeing to join with the Lead county/tribe. It is preferred that MOU's include the electronic signature of each county or tribe's respective signature. If not possible, a scanned copy will be accepted with the application.

Section V: Electronic Submission

As Lead Project Contact of this grant application, I assure that this electronic PDF submitted to the Nebraska Crime Commission is the final document which will be signed by the Authorized Official. I acknowledge I am required to submit an electronic copy to the Nebraska Crime Commission. The electronic copy must be submitted as a PDF version of the original Microsoft Word document. I acknowledge that a scanned version of the electronic copy will not be accepted.

Anita Stougard

12-8-23

Typed Name of Lead Project Contact

Date

Section VI: Signature

CERTIFICATION

I certify the information in this application is accurate and as the Authorized Official for this project, hereby agree to comply with all provisions of the grant program, requirements outlined in the Request for Application, requirements of the Nebraska Crime Commission, and all other applicable federal and state laws.

I authorize the lead project contact, secondary project contact and financial contact to act on behalf of the Authorized Official for grant management purposes and fulfillment of the grant program.

Note: The Authorized Official must be the County Board Chair or Tribal Council Chair. If more than one county or tribe is participating in the grant application then the signature of the Lead County Board Chair or Tribal Council Chair is required.

Name and Title of Authorized Official: Phil Hardenberger, Chair, Saline County Board of Commissioners

Signature of Authorized Official:

Date: 12-12-23

NEBRASKA CRIME COMMISSION
FY2025 Community-based Juvenile Services Aid
[EB] Application

Nebraska Revised Statute §43-2404.02

Lead County/Tribe:	Saline County	Phone: (402) 821-2150
Address of Applicant:	Address: 306 W. 3 rd Street	
	City: Wilber	State: NE Zip Code: 68465 – 0978
List of Partnering Counties/Tribes:		
Lead Project Contact:	Name: Anita Stougard	
	Title: Program Coordinator	
	Phone: (402) 821-2150	
	Email: astougard2@unl.edu	
	Address: 306 W. 3 rd Street	
Secondary Project Contact: (optional)	City: Wilber	
	State: NE	
	Zip Code: 68465- – 0978	
	Name: David Solheim	
	Title: County Attorney	
Financial Contact:	Phone: (402) 821-2531	
	Email: dsolheim@salinecountyne.gov	
	Address: 204 South High Street	
	City: Wilber	
	State: NE	
Authorized Official:	Zip Code: 68465 – 0713	
	Name: Deb Spanyers	
	Title: Saline County Treasurer	
	Phone: (402) 821-2375	
	Email: salinetreas@diodecom.net	
Authorized Official:	Address: P.O Box 865	
	City: Wilber	
	State: NE	
	Zip Code: 68465 – 0865	
	Name: Phil Hardenberger	
Authorized Official:	Title: Chair, Saline County Board of Commissioners	
	Phone: (402) 821-2502	
	Email: commissioner2@salinecountyne.gov	
	Address: 204 South High Street	
	City: Wilber	
	State: NE	Zip Code: 68465 –

SECTION I: COMMUNITY PLANNING INFORMATION

Comprehensive Juvenile Services Community Plan: REQUIRED FOR FUNDING

This application is accepted only for communities with an approved Comprehensive Juvenile Services Community Plan submitted with the Nebraska Crime Commission. If your community does not have a comprehensive juvenile services plan, please contact the Nebraska Crime Commission.

<p>1. Was the community plan utilized in drafting the grant application to ensure the requests align with and address the priorities outlined in the plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. How do the requests in this application align with the strategies to address the priorities in the community plan? Reducing recidivism, providing services that will help to reduce the likelihood of future offending, reducing system costs, increasing school attendance, increase in conflict resolution, increase in pro-social attitudes and behaviors, increase in decision making skills, increase in development and maintenance of relationships with positive, caring adults</p>
<p>3. Was the community plan reviewed for progress or updates at any other times throughout the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Have changes been made to the community plan since the last submission to the Crime Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:</p>
<p>5. List the current priorities in the community plan:</p> <ul style="list-style-type: none"> a. Support the current juvenile diversion program. b. Maintain a system of school-based mental health services for students. c. Support positive youth development.
<p>6. What steps have been taken towards addressing these priorities? To reach a 75% response to ensure active participation on planning issues. All eligible youth are referred to the diversion program directly from the county attorney now, reducing the entry rate into the juvenile justice system. Therapy services provided directly in the school eliminates family barriers due to insurance, cost, and transportation issues, and/or time for therapy</p>
<p>7. How is the community team evaluating progress with the needs and priorities in the community plan? Updates on data for all programs, done at team meetings</p>
<p>8. Do changes need to be made to the community plan regarding any priority, including adding new priorities, to align with the requests in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:</p> <p><i>If yes, please submit a community plan addendum adding the new priority(s).</i></p>
<p>9. Did the community team vote and approve the requests in this application: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <ul style="list-style-type: none"> a. If no, how was this decision made: Program coordinator made the application. Unable to have team meetings due to medical reasons and being out of office b. Provide the meeting date and agenda when the application was approved: program coordinator approved application agenda on 12-8-23
<p>*REFER TO PAGE 10 OF THE RFA FOR INSTRUCTIONS*</p>

PROGRAM NARRATIVE

Fill out separately for each program or service listed in the Program Type Table

PROGRAM TITLE: School-based Behavioral Health Therapist

1. If awarded, these funds will (check only one):
- Create a new service/activity.
 - Enhance an existing program funded by the grant.
 - Continue an existing program funded by the grant.
 - Expand, continue, or enhance an existing project not funded under the grant in the previous year

2. Briefly describe the need for additional funding that is not being met in the [CB] request: The impact of a full-time therapist on the school community will increase the availability of increased therapeutic hours and reduce the waiting list for services.

3. If you were to receive a partial award for this project, how would you prioritize the funds? All funds requested for therapist will go towards the therapist wages

4. What allowable program type request on page 5 of the Request for Application does this program fall under:
Treatment Services

5. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding: Yes No
If yes, provide grant number(s): 24-CB-0524

6. Provide all funding sources and amounts currently contributing to the proposed **project**. The percentage of total column should equal 100%. See RFA page 11 for example:

Funding Source	% of Total	Dollar Amount	How is it used?
24-CB-0524	100%	\$51,629	Therapist wages

7. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?): The Crime Commission's supportive funds are crucial to this program. Our school partners who also provide limited funding often are unable to add additional support as costs for all services rise. We, as a program, are continually in search of grants and other funding opportunities to assist us in the continuation of our services.

8. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less): The Family Service Behavioral Health Program provides school-based therapy, serving youth and families. Through Evidence-Based practices, we address mental and behavioral needs to help youth be successful at school, at home, and in the community. Early intervention allows us to reach youth before behaviors escalate and more intensive services are needed.

9. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less): Youth are in crisis and presenting with serious behavioral health issues including trauma, use of drugs and alcohol, and other at-risk behaviors. Truancy is high among youth with behavioral health needs. Youth are scoring high on the NYS in the areas of low parent engagement and high leisure and recreation time. Data from the 2021 NRPFS regarding Violence, Bullying and Mental Health; all grades reported occurrences of bullying with a rate exceeding 45%, physical bullying was highest among 8th graders at 70%, Verbal bullying was greatest among 8th graders at 70%, socially bullying was highest among 8th graders at 70%. 8th graders experienced the high rate of lost sleep at 34%, 12th graders experienced the highest rate of feeling depressed at 45%, 8th graders had the highest rate of inflicted self-harm at 45%, as well as the highest rate for considered or attempting suicide at 36%.

10. Is the issue above a stated issue in the comprehensive juvenile services plan? Yes No
Provide page number in community plan where this issue is referenced? Page 7

11. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured? The intended impact of our behavioral health program is to teach youth healthy coping mechanisms, and resiliency by building on protective factors and personal strengths. Strength-based individual and group therapy is utilized

to treat trauma, anxiety, and/or depression which has led to criminogenic behavior. Through building rapport, psychoeducation, and teaching of healthy copy skills and techniques, we try to assist youth in eliminating their drug and/or alcohol use. In addition, by addressing trauma, anxiety and depression, we can get to the root causes of why youth are absent from school. We continually work to engage parents in the therapeutic process. As part of tis, we can focus on the parent-child relationship and engagement. Measurement of program impact is measured by 1) goal attainment-measured at closure by the number of goals met as indicated on a Treatment Plan, 2) pre and post Likert indicates the level of behavior displayed by the youth in the school and home settings, and 3) satisfaction survey completed twice a year (November and April) to measure the level of youth satisfaction with therapy services in addition to increased functioning and improvement in noted areas of concern, for example, decreased anxiety, increased attendance, decreased negative externalizing behaviors.

12. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:

	Agency Name	Description of Coordination
1	Blue Valley	Referrals and collaboration of care
2	Six Pence	We are exploring the ability to provide and receive referrals and collaboration of care
3	Public Health Solutions	Coordination of care, referral options

13. Describe how the proposed program or service will operate from beginning to end:

- a. What agency(s) will implement this program: Family Service Lincoln
- b. Age, Gender, and Race/Ethnicity targeted by this program: This program focuses on youth between the ages of 11-18 and is open equally to all.
- c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc. A prompt for referral could be related to a professional seeing a change in a student’s behavior. This behavior change can range from a drop in grades, to truancy, defiance, or opposition. Another prompt for referral can be related to a change in emotions or behaviors such as a student isolating, not participating in school or social events or making comments about not wanting to live. Referrals are primarily made through our partnership with Crete Public Schools. The referrals can be made by teachers, parents, administrators, school counselors, or other school personnel. Parents are contacted to complete intake within two weeks of receipt of the referral. Interventions: Family Service’s behavioral health program is strength based. At intake, we assess strengths in the client both through personal identification, parent information, and collateral or referral source input. We rely on the youth’s natural strengths and abilities to build rapport, motivate the client, and engage interest in therapy. Individual therapy fosters, encourages and advocates for youth to pursue, enhance and rely on their strengths to overcome challenges, increasing independence and pro-social engagement. Therapeutic modalities are utilized to treat underlying mental health conditions affecting behavior.
- d. Do all referrals get accepted? Yes No If no, explain: Referrals not meeting criteria for Community-based Juvenile Services Aid (i.e., are not displaying at risk behaviors and/or not at risk of being involved in the juvenile justice system) will not be served through this program.
- e. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs: Youth are required to have at least one criminogenic factor that puts them at risk of juvenile delinquency per the RFA. The process used to determine the appropriateness of the program includes risks noted on the referral from our partnering schools. Further assessments are completed during intake to determine the level of interventions and services needed. If it is determined the student needs this service to be successful and improve mental, behavioral and/or attendance goals, the student is approved and will begin services provided the parent and youth agree to participate in the intake and treatment process. If the student is not approved due to not meeting criteria, the family and school will be connected to other resources. Screening and assessments tools consist of our Referral Form, Intake History, Pre-Treatment Assessment, Mental Status Exam, Strengths, and Difficulties Questionnaire (SDQ) and other client specific assessments as needed.
- f. What is the maximum capacity of youth this program can serve at one time? 24

g. How many youths are anticipated to be served by this program during the project period: 30
h. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides): Family Service Lincoln's behavioral health therapy services are provided within school setting to assist students and families in dealing with situations that impact the students' behaviors and relationships at school and home. Individual and family therapy is offered to address concerns around mental and behavioral health needs. Individual and family therapy services address areas such as depression, anxiety, trauma, anger management, conflict resolution, relationship building, drug and/or alcohol use, life transitions, and self-esteem. By addressing their mental and emotional needs, students can focus more on school and be successful. Through our collaboration with schools, we provide a comprehensive approach to meet the needs of the families. Therapists engage parents in the therapeutic process thorough family sessions. We teach parents the skills needed to address their youth's behaviors while strengthening their relationship. We can help youth who may be growing up in an unhealth environment, learn the skills to survive and thrive. Our preventative focus allows us to provide services to youth and families before they become involved with the juvenile justice system; thus, saving the family emotional, menta, and financial hardship.
i. Are you utilizing evidence-based, promising, or research-based practices and/or programming? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide specific examples. Do not just cite research articles: Family service has certified therapists in Trauma-Focused Cognitive Behavioral Therapy. Through this work, they are following a specific workbook that consists of indemnifying trauma, relaxation techniques, and trauma narrative. Many therapists learned other evidence and research-based practices while in graduate school. Som of the most common are Cognitive Behavioral therapy, teaching clients how thoughts, emotions and behaviors are interrelated and methods of emotional regulation, Solution-Focused therapy, sessions focus on the solution, not the problem and Dialectic Behavioral Informed Therapy (DBT) focuses on acknowledging and validating client emotion in addition to pushing to change unwanted behavior. DBT focuses on emotional regulation, distress tolerance and radical acceptance. Collaborative Assessment and Management of Suicidality (CAMS) is utilized to treat and manage suicidal ideation and behavior. Services are provided at both middle and high school levels. Therapists determine which practice will be most effective in working with youth, considering their level of development, and understanding.
j. What practice-based programming are you utilizing that is working in your community and what positive results have you seen? Our program provides school-based, individual and group therapy services to youth within the Crete Community. Therapists utilize the above-mentioned evidence-based practices in treatment. In the last year, 100% of clients discharged did so successfully, having met treatment goals and maintained or decreased negative behaviors. The April 2023 programmatic client satisfaction survey results showed 80% of respondents agreed or strongly agreed they were better at handling daily life and 97% reported feeling they had someone to talk to when needed.
k. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? Youth are discharged from the program after successful completion, i.e.' meeting or partially meeting treatment goals. Termination occurs when a youth moves away from the program area, stops attending, or is referred to a higher level of care.
l. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: As an agency we work with individuals from all cultures and diverse populations. Our program provides bilingual services when possible. We provide strengths-based, preventative care to build the resilience of our client population within their communities. Each evidence-based practice is adapted to honor and preserve cultural differences. Therapists encourage youth and families to openly share their own cultural values and beliefs. Therapists participate in cultural and diversity training. In addition, therapists are encouraged to research varied cultural perspectives and check in with their clients to ensure understanding and welcoming of new information. Therapists work collaboratively with each other and resources in the community to enhance learning and understanding of community assets.
m. Is there a cost to youth and/or families to participate in this program or service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Amount: \$ If yes, explain what steps are taken to ensure costs are not a barrier to program participation:
n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery. Clients are invited to provide session feedback on a regular basis. Twice a year, client satisfaction surveys are collected. These surveys are sent to parents of children ages 5-12 and directly to adolescents receiving services. Survey feedback is utilized to enhance training and address areas of improvement

within our program. Specific feedback for individual therapists is provided in supervision to strengthen the therapist's skills.

- o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? Yes No

If yes, describe: We evaluate our program regularly based on client outcomes such as goal attainment, a decrease in risk and criminogenic factors and an increase in protective factors as noted by assessment information, collateral information, and ongoing client feedback in addition to client satisfaction surveys collected twice a year

14. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth: The Behavioral Health Program addresses the following risks and criminogenic behaviors: Drug/alcohol use, anxiety/depression, mental health disorder(s), sensation seeking, lack of concern for others, previous victimization, truancy, low achievement, low attachment, deviant peer groups. Individual and group therapy is provided to engage, acknowledge, and validate client life experiences. Using evidence-based curriculum and practices, therapists can address the various risks and behaviors. Therapists collaborate with youth, families, and school to build on strengths and teach problem solving skills, to encourage school engagement through consistent attendance, teach-student relationships, positive classroom behavior and high academic standards. Therapists work with clients to teach skills and techniques to increase personal drive/self-esteem, positive coping skills, self-regulation/impulse control and promote positive mental, physical, and emotional health. By individual and group engagement, therapists work to teach youth skills, allowing them to navigate and cope with challenging life events. These skills can impact youth to become successful adults in the community. By teaching students' skills and strategies early on, they can learn to cope with life difficulties. Our therapists demonstrate unconditional positive regard by providing a safe, caring, and supportive environment for youth where they can share without being judged. Youth build trusting relationships with our therapists and know we are here to help them. Youth also gain knowledge and skills in addressing their mental health needs. Youth learn how to manage their anxiety, depression and/or anger through addressing their cognitive distortions and learning coping skills. For example, by addressing a youth's anxiety, the youth improve their attendance, homework completion, overall physical health, and relationships with school personnel.

15. *If the program currently operates, regardless of funding source:*

a. How long has this program been operating? 3 years

b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: The program's effectiveness is demonstrated through successful goal completion, client self-reports and discharges with a decrease in or maintenance of problem related behaviors. In this past grant year, 14 clients were successfully discharged from this program, having met treatment goals and all had a decrease in problematic behaviors as rated on the Likert Scale.

c. How does this program continue to address the above stated need in the community and why is continued funding necessary? Continued funding is necessary to support the community need for youth behavioral health services to address truancy concerns, high suicide risk at both middle and high schools, ongoing behavioral issues in general, and the long waiting lists to receive mental health care (as reported by partnering schools). Many of our school partners who provide limited funding are struggling and unable to provide additional support as costs for services rise. The program continually seeks grants and other funding opportunities to help continue the service. The Behavioral Health Program at Family Service Lincoln fills a need in the community by being in schools and providing services to families who may not qualify for financial coverage through Medicaid and/or cannot afford third-party insurance. Our licensed staff members meet with youth at their school, which is a natural and familiar environment. Providing services in the schools reduces stress or conflict for parents who would otherwise have to leave their employment to transport their child to appointments. Working within the school setting allows for consistent attendance to therapy sessions and decreased the rate of "no-shows" or late cancellations.

REFER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS

PROGRAM NARRATIVE

Fill out separately for each program or service listed in the Program Type Table

PROGRAM TITLE: Saline County Youth Diversion

16. If awarded, these funds will (check only one):

- Create a new service/activity.
- Enhance an existing program funded by the grant.
- Continue an existing program funded by the grant.
- Expand, continue, or enhance an existing project not funded under the grant in the previous year

17. Briefly describe the need for additional funding that is not being met in the [CB] request: This program has received more referrals than in previous years and is requiring more hours to make sure the quality of programming stays intact.

18. If you were to receive a partial award for this project, how would you prioritize the funds? Funding requested for this program would be used for program coordinator wages.

19. What allowable program type request on page 5 of the Request for Application does this program fall under:
Diversion

20. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding: Yes No
If yes, provide grant number(s): 24-CB-0524

21. Provide all funding sources and amounts currently contributing to the proposed **project**. The percentage of total column should equal 100%. See RFA page 11 for example:

Funding Source	% of Total	Dollar Amount	How is it used?
24-CB-0524	100%	\$30,380	Wages for coordinator, travel expenses, operating expenses, and educational materials

22. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?): Cost savings to the county is about \$500/youth enrolled in the program. If the program is not funded it could not continue to be effective, as all grant funds are used to pay for wages, program materials and continued training opportunities for program coordinator. FY23 saw a \$7,500 cost savings to the county for youth who completed the program.

23. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less): The Saline County Youth Diversion Program was established to prevent youth offenders ranging in age from 11-18 years, of certain crimes from going through the court system. This benefits the offender in that he/she does not have a conviction for the offense on their record once they successfully complete the program. Provides youth an opportunity to work together through guided activities that will teach life skills and improve interpersonal relationships as well as promote alcohol and other drug prevention/awareness, encourage positive coping mechanisms for boredom, frustration and low self-esteem, practice individual decision making skills for self, family, and community, identify areas of personal value, conflict and confusion, identify strengths of the individual through communication, problem solving, responsibility and family interaction.

24. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less): Data from the FY21 NRPFS show illegal substance use/abuse and underage drinking are concerns in our community. 12th graders report marijuana uses at higher rates in Saline County compared to state rates, as well as electronic vapor use. All grades are reporting lower than state averages for alcohol but seeing an increase in tobacco use higher than the state among 8th graders. All grades are seeing a higher than state rates when it comes to electronic vapor use. The relative ease of alcohol and tobacco procurement and permissive attitudes toward alcohol by some adults/parents contribute to the use of alcohol by juveniles. Arrests with the "all other offenses" category have seen a decrease for all age groups in Saline County. In March 2022, when talking with the Crete

High School Principal, he indicated that here is a problem with students having electronic vaping device containing either nicotine or THC on school grounds.

25. Is the issue above a stated issue in the comprehensive juvenile services plan? Yes No
Provide page number in community plan where this issue is referenced? Page 6

26. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured? The resulting value of the Saline County Youth Diversion Program allows the involved youth and their parent(s)/guardian to learn from the mistakes made and prevents an otherwise single mistake to negatively impact their future. Youth can avoid traveling through the juvenile justice system for their first-time offense. Youth enrolling in the program and successfully completing, saves the county approximately \$500 per youth enrolled thus allowing the courts to focus on more serious arrests. Currently working on obtaining recidivism rates of youth who have been in the program in past years. FY23 there were 21 referrals: 3 unsuccessful, 3 did not enroll and 15 completed successfully with an average program completion time of 74 days.

27. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:

	Agency Name	Description of Coordination
1		Not aware of any others
2		
3		
4		
5		

28. Describe how the proposed program or service will operate from beginning to end:

- a. What agency(s) will implement this program: Nebraska Extension Saline County
- b. Age, Gender, and Race/Ethnicity targeted by this program: 11-18 years of age, all gender, race/ethnicity, all inclusive
- c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc. All eligible referrals come directly from the County Attorney. A letter is sent to parent(s)/guardian and youth informing them of their eligibility to the program. The letter also lets them know that if they are interested in enrolling into the program, they have 10 days from the date of the letter to contact the program coordinator. If they contact the program coordinator, an intake appointment is set to go over all requirements of the program and fill out appropriate paperwork. Assessment (NSAT) is also done with youth to assess their risks and needs which allows for a tailored program. If no contact is made to enroll, the County Attorney's office is notified, and a petition is then filed.
- d. Do all referrals get accepted? Yes No If no, explain: If youth is over 18, or under age 11 they are not eligible for the program. The County Attorney will only refer youth to the program who meet eligibility requirements. Eligibility is not automatically denied due to prior offenses or participation in another diversion program. If a youth scores as high risk on the NSAT, they would not be eligible. Currently the program does not take high-risk youth.
- e. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs: The NSAT is administered to all youth. If their score indicates that they are high-risk, they would be referred back to the County Attorney. Currently our program does not take high-risk youth. Each youth enrolled has program requirements tailored to their risk and needs.
- f. What is the maximum capacity of youth this program can serve at one time? There is no maximum number we can serve.
- g. How many youths are anticipated to be served by this program during the project period: 25
- h. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides): Journaling in 1 or more workbooks depending on individual needs/risks, 4-8-hour personal class time, community service of 10-20 hours required, again based on each individual youth. The diversion program is a 90-day program. Flexibility is given to ensure successful completion, but most youth enrolled complete in 90 days or less. Average completion time for FY23 was 74 days.

<p>i. Are you utilizing evidence-based, promising, or research-based practices and/or programming? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No If yes, provide specific examples. Do not just cite research articles: NSAT to determine level of risk as well as needs., evidence-based curriculum from The Change Companies. Workbooks used are: What about Marijuana?, Re-Think Now-Responsible Choices, Alternatives Youth Diversion Education Program which is addresses alcohol and drugs. A 4–8-hour educational class tailored to individual participant risks and needs, taking into account participants input and cultural considerations.</p>
<p>j. What practice-based programming are you utilizing that is working in your community and what positive results have you seen? In-person interactions. All educational classes are done on an in-person basis. No electronic devices are allowed during classes, thus allowing minimization of misconduct that could be the result of texting or email. All correspondence to participants and parents is done via text, email, or phone calls using the programs designated phone number. There is no interaction with program participants through any personal accounts on social media platforms. All texts from participants is saved until youth complete the program. All email correspondence is printed and put in the participants file, whether it be to/from program coordinator, participant and/or parent. Any email correspondence from the county attorney’s office regarding participating youths’ is also printed and put in the participant file. Clear parameters such as acceptable behavior, and consequences for failure to abide by the requirements of the program are shared with youth and parents/guardian, during the intake process. All required paperwork must have a signature from the participant and parent/guardian and dated as well.</p>
<p>k. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? Successful completion of all requirements means youth met 100% of requirements, completion means youth completed 85% of requirements and termination would occur if youth receive another citation while in the program, or if they voluntarily leave or did not complete any requirements within the 90-day period. If youth are terminated or voluntarily leave the program, notification is sent to the county attorney for filing of a petition. Successful completion/completion is also sent to county attorney for dismissal of charges.</p>
<p>l. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: The program will reach any youth ages 11-18 who has an eligible offense, and meets the eligibility requirements regardless of race, ethnicity, gender, or income. All-inclusive program.</p>
<p>m. Is there a cost to youth and/or families to participate in this program or service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/>No Amount: \$150.00 If yes, explain what steps are taken to ensure costs are not a barrier to program participation: Fee can be on a sliding scale or completely waived. The use of the USDA free and reduced lunch income eligibility is used to reduce or waive fee and is considered after the state statistics form is filled out. Regardless of ability to pay, cost is never a factor for participation.</p>
<p>n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery. A general questionnaire is being designed for participants to give feedback about all aspects of programming. This will give program coordinator better insight as to what needs to improve or be added to programming to make it more successful for participants.</p>
<p>o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No If yes, describe:</p>
<p>29. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth: Using the NSAT to assess youths’ risks and needs. Through journaling workbooks, youth will be able to implement positive coping skills, learn how to have better use of time, healthy/positive peer relationships. Through the use of the educational materials, youth will be able to better understand how to challenge their own thinking to stop negative thoughts, increase communication skills, better understanding of decision-making process, improved goal setting ability, build and establish positive relationships in their family and community, increased knowledge of substance uses and responsibility. Community service will help them to increase their pro-social behavior in their community.</p>
<p>30. <i>If the program currently operates, regardless of funding source:</i></p>
<p>a. How long has this program been operating? Since 2008, however program coordinator became involved in 2015</p>

- b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: All youth who meet eligibility requirements are referred directly from the County Attorney. Eligible youth are enrolling in the program at a higher rate than before.
- c. How does this program continue to address the above stated need in the community and why is continued funding necessary? Reaching all eligible youth through direct referral from the County Attorney has increased enrollments by 300% over previous years. FY23 had an 86% successful completion rate. 3 youth did not enroll and 3 were dropped from the program due to additional violations or not fulfilling any requirements. This program is a crucial benefit for the community and without funding it could not operate.

REFER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS

SECTION III: BUDGET

Budget Summary

Category	Requested Amount
Personnel (County/Tribe)	
Travel (County/Tribe)	
Operating Expenses (County/Tribe)	
Contract Fee for Service (County/Tribe)	\$ 28,216.00
Sub-Awards Total	\$9,375.00
TOTAL AMOUNT REQUESTED	\$ 37,591.00

Budget Requirements	
<p>All budget requests must be allowable, cost effective, and necessary for project activities. All requests must comply with the following:</p>	
DIRECT	All costs must be direct expenses. No indirect organizational costs may be requested.
ALLOCABLE	Costs can be allocated to the grant to the extent they support grant funded activities. Grant funds cannot provide general support to the operations/programs of the organization receiving funding.
ACTUAL	Only actual expenses may be charged to the grant. Charges cannot be based upon budgeted or estimated amounts. EXAMPLE: The project budget anticipates the portion of the project coordinator's time spent on the grant funded activity will be 10% or 4 hours/week. The actual weekly time spent fluctuates between 0 hours and 2.5 hours/week. The actual time spent each week and not the budgeted cost is the amount that can be charged to the grant and time sheets must justify the hours.
REASONABLE	A cost is considered reasonable if the nature of and the price paid for the goods or services reflects the action that a practical person would have taken given the circumstances. In determining the reasonableness of a particular cost, the following criteria will be considered: • In accordance with generally accepted accounting principles and business practices • An "arm's length" transaction • Consistent with established practices of the grantee • Consistent with market prices for comparable goods or services in your area.
NECESSARY	All expenses must be necessary to achieve the outcomes of the program. Expenses must be directly related to the program, be necessary to carry out the function of the program or service and must be necessary to effectively meet the program goals and outcomes.

CONTRACTS (COUNTY/TRIBE)

A contract is required for a service to be considered a contract

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service.

Program Title <i>From Program Type Table</i>	Service Type <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	Provider Name	Rate	Number of Occurrences	Amount Requested
Mental Health	School-Based Behavioral Health Therapist	Family Service Lincoln	\$40	705	\$28,216
				<input checked="" type="checkbox"/> Hrs. <input type="checkbox"/> Days	
				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
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				<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	
CONTRACT FEES TOTAL					\$28,216

REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS

CONTRACTS NARRATIVE

Fill out for each contract listed in the table above

SERVICE TYPE AND PROVIDER NAME: School-based Behavioral Health Therapist, Family Service Lincoln

1. Describe the service being contracted, including the referral process for youth to participate in the contracted service: School-based behavioral health therapist. The referral could be related to a professional seeing a change in the behavior of a student. This could range from drop in grades, truancy, defiance, opposition, change in emotions or behaviors such as isolation, not participating in school or social events, or making comments about not wanting to live. Referrals can be made by teachers, administrators, school counselors, parents, or school psychologists.
2. Did the county use an application process to determine the provider for this service? Yes No
Explain: Family Service Lincoln was referred to diversion program coordinator from another county who uses their services. Contract was then approved by the Saline County Board of Commissioners.
3. Does the County/Tribe currently have a contract in place with the provider? Yes No
4. Describe how the contracted service is **allowable, cost effective, and necessary for project activities**: This is an allowable expense as defined in the RFA, Cost effective for youth/parent as there is no out-of-pocket expenses for the participants. Necessary cost to pay for therapist hourly wage to carry out the program and meet program goals and outcomes.

REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS

Sub-Award Budget Summary

Agency Name	Personnel	Travel	Operating Expenses	Contracts	Requested Amount
Nebraska Extension Saline County				\$9,375.00	\$9,375.00
TOTAL AMOUNT REQUESTED					\$9,375.00

SUB-AWARD NARRATIVE

AGENCY NAME: Nebraska Extension Saline County

1. Does the agency currently receive any Crime Commission grants (state or federal): Yes No
If yes, provide grant number(s): 24-CB-0524

2. Describe agency's current scope of services or operations: (250 words) The roles of specialists, educators and assistants/associates are continuously evolving. While there are distinct responsibilities especially between specialists and educators. Teamwork and communication are significant responsibilities of everyone in this overlapping effort and it is essential to have dialogue among specialists, educators and assistants/associates about their programming goals and accomplishments. Faculty and staff have responsibilities for addressing the growing diversity needs of Nebraskans. While it is expected that specialists assume lead roles in developing curricula, development of curricula is evolving into more of a partnership with educators. Educators are key to the determination of appropriate delivery models because of their familiarity with constituents and are increasingly responsible for teaching locally delivered programs. There will be venues where specialists and educators (and in some cases assistants/associates) will team teach. Assistants/Associates, in their specifically targeted roles will collaborate with their supervising specialist/educator to deliver programs.

REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD CONTRACTS

A contract is required for a service to be considered a contract

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service.

AGENCY NAME: Nebraska Extension Saline County

Program Title From Program Type Table	Service Type <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	Provider Name	Rate	Number of Occurrences	Amount Requested
Youth Diversion	Contractor	Anita Stougard	\$18.75	500 <input checked="" type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$9,375.00
CONTRACT FEES TOTAL					\$9,375.00

REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD CONTRACTS NARRATIVE

Fill out for each contract listed in the table above

SERVICE TYPE AND PROVIDER NAME: Contractor, Anita Stougard

1. Describe the service being contracted, including the referral process for youth to participate in the contracted service: Anita Stougard, Program Coordinator for Saline County Youth Diversion, to implement all aspects of the Youth Diversion Program. Referrals come from the County Attorney.
2. Did the Agency use an application process to determine the provider for this service? Yes No
Explain: Former extension educator was leading this program. This was outside the extension guidelines, and she could no longer be involved. I was asked if I would like to continue as Lead for this program, and this was approved by the Board of Commissioners in 2015.
3. Does the Agency currently have a contract in place with the provider? Yes No
4. Describe how the contracted service is **allowable, cost effective**, and **necessary for project activities**: Allowable as defined in the RFA, cost effective in that there is 1 person handling all aspects of the programming and execution. This position is at a comparable rate comparison to county employees, operating expenses are necessary to carry out all programming and for youth participants to achieve a successful outcome.

REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD TOTAL *Fill out separate total for each Sub-Award*	
AGENCY: Nebraska Extension Saline County	
PERSONNEL FEES	
TRAVEL FEES	
OPERATING FEES	
CONTRACT FEES	\$9,375.00
TOTAL AMOUNT REQUESTED	\$9,375.00

Section IV: Memorandums of Understanding

Counties or tribes applying as a group must submit a current copy of the MOU signed by each participating county board chair or tribal council chair confirming their commitment to the proposed joint project(s) in this application and agreeing to join with the Lead county/tribe. It is preferred that MOU's include the electronic signature of each county or tribe's respective signature. If not possible, a scanned copy will be accepted with the application.

Section V: Electronic Submission

As Lead Project Contact of this grant application, I assure that this electronic PDF submitted to the Nebraska Crime Commission is the final document which will be signed by the Authorized Official. I acknowledge I am required to submit an electronic copy to the Nebraska Crime Commission. The electronic copy must be submitted as a PDF version of the original Microsoft Word document. I acknowledge that a scanned version of the electronic copy will not be accepted.

Anita Stougard

12-8-23

Typed Name of Lead Project Contact

Date

Section VI: Signature

CERTIFICATION

I certify the information in this application is accurate and as the Authorized Official for this project, hereby agree to comply with all provisions of the grant program, requirements outlined in the Request for Application, requirements of the Nebraska Crime Commission, and all other applicable federal and state laws.

I authorize the lead project contact, secondary project contact and financial contact to act on behalf of the Authorized Official for grant management purposes and fulfillment of the grant program.

Note: The Authorized Official must be the County Board Chair or Tribal Council Chair. If more than one county or tribe is participating in the grant application then the signature of the Lead County Board Chair or Tribal Council Chair is required.

Name and Title of Authorized Official: Phil Hardenberger, Chair, Saline County Board of Commissioners

Signature of Authorized Official:

Date: 12-12-23

RESOLUTION #2023-75

A RESOLUTION OF THE BOARD OF COMMISSIONERS OF
SALINE COUNTY, NEBRASKA

WHEREAS, **Pinnacle Bank**
is a duly authorized bank of the State of Nebraska; and

WHEREAS, **Pinnacle Bank** asked for release of pledged securities in the amount of
\$130,000.00 CUSIP #156908DW2

WHEREAS, the County Treasurer of Saline County, Nebraska asked that the securities
be released and returned to **Pinnacle Bank** as requested.

NOW THEREFORE BE IT RESOLVED that the Board of Commissioners of Saline
County, State of Nebraska, hereby delegates authority to the County Treasurer of Saline
County, State of Nebraska, to release and return to **Pinnacle Bank**, the pledged securities
hereinabove, upon her receipt on behalf of Saline County, of valid securities pledged if so
needed.

DATED this 12TH day of December, 2023

Board of Commissioners for Saline County, State of Nebraska

Chairman

Attest:

County Clerk, Saline County

RESOLUTION #2023-77

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,
that the sum of \$500,000.00 be transferred from the Inheritance Tax Fund #2700 to the
Road and Bridge Fund #0300, to be reimbursed when funds become available.

Motion made by Commissioner _____, seconded by Commissioner
_____, to adopt the foregoing Resolution. All members present
voting as follows:

Yeas: _____

Nays: _____

Abstentions: _____

Absent: _____

Chairman

SUBSCRIBED AND SWORN TO before me this 12th day of December, 2023.

SEAL

Saline County Clerk

RESOLUTION #2023-78

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,
that the sum of \$5,000.00 be transferred from the Inheritance Tax Fund #2700 to the
Grant Fund #2500, to be reimbursed when funds are available.

Motion made by Commissioner _____, seconded by Commissioner
_____, to adopt the foregoing Resolution. All members present
voting as follows:

Yeas: _____

Nays: _____

Abstentions: _____

Absent: _____

Chairman

SUBSCRIBED AND SWORN TO before me this 12th day of December, 2023.

SEAL

Saline County Clerk

All Funds

Johnny Barta	P&Z	33.34
Gerald Brown	P&Z	29.41
Cherry Co Clrk	Elec Spls	892.55
Crete News	Sub	34.00
Dollar General	Spls	67.20
Angela Driver	MHB	305.02
Mark Due	P&Z	62.16
Eakes	Spls	958.48
Elec Sound	Spls	576.50
Elite Unmanned	Spls	6,157.00
Equifax	Cntrct	216.85
Farmers Coop	Fuel	515.68
Ronald Fink	P&Z	29.41
Food Mesto	Spls	5.99
Friend Comm Hlthcr Sys	Cntrct	595.00
David Hermsmeier	P&Z	16.31
Home Depot Pro	Spls	152.25
Mike Hyde	Reimb	346.51
Int'L Assoc of Asng Ofcrs	Dues	240.00
Jindra Irr	Bldg Maint	230.00
Kalkwarf & Smith	Atty Fees	142.50
Matthew Kosmicki	Atty Fees	5,009.44
Justin Kuntz	MHB	165.72
Delaney Mazza	Prgm	276.00
Garrett Mckay	Reimb	12.92
Midwest Crt Rprtng	Cntrct	105.00
Keith Muller	P&Z	19.59
NACO	Trng	150.00
NE Title	Cntrct	171.00
NIFCO	Equip	250.00
NPPD	Utly	248.00
Doris Odvody	Unif	50.00
Point C	Cntrct	316.00
Protex Central	Cntrct	400.00
Sack Lumber	Spls	62.22
Saline Co Atty	Reimb	25.00
Saline Co Dist Crt	Reimb	74.00
Isaac Smith	Reimb	139.99
Soarin Grp	Cntrct	5,443.00
Striv	Equip	1,428.90
Summit	Spls	25,492.84
USPS	Pstg	2,500.00
Us Bank	Cntrct	379.91
Carroll Verhage	MHB	258.95
Verizon	Comm	2,382.68
Visa		39.60

Walker	Cntrct	76.46
Walker	Cntrct	64.71
Joel Weber	P&Z	41.86
Mary Jo Weber	P&Z	62.16
Ace Irg	Spls	33,739.88
B's Ent	Spls	4,560.00
Beatrice Concrete	Gravel	54,230.94
Cert Trk & Trlr Rpr	Equip Rpr	7,043.57
Village of Dewitt	Utly	85.34
Village of Tobias	Utly	56.80
Saline Co Ag Soc	Reimb	1,200.00
NE Sfty Cncl	Prgm	52.40
Jessica Acosta	Prgm	800.00
City of Crete	Rent	370.00
Debra Collins	Prgm	981.00
Samantha Cosaert	Prgm	345.00
Dewitt Senior Center	Prgm	3,807.10
Marcia Emal	Prgm	118.92
Laura Mackeprang	Prgm	780.00
Lori Moldenhauer	Mlg	243.82
Darlene Pribyl	Prgm	139.00
Seward Co Ind	P&P	288.82
Sarah Yokel	Prgm	84.14
Nereyda Zambrand	Prgm	160.00
Anita Stougard	Prgm	1,168.00
Saline Center	Rent	250.00
iSolved	Pyrl & TxS	254,662.28
Ameritas Life	Retire	67,512.07
Health Savings Account	Hlth Sv Acct	18,780.27
Principal Dental	Dental Ins	2,369.40
Madison Nat'l Life	Life Ins	64.71
AFLAC	Ins	971.96
VSP	Eye Ins	569.14
Empower	Def Comp	4,017.00
Point C	Café	952.07
Colonial Supp Ins	Ins	137.37
Madison Nat'l Life	Dis Ins	216.09
Teamsters	Dues	297.00
New York Life	Ins	95.64
Globe Life	Ins	213.64
Saline County Court	Garnish	513.77

519,129.25

APS7040
12/04/23
11:45:04

SALINE
BOARD PREAPPROVAL REPORT
GENERAL
FROM 12/15/2023 TO 12/15/2023

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
602-00 CLERK					
00-2-1801	DUES, SUB, REG, & TRAINING	150.00	NACO	D. DRAKE	23120184
	602-00 CLERK	150.00			
605-00 ASSESSOR					
00-2-0100	POSTAL SERVICES	2,500.00	U.S.P.S - POC	ACCT 31220397	23120198
00-2-1801	DUES, SUB, REG, & TRAINING	240.00	INT'L ASSOC OF ASSESSING	INV24-10153121	23120175
	605-00 ASSESSOR	2,740.00			
607-00 ELECTION					
00-3-0113	VOTING SUPPLIES	892.55	CHERRY COUNTY CLERK	ENVELOPES	23120159
	607-00 ELECTION	892.55			
608-00 PLANNING-ZONING COMMISSION					
00-1-0424	ZONING & BUILDING P/T SALARY	33.34	JOHNNY BARTA	P&Z 11/21/23	23120157
00-1-0424	ZONING & BUILDING P/T SALARY	29.41	GERALD L BROWN	P&Z 11/21/23	23120158
00-1-0424	ZONING & BUILDING P/T SALARY	62.16	MARK DUE	P&Z 11/21/23	23120163
00-1-0424	ZONING & BUILDING P/T SALARY	29.41	RONALD D FINK	P&Z 11/21/23	23120169
00-1-0424	ZONING & BUILDING P/T SALARY	16.31	DAVID LYNN HERMSMEIER	P&Z 11/21/23	23120172
00-1-0424	ZONING & BUILDING P/T SALARY	19.59	KEITH L MULLER	P&Z 11/21/23	23120183
00-1-0424	ZONING & BUILDING P/T SALARY	41.86	JOEL A WEBER	P&Z 11/21/23	23120205
00-1-0424	ZONING & BUILDING P/T SALARY	62.16	MARY JO WEBER	P&Z 11/21/23	23120206
	608-00 PLANNING-ZONING COMMISSION	294.24			
610-00 VOICE/DATA SERVICES					
00-4-0200	IT SUPPORT-SOARIN	3,946.00	SOARIN GROUP LLC	INV INV-11460 INV INV-1144	23120195
00-4-0205	MOBILE PHONE SERVICES	2,339.81	VERIZON WIRELESS	INV 9949740133 INV 99489813	23120201
	610-00 VOICE/DATA SERVICES	6,285.81			
621-00 CLERK OF DIST. COURT					
00-2-1801	DUES, SUB, REG, & TRAINING	34.00	CRETE NEWS	ACCT 6959	23120160
00-3-0101	OFFICE SUPPLIES	39.60	VISA	ACCT 8604	23120202
	621-00 CLERK OF DIST. COURT	73.60			

SALINE
BOARD PREAPPROVAL REPORT
GENERAL
FROM 12/15/2023 TO 12/15/2023

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #

641-00	BUILDING & GROUNDS (COURT HOUSE)				
00-1-0406	CUSTODIAL P/T SALARY	96.00	DELANEY MAZZA	NOVEMBER CLEAN	23120180
00-2-4100	LAWN CARE	230.00	JINDRA IRRIGATION LLC	INV 6707	23120176
00-2-9900	MISCELLANEOUS	76.46	WALKER UNIFORM RENTAL	INV 1304976 INV 1307561	23120203
00-3-0103	JANITORIAL SUPPLIES	35.70	DOLLAR GENERAL CHARGE SAL	ACCT 899593338	23120161
00-3-0119	BUILDING SUPPLIES	27.50	DOLLAR GENERAL CHARGE SAL	ACCT 899593338	23120161
00-3-0119	BUILDING SUPPLIES	152.25	THE HOME DEPOT PRO	INV 773397716	23120173
00-3-0119	BUILDING SUPPLIES	62.22	SACK LUMBER COMPANY	INV 2311238977 INV 23112421	23120191
00-5-0319	JANITORIAL EQUIPMENT	4.00	DOLLAR GENERAL CHARGE SAL	ACCT 899593338	23120161
641-00 BUILDING & GROUNDS (COURT HOUSE)		684.13	*****		

651-00	SHERIFF				
00-1-1100	UNIFORM ALLOWANCE	50.00	DORIS E ODVODY	10 PATCHES	23120188
651-00 SHERIFF		50.00	*****		

652-00	ATTORNEY				
00-3-0101	OFFICE SUPPLIES	53.00	EAKES OFFICE PLUS	INV 8834805-0 INV 8834788-	23120164
652-00 ATTORNEY		53.00	*****		

662-00	ATTORNEY-CHILD SUPPORT				
00-2-1801	DUES, SUB, REG, & TRAINING	216.85	EQUIFAX WORKFORCE SOLUTIO	INV 2057933601	23120167
00-3-0101	OFFICE SUPPLIES	167.99	EAKES OFFICE PLUS	INV 8834805-0 INV 8834788-	23120164
662-00 ATTORNEY-CHILD SUPPORT		384.84	*****		

671-00	JAIL				
00-1-1100	UNIFORM ALLOWANCE	346.51	MIKE HYDE	REIMBURSE	23120174
00-1-1100	UNIFORM ALLOWANCE	139.99	ISAAC SMITH	REIMBURSE	23120194
00-2-1200	OFFICE EQUIPMENT REPAIR	379.91	US BANK EQUIPMENT FINANCE	INV 515667301	23120199
00-2-1806	SAFETY INSPECT, TESTING & PUBL	250.00	NIFCO MECHANICAL SYSTEMS	INV 2311-107	23120186
00-2-1806	SAFETY INSPECT, TESTING & PUBL	400.00	PROTEX CENTRAL INC	INV 147049	23120190
00-2-1900	BOARD OF PRISONERS-MEALS	16,785.95	SUMMIT FOOD SERVICE LLC	INV 2000190770 INV 20001906	23120197
00-2-3000	MEDICAL SERVICES	595.00	FRIEND COMMUNITY HEALTHCA	11/2/23 11/8/23 11/16/23	23120171
00-2-9900	MISCELLANEOUS	515.68	FARMERS COOPERATIVE	INV 00453	23120168
00-2-9900	MISCELLANEOUS	5.99	FOOD MESTO	ACCT 1043	23120170
00-2-9900	MISCELLANEOUS	12.92	GARRETT MCKAY	REIMBURSE	23120181
00-3-0101	OFFICE SUPPLIES	71.28	EAKES OFFICE PLUS	INV 8834805-0 INV 8834788-	23120164
00-3-0103	JANITORIAL SUPPLIES	241.45	EAKES OFFICE PLUS	INV 8834805-0 INV 8834788-	23120164
00-3-0103	JANITORIAL SUPPLIES	64.71	WALKER UNIFORM RENTAL	INV 1307560	23120204

SALINE
BOARD PREAPPROVAL REPORT
GENERAL
FROM 12/15/2023 TO 12/15/2023

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #

	671-00 JAIL	19,809.39			

693-00	EMERGENCY MANAGEMENT (CIVIL DEF)				
00-2-0500	TOWER ELECTRICITY	248.00	NORRIS PUBLIC POWER	ACCT 157245000 ACCT 1572451	23120187
00-5-0332	CIVIL DEFENSE EQUIPMENT	6,157.00	ELITE UNMANNED LLC	INV 1154	23120166

	693-00 EMERGENCY MANAGEMENT (CIVIL DEF)	6,405.00			

970-00	MISCELLANEOUS & MISC. COURTS				
00-1-1400	MISCELLANEOUS INS	316.00	POINT C	INV PCH766798	23120189
00-2-2411	DISTRICT COURT ATTORNEY FEES	5,009.44	MATTHEW K KOSMICKI	CR 22-100	23120178
00-2-2412	COUNTY COURT ATTORNEY	142.50	KALKWARF & SMITH LAW OFFI	CR 22-198	23120177
00-2-2502	PROFESSIONAL FEE: HUMAN RESOUR	1,497.00	SOARIN GROUP LLC	INV INV-11460 INV INV-1144	23120195
00-2-2601	DISTRICT COURT COSTS	576.50	ELECTRONIC SOUND INC	INV 10296	23120165
00-2-2601	DISTRICT COURT COSTS	105.00	MIDWEST COURT REPORTING I	INV 1418	23120182
00-2-2601	DISTRICT COURT COSTS	150.00	NEBRASKA TITLE COMPANY	INV 68571569	23120185
00-2-2601	DISTRICT COURT COSTS	25.00	SALINE COUNTY ATTORNEY PE	REIMBURSE	23120192
00-2-2601	DISTRICT COURT COSTS	74.00	SALINE COUNTY DISTRICT CO	CLAIM 1767	23120193
00-2-2601	DISTRICT COURT COSTS	1,428.90	STRIV AV LLC	INV 3211 INV 3229	23120196
00-2-2700	MENTAL HEALTH BOARD COSTS	305.02	ANGELA DRIVER	MH 23-5	23120162
00-2-2700	MENTAL HEALTH BOARD COSTS	165.72	JUSTIN KUNTZ	MH 23-5	23120179
00-2-2700	MENTAL HEALTH BOARD COSTS	258.95	CARROLL L VERHAGE MD	MH 23-5	23120200

	970-00 MISCELLANEOUS & MISC. COURTS	10,054.03			

	0100 GENERAL FUND	47,876.59			

705-00	BRIDGE/ROAD MAINTENANCE				
00-2-0501	LIGHT	24.41	VILLAGE OF DEWITT	ACCT 16150	23120212
00-2-0502	WATER	28.89	VILLAGE OF DEWITT	ACCT 16150	23120212
00-2-0502	WATER	44.80	VILLAGE OF TOBIAS	NOVEMBER 2023	23120213
00-2-0504	SEWER	32.04	VILLAGE OF DEWITT	ACCT 16150	23120212
00-2-0504	SEWER	12.00	VILLAGE OF TOBIAS	NOVEMBER 2023	23120213
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	4,428.90	CERTIFIED TRUCK & TRAILER	INV 23677	23120210
00-2-1500	ROAD EQUIPMENT REPAIR-LABOR	2,396.83	CERTIFIED TRUCK & TRAILER	INV 23677	23120210
00-3-0106	SHOP SUPPLIES	13.03	CERTIFIED TRUCK & TRAILER	INV 23677	23120210
00-3-0202	GRAVEL AND BORROW	54,230.94	BEATRICE CONCRETE	INV S1 189800 INV P1 18980	23120209
00-3-0203	GRADER BLADES	4,560.00	B'S ENTERPRISES INC	INV 2231124	23120208
00-3-0210	MACHINERY & EQUIPMENT GREASE-O	204.81	CERTIFIED TRUCK & TRAILER	INV 23677	23120210
00-5-1207	STRUCTURES, PIPES, BX, CULVERT	33,739.88	ACE IRRIGATION & MFG CO I	INV 010455	23120207

SALINE
BOARD PREAPPROVAL REPORT
ROAD & BRIDGE
FROM 12/15/2023 TO 12/15/2023

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
00-5-1301	LEGAL FEES	21.00	NEBRASKA TITLE COMPANY	INV 68570238	23120211
	705-00 BRIDGE/ROAD MAINTENANCE	99,737.53			
	0300 ROAD & BRIDGE FUND	99,737.53			
879-00 VISITOR IMPROVEMENT	VISITOR PROMOTION	1,200.00	SALINE COUNTY AG SOCIETY	REIMBURSE	23120214
	879-00 VISITOR IMPROVEMENT	1,200.00			
	0995 VISITORS IMPROVEMENT FUND	1,200.00			
612-00 EMPLOYEE WELLNESS	DUES, SUB, REG, & TRAINING	52.40	NEBRASKA SAFETY COUNCIL I	INV 172570	23120215
	612-00 EMPLOYEE WELLNESS	52.40			
	1502 EMPLOYEE WELLNESS FUND	52.40			
837-00 AGING SERVICES	PROGRAM EXPENSE	981.00	DEBRA A COLLINS	11/1-29/23	23120218
00-1-1400	PROGRAM EXPENSE	345.00	SAMANTHA COSAERT	11/15-29/23	23120219
00-1-1400	PROGRAM EXPENSE	82.50	MARCIA EMAL	FRIEND MILEAGE	23120221
00-1-1400	PROGRAM EXPENSE	780.00	LAURA A MACKEPRANG	OCT-NOV 2023	23120222
00-1-1400	PROGRAM EXPENSE	180.00	DELANEY MAZZA	10/31-11/22/23	23120223
00-1-1400	PROGRAM EXPENSE	137.04	LORI MOLDENHAUER	MILEAGE REIMBURSE	23120224
00-1-1400	PROGRAM EXPENSE	120.00	DARLENE PRIBYL	CRETE DORCHESTER MILEAGE	23120225
00-1-1400	PROGRAM EXPENSE	67.50	SARAH L YOKEL	FRIEND MILEAGE	23120227
00-2-1200	HISPANIC OUTREACH	800.00	JESSICA ACOSTA	OCTOBER 2023	23120216
00-2-1200	HISPANIC OUTREACH	120.00	CITY OF CRETE	INV 2140	23120217
00-2-1200	HISPANIC OUTREACH	160.00	NEREYDA ZAMBRAND	NOVEMBER	23120228
00-2-1704	MILEAGE ALLOWANCE	36.42	MARCIA EMAL	FRIEND MILEAGE	23120221
00-2-1704	MILEAGE ALLOWANCE	106.78	LORI MOLDENHAUER	MILEAGE REIMBURSE	23120224
00-2-1704	MILEAGE ALLOWANCE	19.00	DARLENE PRIBYL	CRETE DORCHESTER MILEAGE	23120225

APS7040
12/04/23
11:45:04

SALINE
BOARD PREAPPROVAL REPORT
AGING SERVICES
FROM 12/15/2023 TO 12/15/2023

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
00-2-1704	MILEAGE ALLOWANCE	16.64	SARAH L YOKEL	FRIEND MILEAGE	23120227
00-2-2000	PRINTING & PUBLISHING	288.82	SEWARD COUNTY INDEPENDENT	INV 170421 INV 177303	23120226
00-2-4442	DEWITT PASS THRU	3,560.00	DEWITT SENIOR CENTER	1ST QTR 2ND QTR 3RD QTR 4TH	23120220
00-3-0400	USDA RAW FOODS	247.10	DEWITT SENIOR CENTER	1ST QTR 2ND QTR 3RD QTR 4TH	23120220
837-00 AGING SERVICES		8,047.80			
2250 AGING SERVICES FUND		8,047.80			
666-00 JUVENILE SERVICES AID PROGRAM GRANT					
00-1-0200	SALARIES	1,168.00	ANITA STOUGARD	11/15-28/23	23120229
00-2-9900	MISCELLANEOUS	42.87	VERIZON WIRELESS	INV 9949740133	23120230
666-00 JUVENILE SERVICES AID PROGRAM GRANT		1,210.87			
2516 JUVENILE SERVICES AID PROGRAM GRANT FUND		1,210.87			
600-00 911 EMERGENCY MANAGEMENT FUND					
00-4-0400	LAND RENTAL	250.00	CITY OF CRETE	JAN 24 TWR RNT	23120231
00-4-0400	LAND RENTAL	250.00	SALINE CENTER LODGE #389	TOWER RENT 24	23120232
600-00 911 EMERGENCY MANAGEMENT FUND		500.00			
2910 911 EMERGENCY MANAGEMENT FUND FUND		500.00			
665-00 LAW ENFORCEMENT COMMISSARY					
00-2-1900	FOOD	6,508.81	SUMMIT FOOD SERVICE LLC	INV 2000190883 INV 20001902	23120234
00-2-9900	MISCELLANEOUS	424.76	EAKES OFFICE PLUS	INV 8834613-0 INV 8830352-	23120233
00-2-9900	MISCELLANEOUS	2,198.08	SUMMIT FOOD SERVICE LLC	INV 2000190883 INV 20001902	23120234
665-00 LAW ENFORCEMENT COMMISSARY		9,131.65			
2965 LAW ENFORCEMENT COMMISSARY FUND		9,131.65			

APS7040
12/04/23
11:45:04

SALINE
BOARD PREAPPROVAL REPORT
LAW ENFORCEMENT COMMISSARY
FROM 12/15/2023 TO 12/15/2023

Account # 1099 Description Account Amt Vendor Invoice Description Claim #

GRAND *****
167,756.84

Pay Period

12 #2

Pay Date:

12/15/2023

Direct Deposits	\$190,134.16
Tax Liabilities	\$64,038.67
Third Party Liabilities	
Third Party Electronic Payments	\$489.45
Payroll Billing	
Total amount to be debited or wired	\$254,662.28

Totals for Meeting Minutes

Ameritas – <i>Group Retirement</i>	\$67,512.07
Blue Cross / Blue Shield (#2221)	
Health Savings Account	\$18,780.27
Principal – <i>Dental</i> (#5240)	\$2,369.40
Madison National Life – <i>Group Life Ins.</i> (#3270)	\$64.71
AFLAC (#155)	\$971.96
VSP – <i>Eye Care</i> (#4748)	\$569.14
Empower Retirement (#5207)	\$4,017.00
Point C – <i>Dep. Care and Unreimb. Med</i>	\$952.07
Colonial Supplement Ins. (#3334)	\$137.37
Madison National Life – <i>Disability Ins.</i> (#3718)	\$216.09
Teamsters Local Union No. 554 (#4366)	\$297.00
New York Life (#4741)	\$95.64
Globe Life Insurance (#5150)	\$213.64
Saline County Court	\$513.77

Approved this 12th day of December, 2023

County Board

Chairman
