

2010 Center for Mental Health Services/SAMHSA Uniform Reporting System Proposed Changes

	Table	Change	Changes made for 2009
BASIC TABLES			
Table 2	Total Unduplicated Served by Age, Gender, Race and Ethnicity	No Changes	
Table 3	Total Served by Setting, by Age & Gender	No Changes	
Table 4	Employment	No Changes	
Table 5	Medicaid Status	No Changes	
Table 6	Profile of Client Flow and Turnover	No Changes	
Table 7	State MH Expenditures and Revenues	Data from NRI study	
Table 8	Profile of Community MHBG Expenditures	No Changes	
Table 9	Social Connectedness and Functioning	No Changes	
Table 10	Profile of Agencies Receiving MHBG Funds	No Changes	
Table 11	Consumer Evaluation of Care	No Changes	
Table 12	State Mental Health Agency Profile	No Changes	
DEVELOPMENTAL TABLES			
Table 13	Untreated Prevalence of Mental Illness	Not ready for reporting	
Table 14	Adults with SMI & children with SED served by Age, gender, Race, & Ethnicity	No Changes	
Table 15	Living Situation	No Changes	
Table 16	EBPs	Changes to 'footnote' section of table	Added separate footnote fields for each EBP
Table 17	EBPs	Changes to 'footnote' section of table	Added separate footnote fields for each EBP
Table 18	Use of New Generation Atypical Antipsychotics (optional)	Changes to 'footnote' section of table	Added separate footnote fields for each system
Table 19	Outcomes: Criminal Justice & School Attendance	No Changes	
Table 20	30 and 180 day state hospital readmissions	No Changes	
Table 21	30 and 180 day readmissions to any psych bed	No Changes	

Edit Checks for 2010 URS Tables

Table 2A	No Edits
Table 2B	When you first view Table 2b (after entering data on Table 2a), the default color of the "Total" cells will be red and you will see a series of red caution messages that read "Caution –Not equal to the total reported on Table 2a." Once you enter data on Table 2b the red cell color for the "Total" columns & the caution messages will disappear provided data entered on Tables 2a and 2b match. If the "Total" column cell(s) continue to be red and the caution message doesn't disappear, please double check your data to ensure accurate data reporting.
Table 3	Data entered on Table 3 cannot be greater than the total number of consumers reported in Table 2a. After entering data on Table 3, if the caution message appears letting you know that data entered is greater than Table 2a, please double check your data to ensure accurate data reporting.
Table 4	Data entered on Table 4 cannot be greater than the total number of adults served in community settings (as reported in Table 3). After entering data on Table 4, if the caution message appears letting you know that the data entered is greater than total adults served in community (table 3), please double check your data to ensure accurate data reporting.
Table 4A	When you first view Table 4a (after entering data on Table 4), the default color of the "Diagnosis Total" cells will be red and you will see a series of caution messages that read "Caution – Total does not match with Total on Table 4". Once you enter data on Table 4a the red cell color for the "Total" columns & the caution messages will disappear provided data entered on Tables 4 and 4a match. If the "Total" column cell(s) continue to be red and the caution message doesn't disappear, please double check your data to ensure accurate data reporting.
Table 5A	Data entered on Table 5a cannot be greater than the total number of consumers reported in Table 2a. If the "Total" column cell(s) continue to be red and the caution message doesn't disappear, please double check your data to ensure accurate data reporting.
Table 5B	When you first view Table 5b (after entering data on Table 5a), the default color of the "Total" cells will be red and you will see a series of red caution messages that read "Caution –Not equal to the total reported on Table 5a." Once you enter data on Table 5b the red cell color for the "Total" columns & the caution messages will disappear provided data entered on Tables 5a and 5b match. If the "Total" column cell(s) continue to be red and the caution message doesn't disappear, please double check your data to ensure accurate data reporting.
Table 6	The total number of consumers served at the beginning of the year in the different settings cannot be greater than the total numbers reported on Table 3. If the total cell(s) turn red, please double check your data to ensure accurate data reporting.
Table 7	No Edits
Table 8	No Edits
Table 9	When you enter data in the 'number of Positive Responses' cells, a red caution message letting you know that "the number of positive responses cannot be greater than responses" appears. This caution message disappears when you enter data in the 'Responses' cells provided the 'Responses' numbers are greater than the number of positive responses. If you continue to get the caution message, please double check your data to ensure accurate data reporting.
Table 10	No Edits, however, please remember to use just one row for each program (if you use more than one row for each program, our database will treat each additional row you use as a different program) . Please do not merge any cells, or add, delete, or move rows, columns and/or cells
Table 11	When you enter data in the 'number of Positive Responses' cells a red caution message letting you know that "the number of positive responses cannot be greater than responses" appears. This caution message disappears when you enter data in the 'Responses' cells provided the 'Responses' numbers are greater than the number of positive responses. If you continue to get the caution message, please double check your data to ensure accurate data reporting. Provided number on Question 6b cannot be greater than 6a; question 6c cannot be greater than 6b. If you receive the caution message, please double check your data to ensure accurate data reporting.
Table 11a.	In order for the built-in formula to work on this table you must first provide an answer to the radio button -yes/no question indicating whether you used the two question version for Hispanic Origin or not. Total numbers reported on Tables 11a for each category must be the same as those entered on Tables 9 and 11. After entering data on Table 11a, if the caution message appear letting you know that data entered on Table 11a does not match those entered in either Table 9 or 11, please double check your data to ensure accurate data reporting.
Table 12.	No Edits
Table 14A	Data entered on Table 14a cannot be greater than the total number reported on Table 2a. If you get the caution message, please double check your data to ensure accurate data reporting.
Table 14B	When you first view Table 14b (after entering data on Table 14a), the default color of the "Total" cells will be red and you will see a series of red caution messages that read "Caution –Not equal to the total reported on Table 14a." Once you enter data on Table 14b the red cell color for the "Total" columns & the caution message will disappear provided data entered on Tables 14a and 14b match. If the "Total" column cell(s) continue to be red and the caution message doesn't disappear, please double check your data to ensure accurate data reporting.
Table 15	The total number of consumers reported on Table 15 cannot be greater than the total number of consumers reported on Table 2a. If you receive the caution message letting you know that the total(s) are greater than the total reported on Table 2a, please double check your data to ensure accurate data reporting.
Table 16	Data entered under each EBP cannot be greater than Total unduplicated SMI/SED numbers reported. Data reported by age, gender, race, Hispanic/Latino origin must match. If you receive the caution message, please double check your data to ensure accurate data reporting.
Table 17	Data entered under each EBP cannot be greater than Total unduplicated SMI/SED numbers reported. Data reported by age, gender, race, Hispanic/Latino origin must match. If you receive the caution message, please double check your data to ensure accurate data reporting.
Table 18	Number of individuals receiving new generation meds cannot be greater than total number of adults with Schizophrenia served. If you receive the caution message, please double check your data to ensure accurate data reporting.

Tables 19a,19b	The edits on these tables focus on the data needed to calculate CMHS' National Outcome Measure of Change in Arrests between T1 and T2. Data reported for T1 (and T2) is matched against the numbers reported in the "T1 to T2 Change" section of the table. Once you start entering data, The T1 Cells will turn Red. This will correct itself once you enter all your data correctly throughout the other cells. If Cells are still Red once you have entered all data on this table, it means your data contains errors, please check data entered to identify and fix the errors.
Tables 20a,20b & 21	The individual Number of Readmissions for 30 days cannot be greater than the individual Number of Readmissions for 180 days. Data reported by age, gender, race, Hispanic/Latino origin must match. If you receive the caution message, please double check your data to ensure accurate data reporting.

Nebraska FY 2010 Uniform Reporting System (URS)

Prepared to Meet the Requirements of the

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

PART E: Uniform Data on Public Mental Health System

U.S. Department of Health & Human Services
Substance Abuse & Mental Health Services Administration (SAMHSA)
Center for Mental Health Services (CMHS)

By:

Nebraska Department of Health and Human Services
Division of Behavioral Health

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Submitted on November 18, 2010

Analysis of the data for Tables 2A, 2B, 3, 4, 4a, 5A, 5B, 6, 12, 14A, 14B, 15, 17, 20A, 20B, and 21 are completed by the Epidemiology Department in the College of Public Health at the University of Nebraska Medical Center (UNMC) under contract with the Nebraska Department of Health and Human Services (DHHS) Division of Behavioral Health.

Table 4 was revised on January 19, 2011 (See comments tab).

The full Table names prepared by UNMC are:

Table 2A. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

Table 2B. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

Table 3. Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and C

Table 4. Profile of Adult Clients by Employment Status

Table 4a. Optional Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported

Table 5A. Profile of Clients by Type of Funding Support

Table 5B. Profile of Clients by Type of Funding Support

Table 6: Profile of Client Turnover

Table 12: State Mental Health Agency Profile

Table 14A. Profile of Persons with SMI/SED served by Age, Gender and Race/Ethnicity

Table 14B. Profile of Persons with SMI/SED served by Age, Gender and Race/Ethnicity

Table 15. Living Situation Profile:

Table 16: Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances F
Only -

Total unduplicated N - Adults with SMI served

n Receiving Multi-Systemic Therapy

Total unduplicated N - Children with SED

Table 17: Profile of Adults with Serious Mental Illnesses Receiving Specific Services During The Year:

Table 20A. Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psyc

Table 20B. Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/18

Table 21. Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric

Other Settings

Receiving Specific Services:

Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

30 Days of Discharge

Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) Within 30/180 Days of Discharge

Table 1. Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the State with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two time periods, one for the report year and one for three years into the future. CMHS will provide this data to States based on the standardized methodology developed and published in the Federal Register and the State level estimates for both adults with SMI and children with SED.

Table 1.		
Report Year:	2010	
State Identifier:	NE	
	Current Report Year	Three Years Forward
Adults with Serious Mental Illness (SMI)	72,259	
Children with Serious Emotional Disturbances (SED)	21,580	

Note: This Table will be completed for the States by CMHS.

Prepared by the State Data Infrastructure Coordinating Center; NASMHPD Research Institute, Inc. (NRI), National Association of State Mental Health Program Directors (NASMHPD), under contract with the Center for Mental Health Services (CMHS), contract no. 280-99-0504. July 06, 2010

http://www.nri-inc.org/projects/SDICC/urs_forms.cfm

accessed on July 13, 2010

Table 2A. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the categories listed - "Total" are calculated automatically.

Table 2.													
Report Year:	2010												
State Identifier:	NE												
	Total				American Indian or Alaska Native			Asian			Black or African American		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	536	908	0	1,444	18	29		4	5		54	85	
13-17 years	537	708	0	1,245	21	29		4	3		32	53	
18-20 years	565	662	0	1,227	27	16		6	4		38	55	
21-64 years	9,533	9,122	0	18,655	260	198		64	64		696	898	
65-74 years	259	159	0	418	3	3		13	1		12	3	
75+ years	78	52	0	130	2	1		6	6		1	0	
Not Available	1	3	0	4									
Total	11,509	11,614	0	23,123	331	276	0	97	83	0	833	1,094	0

Are these numbers unduplicated? Unduplicated Duplicated: between Hospitals and Community Duplicated Among Community Programs
 Duplicated between children and adults Other: describe: _____

Comments on Data (for Age):	Age was calculated as follows: [(July 1, 2009– (Consumer Birth Date)) / 365.25]
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.
Comments on Data (for Race/Ethnicity):	For race listed as "Other", reported in "Unknown". If more than one race listed, most frequent race was reported.
Comments on Data (Overall):	See General Comments.

Table 2A. Profile of

*This table provides a
available. This profile
account all institutor*

PLEASE DO NOT

Please report the data

Table 2.
Report Year:
State Identifier:

	Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 2b are not available.		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	3	11		428	735				
13-17 years	10	10		457	587				
18-20 years	0	3		487	574				
21-64 years	41	32		8,355	7,802				
65-74 years	0	0		228	151				
75+ years	0	0		69	45				
Not Available				1	2				
Total	54	56	0	10,025	9,896	0	0	0	0

Are these numbers unduplicated Unduplicated

Comments on Data (for Age):
Comments on Data (for Gender):
Comments on Data (for Race/Ethnicity):
Comments on Data (Overall):

Table 2A. Profile of

*This table provides a
available. This profile
account all institutio*

PLEASE DO NOT

Please report the data

Table 2.
Report Year:
State Identifier:

	More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	26	36		3	7	
13-17 years	12	17		1	9	
18-20 years	6	3		1	7	
21-64 years	29	28		88	100	
65-74 years	0	0		3	1	
75+ years	0	0		0	0	
Not Available				0	1	
Total	73	84	0	96	125	0

Are these numbers unduplicated Unduplicated

Comments on Data (for Age):
Comments on Data (for Gender):
Comments on Data (for Race/Ethnicity):
Comments on Data (Overall):

Table 2B. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 2A.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the categories listed - "Total" are calculated automatically.

Table 2.													
Report Year:	2010												
State Identifier:	NE												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0 - 12 Years	460	775		64	110		12	23		536	908	0	1,444
13 - 17 years	450	562		72	126		15	20		537	708	0	1,245
18 - 20 years	507	571		40	77		18	14		565	662	0	1,227
21-64 years	8,779	8,240		583	741		171	141		9,533	9,122	0	18,655
65-74 years	253	151		4	7		2	1		259	159	0	418
75+ years	76	48		2	3		0	1		78	52	0	130
Not Available	1	2					0	1		1	3	0	4
Total	10,526	10,349	0	765	1,064	0	218	201	0	11,509	11,614	0	23,123
Comments on Data (for Age):	Age was calculated as follows: [(July 1, 2009– (Consumer Birth Date)) / 365.25]												
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.												
Comments on Data (for Race/Ethnicity):	If more than one ethnicity listed, most frequent ethnicity was reported.												
Comments on Data (Overall):	See General Comments.												

Table 3. Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 3.												
Report Year:	2010											
State Identifier:	NE											
Table 3. Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Community Mental Health Programs	1,055	1,548		517	561		8,513	7,636		305	166	
State Psychiatric Hospitals	0	49		6	45		80	342		4	9	
Other Psychiatric Inpatient	21	24		81	134		1,694	2,107		28	36	
Residential Treatment Centers	6	62		1	19							
Comments on Data (for Age):	Age was calculated as follows: [(July 1, 2009– (Consumer Birth Date)) / 365.25].											
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.											
Comments on Data (Overall):	See General Comments											

Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Instructions:

- 1 States that have county psychiatric hospitals that serve as surrogate state hospitals should report persons served in such settings as receiving services in state hospitals.
- 2 If forensic hospitals are part of the state mental health agency system include them.
- 3 Persons who receive non-inpatient care in state psychiatric hospitals should be included in the Community MH Program Row
- 4 Persons who receive inpatient psychiatric care through a private provider or medical provider licensed and/or contracted through the SMHA should be counted in the "Other Psychiatric Inpatient" row. Persons who receive Medicaid funded inpatient services through a provider that is not licensed or contracted by the SMHA should not be counted here.
- 5 A person who is served in both community settings and inpatient settings should be included in both rows
- 6 RTC: CMHS has a standardized definition of RTC for Children: "An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily 17 years old and younger. It has a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's degree or doctorate. The primary reason for the admission of the clients is mental illness that can be classified by DSM-IV codes-other than the codes for mental retardation, developmental disorders, and substance-related disorders such as drug abuse and alcoholism (unless these are co-occurring with a mental illness)."

Table 3. Profile

This table provides information on client settings, in state

PLEASE D

Table 3.

Report Year:

State Identifier:

Table 3. Service Setting	Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Program	1	3		10,391	9,914	0	20,305
State Psychiatric Hospitals				90	445	0	535
Other Psychiatric Inpatient				1,824	2,301	0	4,125
Residential Treatment Centers				7	81	0	88

Comments on Data (Age):

Comments on Data (Gender):

Comments on Data (Overall):

Note: Clients can be in the same year and the

Instructions:

- 1
- 2
- 3
- 4
- 5
- 6

Table 4. Profile of Adult Clients by Employment Status

This table describes the status of adults clients served in the report year by the public mental health system in terms of employment status. The focus is on employment for the working age population, recognizing, however, that there are clients who are disabled, retired or who are homemakers, care-givers, etc and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. This category has two subcategories: retired and other. (The totals of these two categories should equal the number in the row for "Not in Labor Force"). Unemployed refers to persons who are looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 4.																
Report Year:	2010															
State Identifier:	NE															
	18-20			21-64			65+			Age Not Available			Total			
Adults Served	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	185	122		2,693	2,263		26	26					2,904	2,411	0	5,315
Unemployed	225	300		3,595	3,625		80	35					3,900	3,960	0	7,860
Not in Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	103	126		2,132	1,646		196	104					2,431	1,876	0	4,307
Not Available	4	13		93	102		3	1					100	116	0	216
Total	517	561	0	8,513	7,636	0	305	166	0	0	0	0	9,335	8,363	0	17,698

How Often Does your State Measure Employment Status? At Admission At Discharge Monthly Quarterly Other: describe:

What populations are included: All Clients Only Selected groups: describe: Clients served in the Community setting

Comments on Data (for Age):	Age was calculated as follows: [(July 1, 2009 - (Consumer Birth Date)) / 365.25].
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.
Comments on Data (Overall):	Employment was reported for the most recent admission date within the fiscal year. Also see General Notes.

Table 4a. Optional Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported

The workgroup exploring employment found that the primary diagnosis of consumers results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 4a.					
Report Year:	2010				
State Identifier:	NE				
Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (295)	409	1,472	1,583	67	3,531
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	3,412	5,169	2,209	134	10,924
Other Psychoses (297, 298)	42	105	49	2	198
All Other Diagnoses	1,370	992	419	8	2,789
No Dx and Deferred DX (799.9, V71.09)	82	122	47	5	256
Diagnosis Total	5,315	7,860	4,307	216	17,698
Comments on Data (for Diagnosis):	Individuals with age not available were not included. Individuals who were in institutional settings were not included. See also General Comments.				

Table 5A. Profile of Clients by Type of Funding Support

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Table 5A													
Report Year:	2010												
State Identifier:	NE												
	Total				American Indian or Alaska Native			Asian			Black or African American		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Medicaid (only Medicaid)	2,711	2,413	0	5,124	86	70		40	32		291	289	
Non-Medicaid Sources (only)	1,804	1,735	0	3,539	42	47		15	10		46	74	
People Served by Both Medicaid and Non-Medicaid	815	780	0	1,595	18	14		5	6		38	47	
Medicaid Status Not Available	6,179	6,686	0	12,865	185	145		37	35		458	684	
Total Served	11,509	11,614	0	23,123	331	276	0	97	83	0	833	1,094	0

Data Based on Medicaid Services
 Data Based on Medicaid Eligibility, not Medicaid Paid Services
 'People Served by Both' includes people with any Medicaid

Comments on Data (for Age):	Age was calculated as follows: [(July 1, 2009 - (Consumer Birth Date)) / 365.25]
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.
Comments on Data (Overall):	Medicaid status was reported for the most recent admission date within the fiscal year.

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 5A. Profile of

*This table provides a
focuses on the client
they received a serv.*

PLEASE DO NOT

Please note that the sa

Table 5A
Report Year:
State Identifier:

	Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 5b are not available.			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Medicaid (only Medicaid)	12	17		2,226	1,936					38	48		18	21	
Non-Medicaid Sources (only)	10	9		1,666	1,581					13	9		12	5	
People Served by Both Medicaid and Non-Medicaid	0	0		750	707					0	1		4	5	
Medicaid Status Not Available	32	30		5,383	5,672					22	26		62	94	
Total Served	54	56	0	10,025	9,896	0	0	0	0	73	84	0	96	125	0

by Both' includes people with any Medicaid

Data Based on Medicaid Services

Comments on Data (for Age):
Comments on Data (for Gender):
Comments on Data (Overall):

Each row should hav
and (4) Medicaid Sta
If a state is unable tc
Served by Both Med

Table 5B. Profile of Clients by Type of Funding Support

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 5A.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Table 5B.													
Report Year:	2010												
State Identifier:	NE												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Medicaid Only	2,486	2,170		185	206		40	37		2,711	2,413	0	5,124
Non-Medicaid Only	1,642	1,596		97	97		65	42		1,804	1,735	0	3,539
People Served by Both Medicaid and Non-Medicaid Sources	788	752		23	23		4	5		815	780	0	1,595
Medicaid Status Unknown	5,610	5,831		460	738		109	117		6,179	6,686	0	12,865
Total Served	10,526	10,349	0	765	1,064	0	218	201	0	11,509	11,614	0	23,123
Comments on Data (for Age):	Age was calculated as follows: [(July 1, 2009– (Consumer Birth Date)) / 365.25]												
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.												
Comments on Data (Overall):	Medicaid status was reported for the most recent admission date within the fiscal year.												

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

Table 6: Profile of Client Turnover

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 6.									
Report Year:	2010								
State Identifier:	NE								
Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	337	208	196						
Children (0 to 17 years)	36	13	10	500	467	169	150	634	660
Adults (18 yrs and over)	301	195	186	266	96	161	138	1,636	1,286
Age Not Available									
Other Psychiatric Inpatient	2,374	3,552	2,559						
Children (0 to 17 years)	4	57	58	14	1	N/A	N/A	1,983	1,905
Adults (18 yrs and over)	2,370	3,495	2,501	104	6	191	190	1,245	1,183
Age Not Available									
Residential Tx Centers	62	28	32						
Children (0 to 17 years)	47	22	27	339	308	181	153	634	660
Adults (18 yrs and over)	15	6	5	233	83	247	253	706	686
Age Not Available									
Community Programs	12,548	18,486							
Children (0 to 17 years)	1,227	2,061							
Adults (18 yrs and over)	11,319	16,422							
Age Not Available	2	3							
Comments on Data (State Hospital):	Includes all individuals admitted to a State Regional Mental Health Center (forensic and non-forensic).								
Comments on Data (Other Inpatient):	Includes clients admitted to one of the psychiatric inpatient hospitals within Nebraska, other than a State Regional Mental Health Center.								
Comments on Data (Residential Treatment):	Adolescents included here were admitted to one of the adolescent psychiatric units at a state psychiatric hospital.								
Comments on Data (Community Programs):	Includes clients receiving outpatient services at a State Regional Mental Health Center or clients receiving services at a community provider.								
Comments on Data (Overall):	For clients without a discharge date, length of stay was calculated using June 30, 2010 as a 'discharge date'. N/A means no clients fell into this category. Also see General Comments.								

Table 7. Profile of Mental Health Service Expenditures and Sources of Funding

This table describes expenditures for public mental health services provided or funded by the State mental health agency by source of funding.

This Table will be completed by the NASMHPD Research Institute (NRI) using data from the FY 2007 SMHA-Controlled Revenues and Expenditures Study

Table 7.				
Report Year:				
State Identifier:				
	State Hospital	Other 24 Hour Care*	Ambulatory/ Community Non-24 Hour Care	Total
Total	Data will come from the NRI's FY'2006 SMHA Revenues and Expenditures Study.			
Medicaid				
Community MH Block Grant				
Other CMHS				
Other Federal (non-CMHS)				
State				
Other				

** Other 24 Hour Care: is "residential care" from both state hospitals and community ("Ambulatory/Community). Thus, "Other 24 Hour Care" expenditures are also included in the state hospital and/or "Ambulatory/Community" Columns as applicable.*

Comments on Data:

Note: The data in this table are derived from NRI's State Mental Health Agency-Controlled Revenues and Expenditures Study. FY 2008 Data for this table is currently being compiled.

Table 8. Profile of Community Mental Health Block Grant Expenditures For Non-Direct Service Activities

This table is used to describe the use of CMHS BG funds for non-direct service activities that are sponsored, or conducted by the State Mental Health Authority

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 8	
Report Year:	
State Identifier:	
Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities	
Service	Estimated Total Block Grant
MHA Technical Assistance Activities	
MHA Planning Council Activities	
MHA Administration	\$97,177
MHA Data Collection/Reporting	
MHA Activities Other Than Those Above	\$10,000
Total Non-Direct Services	\$107,177

Comments on Data: FY2010 Federal funds approved for Nebraska was \$1,943,546 for the award period from 10/01/2009 to 09/30/2011.

Table 9: SAMHSA NOMs: SOCIAL CONNECTEDNESS AND IMPROVED FUNCTIONING

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 9: NOMS Social Connectedness & Functioning			
Report Year (Year Survey was Conducted):	2010		
State Identifier:	NE		
Adult Consumer Survey Results:	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	850	1,084	78%
2. Functioning	910	1,114	82%
Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness	199	232	86%
4. Functioning	146	228	64%
Comments on Data:			

Adult Social Connectedness and Functioning Measures

1. Did you use the recommended new Social Connectedness Questions? Yes No _____ Measure used
- 2: Did you use the recommended new Functioning Domain Questions? Yes No _____ Measure used
3. Did you collect these as part of your MHSIP Adult Consumer Survey? Yes No
- If No, what source did you use? _____

Child/Family Social Connectedness and Functioning Measures

- 4: Did you use the recommended new Social Connectedness Questions? Yes No _____ Measure used
- 5: Did you use the recommended new Functioning Domain Questions? Yes No _____ Measure used
6. Did you collect these as part of your YSS-F Survey? Yes No
- If No, what source did you use? _____

Recommended Scoring Rules

Please use the same rules for reporting Social connectedness and Functioning Domain scores as for calculating other Consumer Survey Domain scores for Table 11: E.g.:

1. Recode ratings of “not applicable” as missing values.
2. Exclude respondents with more than 1/3rd of the items **in that domain missing**.
3. Calculate the mean of the items for each respondent.
4. FOR ADULTS: calculate the percent of scores less than 2.5. (percent agree and strongly agree).
5. FOR YSS-F: calculate the percent of scores greater than 3.5. (percent agree and strongly agree).

Items to Score in the Functioning Domain:

Adult MHSIP Functioning Domain:

- 1 I do things that are more meaningful to me.
- 2 I am better able to take care of my needs.
- 3 I am better able to handle things when they go wrong.
- 4 I am better able to do things that I want to do.
- 5 My Symptoms are not bothering me as much (this question already is part of the MHSIP Adult Survey)

YSS-F Functioning Domain Items:

- 1 My child is better able to do things he or she wants to do.
- 2 My child is better at handling daily life. (existing YSS-F Survey item)
- 3 My child gets along better with family members. (existing YSS-F Survey item)
- 4 My child gets along better with friends and other people. (existing YSS-F Survey item)
- 5 My child is doing better in school and/or work. (existing YSS-F Survey item)
- 6 My child is better able to cope when things go wrong. (existing YSS-F Survey item)

Items to Score in the Social Connectedness Domain:

Adult MHSIP Social Connectedness Domain:

- 1 I am happy with the friendships I have.
- 2 I have people with whom I can do enjoyable things.
- 3 I feel I belong in my community.
- 4 In a crisis, I would have the support I need from family or friends.

YSS-F Social Connectedness Domain Items:

- 1 I know people who will listen and understand me when I need to talk
- 2 I have people that I am comfortable talking with about my child's problems.
- 3 In a crisis, I would have the support I need from family or friends.
- 4 I have people with whom I can do enjoyable things

Table 10. Profile of Agencies Receiving Block Grant Funds Directly from the State MHA

This table is to be used to provide an inventory of providers/agencies who directly receive Block Grant allocations. Only report those programs that receive MHBG funds to provide services. Do not report planning council member reimbursements or other administrative reimbursements related to running the MHBG Program.

Please use only one row for each program

PLEASE DO NOT ADD, MERGE, DELETE OR MOVE COLUMNS AND/OR CELLS

Table 10				
Report Year:	2010			
State Identifier:	NE			
Agency Name	Address	Name of Director	Phone #	Amount of Block Grant Allocation to Agency
Region 1 Behavioral Health Authority	4110 Avenue D Scottsbluff, NE 69361	Sharyn Wohlers Region 1 Regional Administrator	(308) 635-3171	178,131
Region 2 Behavioral Health Authority	110 North Bailey Street P.O. Box 1208 North Platte, NE 69103	Kathy Seacrest Region 2 Regional Administrator	(308) 534-044	179,197
Region 3 Behavioral Health Authority	4009 6th Avenue, Suite 65 P.O. Box 2555 Kearney, NE 68848	Beth Baxter, M.S. Region 3 Regional Administrator	(308) 237-511	253,716
Region 4 Behavioral Health Authority	206 Monroe Avenue Norfolk, NE 68701	Ingrid Ganseboom Region 4 Regional Administrator	(402) 370-3100 x 120	258,295
Region 5 Behavioral Health Authority	1645 "N" Street Suite A Lincoln, NE 68508	CJ Johnson Region 5 Regional Administrator	(402) 441-4343	413,708
Region 6 Behavioral Health Authority	3801 Harney Street	Patty Jurjevich	(402) 444-6573	538,668

Table 10. Profile of Agencies Receiving Block Grant Funds Directly from the State MHA

This table is to be used to provide an inventory of providers/agencies who directly receive Block Grant allocations. Only report those programs that receive MHBG funds to provide services. Do not report planning council member reimbursements or other administrative reimbursements related to running the MHBG Program.

Please use only one row for each program

PLEASE DO NOT ADD, MERGE, DELETE OR MOVE COLUMNS AND/OR CELLS

Table 10				
Report Year:	2010			
State Identifier:	NE			
Agency Name	Address	Name of Director	Phone #	Amount of Block Grant Allocation to Agency

	Omaha, NE 68131-3811	Region 6 Regional Administrator		
		Total FY2010 Allocations		\$1,821,715

Table 11: Summary Profile of Client Evaluation of Care

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 11.			
Report Year (Year Survey was Conducted):	2010		
State Identifier:	NE		
Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	917	1,112	3
2. Reporting Positively About Quality and Appropriateness for Adults	977	1,100	3
3. Reporting Positively About Outcomes.	820	1,085	3
4. Adults Reporting on Participation In Treatment Planning.	848	1,055	3
5. Adults Positively about General Satisfaction with Services.	951	1,120	3
Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	190	230	6
2. Reporting Positively about General Satisfaction for Children.	180	231	6
3. Reporting Positively about Outcomes for Children.	143	228	6
4. Family Members Reporting on Participation In Treatment Planning for their Children	188	228	6
5. Family Members Reporting High Cultural Sensitivity of Staff.	211	223	6
Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.			
* Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.			
Comments on Data:			

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used? Yes No

1.a. If no, which version:

- 1. Original 40 Item Version
- 2. 21-Item Version
- 3. State Variation of MHSIP
- 4. Other Consumer Survey

Yes
 Yes
 Yes
 Yes

1.b. If other, please attach instrument used.

1.c. Did you use any translations of the MHSIP into another language?

1. Spanish

2. Other Language:

Adult Survey Approach:

2. Populations covered in survey? (Note all surveys should cover all regions of state)

1. All Consumers in State 2. Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used?

1. Random Sample
 2. Stratified /Random Stratified Sample
 3. Convenience Sample

4. Other Sample:

Adult Consumer Surveys (Continued)

2.b Do you survey only people currently in services, or do you also Survey Persons no longer in service?

- 1. Persons Currently Receiving Services
- 2. Persons No Longer Receiving Services

3. Please Describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)

- 1. All Adult consumers in state
- 2. Adults with Serious Mental Illness
- 3. Adults who were Medicaid Eligible or in Medicaid Managed Care

3.4 Other: describe: (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Mail	<input checked="" type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

4.b. Who administered the Survey? (Check all that apply)

- 1. MH Consumers
- 2. Family Members
- 3. Professional Interviewers
- 4. MH Clinicians
- 5. Non Direct Treatment Staff

6. Other: describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

- 1. Responses are Anonymous
- 2. Responses are Confidential
- 3. Responses are Matched to Client databases

6. Sample Size and Response Rate

6a. How many Surveys were Attempted (sent out or calls initiated)?

6.b How many survey Contacts were made? (surveys to valid phone numbers or addresses)

6.c How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these survey's as "completed" for the calculation of response rates?

5,790
3,001
1,124
37%

Yes No

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

Yes No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey

(survey was done at the local or regional level)

Yes No

7.c. Other: Describe:

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.

The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.

When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child/Family Consumer Surveys

1. Was the MHSIP Children/Family Survey (YSS-F) Used? Yes

If No, what survey did you use?

If no, please attach instrument used.

1.c. Did you use any translations of the Child MHSIP into another language? 1. Spanish

2. Other Language:

Child Survey Approach:

2. Populations covered in survey? (Note all surveys should cover all regions of state)

1. All Consumers in State
 2. Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used?

1. Random Sample 2. Stratified/Random Stratified Sample
 3. Convenience Sample

4. Other Sample:

2.b Do you survey only people currently in services, or do you also Survey Persons no longer in service?

1. Persons Currently Receiving Services
 2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please Describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

1. All Child consumers in state
 2. Children with Serious Emotional Disturbances
 3. Children who were Medicaid Eligible or in Medicaid Managed Care

3.4 Other: describe: (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Mail	<input checked="" type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

4.b. Who administered the Survey? (Check all that apply)

1. MH Consumers
 2. Family Members
 3. Professional Interviewers
 4. MH Clinicians
 5. Non Direct Treatment Staff

6. Other: describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

1. Responses are Anonymous
 2. Responses are Confidential
 3. Responses are Matched to Client databases

6. Sample Size and Response Rate

6a. How many Surveys were Attempted (sent out or calls initiated)?

6.b How many survey Contacts were made? (surveys to valid phone numbers or addresses)

6.c How many surveys were completed? (survey forms returned or calls completed)

6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these survey's as "completed" for the calculation of response rates?

- Yes No

7. Who Conducted the Survey

7.a. SMHA Conducted or contracted for the Survey (survey done at state level)

- Yes No

7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)

- Yes No

7.c. Other: Describe:

Table 11a: Consumer Evaluation of Care by Consumer Characteristics: (Optional Table by Race/Ethnicity.)

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 11a.	
Report Year:	2010
State Identifier: NE	NE

Adult Consumer Survey Results:

*State used the 2 question version for Hispanic Origin Yes No *Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status*

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other/ Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	917	1,112	25	32	4	5	37	45	0	1	790	954	7	10	54	65	69	76
2. Reporting Positively About Quality and Appropriateness.	977	1,100	29	33	5	5	38	44	0	1	842	944	8	10	55	63	68	75
3. Reporting Positively About Outcomes.	820	1,085	25	33	5	5	37	44	0	1	697	931	6	9	50	62	62	75
4. Reporting Positively about Participation in Treatment Planning	848	1,055	26	30	5	5	34	43	0	1	727	905	6	9	50	62	59	73
5. Reporting Positively about General Satisfaction	951	1,120	26	33	4	5	39	45	0	1	819	961	7	10	56	65	62	77
6. Social Connectedness	850	1,084	25	33	4	5	38	43	0	1	724	930	6	9	53	63	63	76
7. Functioning	910	1,114	27	33	5	5	38	45	0	1	781	957	7	10	52	63	67	77

Child/Adolescent Family Survey Results:

*State used the 2 question version for Hispanic Origin Yes No *Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status*

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other/ Not Available		Hispanic Origin*	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
Reporting Positively About Access.	190	230	1	3	2	2	10	11	0	0	163	195	13	18	1	1	28	31
Reporting Positively About General Satisfaction	180	231	1	2	1	2	10	11	0	0	154	197	13	18	1	1	23	31
Reporting Positively About Outcomes.	143	228	1	3	2	2	9	10	0	0	118	194	12	18	1	1	19	31
Reporting Positively Participation in Treatment Planning for their Children.	188	228	1	3	1	2	9	11	0	0	161	193	15	18	1	1	26	30
Reporting Positively About Cultural Sensitivity of Staff.	211	223	3	3	2	2	11	11	0	0	179	189	15	17	1	1	30	31
6. Social Connectedness	199	232	2	3	2	2	9	11	0	0	168	197	17	18	1	1	23	31
7. Functioning	146	228	1	3	2	2	7	10	0	0	121	194	14	18	1	1	21	31

Comments on Data:

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Table 12: State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 12	
Report Year:	2010
State Identifier:	NE

Populations Served

1 Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	Populations Covered		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
2. Aged 4 to 17	<input checked="" type="checkbox"/> Yes			
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes			
4. Forensics	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes
Comments on Data:	See General Comments.			

2 Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

- Serious Mental Illness
- Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1 Percent of adults meeting Federal definition of SMI:	72.1%
2.a.2 Percentage of children/adolescents meeting Federal definition of SED	61.5%

3 Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1 Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:	44%
3.a.2 Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:	8%

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse.

3.b.1 Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:	46%
3.b.2 Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:	6%

3b.3 Please describe how you calculate and count the number of persons with co-occurring disorders

1) Individuals had dual diagnosis codes for both mental health services and substance abuse disorders.
 2) Individuals had both mental health and substance abuse services

4 State Mental Health Agency Responsibilities

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

- 1. State Medicaid Operating Agency
- 2. Setting Standards
- 3. Quality Improvement/Program Compliance
- 4. Resolving Consumer Complaints
- 5. Licensing
- 6. Sanctions
- 7. Other

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

- 4.b.1 Does the State have a Medicaid Managed Care initiative? Yes No
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care? Yes No

If yes, please check the responsibilities the SMHA has:

- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs Yes
- 4.b.4 Setting Standards for mental health services Yes
- 4.b.5 Coordination with state health and Medicaid agencies Yes
- 4.b.6 Resolving mental health consumer complaints Yes
- 4.b.7 Input in contract development Yes
- 4.b.8 Performance monitoring Yes
- 4.b.9 Other Yes

5

Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table 2, which requires unduplicated counts of clients served across your entire mental health system.

Are the data reporting in the tables?

Unduplicated: counted once even if they were served in both State hospitals and community

- 5.a. programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. **Duplicated:** across state hospital and community programs
- 5.c. **Duplicated:** within community programs
- 5.d. **Duplicated:** Between Child and Adult Agencies

Plans for Unduplication: If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6 Summary Administrative Data

6.a. Report Year	2010		
6.b. State Identifier	NE		
<i>Summary Information on Data Submitted by SMHA:</i>			
6.c. Year being reported: From:	07/01/2009	to	06/30/2010
6.d. Person Responsible for Submission	Jim Harvey		
6.e. Contact Phone Number:	402-471-7824		
6.f. Contact Address	301 Centennial Mall South		
	Lincoln, Nebraska 68509		
6.g. E-mail:	jim.harvey@nebraska.gov		

Table 14A. Profile of Persons with SMI/SED served by Age, Gender and Race/Ethnicity

This is a developmental table similar to Table 2A. and 2B. This table requests counts for persons with SMI or SED using the definitions provided by the CMHS. Table 2A. and 2B. included all clients served by publicly operated or funded programs. This table counts only clients who meet the CMHS definition of SMI or SED. For many states, this table may be the same as Tables 2A. and 2B. For 2007, states should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the categories listed - "Total" are calculated automatically.

Table 14A.																
Report Year:	2010															
State Identifier:	NE															
	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	258	561	0	819	5	16		1	1		29	58		2	6	
13-17 years	326	479	0	805	11	13		1	1		20	29		6	7	
18-20 years	341	386	0	727	18	7		5	2		29	34		0	1	
21-64 years	7100	6510	0	13,610	185	121		44	44		593	703		24	22	
65-74 years	209	112	0	321	2	2		3	0		12	1		0	0	
75+ years	46	25	0	71	0	1		1	0		1	0		0	0	
Not Available	1	1	0	2												
Total	8281	8074	0	16,355	221	160	0	55	48	0	684	825	0	32	36	0
Comments on Data (for Age):	The age was calculated as follows: [(July 1, 2008- (Consumer Birth Date)) / 365.25]. Only adolescents age 3-17 were included in this table, ages 0-2 were excluded.															
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.															
Comments on Data (for Race/Ethnicity):	For race listed as "Other", reported in "Unknown". If more than one race listed, most frequent race was reported.															
Comments on Data (Overall):	See General Comments.															

1. State Definitions Match the Federal Definitions:

<input type="radio"/> Yes <input type="radio"/> No	Adults with SMI, if No describe or attach state definition: <u>SSI/SSDI eligible OR Served in one of the NBHS funded Community Mental Health Rehabilitation Based Services (SEE GENERAL COMMENTS FOR COMPLETE LIST) OR Have an Axis V – GAF Scale score of less than 60 AND a diagnosis of</u>
	Diagnoses included in state SMI definition: <u>Axis I or II - 295.0 to 298.9</u>
<input type="radio"/> Yes <input type="radio"/> No	Children with SED, if No describe or attach state definition: <u>SSI/SSD Eligible OR receiving specified services, SEE GENERAL COMMENTS FOR COMPLETE LIST</u>
	Diagnoses included in state SED definition: <u>See General comments.</u>

Table 14A. Profile

*This is a developm
CMHS. Table 2A. ε
definition of SMI or
Definitions of SMI ε
describing your sta*

PLEASE DO

Please report the d

Table 14A.
Report Year:
State Identifier:

	White			Hispanic *use only if data for Table 14b are not available			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	209	455					10	20		2	5	
13-17 years	282	416					5	9		1	4	
18-20 years	285	340					4	1		0	1	
21-64 years	6,175	5,535					19	16		60	69	
65-74 years	189	109					0	0		3	0	
75+ years	44	24					0	0		0	0	
Not Available	1	1										
Total	7,185	6,880	0	0	0	0	38	46	0	66	79	0

Comments on Data (for Age):
Comments on Data (for Gender):
Comments on Data (for Race/Ethnicity):
Comments on Data (Overall):

1. State Definitions M

<input type="radio"/> Yes <input type="radio"/> No
--

<input type="radio"/> Yes <input type="radio"/> No
--

Table 14B. Profile of Persons with SMI/SED served by Age, Gender and Race/Ethnicity

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in Table 14A.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the categories listed - "Total" are calculated automatically.

Table 14B.													
Report Year:	2010												
State Identifier:	NE												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0 - 12 Years	222	469		33	77		3	15		258	561	0	819
13 - 17 years	272	375		44	88		10	16		326	479	0	805
18 - 20 years	307	349		23	31		11	6		341	386	0	727
21-64 years	6,616	6,001		385	427		99	82		7,100	6,510	0	13,610
65-74 years	204	110		3	2		2	0		209	112	0	321
75+ years	46	23		0	1		0	1		46	25	0	71
Not Available	1	1								1	1	0	2
Total	7,668	7,328	0	488	626	0	125	120	0	8,281	8,074	0	16,355
Comments on Data (for Age):	Age was calculated as follows: [(July 1, 2009- (Consumer Birth Date)) / 365.25]												
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.												
Comments on Data (for Race/Ethnicity):	If more than one ethnicity listed, most frequent ethnicity was reported.												
Comments on Data (Overall):	See General Comments.												

Table 15. Living Situation Profile:

**Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period
All Mental Health Programs by Age, Gender, and Race/Ethnicity**

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

Table 15.											
Report Year:	2010										
State Identifier:	NE										
	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	NA	Total
0-17	2485	66	21	3	17	35	20	3	33	6	2689
18-64	15811	13	747	10	1	551	311	984	1387	67	19882
65 +	395	2	75	1	0	26	4	8	33	4	548
Not Available	2	0	0	0	0	0	0	0	1	1	4
TOTAL	18693	81	843	14	18	612	335	995	1454	78	23123
Female	9820	41	354	7	5	206	71	348	619	38	11509
Male	8873	40	489	7	13	406	264	647	835	40	11614
Not Available											0
TOTAL	18693	81	843	14	18	612	335	995	1454	78	23123
American Indian/Alaska Native	489	9	21	0	2	14	13	28	31	0	607
Asian	150	1	5	1	0	6	0	6	10	1	180
Black/African American	1344	7	77	2	1	60	50	199	184	3	1927
Hawaiian/Pacific Islander	98	1	0	0	0	2	0	6	3	0	110
White/Caucasian	16325	57	733	10	15	518	261	743	1196	63	19921
Hispanic *											0
More than One Race Reported	128	4	1	1	0	2	5	6	10	0	157
Race/Ethnicity Not Available	159	2	6	0	0	10	6	7	20	11	221
TOTAL	18693	81	843	14	18	612	335	995	1454	78	23123
Hispanic or Latino Origin	1354	13	63	2	3	87	68	52	177	10	1829
Non Hispanic or Latino Origin	16997	67	776	11	14	524	263	922	1236	65	20875
Hispanic or Latino Origin Not Available	342	1	4	1	1	1	4	21	41	3	419
TOTAL	18693	81	843	14	18	612	335	995	1454	78	23123
Comments on Data:	See General Comments.										

How Often Does your State Measure Living Situation? At Admission At Discharge Monthly Quarterly Other: describe: _____

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as an Ethnic Origin are not available

TABLE 16: DEFINITIONS AND INSTRUCTIONS

DEFINITIONS

Supported Housing:

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.

Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.

Supported Employment:

Mental Health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illness' rehabilitation and their return to productive employment. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client:staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults/works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.

Assertive Community Treatment:

A team based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. A key aspect are low caseloads and the availability of the services in a range of settings. The service is a recommended practice in the PORT study (Translating Research Into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations, Lehman, Steinwachs and Co-Investigators of Patient Outcomes Research Team, Schizophrenia Bulletin, 24(1):1-10, 1998) and is cited as a practice with strong evidence based on controlled, randomized effectiveness studies in the Surgeon General's report on mental health (Mental Health: A Report of the Surgeon General, December, 1999, Chapter 4, "Adults and Mental Health, Service Delivery, Assertive Community Treatment"). Additionally, HCFA recommended that state Medicaid agencies consider adding the service to their State Plans in HCFA Letter to State Medicaid Directors, Center for Medicaid and State Operations, June 07, 1999.

Therapeutic Foster Care:

Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.”

Multisystemic Therapy (MST)

MST views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long-term outcomes

Functional Family Therapy (FFT)

A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth the their family. The phases are engagement, motivation, assessment, behavior change, and generalization

INSTRUCTIONS

1. Please enter the unduplicated number of adults with serious mental illness and children with serious emotional disturbances who received each service category during the reporting year.
2. Please enter the unduplicated number of adults with SMI and children with SED in each age, sex and race/ethnicity category that were served by the SMHA during the year.
3. States are using a variety of instruments to monitor fidelity, some of which are more standardized than others. If fidelity is being monitored in your state, please indicate the instrument being used for each service category.

Table 16: Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELL

Table 16.								
Report Year: 2010								
State Identifier: NE								
	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Age								
0-12								819
13-17								805
18-20	79	38	1	727				
21-64	761	643	269	13610				
65-74	2	5	8	321				
75+				71				
Not Available				2				
TOTAL	842	686	278	14731	0	0	0	1624

Gender								
Female	494	342	120	7697				584
Male	348	344	158	7034				1040
Not Available								

Race/Ethnicity								
American Indian/Alaska Native	18	14		336				45
Asian	4	3	2	99				4
Black/African American	86	32	47	1373				136
Hawaiian/Pacific	1	4		47				21
White	681	631	227	12703				1362
Hispanic*								
More than one race	19	1		40				44
Not Available	33	1	2	133				12

Hispanic/Latino								
Hispanic/Latino	38	27	6	872				242
Non Hispanic/Latino	745	659	272	13658				1338
Not Available	59			201				44

Do You monitor fidelity or this service?	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
IF YES, What fidelity measure do you use? Who measures fidelity?						
How often is fidelity measured?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have staff been specifically trained to implement the EBP?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
* Hispanic is part of the total service population	<input type="radio"/> Yes <input checked="" type="radio"/> No					

Comments on Data (overall):	See General Comments.					
Comments on Data (Supported Housing):						
Comments on Data (Supported Employment):						
Comments on Data (Assertive Community Treatment):						
Comments on Data (Therapeutic Foster Care):						
Comments on Data (Multi-Systemic Therapy):						
Comments on Data (Family Functional Therapy):						

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

TABLE 17: DEFINITIONS AND INSTRUCTIONS

DEFINITIONS

Family Psychoeducation:

Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family Psychoeducation programs may be either multi-family or single-family focused. Core characteristics of family Psychoeducation programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

Integrated Treatment for Co-occurring Disorders

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

Illness Self-Management

Illness Self-Management (also called illness management or wellness management): Is a broad set of rehabilitation methods aimed at teaching individuals with a mental illness strategies for collaborating actively in their treatment with professionals, for reducing their risk of relapses and rehospitalizations, for reducing severity and distress related to symptoms, and for improving their social support. Specific evidence-based practices that are incorporated under the broad rubric of illness self-management are psychoeducation about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive-behavior therapy for psychosis, and social skills training. The goal of illness self-management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals.

Medication Management

In the toolkit on medication management there does not appear to be any explicit definition of medication management. However the critical elements identified for evidence-based medication management approaches are the following:

1. Utilization of a systematic plan for medication management
2. Objective measures of outcome are produced
3. Documentation is thorough and clear
4. Consumers and practitioners share in the decision-making

INSTRUCTIONS

1. Please enter the unduplicated number of adults with serious mental illness who received each service category during the reporting year.
2. Please enter the unduplicated number of adults with SMI and children with SED in each age, sex and race/ethnicity category that were served by the SMHA during the year.
3. States are using a variety of instruments to monitor fidelity, some of which are more standardized than others. If fidelity is being monitored in your state, please indicate the instrument being used for each service category.

Table 17: Profile of Adults with Serious Mental Illnesses Receiving Specific Services During The Year:

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 17.				
Report Year:	2010			
State Identifier:	NE			
	ADULTS WITH SERIOUS MENTAL ILLNESS			
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20		18		276
21-64		432		6176
65-74		1		76
75+				18
Not Available				
TOTAL		451	0	6546

Gender				
Female		234		3464
Male		217		3082
Not Available				

Race				
American Indian/ Alaska Native		14		152
Asian				47
Black/African American		28		583
Hawaiian/Pacific Islander		4		24
White		401		5696
Hispanic*				
More than one race		3		18
Unknown		1		26

Hispanic/Latino Origin				
Hispanic/Latino Origin		17		328
Non Hispanic/Latino		434		6130
Hispanic origin not available				88

Do You monitor fidelity for this service?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input checked="" type="radio"/>
IF YES,								
What fidelity measure do you use?								
Who measures fidelity?								
How often is fidelity measured?								
	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Have staff been specifically trained to implement the EBP?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

* Hispanic is part of the total served. Yes No

Comments on Data (overall):	See General Comments.
Comments on Data (Family Psychoeducation):	
Comments on Data (Integrated Treatment for Co-occurring Disorders):	
Comments on Data (Illness Self Management):	
Comments on Data (Medication Management):	

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 18: Profile of Adults with Schizophrenia Receiving New Generation Medications During The Year

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 18.						
Report Year:						
State Identifier:						
	STATE HOSPITALS		COMMUNITY SETTINGS		STATE MENTAL HEALTH SYSTEM	
	Unduplicated N of Adults with Schizophrenia Receiving New Generation Meds	Unduplicated N of Adult with Schizophrenia Served	Unduplicated N of Adults with Schizophrenia Receiving New Generation Meds	Unduplicated N of Adult with Schizophrenia Served	Unduplicated N of Adults with Schizophrenia Receiving New Generation Meds	Unduplicated N of Adult with Schizophrenia Served
Age						
18-20						
21-64						
65-74						
75+						
Not Available						
TOTAL	0	0	0	0	0	0
Gender						
Female						
Male						
Not Available						
Race						
American Indian/ Alaska Native						
Asian						
Black/African American						
Hawaiian/Pacific Islander						
White						
Hispanic*						
More than one race						
Unknown						
Hispanic/Latino Origin						
Hispanic/Latino Origin						
Non Hispanic/Latino						
Hispanic origin not available						
Are specific clinical guidelines followed?	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
If Yes, which one?						
* Hispanic is part of the total served.	<input type="radio"/> Yes	<input type="radio"/> No				
Comments on Data:						
Comments on State Hospitals:						
Comments on Community Settings:						
Comments on State Mental Health System:						

* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 19A. Profile of Criminal Justice or Juvenile Justice Involvement:

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the arrest histories of mental health consumers with their December 2007 MHBG submission.
2. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer self-report items on criminal justice, you may report them here.
3. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
5. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Table 19A. Profile of Adult Criminal Justice and Youth Juvenile Justice Contacts

State: NE Time period in which services were received: 2010

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total													0	0	0	0	0	0
Total Children/Youth (under age 18)													0	0	0	0	0	0
Male																		0
Female																		0
Gender NA																		0
Total Adults (age 18 and over)													0	0	0	0	0	0
Male																		0
Female																		0
Gender NA																		0

For Consumers Who Began Mental Health Services during the past 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Since starting to receive MH Services, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total													0	0	0	0	0	0
Total Children/Youth (under age 18)													0	0	0	0	0	0
Male																		0
Female																		0
Gender NA																		0
Total Adults (age 18 and over)													0	0	0	0	0	0
Male																		0
Female																		0
Gender NA																		0

See Page 2 for additional Questions about the source of this data.

Table 19A. Profile of Criminal Justice or Juvenile Justice Involvement:

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the arrest histories of mental health consumers with their December 2007 MHBG submission.
2. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer self-report items on criminal justice, you may report them here.
3. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
5. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Table 19A. Profile of Adult Criminal Justice and Youth Juvenile Justice Contacts

State: NE Time period in which services were received: 2010

Please Describe the Sources of your Criminal Justice Data

Source of **adult** criminal justice information: 1) Consumer survey (recommended questions) 2) Other Consumer Survey: Please send copy of questions 3) Mental health MIS
 4) State criminal justice agency 5) Local criminal justice agency 6) Other (specify) _____

Sources of **children/youth** criminal justice information: 1) Consumer survey (recommended questions) 2) Other Consumer Survey: Please send copy of questions 3) Mental health MIS
 4) State criminal/juvenile justice agency 5) Local criminal/juvenile justice agency 6) Other (specify) _____

Measure of **adult** criminal justice involvement: 1) Arrests 2) Other: (specify) Admission to the state prison or city/county jail systems

Measure of **children/youth** criminal justice involvement: 1) Arrests 2) Other: (specify) Admission to the state prison or city/county jail systems

Mental health programs included: 1) Adults with SMI only 2) Other adults (specify) _____
 1) Children with SED only 2) Other Children (specify) _____

3) Both (all adults)
 3) Both (all Children)

Region for which **adult** data are reported: 1) The whole state 2) Less than the whole state (please describe)

Region for which **children/youth** data are reported: 1) The whole state 2) Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

	Child/Adolescents	Adults
1. If data is from a survey, What is the total Number of people from which the sample was drawn?		
2. What was your sample size? (How many individuals were selected for the sample)?		
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)		
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?		
5. What was your response rate? (number of Completed surveys divided by number of Contacts):		

State Comments/Notes: See General Comments.

Instructions:

If you have responses to a survey by person not in the expected age group, you should include those responses with other responses from the survey. e.g. if a 16 or 17 year old responds to the Adult MHSIP survey, please include their responses in the Adult categories (since that was the survey they used).

Table 19b. Profile of Change in School Attendance

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the school attendance outcomes of mental health consumers with their December 2007 MHBG submission.
2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
3. If your SMHA has data on School Attendance from alternatives sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in Attendance from T1 to T2, please use all these columns.
4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
5. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Table 19b. Profile of Change in School Attendance

State: _____		Time period in which services were received: _____																
For Consumers in Service for at least 12 months																		
	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No response	Total Responses
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																		
Male																		0
Female																		0
Gender NA																		0
Age																		
Under 18																		0
For Consumers Who Began Mental Health Services during the past 12 months																		
	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No response	Total Responses
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																		
Male																		0
Female																		0
Gender NA																		0
Age																		
Under 18																		0
See Page 2 for additional Questions about the source of this data.																		

Table 19b. Profile of Change in School Attendance

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

1. This is a developmental measure. To assist in the development process, we are asking states to report information on the school attendance outcomes of mental health consumers with their December 2007 MHBG submission.
2. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
3. If your SMHA has data on School Attendance from alternatives sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in Attendance from T1 to T2, please use all these columns.
4. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
5. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Table 19b. Profile of Change in School Attendance

State: _____		Time period in which services were received: _____	
Source of School Attendance Information			
<input type="checkbox"/> 1) Consumer survey (recommended items)	<input type="checkbox"/> 2) Other Survey: Please send us items	<input type="checkbox"/> 3) Mental health MIS	
<input type="checkbox"/> 4) State Education Department	<input type="checkbox"/> 5) Local Schools/Education Agencies	<input type="checkbox"/> 6) Other (specify) _____	
Measure of School Attendance			
<input type="radio"/> 1) School Attendance	<input type="radio"/> 2) Other: (Specify) _____		
Mental health programs include:			
<input type="checkbox"/> 1) Children with SED only	<input type="checkbox"/> 2) Other Children (specify) _____	<input type="checkbox"/> 3) Both.	
Region for which data are reported:			
<input type="radio"/> 1) The whole state	<input type="radio"/> 2) Less than the whole state (please describe) _____		
What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported			
		Child/Adolescents	
1. If data is from a survey, What is the total Number of people from which the sample was drawn?			
2. What was your sample size? (How many individuals were selected for the sample)?			
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)			
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were data available for?			
5. What was your response rate? (number of Completed surveys divided by number of Contacts):			
State Comments/Notes			

Table 20A. Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 20A.					
Report Year:		2010			
State Identifier:		NE			
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	150	4	8	2.67%	5.33%

Age					
0-12	1	0	0	0.00%	0.00%
13-17	9	0	0	0.00%	0.00%
18-20	14	1	1	7.14%	7.14%
21-64	122	3	7	2.46%	5.74%
65-74	3	0	0	0.00%	0.00%
75+	1	0	0	0.00%	0.00%
Not Available					

Gender					
Female	50	1	1	2.00%	2.00%
Male	100	3	7	3.00%	7.00%
Gender Not Available					

Race					
American Indian/ Alaska Native	1	0	0	0.00%	0.00%
Asian	3	0	0	0.00%	0.00%
Black/African American	22	0	1	0.00%	4.55%
Hawaiian/Pacific Islander	0	0	0		
White	122	4	7	3.28%	5.74%
Hispanic*					
More than one race	0	0	0		
Race Not Available	2	0	0	0.00%	0.00%

Hispanic/Latino Origin					
Hispanic/Latino Origin	24	1	1	4.17%	4.17%
Non Hispanic/Latino	126	3	7	2.38%	5.56%
Hispanic/Latino Origin Not Available					

Are Forensic Patients Included? Yes No

Comments on Data:	'Other' Race was included in 'Race Not Available'. All non-forensic patients discharged between 7/1/09 - 6/30/10. See also General Comments.
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* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 20B. Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 20B.					
Report Year:		2010			
State Identifier:		NE			
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	46	0	1	0	2.17%

Age					
0-12	0	0	0		
13-17	0	0	0		
18-20	4	0	0	0.00%	0.00%
21-64	41	0	1	0.00%	2.44%
65-74	1	0	0	0.00%	0.00%
75+					
Not Available					

Gender					
Female	5	0	0	0.00%	0.00%
Male	41	0	1	0.00%	2.44%
Gender Not Available					

Race					
American Indian/ Alaska Native	0	0	0		
Asian	2	0	0	0.00%	0.00%
Black/African American	13	0	0	0.00%	0.00%
Hawaiian/Pacific Islander	0	0	0		
White	29	0	1	0.00%	3.45%
Hispanic*					
More than one race	1	0	0	0.00%	0.00%
Race Not Available	1	0	0	0.00%	0.00%

Hispanic/Latino Origin					
Hispanic/Latino Origin	20	0	0	0.00%	0.00%
Non Hispanic/Latino	26	0	1	0.00%	3.85%
Hispanic/Latino Origin Not Available					

Comments on Data:	'Other' Race was included in 'Race Not Available'. All forensic patients discharged between 7/1/09 - 6/30/10. See also General Comments.
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* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Table 21. Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) Within 30/180 Days of Discharge

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Table 21.					
Report Year:	2010				
State Identifier:	NE				
	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	2778	37	72	1.3%	2.6%

Age					
0-12	5	0	0	0.00%	0.00%
13-17	63	2	2	3.17%	3.17%
18-20	234	2	3	0.85%	1.28%
21-64	2414	33	67	1.37%	2.78%
65-74	39	0	0	0.00%	0.00%
75+	23	0	0	0.00%	0.00%
Not Available					

Gender					
Female	1198	9	26	0.75%	2.17%
Male	1580	28	46	1.77%	2.91%
Gender Not Available					

Race					
American Indian/ Alaska Native	118	4	7	3.39%	5.93%
Asian	21	6	6	28.57%	28.57%
Black/African American	274	2	7	0.73%	2.55%
Hawaiian/Pacific Islander	9	0	0	0.00%	0.00%
White	2343	25	52	1.07%	2.22%
Hispanic*					
More than one race	5	0	0	0.00%	0.00%
Race Not Available	8	0	0	0.00%	0.00%

Hispanic/Latino Origin					
Hispanic/Latino Origin	192	2	6	1.04%	3.13%
Non Hispanic/Latino	2489	35	66	1.41%	2.65%
Hispanic/Latino Origin Not Available	97			0.00%	0.00%

1. Does this table include readmission from state psychiatric hospitals?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
2. Are Forensic Patients Included?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Comments on Data:	'Other' Race was included in 'Race Not Available'. All non-forensic and psychiatric inpatients patients discharged between 7/1/09 - 6/30/10. See also General Comments.
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* Hispanic: Only use the "Hispanic" row under Race if data for Hispanic as a Ethnic Origin are not available

Extra Table: General/Additional Footnotes

Please use this table to enter any general comments and/or additional footnotes. This can be used for both footnotes that did not fit in the Footnotes field for a certain table, or it can be used for comments that apply to several tables, or are general comments for a state.

Comment No.	Re. Table No.	Comment
1	All	In January 2009, the Division of Behavioral Health began cleaning its data system by administratively discharging nearly 18,000 records of admission to program prior to November 2003 and of which had no activity in the last year. This reduced the number of active cases in the system.
2	All	For reporting in the FY2010 URS Tables, the Division of Behavioral Health changed the method used to identify mental health individuals. In the past, individuals included in Table 2A were either served in a mental health or dual service OR had a diagnosis of mental illness and used a substance abuse service OR had a mental health reason for admission. Currently, individuals included in Table 2A are those that were served in a mental health or dual service within the fiscal year. This has reduced the number of individuals appearing in the URS Tables.
3	All	To obtain unduplicated count of persons served, the Division used social security numbers and dates of birth to identify unique clients in the data system.
4	2A	Data for this table were extracted from the Data Integration Grant (DIG) Database. The DIG Database is a collect of data from several different databases. The databases include in DIG are Magellan 2009, AIMS, and Avatar. The Magellan databases hold collections of Community Based Data for Nebraska. The AIMS/Avatar databases represent consumers served in one (or more) of the state's three regional centers. The DIG database contains information about Mental Health, Dual Diagnosis, and Substance Abuse consumers. From the DIG database, Records for Mental Health and Dual Diagnosis Consumers are extracted. Mental Health Consumer records are included in this population when they: 1) Have a Service Authorization for a Mental Health Treatment Program or 2) Have a Service Authorization for a Dual Treatment Program Consumers only being served for Substance Abuse or Mental Retardation/Developmental Disabilities are EXCLUDED from this population. The population use for TABLE 2a is an UNDUPLICATED count of persons served in both regional center and community programs. The clients were identified by social security number and date of birth.
5	2B	This is the same population presented in Table 2A distributed by ethnicity.
6	3	Data in this table reflects a population which receives Mental Health Services in one of four settings. This table contains data which are duplicated across rows. Community Mental Health Programs includes clients receiving outpatient services at a State Regional Mental Health Center or clients receiving services at a community provider. State Psychiatric Hospitals include all individuals admitted to a State Regional Mental Health Center (forensic and non-forensic).

		Other Psychiatric Inpatients include clients admitted to one of the psychiatric inpatient hospitals within Nebraska, other than a State Regional Mental Health Center.
		Residential Treatment Center for Children population consists of adolescents admitted to one of the units State Regional Mental Health Center or had a living situation of "Child Residential Treatment"
7	4	This table is a representation of the ADULT population first presented in Table 2a. Employment Status is based on most recent admission data, if more than one. If employment status was listed as unknown or was missing, employment status at discharge, if available, was used.
		revised January 19, 2011 - Table 4 Employment data was revised to report only Adult consumers served in Community Settings (non-institutional settings). The Psychiatric Hospitals data were excluded in the revision to table 4.
8	4A	This represents the same population as in Table 4.
		Primary diagnosis could not be determined, due to the nature of the database (ie several diagnoses at admission, with no clear identification of primary diagnosis).
		As an alternative, a hierarchal approach was used where the most frequent diagnosis of schizophrenia, bipolar and mood disorders, and other psychiatric diagnostic combinations was applied. Those individuals who did not fall into one of those three categories, were placed in 'all other diagnoses" if other mental health diagnostic codes were listed (Axis codes between 290-316, minus substance abuse codes). The remainder of the population was classified as "No Diagnosis and Deferred" if an appropriate code was listed (799.9 or V71.09) or no diagnosis was given at all.
9	5A	The Population for Table 5a is the same population represented in Table 2A. The distribution of patients was defined as follows:
		Medicaid Only: persons listed as eligible and receiving payments, without another source of medical insurance.
		Non-Medicaid Only: persons listed as having a non-Medicaid source of insurance.
		Both Medicaid and Non-Medicaid: Persons listed as eligible and receiving payments from Medicaid, that have another source of medical insurance.
		Medicaid Status Not Available: all persons not listed as having Medicaid or another source of medical insurance.
10	5B	This is the same population as presented in Table 5A distributed by ethnicity.
11	6	This table represents the turnover of the clients shown in Table 2A
		Total Served at Beginning of Year (unduplicated): This population includes clients with admission dates before July 1, 2009 and who were discharged after July 1, 2009, or were not discharged. Clients are unduplicated.
		Admissions During the Year (duplicated), the population was limited to records with admission date which occurred between July 1, 2009 and June 30, 2010. All unique admission dates were counted for each service type.

