Nebraska

UNIFORM APPLICATION FY 2022 Mental Health Block Grant Report COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022 (generated on 05/26/2023 2.48.02 PM)

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

A. State Information

State Information

State DUNS Number

Number 808819957

Expiration Date

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

Agency Name Nebraska Department of Health and Human Services

Organizational Unit Division of Behavioral Health

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City Lincoln

Zip Code 68509-5026

II. Contact Person for the Grantee of the Block Grant

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Agency Name NE DHHS Division of Behavioral Health

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III. State Expenditure Period (Most recent State exependiture period that is closed out)

From 7/1/2020

To 6/30/2021

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2021 4:53:34 PM

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V. Contact Person Responsible for Report Submission

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Footnotes:

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B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Alcohol Use among Youth and Young Adults

Priority Type: SAP

Population(s): PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial

and Ethnic Minorities)

Goal of the priority area:

Reduce harmful alcohol use among youth and young adults.

Objective:

Reduce the prevalence of binge drinking by youth and young adults.

Strategies to attain the goal:

Work with prevention coalitions across state to continue engaging in partnerships with local schools, colleges and community groups to facilitate trainings and educational activities which aim to enhance awareness of the risks associated with alcohol use, particularly those associated with binge drinking.

Edit Strategies to attain the objective here:

(if needed)

-Annual Performance Indicators to measure goal success-

Indicator #: 1

Indicator: Prevalence of binge drinking reported by youth and young adults, ages 18 to 24

Baseline Measurement: 31.8%
First-year target/outcome measurement: 30.0%

Second-year target/outcome measurement: 28.0%

New Second-year target/outcome measurement(if needed):

Data Source:

Behavioral Risk Factor Surveillance Survey (BRFSS)

New Data Source(if needed):

Description of Data:

The Behavioral Risk Factor Surveillance System (BRFSS) is a survey which collects state data about residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The BRFSS is a cross-sectional survey conducted by states with technical and methodological assistance provided by the Centers for Disease Control and Prevention (CDC). States use a standardized core questionnaire, optional modules, and state-added questions to ask a variety of important health-related topics of which DBH contributes recommendations on question content. It is administered every year and targeted at non-institutionalized adults 18 years of age and older. The Nebraska Department of Health and Human Services (DHHS) Division of Public Health (DPH) contracts with the University of Nebraska-Lincoln, Bureau of Sociological Research (BOSR) to manage BRFSS data collection.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Although this survey has historically been implemented every year, the Division of Behavioral Health does not directly coordinate and is

New Data issue	es/caveats that affect outcom	e measures:					
Report of	Progress Toward Go	al Attainment					
First Year Tar	get: Achie	ved		Not Achieved (i	f not achieved,exp	lain why)	
Reason why ta	rget was not achieved, and cl	nanges proposed to m	eet target:				
According to the	target was achieved <i>(optional</i> ne 2018 Behavioral Rick Facto s and more than four drinks f	Surveillance Survey d	-			_	more than five
Second Year	Target: 🔽 Achie	ved		Not Achieved (i	f not achieved,exp	lain why)	
Reason why ta	rget was not achieved, and cl	nanges proposed to m	eet target:				
How second ye	ear target was achieved <i>(optic</i>	nal):					
young adults was 31.5% [95 (27.7%) and u confidence in	the 2019 Behavioral Rick Factor – that is having more than 4 constitution (27.7 – 35.2)]. The secon pper limit (35.2%) of the 95-poterval around this estimate material percent and 35.2 percent	or more drinks for femal d year target of 28.0% ercent confidence inter	ales on one o was achieved rval, it is not	occasion and 5 d because the t statistically diff	or more drinks target value, 28.0 ferent from the e	for males on or 0%, lies within t stimated value	he occasion – he lower (31.5%). The
<i>y</i> #:	2						
•	2 Increase Use of Evidence-bas	ed Strategies					
•		ed Strategies					
/ Area:	Increase Use of Evidence-bas	J	in College, R	ural, Children/	Youth at Risk for	BH Disorder, U	Inderserved Raci
/ Area: / Type:	Increase Use of Evidence-bas SAP PP, Other (Adolescents w/SA and Ethnic Minorities)	J	in College, R	ural, Children/	Youth at Risk for	BH Disorder, U	Inderserved Raci
/ Area: / Type: htion(s): f the priority are	Increase Use of Evidence-bas SAP PP, Other (Adolescents w/SA and Ethnic Minorities)	and/or MH, Students i			Youth at Risk for	BH Disorder, U	Inderserved Raci
/ Area: / Type: htion(s): f the priority are	Increase Use of Evidence-bas SAP PP, Other (Adolescents w/SA and Ethnic Minorities)	and/or MH, Students i			Youth at Risk for	BH Disorder, U	Inderserved Raci
/ Area: / Type: ition(s): f the priority are asing the use of	Increase Use of Evidence-bas SAP PP, Other (Adolescents w/SA and Ethnic Minorities)	and/or MH, Students i pported through Block	k Grant fund	ing.			Inderserved Raci
/ Area: / Type: ition(s): f the priority are asing the use of	Increase Use of Evidence-bas SAP PP, Other (Adolescents w/SA and Ethnic Minorities) Pa: evidence-based strategies su idence-based strategies employed	and/or MH, Students i pported through Block	k Grant fund	ing.			Inderserved Raci
y Area: y Type: htion(s): If the priority are esting the use of eve: este the use of eve gies to attain the ort increased use aigns, and engal am staff unders	Increase Use of Evidence-bas SAP PP, Other (Adolescents w/SA and Ethnic Minorities) Pa: evidence-based strategies su idence-based strategies employed	and/or MH, Students in prevention consin prevention practions in prevention practices of binge drivuse of evidence-based	k Grant fund palitions to re ctices. Use e inking and re d strategies i	ing. educe alcohol a vidence-based educe binge di	and substance us public educatio inking rate. Offe	se. n and awarenes er technical assi	ss strategies, istance to enhan
Area: Arype: Ation(s): If the priority are asing the use of every asset the use of every are asing the use of every areas and engages, and engages am staff unders the state prevent	Increase Use of Evidence-base SAP PP, Other (Adolescents w/SA and Ethnic Minorities) Pa: evidence-based strategies su idence-based strategies empl e goal: e of evidence-based intervent gement activities to increase tanding on identification and	and/or MH, Students in prevention consin prevention practions in prevention practices of binge drivuse of evidence-based	k Grant fund palitions to re ctices. Use e inking and re d strategies i	ing. educe alcohol a vidence-based educe binge di	and substance us public educatio inking rate. Offe	se. n and awarenes er technical assi	ss strategies, istance to enhan
Area: A Type: Ation(s): If the priority are asing the use of every asset the use of every area and engage and staff unders the state prevent arategies to attain the attain the attain the state prevent arategies to attain the attai	Increase Use of Evidence-bas SAP PP, Other (Adolescents w/SA and Ethnic Minorities) a: evidence-based strategies su idence-based strategies empl e goal: e of evidence-based intervent gement activities to increase tanding on identification and ion reporting system related to	and/or MH, Students in prevention colors in prevention practical awareness of binge driuse of evidence-based on prevention activities	k Grant fund palitions to re ctices. Use e inking and re d strategies i	ing. educe alcohol a vidence-based educe binge di	and substance us public educatio inking rate. Offe	se. n and awarenes er technical assi	ss strategies, istance to enhan
Area: Type: tion(s): the priority are using the use of eve: use the use of every ites to attain the ort increased use aigns, and engagement attain the state prevent increased use are state prevent increased used in the ort in the ort increased used	Increase Use of Evidence-bas SAP PP, Other (Adolescents w/SA and Ethnic Minorities) a: evidence-based strategies su idence-based strategies empl e goal: e of evidence-based intervent gement activities to increase tanding on identification and ion reporting system related to the objective here:	and/or MH, Students in prevention colors in prevention practical awareness of binge driuse of evidence-based on prevention activities	k Grant fund palitions to re ctices. Use e inking and re d strategies i	ing. educe alcohol a vidence-based educe binge di	and substance us public educatio inking rate. Offe	se. n and awarenes er technical assi	ss strategies, istance to enhan
Area: Type: tion(s): the priority are using the use of every see the use of every see the use of every see the use aigns, and engagement staff understate prevent exategies to attain the continual Perform staff understated.	Increase Use of Evidence-bas SAP PP, Other (Adolescents w/SA and Ethnic Minorities) a: evidence-based strategies su idence-based strategies empl e goal: e of evidence-based intervent gement activities to increase tanding on identification and ion reporting system related to the objective here:	and/or MH, Students in provention consin prevention practices of binge drives of evidence-based or prevention activities.	k Grant fund palitions to re ctices. Use e inking and re d strategies i	ing. educe alcohol a vidence-based educe binge dr in addition to a	and substance us public educatio inking rate. Offe continued trainir	se. n and awarenes er technical assi	ss strategies, istance to enhan
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Data Source:

Nebraska P	Prevention Information Reporting System (NPIRS)
New Data So	ource(if needed):
Description	of Data:
community Behavioral served by i	is an internet-based reporting system designed to collect and report prevention activity data in Nebraska. The system collects r, regional, and state level data from recipients of federal and state prevention funds administered by the Division of Health. NPIRS provides the reporting capabilities for components of the Federal Block Grant. The reports provide number individual-based programs or population-based programs and strategies, numbers served by intervention type, and use of based programs and strategies.
New Descrip	otion of Data:(if needed)
Data issues/	caveats that affect outcome measures:
	gust 2018, DBH implemented a new NPIRS system. System users have received numerous training opportunities and work to improve consistency and accuracy in reporting into the NPIRS.
New Data is	sues/caveats that affect outcome measures:
Report o	of Progress Toward Goal Attainment
First Year 1	Target: Achieved If not achieved,explain why)
Posson why	target was not achieved, and changes proposed to meet target:
•	ar target was achieved (optional):
	increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a first-year
outcome me	easure of 32.1% for evidence-based strategies employed.
6 11/	ar Target: Achieved Not Achieved (if not achieved explain why)
Second Ye	ar Target: Achieved (if not achieved,explain why)
Reason why	target was not achieved, and changes proposed to meet target:
Reason wily	target was not defice ea, and changes proposed to meet target.
How second	year target was achieved (optional):
	r increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a second me measure of 42.1% for evidence-based strategies employed.
rity #:	3
•	
ity Area:	Consumers in Stable Living Arrangements
ity Type: ılation(s):	SAT, MHS SMI, SED, PWWDC, ESMI, PWID, EIS/HIV, TB, Other (Rural, Homeless)
of the priority	
isumers have pe	ermanent and stable housing.
ctive:	
easing support	for consumers to secure and maintain permanent housing.
egies to attain t	the goal:
-	d community-level planning efforts to focus on targeted resources for priority populations. Work with providers and community tand local housing needs and help support response efforts.
Strategies to at	tain the objective here:

-Annual Performance Indicators to measure goal success-

Indicator #:							
Indicator:		Percentage of consumers in stable living arrangements at discharge from residential services					
Baseline Measureme	nt:	58%					
First-year target/out	come measurement:	60%					
Second-year target/o	utcome measuremen	t: 62%					
New Second-year tar	get/outcome measure	ement(if needed):					
Data Source:							
Nebraska DHHS Div	sion of Behavioral Hea	alth Centralized Data System (CDS).					
New Data Source(if I	needed):						
Description of Data:							
and SU Disorders co		collects consumer level information to report to the Treatment Episode Date Set (TEDS) of MH BH funded services, either directly or through regional contracts. CDS warehouses all the data time.					
New Description of D	ata:(if needed)						
Data issues/caveats t	issues/caveats that affect outcome measures:						
services include: Du	al Disorder Residentia	may not wish to disclose they are or are at risk of experiencing homelessness. Residential I – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite –					
services include: Du Rehabilitation – MH MH + SUD.	al Disorder Residentia	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite –					
services include: Du Rehabilitation – MH MH + SUD.	al Disorder Residentia , Secure Residential – eats that affect outcor	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite –					
services include: Du Rehabilitation – MH MH + SUD. New Data issues/cave Report of Prog	al Disorder Residential - Secure Residential - eats that affect outcomes gress Toward G	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – me measures:					
services include: Du Rehabilitation – MH MH + SUD. New Data issues/cave Report of Prog First Year Target:	al Disorder Residential – Secure Residential – eats that affect outcompress Toward G	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – me measures:					
Rehabilitation – MH MH + SUD. New Data issues/cav Report of Proc First Year Target: Reason why target w How first year target Increased system and statewide first-year of	al Disorder Residential Secure Residential – Peats that affect outcom Gress Toward G Ach Ach as not achieved, and a was achieved (optional community-level acti	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – me measures: Ioal Attainment ieved					
Rehabilitation – MH MH + SUD. New Data issues/cav Report of Proc First Year Target: Reason why target w How first year target Increased system and statewide first-year of services.	eats that affect outcomes and achieved, and a was achieved (optional community-level actiutcome measure of 64	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – me measures: Soal Attainment ieved					
services include: Du Rehabilitation – MH MH + SUD. New Data issues/cav Report of Prog First Year Target: Reason why target w How first year target Increased system and statewide first-year of services. Second Year Targe	eats that affect outcomes as not achieved, and as not achieved, and a community-level activates.	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – me measures: Ioal Attainment ieved					
Rehabilitation – MH MH + SUD. New Data issues/cav Report of Proc First Year Target: Reason why target w How first year target Increased system and statewide first-year of services. Second Year Target Reason why target w	eats that affect outcomes gress Toward G Ach as not achieved, and community-level acti utcome measure of 64 as not achieved, and community-level acti at: Ach Ach Ach Ach Ach Ach As not achieved, and community-level acti at: Ach Ach As not achieved, and community-level acti Ach Ach	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – me measures: Soal Attainment ieved Not Achieved (if not achieved,explain why) changes proposed to meet target: al): ivities supporting efforts to focus on targeted resources for priority populations achieved a 4% of the number of consumers in stable living arrangements at discharge from residential ieved Not Achieved (if not achieved,explain why) changes proposed to meet target:					
Report of Progress Year Target: Reason why target whow first year target Increased system and statewide first-year of services. Second Year Target whow first year target Increased system and statewide first-year of services. Second Year Target whow second year target Increased system and statewide first-year of services.	al Disorder Residential – Peats that affect outcomes Bress Toward G Ach as not achieved, and community-level activated act	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – me measures: Soal Attainment ieved Not Achieved (if not achieved,explain why) changes proposed to meet target: al): ivities supporting efforts to focus on targeted resources for priority populations achieved a 4% of the number of consumers in stable living arrangements at discharge from residential ieved Not Achieved (if not achieved,explain why) changes proposed to meet target:					
Report of Progressive Year Target: Reason why target whow first year target Increased system and statewide first-year observices. Second Year Target whow second year target years of the years of years of the year	al Disorder Residential – Peats that affect outcomes Bress Toward G Ach as not achieved, and community-level activated act	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – Imme measures: Soal Attainment ieved Not Achieved (if not achieved,explain why) changes proposed to meet target: al): ivities supporting efforts to focus on targeted resources for priority populations achieved a 4% of the number of consumers in stable living arrangements at discharge from residential ieved Not Achieved (if not achieved,explain why) changes proposed to meet target: itional): tivities supporting efforts to focus targeted resources for priority populations achieved a					
services include: Du Rehabilitation – MH MH + SUD. New Data issues/cav Report of Prog First Year Target: Reason why target w How first year target Increased system and statewide first-year of services. Second Year Target Reason why target w How second year target Increased system and statewide second year target Increased system and statewide second year target statewide second year target Increased system and statewide second year target	eats that affect outcomes gress Toward G Ach as not achieved, and community-level activates as not achieved (optional community-level activates)	II – MH + SUD, Halfway House – SUD, Intermediate Residential – SUD, Psychiatric Residential MH, Short Term Residential – SUD, Therapeutic Community – SUD, Mental Health Respite – Imme measures: Soal Attainment ieved Not Achieved (if not achieved,explain why) changes proposed to meet target: al): ivities supporting efforts to focus on targeted resources for priority populations achieved a 4% of the number of consumers in stable living arrangements at discharge from residential ieved Not Achieved (if not achieved,explain why) changes proposed to meet target: itional): tivities supporting efforts to focus targeted resources for priority populations achieved a					
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Consumers in the labor market have competitive employment.

with providers and community partners to uno yers.	derstand local employment opportunities and help support efforts to connect consumers wit
rategies to attain the objective here: ded)	
nual Performance Indicators to measu	re goal success
Indicator #:	1
Indicator:	Percentage of consumers in the labor market who are employed at discharge from any DBH funded service
Baseline Measurement:	51%
First-year target/outcome measurement:	53%
Second-year target/outcome measurement:	55%
New Second-year target/outcome measurem Data Source:	nent(if needed):
Nebraska DHHS Division of Behavioral Health	h Centralized Data System (CDS).
New Data Source(if needed):	
Description of Data:	
	llects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH ion funded services, either directly or through regional contracts. CDS warehouses all the my time.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome mea	isures:
labor market consists of those who are emplo	may not wish to disclose employment and thus would be excluded from calculation. The oyed [employment status is 'Active/Armed Forces (< 35 Hrs)','Active/Armed Forces (35+ oloyed Part Time (< 35 Hrs)'] and those who are unemployed but have been actively looking
New Data issues/caveats that affect outcome	measures:
Report of Progress Toward Go	al Attainment
First Year Target: Achiev	ved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and cha	anges proposed to meet target:
): nd acquire competitive employment achieved a statewide first-year outcome measure of 55%
	market who are employed at discharged from any DBH funded service.
Increased support for consumers to sustain ar	market who are employed at discharged from any DBH funded service.
Increased support for consumers to sustain ar of the percentage of consumers in the labor r	market who are employed at discharged from any DBH funded service. Ved Not Achieved (if not achieved,explain why)

Priority #: 5

Priority Area: Access for Priority Populations to Substance Use Disorder Services

Priority Type: SAT

Population(s): PWID, EIS/HIV, TB, Other (Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Priority populations are admitting into substance use disorder services in a timely manner.

Objective:

Improve wait times into Short Term Residential services for persons who inject drugs.

Strategies to attain the goal:

As required through the contracts with the Regional Behavioral Health Authorities (RBHAs), priority populations are expected to receive priority status according to priority type when waiting to enter a substance abuse treatment service. Educational trainings with RBHAs and providers to ensure priority status is understood and Federal requirements are followed. Monitoring and assessment of Short Term Residential capacity to determine if additional service locations are necessary to meet the needs of all priority populations seeking treatment.

ort Term
ing list for M ta entered so
ty

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		_
Second Year Target:	✓ Achieved	Not Achieved (if not achieved, explain why)
Reason why target was not	t achieved, and changes propos	sed to meet target:
target mas no	and the state of t	
low second year target wa	as achieved (ontional):	
Educational trainings with	n RBHAs and providers to ensure	e priority populations receive priority status according to priority type when
•	n RBHAs and providers to ensure	e priority populations receive priority status according to priority type when roved wait times into Short Term Residential services for persons who inject
Educational trainings with waiting to enter a substan	n RBHAs and providers to ensure	

Priority #: 6

Priority Area: First Episode Psychosis (FEP)

Priority Type: MHS

Population(s): SMI, SED, ESMI

Goal of the priority area:

Improve the system such that more people are being provided the behavioral health services they need earlier and in a voluntary capacity through self-entry into the service system.

Objective:

Improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a first episode of psychosis.

Strategies to attain the goal:

Continue to develop recovery-oriented services and increase use of evidence-based practices which help individuals stabilize and maintain stabilization in community settings. Support Mental Health trainings to improve early intervention and support, particularly for youth having a first episode of psychosis (FEP). Emphasis will be placed on enhancing recruitment strategies and increasing community awareness on FEP services available.

Edit Strategies to attain the objective here:

(if needed)

nual Performance Indicators to measur	e goal success
Indicator #:	1
Indicator:	Number of statewide admissions into FEP programs
Baseline Measurement:	11 admissions
First-year target/outcome measurement:	14 admissions
Second-year target/outcome measurement:	16 admissions
New Second-year target/outcome measureme	ent(if needed):
Data Source:	
FEP programs funded by DBH.	
New Data Source(if needed):	
Description of Data:	
FEP programs record admission, service utiliz	zation, outcome measures, and discharge data for all FEP participants. This information is

	ew Data issu	es/caveats that	affect ou	itcome measure	s:						
Re	Report of Progress Toward Goal Attainment										
Fir	rst Year Tai	rget:		Achieved		~	Not Achiev	ed (if not achie	ved,explain wh	y)	
Str ep Ac	rategies to ir isode of psy tivities to as	mprove access to chosis achieved sess and improv	o FEP Co a first-ye e existin	ear outcome mea	alty Care (CSC) t asure of seven (rategies and inc	treatme 7) admi crease c	ssions, miss ommunity a	sing the first-y awareness on	ear target of 1 he availability	of FEP services are	
Нс	ow first year	target was achi	eved (op	tional):							
Se	econd Year	Target:	~	Achieved			Not Achiev	ed (if not achie	ved,explain wh	y)	
Re	eason why ta	rget was not ac	hieved, a	and changes pro	posed to meet	target:					
Hc	ow second ye	ear target was a	chieved	(optional):							
		improve access	to i Li Ci					th and voling	aduite who ha	VA AVNATIANCAD 2 ti	rct
N	lebraska sec	-	ssistance	nd year outcome e to assess existi	e measure of 17	admiss	ions, excee	ding the secor	nd year target	ve experienced a fi of 16 admissions. ant retention	rst
N st	lebraska sec trategies and	ured technical a	ssistance	nd year outcome e to assess existi	e measure of 17	admiss	ions, excee	ding the secor	nd year target	of 16 admissions.	rst
N st	Jebraska sec trategies and	ured technical a	ssistance	nd year outcome e to assess existi	e measure of 17	admiss	ions, excee	ding the secor	nd year target	of 16 admissions.	rst
st st #:	Jebraska sec trategies and	ured technical a d implemented i	ssistance	nd year outcome e to assess existi	e measure of 17	admiss	ions, excee	ding the secor	nd year target	of 16 admissions.	rst
N	lebraska sec trategies and rea: rpe:	ured technical ad implemented in the second	assistance improved	nd year outcome e to assess existi	e measure of 17 ng recruitment	admiss strategi	ions, excee ies, commu	ding the secor	nd year target	of 16 admissions.	rst
ty #: ty Are ty Ty ation	lebraska sec trategies and rea: rpe:	Tuberculosis SAT TB, Other (Hom	assistance improved	nd year outcome e to assess existi I practices.	e measure of 17 ng recruitment	admiss strategi	ions, excee ies, commu	ding the secor	nd year target	of 16 admissions.	rst
N st #: N s	lebraska sec trategies and rea: rpe: n(s): e priority are osis screenin	Tuberculosis SAT TB, Other (Homea:	nssistance improved	nd year outcome e to assess existi I practices.	e measure of 17 ng recruitment :	admiss strategi	ions, excee ies, commu	ding the secor	nd year target s and participa	of 16 admissions.	
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N st Sty #: Ty Ard Ty ation of the reculc	rea: rpe: n(s): e priority are osis screenin osis. ed through to	rured technical and implemented in i	neless, Un all perso	nd year outcome e to assess existi I practices. Inderserved Racia ons entering sub egional Behavior I services and/or	e measure of 17 ng recruitment of 18 al and Ethnic Mi estance abuse tr	admiss strategi	ions, excee ies, commu s) nt service ar Fuberculosi re made av	ding the secon nity awarenes and meets fede s screening is ailable to thos	ral requirement provided to a e individuals w	of 16 admissions.	nin _g
N st y #: yy Ard f the reculc	rea: rpe: n(s): e priority are osis screenin osis. ed through to	rured technical and implemented in i	neless, Un all perso	nd year outcome e to assess existi I practices. Inderserved Racia ons entering sub egional Behavior I services and/or	e measure of 17 ng recruitment of 18 al and Ethnic Mi estance abuse tr	admiss strategi	ions, excee ies, commu s) nt service ar Fuberculosi re made av	ding the secon nity awarenes and meets fede s screening is ailable to thos	ral requirement provided to a e individuals w	of 16 admissions. ant retention It persons entering whose screening in	nin _g

-Annual	Performance	Indicators	to	measure	goal	success.
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Indicator #:

Indicator: Tuberculosis (TB)

Baseline Measurement: Maintain the contract requirement with the Regional Behavioral Health Authorities for

Tuberculosis screening provided to all persons entering a substance abuse treatment

First-year target/outcome measurement: The contract requirement will be maintained with the Regional Behavioral Health

Authorities for Tuberculosis screening provided to all persons entering a substance abuse

treatment service. The contract requirement will be maintained with the Regional Behavioral Health Second-year target/outcome measurement: Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service. New Second-year target/outcome measurement(if needed): **Data Source:** The Nebraska Department of Health and Human Services - Division of Behavioral Health contracts with the six Regional Behavioral Health Authorities. New Data Source(if needed): **Description of Data:** Signed contracts between the Nebraska Department of Health and Human Services - Division of Behavioral Health and the six Regional Behavioral Health Authorities. New Description of Data: (if needed) Data issues/caveats that affect outcome measures: This contract requirement is connected to the Federal requirements under the Substance Abuse Prevention and Treatment Block Grant. New Data issues/caveats that affect outcome measures: Report of Progress Toward Goal Attainment Achieved Not Achieved (if not achieved, explain why) First Year Target: Reason why target was not achieved, and changes proposed to meet target: How first year target was achieved (optional): The Nebraska Department of Health and Human Services - Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering substance abuse treatment service. **✓** Achieved Not Achieved (if not achieved, explain why) Second Year Target: Reason why target was not achieved, and changes proposed to meet target: How second year target was achieved (optional): The Nebraska Department of Health and Human Services - Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering substance abuse treatment service.

Footnotes:	
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COVID Testing and Mitigation Program Report for the Community Services Mental Health Block Grant (MHBG) for Federal Fiscal Year Ending September 30, 2021 Due Date: December 31, 2021

For the Federal Fiscal Year ending September 30, 2021, please upload a Word or PDF document in Table 1 of the FY22 MHBG Report on the COVID Testing and Mitigation activities and expenditures by providing the following information, due by December 31, 2021:

List the items and activities of expenditures completed by September 30, 2021. (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for September 1, 2021 to September 30, 2021 State of Nebraska						
Amount of Expenditure						
Not Applicable – No expenditures to report.						
\$0						

MHBG Table 2A (URS Table 7) - State Agency Expenditures Report

This table describes expenditures for public mental health services provided or funded by the state mental health agency by source of funding. Include ONLY funds expended by the executive branch agency administering the Mental Health Block Grant.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Activity (See instructions for using	Source of Funds									
Row 1.)	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID- 19 Relief Funds (MHBG)	I. ARP Funds (MHBG) 2	
1. Substance Abuse Prevention and Treatment										
a. Pregnant Women and Women with Dependent Children										
b. All Other										
2. Primary Prevention ³		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
3. Evidence-Based Practices for Early Serious Mental Illness ⁴		\$154,208	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
4. Tuberculosis Services										
5. HIV Early Intervention Services										
6. State Hospital			\$0	\$1,435,482	\$59,314,071	\$0	\$0	\$0	\$0	
7. Other Psychiatric Inpatient Care			\$3,687,226	\$0	\$9,900,671	\$0	\$0	\$0	\$0	
8. Other 24-Hour (residential Care)		\$142,343	\$7,497,580	\$0	\$5,413,299	\$0	\$0	\$0	\$0	
9. Ambulatory/Community Non- 24 Hour Care		\$2,204,550	\$69,454,429	\$3,397,434	\$39,546,369	\$0	\$0	\$0	\$0	
10. Administration (Excluding Program and Provider Level)		\$153,140	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
11. Crisis Services (5 percent set -aside) ⁵		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
12. Total	\$0	\$2,654,241	\$80,639,235	\$4,832,916	\$114,174,410	\$0	\$0	\$0	\$0	
Comments on Data:										

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the 'standard' MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2020 – June 30, 2021, for most states.

²The expenditure period for the American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the 'standard' MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2021 - June 30, 2022, for most states.

³States may only use MHBG funds to provide primary prevention services to the priority populations of adults with serious mental illness and children with severe emotional disturbance.

⁴Column 3B is for expenditures related to ESMI including First Episode Psychosis programs funded through MHBG setaside. These funds are not to be also counted in #9 Ambulatory/Community Non-24-Hour Care.

⁵ Row 11 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more to percent of their MHBG allocation.
Please indicate the expenditures are <u>actual</u> or <u>estimated</u> .
C Actual C Estimated
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022
Footnotes:

MHBG Table 2B (URS Table 7A) - MHBG State Agency Early Serious Mental Illness and First Episode Psychosis Expenditures Report

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Activity (See instructions for using Row 1.)	Source of Funds							
	A. Mental Health Block Grant	B. Medicaid (Federal, State, and Local)	C. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other		
CSC-Evidences-Based Practices for First Episode Psychosis ¹	\$154,208	\$0	\$0	\$0	\$0	\$0		
Training for CSC Practices	\$0	\$0	\$0	\$0	\$0	\$0		
Planning for CSC Practices	\$0	\$0	\$0	\$0	\$0	\$0		
2. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	\$0	\$0	\$0	\$0	\$0	\$0		
3. Training for ESMI	\$0	\$0	\$0	\$0	\$0	\$0		
4. Planning for ESMI	\$0	\$0	\$0	\$0	\$0	\$0		
5. Total	\$154,208	\$0	\$0	\$0	\$0	\$0		
Comments on Data:								

¹When reporting CSC- Evidence Based Practices for First Episode Psychosis, report only those programs that are providing all the components of a CSC model. If the state uses only certain components of a CSC model specifically for FEP, please report them in row 2.

Note, The Totals for this table should equal the amounts reported on Row 3 (Evidence-Based Practices for Early Serious Mental Illness) on MHBG Table 2a (URS Table 7a)

0930-0168	Annroved:	04/19/2019	Evnires.	04/30/2022

Footnotes:			

MHBG Table 3 - Set-aside for Children's Mental Health Services

Reporting Period Start Date: 7/1/2020 Reporting Period End Date: 6/30/2021

Statewide Expenditures for Children's Mental Health Services								
Actual SFY 1994	Actual SFY 1994 Actual SFY 2020 Estimated/Actual SFY 2021		Expense Type					
\$620,801	\$7,606,563 \$7,060,738		• Actual © Estimated					
If <u>estimated</u> expenditures are provided, please indicate when <u>actual</u> expenditure data will be submitted to SAMHSA:								
States and jurisdictions are required not to spend less than the amount expended in FY 1994.								
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022								
Footnotes:								

MHBG Table 4 (URS Table 8) - Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Activity		A. Total of Block Grant	B. COVID Funds ^a	C. ARP ^b		
1. Information Systems		\$				
2. Infrastructure Support		\$				
3. Partnerships, Communi Outreach and Needs Asse		\$				
4. Planning Council Activities		\$				
5. Quality Assurance and Improvement		\$				
6. Research and Evaluation		\$				
7. Training and Education		\$79,412				
Total Non-Direct Services		\$79,412	\$	\$		
Comments on Data:	Both are technical assistance funding awarded					

July 1, 2020 – June 30, 2021, for most states.

|--|

^a The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023,** which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured for the state planned expenditure period of

^b The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025,** which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured for the state planned expenditure period of July 1, 2020 – June 30, 2021, for most states.

MHBG Table 5 (URS Table 10) - Profiles of Agencies Receiving Block Grant Funds Directly from the State MHA

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

									Source of Funds		
Entity Number	Area Served (Statewide or Sub- State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Adults with Serious Mental Illness	Children with Serious Emotional Disturbance	Set-aside for FEP Programs	Set-aside for ESMI Programs
1	Panhandle	REGION 1 BEHAVIORAL HEALTH AUTHORITY	4110 Avenue D	Scottsbluff	NE	69361	\$200,007.00	\$40,000.00	\$160,007.00	\$0.00	\$0.00
4	Northeast	REGION 4 BEHAVIORAL HEALTH AUTHORITY	206 Monroe Avenue	Norfolk	NE	68701	\$350,112.00	\$41,053.00	\$309,059.00	\$0.00	\$0.00
2	Southwest	REGION II BEHAVIORAL HEALTH AUTHORITY	110 North Bailey Street	North Platte	NE	69103	\$130,347.00	\$103,358.00	\$26,989.00	\$0.00	\$0.00
3	Southcentral	REGION III BEHAVIORAL HEALTH AUTHORITY	4009 6th Avenue, Suite 65	Kearney	NE	68848	\$428,060.00	\$96,395.00	\$264,226.00	\$67,439.00	\$0.00
5	Southeast	REGION V BEHAVIORAL HEALTH AUTHORITY	1645 "N" Street Suite A	Lincoln	NE	68508	\$558,945.00	\$357,132.00	\$201,813.00	\$0.00	\$0.00
6	Omaha	REGION VI BEHAVIORAL HEALTH AUTHORITY	3801 Harney Street	Omaha	NE	68131	\$754,218.00	\$649,000.00	\$18,449.00	\$86,769.00	\$0.00
Total							\$2,421,689.00	\$1,286,938.00	\$980,543.00	\$154,208.00	\$0.00

(0930-0168 Approved: 04/19/2019 Expires: 04/30/2022
	Footnotes:

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Period	Expenditures	<u>B1 (2019) + B2 (2020)</u> 2
(A)	(B)	(C)
SFY 2019 (1)	\$65,008,169	
SFY 2020 (2)	\$64,997,732	\$65,002,951
SFY 2021 (3)	\$81,495,962	

Are the exi	nenditure amo	unts reported i	in Column	B "actual"	expenditures for	the State tiscal	vears involved?
A CO CITE CA	perialitare arrio	anto reported	III COIGIIIII	Dactaai	experiarearea for	the state histar	years mivervea.

SFY 2019	Yes	X	No	
SFY 2020	Yes	X	No	
SFY 2021	Yes	X	No	

i estimated expenditures are provided, p	nease indicate when actual expenditu	ire data will be submitted to SAMHSA	A;	

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

The state portion of Medicaid \$29,711,510 is calculated into MOE. As Medicaid information is now available this information is being updated.

MHBG Table 7 (URS 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.

Expenditure Period Start Date: Expenditure Period End Date:

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		
930-0168 Approved: 04/19/2019 Expires: 04/30/2022		
Footnotes:		

MHBG Table 8A and MHBG Table 8B (URS Tables 2A and 2B) - 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.

Table 13A

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Experianta			otal		Amei		dian or itive		Asian			ck or Af America			lawaiiar cific Isla	or Other nder		White			Than O Reporte	ne Race ed	Race	Not Av	ailable
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	426	575	6	1,007	6	4	0	4	4	0	18	44	0	1	1	0	316	423	1	14	30	0	67	69	5
13-17 years	1,102	997	41	2,140	32	26	1	11	12	0	77	125	1	13	3	1	802	694	17	24	28	0	143	109	21
18-20 years	620	731	47	1,398	9	13	0	4	6	0	45	89	0	1	1	0	453	513	2	19	12	1	89	97	44
21-24 years	1,020	1,212	46	2,278	27	26	0	11	15	0	125	147	2	2	3	0	689	831	4	19	14	0	147	176	40
25-44 years	5,586	7,031	137	12,754	143	152	0	34	42	0	440	725	0	19	17	1	4,095	4,919	5	56	77	0	799	1,099	131
45-64 years	3,752	4,173	484	8,409	76	64	0	17	19	0	276	433	2	8	10	0	2,790	2,950	4	21	17	0	564	680	478
65-74 years	440	563	24	1,027	6	3	0	2	0	0	20	56	0	0	0	0	334	401	0	0	5	0	78	98	24
75 and older	115	137	18	270	0	0	0	0	0	0	3	5	0	0	0	0	100	112	0	0	1	0	12	19	18
Age not Available	31	27	10	68	2	0	0	0	0	0	0	2	0	0	0	0	20	15	1	0	0	0	9	10	9
Total	13,092	15,446	813	29,351	301	288	1	83	98	0	1,004	1,626	5	44	35	2	9,599	10,858	34	153	184	1	1,908	2,357	770
Pregnant Women	101	0	0	101	4			0			9			1			77			1			9		

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

Comments on Data (for Age):	Age is calculated at midpoint of the reporting period.
Comments on Data (for Gender):	The most recent gender was used for reporting.
Comments on Data (for Race/Ethnicity):	The most recent race was used for reporting.
Comments on Data (Overall):	See General Notes

	Not F	lispanic or l	Latino	His	panic or Lat	ino	Hispanic or L	atino Origin I	Not Available	Total				
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total	
0-12 years	310	415	1	77	127	0	39	33	5	426	575	6	1,007	
13-17 years	686	616	14	256	191	1	160	190	26	1,102	997	41	2,140	
18-20 years	447	439	1	92	119	1	81	173	45	620	731	47	1,398	
21-24 years	759	748	4	129	141	0	132	323	42	1,020	1,212	46	2,278	
25-44 years	3,919	4,083	3	458	472	0	1,209	2,476	134	5,586	7,031	137	12,754	
45-64 years	2,527	2,310	3	221	179	0	1,004	1,684	481	3,752	4,173	484	8,409	
65-74 years	243	214	0	16	11	0	181	338	24	440	563	24	1,027	
75 and older	55	24	0	1	4	0	59	109	18	115	137	18	270	
Age not Available	15	12	0	2	2	0	14	13	10	31	27	10	68	
Total	8,961	8,861	26	1,252	1,246	2	2,879	5,339	785	13,092	15,446	813	29,351	
Pregnant Women	85			10	10			6			0	0	101	
		Age is ca	lculated at r	midpoint of	the reporti	ng period.								

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Comments on Data (for Age):	
Comments on Data (for Gender):	The most recent gender was used for reporting.
Comments on Data (for Ethnicity):	The most recent ethnicity was used for reporting.
Comments on Data (Overall):	See General Notes

Footnotes:			

MHBG Table 9 (URS Table 3) - Profile of Persons served in the Community Mental Health Settings, State Psychiatric Hospitals and Other Settings

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

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.

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.

Service Setting	Age 0-17		Age 18-20			Age 21-64			Age 65+			Age Not Available			Total				
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	1,528	1,527	47	562	604	47	9,642	10,905	666	467	496	42	27	22	10	12,226	13,554	812	26,592
State Psychiatric Hospitals	0	24	0	1	14	0	127	656	2	2	41	0	1	1	0	131	736	2	869
Other Psychiatric Inpatient	3	3	0	78	118	1	869	1,328	8	26	38	1	2	3	0	978	1,490	10	2,478
Residential Treatment Centers	0	29	0	2	62	0	79	215	0	0	2	0	1	0	0	82	308	0	390
Institutions in the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Age is caluclated at midpoint of reporting period.

Comments on Data (for Gender):

The most recent gender was used for reporting.

Comments on Data (Overall):

Based upon our understanding of the definition of Institutions under the Justice System, we do not manage or directly pay for any services within this system type. For additional notes see General Notes.

Footnotes:			

MHBG Table 10A and MHBG Table 10B (URS Tables 5A and 5B) - Profile of Clients by Type of Funding Support

Table 10A

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

		Tot	al		Ameri or Ala				Asian			or Afri mericar		Native or Otl		cific		White		More Race	Than Repo		Race N	ot Ava	ilable
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	1,439	1,307	1	2,747	58	38	0	10	6	0	185	189	0	3	1	0	1,083	997	1	25	23	0	75	53	0
Non- Medicaid Sources (only)	1,084	924	1	2,009	15	8	0	10	7	0	34	52	0	3	3	0	953	800	1	10	5	0	59	49	0
People Served by Both Medicaid and Non- Medicaid Sources	367	342	0	709	10	3	0	0	1	0	25	26	0	1	0	0	318	302	0	2	4	0	11	6	0
Medicaid Status Not Available	10,202	12,873	811	23,886	218	239	1	63	84	0	760	1,359	5	37	31	2	7,245	8,759	32	116	152	1	1,763	2,249	770
Total Served	13,092	15,446	813	29,351	301	288	1	83	98	0	1,004	1,626	5	44	35	2	9,599	10,858	34	153	184	1	1,908	2,357	770

	Data Based on Medicaid Services	✓ Data Based on Medical Eligibility, not Medi	icaid Paid Services
Comments on Data (for Race): The most recent race data was us	ed for reporting.		
Comments on Data (for Gender): The most recent gender was used			
Comments on Data (Overall): Based on Insurance Status and M	edicaid Status fields. Medicaid status was r	reported for the most recent admission date within t	he fiscal year.

'People Served By Both' includes people with any Medicaid

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 10B

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 10A.

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	c i ciioa sti			•	Experientarie Ferrora Eria Bare. 9/30/2021									
	Hisp	oanic or La	tino	Not H	Not Hispanic or Latino Hispanic or Latino Origin Not To Available						То	tal		
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total	
Medicaid Only	127	98	0	1,289	1,174	1	23	35	0	1,439	1,307	1	2,747	
Non- Medicaid Only	100	87	0	943	803	1	41	34	0	1,084	924	1	2,009	
People Served by Both Medicaid and Non- Medicaid Sources	19	15	0	346	321	0	2	6	0	367	342	0	709	
Medicaid Status Unknown	1,006	1,046	2	6,383	6,563	24	2,813	5,264	785	10,202	12,873	811	23,886	
Total Served	8,961	8,861	26	1,252	1,246	2	2,879	5,339	785	13,092	15,446	813	29,351	

Comments on Data (for Ethnicity):

The most recent ethnicity data was used for reporting.

Comments on Data (for Gender):

The most recent gender was used for reporting.

Comments on Data (Overall):

Based on Insurance Status and Medicaid Status fields. Medicaid status was reported for the most recent admission date within the fiscal year. This is the same population as presented in Table 5a distributed by ethnicity.

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.

Footnotes:				

MHBG Table 11 (URS Table 6) - Profile of Client Turnover

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Profile of Service Utilization	Utilization Beginning of During the During the Days)				f Stay (in scharged ents	For Clients in Facility for Less Than 1 Year: Length of Stay (in Days): Residents at end of year For Clients in Facility More Than 1 Year: Length of Stay (in Days): Residents at end of year end of year				
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median	
State Hospitals	737	207	124	0	0	0	0	0	0	
Children (0 to 17 years)	2	22	10	68	78	59	61	964	964	
Adults (18 yrs and over)	734	185	114	122	84	159	140	2,119	1,042	
Age Not Available	1	0	0	0	0	0	0	6,111	6,111	
Other Psychiactric Inpatient	77	3,386	3,361	0	0	0	0	0	0	
Children (0 to 17 years)	0	7	6	3	3	91	91	0	0	
Adults (18 yrs and over)	77	3,370	3,346	5	3	81	18	570	456	
Age Not Available	0	9	9	6	4	0	0	0	0	
Residential Tx Centers	200	204	239	0	0	0	0	0	0	
Children (0 to 17 years)	17	12	10	154	171	226	275	1,045	1,001	
Adults (18 yrs and over)	183	192	229	85	59	89	67	2,094	2,052	
Age Not Available	0	0	0	0	0	0	0	0	0	
Community Programs	15,275	20,319	0	0	0	0	0	0	0	
Children (0 to 17 years)	979	2,830								
Adults (18 yrs and over)	14,284	17,427								
Age Not Available	12	62								

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 Centers.

Comments on Data (Residential Treatment):

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, 2021 as a 'discharge date'. Also see General Notes.

		tn		

MHBG Table 12 (URS 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.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

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.)

			Population	ns Covered:	Included in Data					
		Sta	ate Hospitals	Community Programs	State Hospitals	Community Programs				
1. Age	ed 0 to 3		Yes	▼ Yes	Yes	✓ Yes				
2. Age	ed 4 to 17		∀ Yes	▼ Yes	▼ Yes	▼ Yes				
3. Adı	ults Aged 18 and over		Yes	▼ Yes	▼ Yes	✓ Yes				
4. For	rensics		Yes	▼ Yes	▼ Yes	✓ Yes				
Comr	nents on Data:									
2.	Do all of the adults ar serious emotional dis		hrough the state I	mental health agency mee	t the Federal definitions of	serious mental illness and				
?.a.	If no, please indicate serious emotional dis		Serious	Mental Illness Emotional Disturbances the reporting period who	met the federal definitions	of serious mental illness a				
!.a.1.	Percent of adults mee	ting Federal definit	ion of SMI:		47.1 %					
2.a.2.	Percentage of children	n/adolescents meet	ing Federal definit	tion of SED:	45.3 %					
3.	Co-Occurring Mental	Health and Substar	nce Abuse:							
3.a.	What percentage of p	ersons served by th	e SMHA for the re	eporting period have a dua	l diagnosis of mental illnes	s and substance abuse?				
3.a.1.	1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem: 12.9 %									
3.a.2.	.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem: 0.6 %									
3.b.	What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children with SED have a dual diagnosis of mental illness and substance abuse?									
3.b.1.	Percentage of adults	meeting Federal de	finition of SMI who	o also have a diagnosis of	substance abuse problem:	22.6 %				
3.b.2.	Percentage of childrenabuse problem:	n/adolescents meet	ing the Federal de	efinition of SED who also h	ave a diagnosis of substand	0.7 %				
s.b.3.				s had both mental health s eceived treatment in a dua	service and reported substa I diagnosis service.	nce use diagnosis. 2)				

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 initia	ative?	✓ Yes	Yes
4.b.2	Does the State Mental Health Agency have any resp through Medicaid Managed Care?	onsibilities for mental health services provided	Yes	Yes
If yes, 4.b.3	please check the responsibilities the SMHA has: Direct contractual responsibility and oversight of th	e MCOs or BHOs	Yes	
4.b.4	Setting Standards for mental health services		Yes	
4.b.5	Coordination with state health and Medicaid agence	ies	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			
5.	Data Reporting: Please describe the extent to which different parts of your mental health system. Please counts of clients served across your entire mental h	e respond in particular for Table MHBG 13a and	-	
	Are the data reporting in the tables?			_
5.a. 5.b.	<u>Unduplicated:</u> counted once even if they were serve community mental health agencies responsible for complicated: across state hospital and community pro	different geographic or programmatic areas.	ims and if they we	re served in
5.c.	Duplicated: within community programs	ograms		
5.d.	Duplicated: Between Child and Adult Agencies			
5.a. 5.e.	Plans for Unduplication: If you are not currently abl	e to provide unduplicated client counts across a	Il parts of your me	
	system, please describe your plans to get unduplica			
6.	Summary Administrative Data			
6.a.	Report Year:	2021		
6.b.	State Identifier:	NE		
6.c.	Summary Information on Data Submitted by SMHA: Year being reported:	7/1/2020 12:00:00 AM to 6/30/2021 12:00:00 A	M	
6.d.	Person Responsible for Submission:	John Trouba		
6.e.	Contact Phone Number:	402-471-7820		
6.f.	Contact Address:	301 Centennial Mall South 3rd Floor Lincoln,	NE 68509-5026	
6.g.	E-mail:	John.Trouba@nebraska.gov		
0930-0	0168 Approved: 04/19/2019 Expires: 04/30/2022			
Foot	tnotes:			

MHBG Tables 13A and 13B (URS Tables 14A and 14B) - Profile of Persons with SMI/SED Served By Age, Gender and Race/Ethnicity

Table 13A

This table requests counts for persons with SMI or SED using the definitions provided by SAMHSA. MHBG Table 8A and 8B (URS Table 2A and 2B) included all clients served by publicly operated or funded programs. This table counts only clients who meet the federal definition of SMI or SED. For many states, this table may be the same as MHBG Tables 8A and 8B (URS Table 2A and 2B). 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.

Expenditu	re Period	Start D	ate: 7/1/20)20 E	xpenditu	ıre Perio	od End Dat	e: 6/30/2	2021																
		Т	otal			rican In aska Na	dian or ative		Asian			ck or Af America			Hawaiiar cific Islaı	or Other nder		White			Than O	ne Race ed	Race	Not Av	ailable
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	217	377	2	596	4	2	0	2	3	0	13	34	0	1	1	0	178	285	1	10	28	0	9	24	1
13-17 years	407	419	5	831	5	4	0	4	3	0	36	39	0	2	0	0	324	332	4	10	18	0	26	23	1
18-20 years	277	315	6	598	3	7	0	1	3	0	26	32	0	0	0	0	208	229	2	12	7	0	27	37	4
21-24 years	460	536	4	1,000	14	11	0	4	8	0	49	62	0	2	1	0	320	388	1	13	7	0	58	59	3
25-44 years	2,710	3,358	27	6,095	71	70	0	16	17	0	229	372	0	10	5	0	2,026	2,392	2	35	30	0	323	472	25
45-64 years	1,992	2,093	10	4,095	53	35	0	10	11	0	158	235	1	1	7	0	1,560	1,568	0	10	11	0	200	226	9
65-74 years	215	246	0	461	2	1	0	0	0	0	9	26	0	0	0	0	184	192	0	0	2	0	20	25	0
75 and older	20	35	0	55	0	0	0	0	0	0	0	2	0	0	0	0	19	29	0	0	1	0	1	3	0
Age not Available	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Pregnant Women	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	6,299	7,379	54	13,732	152	130	0	37	45	0	520	802	1	16	14	0	4,820	5,415	10	90	104	0	664	869	43
Comment	s on Data	(for Ag	e):			А	ge is caluc	lated at	midpoir	nt of repor	ting peri	od.													
Comment	s on Data	(for Ge	nder):			Т	he most re	cent ger	der was	s used for	reporting	g.													
Comment	s on Data	(for Ra	ce/Ethnicit	ty):		Т	he most re	cent race	e/ethnic	ity data w	as used f	or repo	rting.												

Comments on Data (Overall):			
	1		

State	Definitions	Match	the Fe	deral	Definition

\bigcirc	Voc	(No	Adults with SMI, if No describe or attach state definition:	See General Notes	^
•	Yes Mo Addits with Sivil, if		INO	Addits with sivil, if No describe of attach state definition.		\
	.,			Diagnoses included in the state SMI definition:	See General Notes	^
	Yes		No	Diagnoses included in the state SMI definition:		~
0	.,			Children with SED, if No describe or attach state definition:	See General Notes	^
	Yes		No	Children with SED, if No describe of attach state definition:		~
•	Yes	\odot	No	Diagnoses included in the state SED definition:	See General Notes	

Table 13B

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 MHBG Table 13b.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Not F	lispanic or	Latino	His	panic or Lat	tino	Hispanic or L	atino Origin I	Not Available		То	tal	
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	176	278	1	34	82	0	7	17	1	217	377	2	596
13-17 years	290	292	4	104	91	0	13	36	1	407	419	5	831
18-20 years	221	193	1	34	55	1	22	67	4	277	315	6	598
21-24 years	356	359	0	59	61	0	45	116	4	460	536	4	1,000
25-44 years	2,036	2,157	2	240	225	0	434	976	25	2,710	3,358	27	6,095
45-64 years	1,565	1,410	0	103	97	0	324	586	10	1,992	2,093	10	4,095
65-74 years	168	146	0	11	7	0	36	93	0	215	246	0	461
75 and older	17	13	0	0	2	0	3	20	0	20	35	0	55
Age not Available	1	0	0	0	0	0	0	0	0	1	0	0	1
Pregnant Women	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4,830	4,848	8	585	620	1	884	1,911	45	6,299	7,379	54	13,732
Comments on Data (for Age)	:	Age	is caluclate	d at midpoi	nt of report	ing period.							
Comments on Data (for Gend	der):	The	most recen	recent gender was used for reporting.									

Comments on Data (for Race/Ethnicity):	The most recent race/ethnicity data was used for reporting.
Comments on Data (Overall):	Data are consistent with the trends of previous submissions

Footnotes:			

MHBG Table 14 (URS Table 15A) - Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings for Adults with SMI and Children with SED

This table provides a profile for adults with Serious Mental Illness (SMI) and children with serious emotional disturbance (SED) that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, residential treatment centers and Institutions under Justice System.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Service Setting	Age 0-17		Age 18-20		Age 21-64		Age 65+		Age Not Available			Total							
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	624	795	7	248	249	6	4,818	5,248	41	214	208	0	1	0	0	5,905	6,500	54	12,459
State Psychiatric Hospitals	0	4	0	0	3	0	55	275	2	2	20	0	1	0	0	58	302	2	362
Other Psychiatric Inpatient	0	0	0	48	73	1	646	946	6	20	28	0	0	0	0	714	1,047	7	1,768
Residential Treatment Centers	0	1	0	2	37	0	75	208	0	0	2	0	1	0	0	78	248	0	326
Institutions in the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Age is caluclated at midpoint of reporting period.

Comments on Data (for Gender):

The most recent gender was used for reporting.

Comments on Data (Overall):

Based upon our understanding of the definition of Institutions under the Justice System, we do not manage or directly pay for any services within this system type. See General Notes for additional notes.

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). 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:			

E. Performance Indicators and Accomplishments

MHBG Table 15A (URS Table 4) - Profile of Adult Clients by Employment Status

This table describes the status of adult clients served in the reporting year by the public mental health system, in terms of employment status. The focus is on employment for the working age population, recognizing, however, 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. 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.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Adults Served	18-20				21-64	21-64 65+					e Not Availa	ble		Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total	
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	194	146	1	3,111	2,594	4	33	29	0	0	0	0	3,338	2,769	5	6,112	
Unemployed	87	86	0	1,626	1,917	3	25	16	0	0	0	0	1,738	2,019	3	3,760	
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	208	292	1	3,170	3,905	5	298	313	0	6	4	0	3,682	4,514	6	8,202	
Not Available	64	64	45	1,480	1,774	654	100	103	42	5	6	5	1,649	1,947	746	4,342	
Total	553	588	47	9,387	10,190	666	456	461	42	11	10	5	10,407	11,249	760	22,416	
How Often Does your State Measure Employment Status?	☐ At A	dmission	At Discharg	e 🗆 Month	hly 🔽 Quar	terly Oth	er, describe: nnual Re-Reg										
What populations are included	: O All c	lients O O	nly selected (groups, desc	ribe:												
Comments on Data (for Age): Age is calculated at midpoint of	Comments on Data (for Age): Age is calculated at midpoint of reporting period.																
Comments on Data (for Gender): The most recent gender was used for reporting.																	
Comments on Data (Overall): See General Notes																	
0930-0168 Approved: 04/19/2019	Expires: 04/3	30/2022															
Footnotes:																	

MHBG Table 15B (URS Table 4A) - Optional Table: Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported

The workgroup exploring employment found that, the primary diagnosis of consumer 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.

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 (F20, F25)	233	245	835	41	1,354
Bipolar and Mood Disorders (F30,F31,F32,F33,F34.1,F60.89,F34.0,F32.9)	2,969	1,867	2,725	220	7,781
Other Psychoses (F22,F23,F24,F28,F29)	20	31	49	5	105
All Other Diagnoses	2,226	1,186	1,548	197	5,157
No DX and Deferred DX (R69,R99,Z03.89)	664	431	3,045	3,879	8,019
Diagnosis Total	6,112	3,760	8,202	4,342	22,416

See General Notes	
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022	
Footnotes:	

Comments on Data (for Diagnosis):

MHBG Table 16 (URS Table 9) - Social Connectedness and Improved Functioning

Expenditure Period Start Date: 7/1/2020 12:00:00 AM Expenditure Period End Date: 6/30/2021 12:00:00 AM

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)	
1. Social Connectedness	862	1,264	68%	
2. Functioning	930	930 1,281		
Child/Adolescent Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)	
3. Social Connectedness	298	385	77%	
4. Functioning	232	232 389		
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 C No
	Measure used
3. Did you collect these as part of your MHSIP Adult Consumer Survey?	
	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?	
	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 MHBG Table 18a: E.g.:

- 1. Recode ratings of "not applicable" as missing values.
- 2. Exclude respondents with more than 1/3 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).

Footnotes:		

MHBG Table 17A (URS Table 11) - Summary Profile of Client Evaluation of Care

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	1,138	1,351	1.89
2. Reporting Positively about Quality and Appropriateness for Adults.	1,177	1,321	1.64
3. Reporting Positively about Outcomes.	888	1,253	2.45
4. Adults Reporting on Participation In Treatment Planning.	1,002	1,255	2.16
5. Adults Positively about General Satisfaction with Services.	1,186	1,366	1.74

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*		
1. Reporting Positively about Access.	315	385	3.67		
2. Reporting Positively about General Satisfaction for Children.	297	399	4.07		
3. Reporting Positively about Outcomes for Children.	229	390	4.65		
4. Family Members Reporting on Participation In Treatment Planning for their Children.	336	399	3.4		
5. Family Members Reporting High Cultural Sensitivity of Staff.	350	372	2.29		

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	O No
1.a. If no, which version:			
1. Original 40 Item Version	C Yes		

1.b. If other, please attach instrument used.				
1.c. Did you use any translations of the MHSIP into anothe	r language?	1. Spanish		
	[2. Other Language:		
dult Survey Approach 2. Populations covered in survey? (Note all surveys should cover a		.) ()		. Sample of MH Consumers
			In State 💌 2	. Sample of MH Consumers
2.a. If a sample was used, what sample methodology was u		ndom Sample		
		ratified / Random Stratified	Sample	
		onvenience Sample		
	© 4. Ot	her Sample:		
2.b. Do you survey only people currently in services, or do y	ou also survey pe	ersons no longer in service?	Perso	ns Currently Receiving Services
			Perso 2.	ns No Longer Receiving Services
3. Please describe the populations included in your sample: (e.g.,	, all adults, only a	dults with SMI, etc.) 1 2 3 4	Adults With S Adults Who V Other (for example)	erious Mental Illness Vere Medicaid Eligible Or In Medicaid Managed Care Imple, 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	Yes	▼ Yes	
	Mail	▼ Yes		
	Face-to-face	Yes	Yes	
	Web-Based	✓ Yes	Yes	
4.b. Who administered the survey? (Check all that apply)	MH Consults 1. Family Me 2. Professio 3. MH Clinic	embers nal Interviewers		

Non Direct Tr 5.	reatment Staff				
Other, describ	be:				
5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?	Responses are Anonyr 1. Responses are Confide 2. Responses are Matche 3.	ential	tabases		
6. Sample Size and Response Rate					
6.a. How Many surveys were Attempted (sent out or calls initiated)?					
6.b. How many survey Contacts were made? (surveys to valid phone numbers or add	dresses)?				
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.6.e. If you receive "blank" surveys back from consumers (surveys with no responses.				f	/ (N-
o.e. If you receive blank surveys back from consumers (surveys with no responses	on them), and you count these su	rveys as comp	pieted for the calculation	on or response rates: ••• 1	es 🤟 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 (survey was done at the local or regional level)	r contracted for the survey	C 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 to you had asked the question of the entire relevant population between 43% (47-4) and 51%. The confidence level tells you how sure you can be. It is expressed as a percentage and represent be 95% certain; the 99% confidence level means you can be 99% certain. Most research When you put the confidence level and the confidence interval together, you can say that you	(47+4) would have picked that ansiesents how often the true percentagers use the 95% confidence level.	wer. e of the populat	tion who would pick an an	nswer lies within the confidenc	re interval. The 95% confidence level means yo
Child / Family Consumer Surveys					
1. Was the MHSIP Children / Family Survey (YSS-F) ✓ Yes Used?					
If no, what su	urvey 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. Sampl	e of MH Consumers		
2.a. If a sample was used, what sample methodology was used? C 1. Rando	ım Sample				
© 2 Stratifi	ied / Random Stratified Sample				

	○ 3. Co	nvenience Sample							
	© 4. Ot	her Sample:							
2.b. Do you survey only people currently in services, or do	you also survey pe	ersons no longer in service?	1.		Currently Recei				
2a. If yes to 2, please describe how your survey person	s no longer receiv	ing services.	2.						
3. Please describe the populations included in your sample: (e.g.	, all children, only	children with SED, etc.)	1.	Children v	Consumers In with Serious E who were Med	Emotional Di	le or in Medio		ribe that here):
4. Methodology of collecting data? (Check all that apply)		Self-Administered	Interv	iew					
	Phone	Yes	▼ Yes						
	Mail	✓ Yes							
	Face-to-face	Yes	Yes						
	Web-Based	▼ Yes	Yes						
4.b. Who administered the survey? (Check all that apply)	3. MH Clinic	embers nal Interviewers ians et Treatment Staff							
5. Are Responses Anonymous, Confidential and/or Linked to oth	er Patient Databa	1.							
		Responses ar	e Confide	ntial					

6.	Sample Size and Response Rate				
	6.a. 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	e surveys as "cor	mpleted" for the calculatio	n of response rates? C Yes	No 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)		No No		
	7.c. Other, describe:				
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Foot	notes:				

Responses are Matched to Client Databases 3.

MHBG Table 17B (URS Table 11A) - Consumer Evaluation of Care by Consumer Characteristics: (Optional Table by Race/Ethnicity)

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Adult Consumer Survey Results:

Indicators	To	otal		n Indian or a Native	A	sian		or African erican	Othe	lawaiian or r Pacific ander	W	/hite		han One Reported		er / Not illable	Hispar	nic Origin
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	1,088	1,299	13	15	2	2	54	62	0	1	964	1,152	46	56	9	11	50	52
Reporting Positively About Quality and Appropriateness.	1,128	1,269	11	14	2	2	51	59	0	1	1,006	1,127	47	54	11	12	49	52
3. Reporting Positively About Outcomes.	849	1,201	9	14	2	2	39	55	0	1	761	1,067	32	52	6	10	39	52
4. Reporting Positively about Participation in Treatment Planning	963	1,205	7	12	2	2	46	59	0	1	856	1,065	43	54	9	12	39	50
5. Reporting Positively about General Satisfaction	1,138	1,313	13	15	2	2	54	62	0	1	1,010	1,164	48	56	11	13	48	53
6. Social Connectedness	830	1,214	10	15	2	2	39	53	0	1	744	1,081	30	53	5	9	32	50
7. Functioning	893	1,230	10	15	2	2	35	53	0	1	804	1,097	35	53	7	9	37	51

Child/Adolescent Family Survey Results:

Indicators	Т	otal		n Indian or a Native	А	sian		or African erican	Othe	lawaiian or r Pacific ander	w	'hite		Than One Reported		er / Not ailable	Hispar	nic Origin
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	298	366	3	5	1	2	20	24	0	1	238	291	30	36	6	7	17	19
2. Reporting Positively About General Satisfaction	279	380	5	5	1	2	19	25	0	1	223	303	26	37	5	7	18	19

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3. Reporting Positively About Outcomes.	213	371	5	5	1	2	11	24	0	1	172	295	20	37	4	7	16	19
Reporting Positively Participation in Treatment Planning for their Children.	317	380	3	5	1	2	22	25	1	1	254	302	30	38	6	7	19	19
5. Reporting Positively About Cultural Sensitivity of Staff.	332	354	4	5	2	2	23	25	1	1	266	280	29	34	7	7	18	18
6. Social Connectedness	282	367	4	4	1	2	19	25	0	1	227	291	27	37	4	7	16	18
7. Functioning	216	370	5	5	1	2	11	24	0	1	175	294	20	37	4	7	16	19

Comments on Data: There appears to be an error or difference in the formula that totals the values. A review of prior years showed that the total values included Hispanic origin. As there were no changes communicated for this table, this appears to be an error.

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. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:	

MHBG Table 18 (URS 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 report the data under the Living Situation categories listed - "Total" are calculated automatically.

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	2,406	29	12	0	0	1	199	5	23	455	3,130
18-64	13,420	10	635	0	3	100	765	1,800	1,211	3,350	21,294
65+	462	0	23	0	0	2	14	42	31	203	777
Not Available	21	0	0	0	0	0	0	2	0	38	61
TOTAL	16,309	39	670	0	3	103	978	1,849	1,265	4,046	25,262
						•					
Female	8,480	21	234	0	2	25	194	746	602	1,526	11,830
Male	7,816	18	436	0	1	78	784	1,103	662	1,722	12,620
Not Available	13	0	0	0	0	0	0	0	1	798	812
TOTAL	16,309	39	670	0	3	103	978	1,849	1,265	4,046	25,262
American Indian/Alaska Native	356	5	19	0	0	2	27	66	32	43	550
Asian	101	1	6	0	0	1	12	10	8	18	157
Black/African American	1,232	5	75	0	0	16	245	349	140	173	2,235
Hawaiian/Pacific Islander	38	0	0	0	0	0	4	9	5	19	75
White/Caucasian	13,178	22	518	0	2	73	613	1,280	969	1,569	18,224
More than One Race Reported	208	1	7	0	0	1	10	23	12	13	275

	Race/Ethnicity Not Available TOTAL	1,196	5	45	0	1	10	67	112	99	2,211	3,746
- 1	101112	16,309	39	670	0	3	103	978	1,849	1,265	4,046	25,262

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	1,912	5	36	0	0	11	86	149	122	179	2,500
Non Hispanic or Latino Origin	13,246	23	554	0	3	80	379	1,568	1,032	963	17,848
Hispanic or Latino Origin Not Available	1,151	11	80	0	0	12	513	132	111	2,904	4,914
TOTAL	16,309	39	670	0	3	103	978	1,849	1,265	4,046	25,262

Comments on Data:	See General Notes
How Often Does your State Measure Living Situation?	At Admission At Discharge Monthly Quarterly Other: Describe
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Footnotes:	

MHBG Table 19 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Age	Adults with Serious	Mental Illnesses (SMI)			Children with Serious	Emotional Disturbance	es (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
0-12 years					0	0	0	596
13-17 years					0	4	0	831
18-20 years	20	40	3	598	0	0	0	0
21-64 years	696	606	62	11,190				
65-74 years	16	15	10	461				
75+ years	0	0	1	55				
Not Available	0	0	0	1	0	0	0	0
Total	732	661	76	12,305	0	4	0	1,427

Gender	Adults with Serious	Mental Illnesses (SMI)			Children with Serious	Emotional Disturbance	es (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
Female	432	337	25	5,675	0	3	0	624
Male	300	324	51	6,583	0	1	0	796
Not Available	0	0	0	47	0	0	0	7

Race/Ethnicity Adults with Serious Mental Illnesses (SMI) Children with Serious Emotional Disturbances (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
American Indian / Alaska Native	32	11	1	267	0	0	0	15
Asian	4	4	1	70	0	0	0	12
Black / African American	91	34	9	1,201	0	0	0	122
Hawaiian / Pacific Islander	2	2	0	26	0	0	0	4
White	561	579	63	9,121	0	2	0	1,124
More than one race	16	4	0	128	0	0	0	66
Not Available	26	27	2	1,492	0	2	0	84

Hispanic/Latino Origin	Adults with Serious	Mental Illnesses (SMI)			Children with Serious Emotional Disturbances (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			
Hispanic / Latino origin	45	59	2	895	0	1	0	311			
Non Hispanic / Latino	678	594	72	8,645	0	3	0	1,041			
Not Available	9	8	2	2,765	0	0	0	75			

	Adults with Serious	Mental Illnesses (SMI)			Children with Serious Emotional Disturbances (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		
Do you monitor fidelity for this service?	● Yes ○ No	• Yes • No	• Yes • No		○ Yes ○ No	C Yes No	€ Yes € No			
IF YES,										
What fidelity measure do you use?										
Who measures fidelity?										

How often is fidelity measured?										
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	• Yes C No	• Yes C No	C Yes ● No		C Yes C No	€ Yes ♠ No	€ Yes € No			
Have staff been specifically trained to implement the EBP?	• Yes • No	● Yes ○ No	• Yes • No		○ Yes ○ No	• Yes • No	○ Yes ○ No			
Comments on Data (overall): See General Notes.										
Comments on Data (Supported Housing): The SAMHSA Permanent Suppo assessed every three years; mos	rtive Housing toolkit i	s a key reference docun	nent for this program. Provic	ders are						
Comments on Data (Supported Employment): The SAMHSA Supported Employevery three years; most recently	yment toolkit is a key	reference document for	this program. Providers are	assessed						
Comments on Data (Assertive Community Treatment): Nebraska uses the Tool for Meas Community Treatment Scale (DA		•		ı Assertive						
Comments on Data (Theraputic Foster Care):										
Comments on Data (Multi-Syste Therapy): Region 3 Behavioral Health Aut Island is the only provider of thi	hority monitors the in	nplementation of this se	ervice. Mid Plains Center in C	Grand						
Comments on Data (Family Functional Therapy):										
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Footnotes:										

MHBG Table 19A (URS Table 16A) - Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis

Program Name	Number of Adult Admissions into CSC Services During FY	Current Number of Adults with FEP Receiving CSC FEP Services	Number of Child/ Adolescents Admissions with FEP Receiving CSC FEP Services	Current number of Children/Adolecents with FEP Receiving CSC FEP Services	Did you monitor fidelity for this service?	What fidelity measure did you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?
Navigate to Success Community Alliance	6	1	6	0	Yes No C	In process of implementing RAISE	N/A	N/A	Yes lo No
LiveWell Counseling	1	2	1	0	Yes No C	In process of implementing RAISE	N/A	N/A	Yes No C

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MHBG Table 20 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services during the Year

This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

	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	0	4	0	134							
21-64	0	405	0	4,520							
65-74	0	2	0	97							
75+	0	0	0	10							
Not Available	0	0	0	1							
TOTAL	0	411	0	4,762							

Gender				
Female	0	172	0	2,519
Male	0	239	0	2,238
Gender NA	0	0	0	5

Race											
American Indian or Alaska Native	0	13	0	92							
Asian	0	0	0	31							
Black or African American	0	14	0	364							
Native Hawaiian or Pacific Islander	0	3	0	18							
White	0	317	0	3,860							
More Than One Race	0	2	0	50							
Unknown	0	62	0	347							

Ethnicity				
Hispanic / Latino origin	0	43	0	459

Non Hispanic / Latino	0	318	0	3,976					
Hispanic origin not available	0	50	0	327					
Do you monitor fidelity for this service?	C Yes C No	C Yes No	C Yes C No	C Yes No					
IF YES,									
What fidelity measure do you use?									
Who measures fidelity?									
How often is fidelity measured?									
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	C Yes C No	• Yes • No	O Yes O No	○ Yes ● No					
Have staff been specifically trained to implement the EBP?	C Yes C No	• Yes • No	○ Yes ○ No ○ Yes ● N						
Comments on Data (overall):									
Data are consistent with trends in previous reports									
Comments on Data (Family Psycho-education):									
Comments on Data (Integrated Treatment for Co-occurring D	isorders):								
Comments on Data (Illness Self-Management):									

Comments on Data (Medication Management):	
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Footnotes:	

MHBG Table 21 (URS Table 19A) - Profile of Criminal Justice or Juvenile Justice Involvement

- 1. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time.
- 2. 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.
- 3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
- 4. 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).

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

For Consumers in Service for at least 12 months

		T1			T2		T1 to T2 Change					Assessment of the Impact of Services						
		or 12 mont an 1 year a	•	"T2" Mo	st Recent 1 (this year)		If Arrested at T1 (Prior 12 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	983	19912	8383	0	0	0	0	0	0	0	0	0	0	0	0
Total Children/Youth (under age 18)	0	0	0	143	2351	652	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	39	1154	330	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	104	1168	297	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	29	25	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	0	0	0	840	17561	7731	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	277	8933	2330	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	563	8588	4720	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	40	681	0	0	0	0	0	0	0	0	0	0	0	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

		2 months inning serv		"T2" Sinc	e Beginnin (this year)	-	If Arres	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						
			No Response	Arrested	rrested Not Arrested		# 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	690	11291	3547	0	0	0	0	0	0	0	0	0	0	0	0		
Total Children/Youth (under age 18)	0	0	0	120	1557	624	0	0	0	0	0	0	0	0	0	0	0	0		
Female	0	0	0	31	799	335	0	0	0	0	0	0	0	0	0	0	0	0		
Male	0	0	0	89	734	263	0	0	0	0	0	0	0	0	0	0	0	0		
Gender NA	0	0	0	0	24	26	0	0	0	0	0	0	0	0	0	0	0	0		
Total Adults (age 18 and over)	0	0	0	570	9734	2923	0	0	0	0	0	0	0	0	0	0	0	0		
Female	0	0	0	179	4737	976	0	0	0	0	0	0	0	0	0	0	0	0		
Male	0	0	0	390	4959	1244	0	0	0	0	0	0	0	0	0	0	0	0		
Gender NA	0	0	0	1	38	703	0	0	0	0	0	0	0	0	0	0	0	0		

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information:		1. Consumer survey (recommend questions)	ed			2. Other Consumer Survey: Please send copy of questions		3. Mental health MIS	
		4. State criminal justice agency				5. Local criminal justice agency	V	6. Other (specify)	Centralized Data System (CDS)
Sources of children/youth criminal justice information:		1. Consumer survey (recommend questions)	ed			2. Other Consumer Survey: Please send copy of questions		3. Mental health MIS	
		4. State criminal/juvenile justice a	agenc	у		5. Local criminal/juvenile justice agency	V	6. Other (specify)	Centralized Data System (CDS)
Measure of adult criminal justice involvement:	•	1. Arrests	0	2. Other	(speci	fy)			
Measure of children/youth criminal justice involvement:	•	1. Arrests	\bigcirc	2. Other	(speci	fy)			
Mental health programs included:		1. Adults with SMI only		2. Other	adults	s (specify)		✓ 3. Both	n (all adults)
		1. Children with SED only		2. Other	Childr	ren (specify)		✓ 3. Both	n (all Children)
Region for which adult data are reported:	•	1. The whole state	. 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:

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)." to be included in BGAS form at the bottom of the page.

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Footnotes:			

MHBG Table 22 (URS Table 19B) - Profile of Change in School Attendance

- 1. 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.
- 2. If your SMHA has data on School Attendance from alternative 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 the Attendance from T1 to T2, please use all these columns.
- 3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
- 4. 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; specifiy time period for criminal justice involvement; explain whether treatment data are collected).

Reporting Period Start Date: 7/1/2020 Reporting Period End Date: 6/30/2021

For Consumers in Service for at least 12 months

	T1 T2								T1 to T2	! Change			Impact of Services					
	# 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	4	2,230	0	0	0	0	0	0	0	108	511	98	4,516	63	5,296
Gender																		
Female	0	0	0	1	1,098	0	0	0	0	0	0	0	43	231	59	2,281	36	2,650
Male	0	0	0	3	1,104	0	0	0	0	0	0	0	64	278	39	2,210	27	2,618
Gender NA	0	0	0	0	28	0	0	0	0	0	0	0	1	2	0	25	0	28
Age																		
Under 18	0	0	0	3	1,498	0	0	0	0	0	0	0	73	301	42	1,990	29	2,435

For Consumers Who Began Mental Healt	h Services during the past 12 mo	nths
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		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 Sus	pended at T1 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	1,214	0	0	0	0	0	0	0	28	176	33	2,262	20	2,519		
Gender																				
Female	0	0	0	0	593	0	0	0	0	0	0	0	9	70	21	1,091	7	1,198		
Male	0	0	0	0	596	0	0	0	0	0	0	0	19	105	12	1,147	13	1,296		
Gender NA	0	0	0	0	25	0	0	0	0	0	0	0	0	1	0	24	0	25		
Age																				
Under 18	0	0	0	0	999	0	0	0	0	0	0	0	24	141	20	1,436	17	1,638		
Source of School Attendance Information:					I. Consumer s I. State Educa		nmended iten	ns)		ther Survey: P			Г	6. Oth	ntal health er (specify					

Measure of School Attendance:

1. School Attendance

2. Other (specify):

Mental health programs include:

1. Children with SED only

2. Other Children (specify)

3. Both

Region for which data are reported:

1. The whole state

2. Utter Children (specify)

2. Utter Children (specify)

2. Utter Children (specify)

3. 1

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:	
09	30-0168 Approved: 04/19/2019 Expires: 04/30/2022	
F	ootnotes:	

MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

	Total number of Discharges in Year		Imissions to ANY pital within	Percent R	leadmitted
	Year	30 days	180 days	30 days	180 days
TOTAL	76	0	0	0.00 %	0.00 %
Age					
)-12 years	0	0	0	0.00 %	0.00 %
13-17 years	10	0	0	0.00 %	0.00 %
18-20 years	1	0	0	0.00 %	0.00 %
21-64 years	62	0	0	0.00 %	0.00 %
65-74 years	3	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	34	0	0	0.00 %	0.00 %
Male	42	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	4	0	0	0.00 %	0.00 %
Asian	2	0	0	0.00 %	0.00 %
Black/African American	15	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White ed: 5/26/2023 2:48 PM - Nebraska - 0930-016	41 8. Approved: 04/40/2040, E	0 0 0 0 0 0	0	0.00 %	0.00 % Page

More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	14	0	0	0.00 %	0.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	76	0	0	0.00 %	0.00 %

Are Forensic Patients Included?		\bigcirc No
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Comments on Data:

This state collects data for Ethnicity (Hispanic/Latino). Differences greater than 10% between FY2020 and FY2021 are generally a result of small N.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:		

MHBG Table 23B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
	Year	30 days	180 days	30 days	180 days
TOTAL	92	0	0	0.00 %	0.00 %
Age					
)-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	3	0	0	0.00 %	0.00 %
21-64 years	85	0	0	0.00 %	0.00 %
65-74 years	4	0	0	0.00 %	0.00 %
75+ years	0	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	3	0	0	0.00 %	0.00 %
Male	89	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	1	0	0	0.00 %	0.00 %
Asian	2	0	0	0.00 %	0.00 %
Black/African American	24	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
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More than one race	0	0	0	0.00 %	0.00 %			
Race Not Available	11	0	0	0.00 %	0.00 %			
Hispanic/Latino Origin								
Hispanic/Latino Origin	0	0	0	0.00.0/				
			Ŭ	0.00 %	0.00 %			
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %			

Comments on Data:

Differences greater than 10% between FY2020 and FY2021 are generally a result of small N.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Fo	0	tn	o	te	s:
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MHBG Table 24 (URS 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

Expenditure Period Start Date: Expenditure Period End Date:

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within the state		Percent Readmitted			
		30 days	180 days	30 days	180 days		
TOTAL	0	0	0	0.00 %	0.00 %		
Age							
0-12 years	0	0	0	0.00 %	0.00 %		
13-17 years	0	0	0	0.00 %	0.00 %		
18-20 years	0	0	0	0.00 %	0.00 %		
21-64 years	0	0	0	0.00 %	0.00 %		
65-74 years	0	0	0	0.00 %	0.00 %		
75+ years	0	0	0	0.00 %	0.00 %		

Not Available	0	0	0	0.00 %	0.00 %			
Gender Control of the								
Female	0	0	0	0.00 %	0.00 %			
Male	0	0	0	0.00 %	0.00 %			
Gender Not Available	0	0	0	0.00 %	0.00 %			
Race	Race							
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %			
Asian	0	0	0	0.00 %	0.00 %			
Black/African American	0	0	0	0.00 %	0.00 %			
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %			
White	0	0	0	0.00 %	0.00 %			
More than one race	0	0	0	0.00 %	0.00 %			
Race Not Available	0	0	0	0.00 %	0.00 %			
	1	ı	1					
Hispanic/Latino Origin	Hispanic/Latino Origin							

Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %		
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %		
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %		
1. Does this table include readmission from state \bigcirc Yes \bigcirc No psychiatric hospitals? 2. Are Forensic Patients Included? \bigcirc Yes \bigcirc No							
Comments on Data:							
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022							
Footnotes:							