Nebraska

UNIFORM APPLICATION
FY 2026 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 05/28/2025 - Expires 01/31/2028
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID	HKQDEXRXGKL1

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
Mailing Address	301 Centennial Mall South, Fourth Floor PO Box 95026
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Zip Code	68509-5026

II. Contact Person for the Grantee of the Block Grant

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

From	7/1/2024
To	6/30/2025

IV. Date Submitted

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

Submission Date	12/1/2025 9:43:10 PM
Revision Date	12/1/2025 9:43:22 PM

V. Contact Person Responsible for Report Submission

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Footnotes:

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: SUP

Population(s): PP, Other

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 the 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 (Initial data collected prior to the first-year target/outcome): 27%

"First-year target/outcome measurement (Progress – end of SFY 2024): 27%

Second-year target/outcome measurement (Final – end of SFY 2025): 27%

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 thereby dependent on availability of survey results through coordination with DPH and CDC.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
According to the 2022 Behavioral Rick Factor Surveillance Survey (BRFSS) data the percentage of young adults who reported having more than five drinks for males and more than four drinks for females on one occasion was 29%, not meeting First-year Target of 27%. Given the 2021 achievement of 26.2% and the previous baseline was 31.5%, the new baseline was set at 27%. However, the indicator measure is the BRFSS for which published results have a two year lag. The Division of Behavioral Health is implementing the same indicator measure in a state sponsored annual survey in CY2025 to improve reporting timelines.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
Year 2 (CY25) target was 27% but the BRFSS survey found 28.6% of 18-24 years old reported binge drinking, which is above and does not meet the target of reduced binge drinking. The Division of Behavioral Health continues working toward strategic implementation of a state sponsored annual survey, with the same indicator measure, to improve reporting timelines.

How second year target was achieved:

Priority #: 2

Priority Area: Increase Use of Evidence-based Strategies

Priority Type: SUP

Population(s): PP, Other

Goal of the priority area:
Increasing the use of evidence-based strategies supported through Block Grant funding.

Objective:
Increase the use of evidence-based strategies employed by prevention coalitions to reduce alcohol and substance use.

Strategies to attain the goal:
Support increased use of evidence-based interventions in prevention practices. Use evidence-based public education and awareness strategies, campaigns, and engagement activities to increase awareness of binge drinking and reduce binge drinking rate. Offer technical assistance to enhance program staff understanding on identification and use of evidence-based strategies in addition to continued training on data collection and entry into the state prevention reporting system related to prevention activities.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of Block Grant funded evidence-based strategies.

Baseline measurement (Initial data collected prior to the first-year target/outcome): 50%

"First-year target/outcome measurement (Progress – end of SFY 2024): 55%

Second-year target/outcome measurement (Fi55%– end of SFY 2025):

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

Data Source:
Nebraska Prevention Information Reporting System (NPIRS)

New Data Source*(if needed)*:

Description of Data:
The NPIRS is an internet-based reporting system designed to collect and report prevention activity data in Nebraska. The system collects community, regional, and state level data from recipients of federal and state prevention funds administered by the Division of Behavioral

Health. NPIRS provides the reporting capabilities for components of the Federal Block Grant. The reports provide number served by individual-based programs or population-based programs and strategies, numbers served by intervention type, and use of evidence-based programs and strategies.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

System users receive numerous training opportunities and work continues to improve consistency and accuracy in reporting into the NPIRS.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Support for increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a First-year outcome measure of 55.6% for evidence-based strategies employed. Prioritized use of block grant funding for the use of evidence-based strategies in prevention practices has been successfully implemented in planning and programming of prevention activities.

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

FFY25 target was 55% but actual outcome was 48%, not sustaining the percentage for use of evidence-based interventions in prevention practices established as Year 2 target. Delays in contract issuance and workforce capacity issues affected planned prevention activities. The DBH Prevention program is working with state procurement on contract issues and prevention system workforce to address capacity, communication, and engagement issues to improve planning and programming of prevention activities.

How second year target was achieved:

Priority #: 3

Priority Area: Consumers in Stable Living Arrangements

Priority Type: SUT, MHS

Population(s): SMI, SED, ESMI, PWWDC, PWID, EIS/HIV, TB, Other

Goal of the priority area:

Consumers have permanent and stable housing.

Objective:

Increasing support for consumers to secure and maintain permanent housing.

Strategies to attain the goal:

Increase system and community-level planning efforts to focus on targeted resources for priority populations. Work with providers and community partners to understand local housing needs and help support response efforts.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Percentage of consumers in stable living arrangements at discharge from Residential Services.
Baseline measurement (Initial data collected prior to the first-year target/outcome):	80%
"First-year target/outcome measurement (Progress – end of SFY 2024):	83%
Second-year target/outcome measurement (Final –	85%

end of SFY 2025):

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

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source*(if needed)*:

Description of Data:

Consumer treatment data from CDS. CDS collects consumer level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving DBH funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Information is provided by consumer who may not wish to disclose they are or are at risk of experiencing homelessness. Residential services include: Dual Disorder Residential - MH + SUD, Halfway House - SUD, Intermediate Residential - SUD, Psychiatric Residential Rehabilitation - MH, Secure Residential - MH, Short Term Residential - SUD, and Therapeutic Community - SUD.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Increased system and community-level activities supporting efforts to focus targeted resources for priority populations achieved a statewide First-year outcome measure of 84% of the number of consumers in stable living arrangements at discharge from residential services.

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The second-year outcome measure 83% of the number of consumers in stable living arrangements at discharge from residential service did not meet the second-year target of 85%. Though the first-year outcome showed gains above the baseline of 80%, the progress was not sustained in the state's two metropolitan areas which resulted in the overall state outcome decline. System and community-level activities supporting efforts to focus targeted resources for priority populations are being reviewed and assessed. Key Performance Index (KPI) have been implemented to draw attention and efforts for this measure.

How second year target was achieved:

Priority #: 4

Priority Area: Consumer Employment

Priority Type: SUT, SUR, MHS

Population(s): SMI, SED, ESMI, PWWDC, PWID, EIS/HIV, TB, Other

Goal of the priority area:

Consumers in the labor market have employment.

Objective:

Increasing support for consumers to obtain and sustain employment.

Strategies to attain the goal:

Work with providers and community partners to understand local employment opportunities and help support efforts to connect consumers with employers.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of consumers in the labor market who are employed at discharge from any DBH funded service

Baseline measurement (Initial data collected prior to the first-year target/outcome): 58%

"First-year target/outcome measurement (Progress – end of SFY 2024): 58%

Second-year target/outcome measurement (Final – end of SFY 2025): 60%

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

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source *(if needed)*:

Description of Data:

Consumer treatment data from CDS. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving Division funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Information is provided by consumers who may not wish to disclose employment status and thus would be excluded from calculation. The labor market consists of those who are employed [employment status is 'Active/Armed Forces (< 35 Hrs)','Active/Armed Forces (35+ Hrs)','Employed Full Time (35+ Hrs)', or 'Employed Part Time (< 35 Hrs)'] and those who are unemployed but have been actively looking for employment in the past 30 days.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Increased support for consumers to sustain and acquire competitive employment achieved a statewide first-year outcome measure of 65% of the percentage of consumers in the labor market who are employed at discharged from any DBH funded service.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

Continued support for consumers to sustain and acquire competitive employment achieved a statewide second-year outcome measure of 63% of the percentage of consumers who were in the labor market and employed at the time of discharged from any DBH funded service.

Priority #: 5

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

Priority Type: SUT

Population(s): PWID, EIS/HIV, TB, Other

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.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of persons reported as injecting drugs who are admitted into Short Term Residential services within 14 days of seeking treatment

Baseline measurement (Initial data collected prior to the first-year target/outcome): 80%

"First-year target/outcome measurement (Progress – end of SFY 2024): 85%

Second-year target/outcome measurement (Final – end of SFY 2025): 85%

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

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source*(if needed)*:

Description of Data:

Consumer wait and admission data from CDS. CDS collects consumer level information for all consumers placed on a waiting list for MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The CDS access reporting function is monitored for completeness and accuracy on a regular basis.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Educational trainings with RBHAs and providers to ensure priority populations receive priority status according to priority type when waiting to enter a substance use treatment service. There has been improvement in the wait times into Short Term Residential services for Priority1: PWID and Priority 3: PID. The state achieved a statewide first year outcome measure of 95% of persons reported as injecting drugs who admitted into Short Term Residential services within 14 days of seeking treatment.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

Educational trainings with RBHAs and providers to ensure priority populations receive priority status according to priority type when waiting to enter a substance use treatment service. There has been improvement in the wait times into Short Term Residential services for Priority1: Pregnant-PWID and Priority 3: PWID. The state achieved a statewide second year outcome measure of 89% of persons reported as injecting drugs who admitted into Short Term Residential services within 14 days of seeking treatment.

Priority #: 6

Priority Area: First Episode Psychosis Coordinated Specialty Care

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 First Episode Psychosis Coordinated Specialty Care 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)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of statewide admissions into FEP CSC programs

Baseline measurement (Initial data collected prior to the first-year target/outcome): 20 Admissions

"First-year target/outcome measurement (Progress – end of SFY 2024): 20 Admissions

Second-year target/outcome measurement (Final – end of SFY 2025): 20 Admissions

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

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source*(if needed)*:

Description of Data:

Consumer treatment data from CDS. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving Division funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

The CDS access reporting function is monitored for completeness and accuracy on a regular basis.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Strategies to improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a First Episode of Psychosis achieved a First-year outcome measure of 32 persons served (admitted) which exceeded the first year target of 20.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

FEP Programs continue to employ strategies to improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a First Episode of Psychosis. Second-year outcome measure of 25 persons served (admitted) which exceeded the second-year target of 20.

Priority #: 7

Priority Area: Priority Area: Tuberculosis

Priority Type: SUT

Population(s): TB, Other

Goal of the priority area:

Tuberculosis screening is provided to all persons entering substance abuse treatment service and meets federal requirements regarding screening for Tuberculosis.

Objective:

As required through the contracts with Regional Behavioral Health Authorities, Tuberculosis (TB) screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made to those individuals whose screening indicates "high risk" for TB. The Tuberculosis Program in the Nebraska Division of Public Health provides the overall coordination for the State of Nebraska.

Strategies to attain the goal:

Regional Behavioral Health Authorities will comply with contract requirements for Tuberculosis screening to be provided to all persons entering a substance abuse treatment service.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Tuberculosis (TB)
Baseline measurement (Initial data collected prior to the first-year target/outcome):	Maintain the contract requirement with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.
"First-year target/outcome measurement (Progress – end of SFY 2024):	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.
Second-year target/outcome measurement (Final – end of SFY 2025):	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.

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

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

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.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:
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.

Priority #: 8

Priority Area: Crisis Response Dashboard

Priority Type: SUT, MHS

Population(s): SMI, SED, ESMI, BHCS, PWWDC, PWID, EIS/HIV, TB, Other

Goal of the priority area:

Implement a working dashboard that summarizes and visualizes volume and metrics data for 988 and Mobile Crisis Response (MCR); to be updated monthly.

Objective:

Provide 988 and Mobile Crisis Response (MCR) volume and metrics tracking for the public and relevant stakeholders.

Strategies to attain the goal:

Maintain ongoing 988 data collection with Boys Town to develop a public-facing dashboard that will summarize and visualize Calls/Chats/Texts volume data for 988 and key metrics for MCR activations at statewide and regional levels.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Stand up a public-facing 988 dashboard (updated monthly)
Baseline measurement (Initial data collected prior to the first-year target/outcome):	Project is in development
"First-year target/outcome measurement (Progress – end of SFY 2024):	Report 988 Calls/Chats/Texts volume and metrics on a working Dashboard
Second-year target/outcome measurement (Final – end of SFY 2025):	Report 988 Calls/Chats/Texts volume and Mobile Crisis Response activation metrics on a working Dashboard

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

Data Source:

988 data from Boys Town.

New Data Source*(if needed)*:

Description of Data:

Nebraska 988 calls chats, and texts volume and Mobile Crisis Response (MCR) activations volumes and metrics on statewide and regional levels.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Nebraska successfully implemented a public-facing 988 Crisis Response Dashboard. The dashboard has been updated monthly since April 2024 and it reports 998 Calls, Chats, Texts volume metrics.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

Nebraska successfully implemented a public-facing 988 Crisis Response Dashboard which has been updated monthly since April 2024, reporting 998 Calls, Chats, Texts volume metrics. Nebraska successfully implemented a Mobile Crisis Response Dashboard which has been updated monthly since December 2024, reporting activation volumes and metrics.

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Footnotes:

C. State Agency Expenditure Report

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

This table collects information on the statewide expenditures for children's mental health services during the last completed SFY. States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2024 Reporting Period End Date: 6/30/2025

Statewide Expenditures for Children's Mental Health Services			
A **Actual SFY 1994**	**B** **Actual SFY 2024**	**C** **Estimated/Actual SFY 2025**	**Please specify if expenditure amount reported in Column C is actual or estimated**
$620,801	$8,838,241	$8,375,651	(●) Actual ( ) Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted: _____

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

C. State Agency Expenditure Report

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

This table collects information on expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 07/01/2024

Reporting Period End Date: 06/30/2025

A Period	B Expenditures	C B1 (2023) + B2 (2024) 2
SFY 2023 (1)	$114,941,835	
SFY 2024 (2)	$102,247,077	$108,594,456
SFY 2025 (3)	$108,863,128	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2023	Yes	X	No
SFY 2024	Yes	X	No
SFY 2025	Yes	X	No

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted:

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Footnotes: