Nebraska

UNIFORM APPLICATION
FY 2027 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 05/28/2025 - Expires 01/31/2028
(generated on 11/25/2026 11.35.35 AM)

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

NOT FINAL

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
City	Lincoln
Zip Code	68509-5026

II. Contact Person for the Grantee of the Block Grant

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Last Name	Janousek
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	7/1/2025
To	6/30/2026

IV. Date Submitted

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

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

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0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

NOT FINAL

NOT FINAL

B. Implementation Report

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

Table 10a is based on the required SSA reporting of data on SUD client treatment admissions and subsequent admissions to an episode of care that occur during the most recently completed SFY. Grantees must report data for SUD client treatment admissions and subsequent admissions to an episode of care during the period that were funded, in full or in part, with SUPTRS BG funding. Grantees are encouraged to use TEDS data when completing this table. If the SSA is unable to report SUD client treatment admissions that are limited to SUPTRS BG, COVID-19, or ARP funds, please briefly explain in Footnote below.

Priority #: 1

Priority Area: Increase Use of Evidence-based Strategies

Priority Type: SUP

Population(s): PP

Goal of the priority area:

Increasing the use of evidence-based strategies supported through Block Grant funding.

Objective:

Increase percentage of evidence-based strategies used in Block Grant funded activities. Each region is tasked with increasing the use of evidence-based strategies for persons in need of primary prevention.

Strategies to attain the goal:

Strategies to Increase the Use of EBPs 1. Build Provider Capacity Through Training • Develop and implement a statewide EBP training plan for prevention providers. • Offer certified training on approved EBPs (e.g., LifeSkills Training, Strengthening Families, Botvin). • Create tiered learning paths (basic → intermediate → advanced) to improve workforce competency. 2. Strengthen Fidelity and Quality Assurance • Implement fidelity checklists, coaching, and regular site visits. • Use standardized monitoring tools to ensure programs are delivered as designed. • Provide technical assistance to strengthen adherence and reduce implementation drift. 3. Establish Clear EBP Selection and Approval Processes • Create or update a state-approved list of EBPs eligible for block-grant funding. • Develop guidance to help communities select EBPs based on local data and readiness. • Require providers to justify program selection and describe expected outcomes. 4. Support Implementation with Technical Assistance (TA) • Offer statewide or regional TA to support rollout and sustainability of EBPs. • Provide specialized TA for data collection, fidelity monitoring, and implementation barriers. • Use "implementation coaches" to work one-on-one with new programs. 5. Enhance Data Systems to Track EBP Use • Integrate EBP reporting fields into block-grant reporting systems. • Track implementation quality, reach, dosage, and outcomes. • Use data dashboards to give providers real-time feedback. 6. Incentivize the Adoption of EBPs • Allocate a percentage of block-grant funds that must be used for EBPs. • Offer mini-grants or competitive funding for communities adopting new EBPs. • Provide financial incentives for demonstrating high fidelity. 7. Strengthen Partnerships and Collaboration • Partner with schools, coalitions, and community-based organizations to expand EBP reach. • Promote cross-sector collaborations with public health, mental health, and youth-serving agencies. • Create communities of practice to share lessons and success stories. 8. Increase Communication and Awareness • Develop EBP toolkits, implementation guides, and communication materials. • Share success stories and evidence demonstrating EBP effectiveness. • Host webinars, regional meetings, or learning collaboratives focused on EBPs. 9. Use Local Assessment & Needs Data to Drive EBP Selection • Provide templates and guidance for conducting needs assessments. • Require providers to select EBPs that align with local risk and protective factors. • Use data to prioritize populations with the highest prevention needs. 10. Build Long-Term Sustainability • Build EBP costs into multi-year block-grant planning cycles. • Support providers in braiding and blending additional funding sources. • Develop sustainability plans for programs that show strong outcomes.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of evidence-based strategies used in Block Grant funded activities /programs

Baseline measurement: 48.5%

"First-year target/outcome measurement: 55%

Second-year target/outcome measurement: 55%

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

Data Source:

Nebraska Prevention Information Reporting System (NPIRS)

New Data Source*(if needed)*:

NOT FINAL

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 and system agility.

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:

The percentage of Block Grant funded Primary Prevention practices using evidence-based strategies in FFY2026 was 41.9%, not achieving the target of 55%. The DBH Prevention program continues to work with state procurement on contract issues and the prevention system workforce to address capacity, communication, and engagement issues to improve planning and programming of prevention activities.

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

Priority #: 2

Priority Area: Alcohol Use among Youth and Young Adults

Priority Type: SUP

Population(s): PP

Goal of the priority area:

Reduce harmful alcohol use among youth and young adults.

Objective:

Increase awareness of the health and safety consequences of binge drinking among youth and young adults, ages 18-24.

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. Strategies • Education & Awareness • Launch social media and community campaigns highlighting the risks of binge drinking and promoting healthy alternatives. • Engage influencers, such as youth ambassadors, and peer educators to deliver prevention messages.

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: 24.7%

"First-year target/outcome measurement: 26%

Second-year target/outcome measurement: 26%

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

Data Source:

Behavioral Risk Factor Surveillance Survey (BRFSS)

NOT FINAL

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 methodological assistance provided by the Centers for Disease Control Prevention (CDC). States use a standardized core questionnaire, optional modules, and state-added questions to ask variety important health-topics. The BRFSS is administered annually to non-institutionalized adults 18 years and older. Nebraska Department Health Human Services DHHS) Division Public DPH) contracts with the University of Nebraska-Lincoln, Bureau Sociological Research BOSR) to manage 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 results through coordination with DPH CDC. The survey is based on self-report. Additionally, there is typically a two-year lag for public release of this CDC data, which impacts trend assessment, outcomes/impact of program activities, and planning of targets.

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 2025 Behavioral Rick Factor Surveillance Survey (BRFSS) data the percentage of young adults who reported binge drinking (having more than five drinks for males and more than four drinks for females on one occasion) was 26.5%, not meeting First-year Target of 26%. However, the indicator measure is the BRFSS for which published results have a two year lag. The Division of Behavioral Health has implemented the same indicator measure in a state sponsored annual survey and that data is being reviewed for consideration as an alternative indicator measure in future block grant applications. This is a critical area of focus as the state has consistently seen Alcohol as the number one substance use self-reported at admission to DBH funded services.

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

Priority #: 3

Priority Area: Consumers in Stable Living Arrangements at Discharge

Priority Type: SUT, SUR, MHS

Population(s): SMI, SED, PWWDC, PWID, PRSUD

Goal of the priority area:

Increase the number of individuals in stable living arrangements at discharge from DBH funded services.

Objective:

To reduce the percentage of consumers who are discharged as homeless or homeless shelter, thereby increasing the percentage discharged into stable living arrangements by drawing attention to the focus and wrapping additional community support services where appropriate for individuals at risk of homelessness.

Strategies to attain the goal:

• Increase system and community-level planning efforts to focus on targeted resources for priority populations. • Regions provide community-based wrap -round services where appropriate to help consumers have permanent and stable housing. • Collaborate with providers and community partners to understand local housing experiences and needs and to help support response efforts. • Increase the attention and focus on the priority area at monthly meetings with the Regional Behavioral Health Authority (RBHA) partners and service providers.

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 select DBH-funded services

NOT FINAL

Baseline measurement: 82%

"First-year target/outcome measurement: 83%

Second-year target/outcome measurement: 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:

Providers enter consumer level demographic and service specific information for consumers MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS warehouses data entered so that such data can be analyzed at any time. For identified priority population consumers admitted into service in FY25, their living arrangement is collected at admission and relevant changes are attested to throughout their episode of care. Status at the end of the Fiscal Year is noted for this measure.

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. Individuals reporting this data point may not wish to disclose whether they are or are at risk of experiencing homelessness.

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:

The First-Year outcome measure 81.5% of the number of consumers in stable living arrangements at discharge from residential service did not meet the First-Year target of 83%. 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 and attention is drawn to this measure on a regular basis with RBHAs and providers. External circumstances experienced by consumers with regards to housing likely contributed to this decrease of 0.5 percentage points below baseline and not achieving the target (-1.5 percentage points).

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

Priority #: 4

Priority Area: Consumer Employment

Priority Type: SUT, SUR, MHS

Population(s): SMI, SED, PWWDC, PWID, PRSUD

Goal of the priority area:

To improve functionality and work-life responsibilities among consumers of Behavioral Health services who are classified as in the Labor Market.

Objective:

Reduce the percentage of consumers who are discharged as “unemployed” by having Regions provide additional services as appropriate to help consumers classified as being in the Labor Market gain or maintain employment.

Strategies to attain the goal:

• Increase provider awareness of meaningful employment for those consumers who are classified as being in the Labor Market (employed part time, full time, or unemployed but are looking for a job). • Collaborate with providers and community partners to understand local employment opportunities and needs to help support response efforts. • Increase the attention and focus on the priority area at monthly meetings with the Regional Behavioral Health Authority (RBHA) partners and service providers.

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

Annual Performance Indicators to measure goal success

NOT FINAL

Indicator #: 1

Indicator: Percentage of consumers in the labor market who are employed at discharge from select DBH-funded services

Baseline measurement: 63%

"First-year target/outcome measurement: 63%

Second-year target/outcome measurement: 65%

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:

Providers enter consumer level demographic and service specific information for consumers MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders. CDS warehouses the data entered so that it can be analyzed at any time. For identified priority population consumers admitted into service in FY25, employment status is collected at admission and relevant changes are attested to throughout their episode of care.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Individuals reporting this data point may not wish to employment status and thus would be excluded from calculation. The CDS access reporting function is monitored for completeness and accuracy on a regular basis. Individuals who only access crisis, emergency, or inpatient services are not included in the analyses. 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)*:

Continued state support for consumers to sustain and acquire competitive employment achieved a statewide first-year outcome measure of 66.7% of the percentage of consumers in the labor market who are employed at discharged from any DBH funded service.

Priority #: 5

Priority Area: Timely access to Residential Substance Use Services for PWID

Priority Type: SUT

Population(s): PWID

Goal of the priority area:

Timely access to SUD residential services for persons who inject drugs

Objective:

To reduce the time waiting (confirmation on waitlist to admission) for PWID seeking SUD residential treatment services thereby increasing rates of treatment among individuals with SUD.

Strategies to attain the goal:

• Monitor access data a regular basis. • Additionally, the issue of timely access for priority populations is addressed during Super User Calls and attention drawn directly with the Regional Behavioral Health Authority (RBHA) partners and service providers when there are notable changes or anomalies.

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

NOT FINAL

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Time waiting to be admitted into Residential Treatment Services for PWID (CDS-identified) within the given Fiscal Year.

Baseline measurement: 5 Days

"First-year target/outcome measurement: 5 Days (maintain)

Second-year target/outcome measurement: 4 Days

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 waitlist confirmation and admission data from CDS. Providers enter consumer level demographic and service specific information for consumers MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS warehouses data entered so that such data can be analyzed at any time.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Timely data input by providers to create encounters and waitlist entry is essential for the algorithm to alert Region partners and providers about priority populations. Additional training in classification and waitlisting of priority population. Preadmission documentation starts for persons incarcerated or in jails prior to release, and changes to release date could impact service availability.

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:

The state did not achieve the statewide First-Year outcome measure. This is a new target measure and in the first year Nebraska averaged 6.8 days for persons reported as injecting drugs (PWID) admitted into a SUD residential services, not achieving the First-Year target 5 days. A deeper dive into data illuminated trends and non-compliance which were shared in CDS-EBS Super User Calls; Observed improvement = 8 days to 6.8 days (this data reflects a small targeted group and outliers impact overall averages; CDS Engagement Visit encouraged discussions on waitlist practices and retraining of staff on this matter and data accuracy in CDS and illuminated opportunities for training, especially with providers experiencing workforce turnover, change in EHRs, and for explicit distinctions between Referral dates and Waitlist Confirmation dates, e.g., for persons in jail or corrections facilities at time of referral.

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

Priority #: 6

Priority Area: First Episode Psychosis/Coordinated Specialty Care

Priority Type: MHS

Population(s): SED, ESMI

Goal of the priority area:

To increase number of persons served in Coordinated Specialty Care service among those who have experienced a first episode of psychosis

Objective:

To improve the system capacity and awareness of Coordinated Specialty Care service for voluntary self-entry and referral into the service. To ensure that consumers are being provided with appropriate levels of behavioral health services after experiencing their 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

NOT FINAL

Psychosis (FEP). • Emphasis will be placed on enhancing recruitment strategies, fidelity to the Coordinated Specialty Care model, and increasing community awareness of available FEP services.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals served CSC/FEP programs

Baseline measurement: 25

"First-year target/outcome measurement: 25

Second-year target/outcome measurement: 25

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:

Providers enter consumer level demographic and service specific information for consumers receiving DBH funded services, either directly or through regional contracts. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders. CDS warehouses 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:

Computation of the data in this measure is based on number of persons served in the SFY. Participation in the service is voluntary and responsive to experience of first episode of psychosis.

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:

The first-year outcome measure of 24 consumers served in CSC/FEP programs did not meet the first-year target of 25. DBH has implemented activities to strengthen training of provider teams, promote fidelity to the evidence-based practice, and engagement of participants. However, this number will potentially be further impractical in the second year by measures put in place in the system for the key providers that became a CCBHC. This is currently a braided service and the system change excludes consumers who are Medicaid members. Further assessment of this measure and the system components are continuing.

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

Priority #: 7

Priority Area: Tuberculosis

Priority Type: SUT

Population(s): TB

Goal of the priority area:

All persons seeking substance use treatment are screened for TB and appropriately referred as needed.

Objective:

To decrease the rates of infectious disease transmission via screening and referral for additional services when appropriate (with TB or at-risk of TB).

Strategies to attain the goal:

• DBH has contractual agreement with all the Regional Behavioral Health Authorities (RBHA) to ascertain that individuals who are seeking admission to

NOT FINAL

Substance Use Treatment services are screened for TB. • As per contract, when screening deems it appropriate, consumers are referred to relevant services. • DBH conducts fidelity audits to ascertain compliance for implementation of contractual TB screening.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Maintain the contract requirement with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service. Tuberculosis screening provided to all persons entering a substance abuse treatment service.

Baseline measurement: 100% contract compliance

"First-year target/outcome measurement: 100% contract compliance

Second-year target/outcome measurement: 100% contract compliance

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 Regional Behavior Health Authorities to ensure that all persons admitted to an SUD service are screened for TB.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

RBHAs directly manage contracts with the providers.

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.

Priority #: 8

Priority Area: 988 Crisis Calls and Mobile Crisis Response Dashboards

Priority Type: SUR

Population(s): BHCS, PRSUD

Goal of the priority area:

To have regularly updated resources that are accessible pertinent to 988 Suicide and Crisis Lifeline and DBH Crisis response service

Objective:

• To maintain a public facing dashboard with 988 crisis call/text/chat volume accessible for region partners and public interest. • To maintain an internal dashboard with more sensitive data exclusively for internal review and reporting.

Strategies to attain the goal:

• To increase awareness of 988 as a crisis resource. • To increase awareness of the location of the public-facing dashboard is shared in monthly and quarterly meetings. • The internal dashboard is used to create reports (as needed) that are aggregated to be following HIPAA 20,000 rule and best

NOT FINAL

practices for sharing small N data.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: a. Maintain the public-facing 988 call/text/chat volume dashboard b. Maintain the internal Mobile Crisis Response dashboard

Baseline measurement: An external dashboard is operational for data on 988 call/text/chat volume and modality. An internal Mobile Crisis response dashboard is operational

"First-year target/outcome measurement: Maintain and update the dashboards as needed

Second-year target/outcome measurement: Maintain and update the dashboards as needed

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

Data Source:

Boystown Call Center and CDS.

New Data Source*(if needed)*:

Description of Data:

The external dashboard data are collected and provided by Boystown regarding Nebraska's 988 calls/text/chat volume and Mobile Crisis Response activation metrics. For the internal dashboard, data are extracted from the CDS for which referral source is a key component for Mobile Crisis Response (activation) and information collected in the MCR Follow-up Questionnaire.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Adherence to HIPAA 20,000 rule and best practices for sharing small N data, limits sharing of certain data associated with internal dashboard for Mobile Crisis Response.

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 and maintains 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 and maintains a Mobile Crisis Response Dashboard which has been updated monthly since December 2024, reporting activation volumes and metrics.

Priority #: 9

Priority Area: Access for PWWDC to Substance Use Disorder Services

Priority Type: SUT

Population(s): PWWDC

Goal of the priority area:

Timely access to OTP services among women who have responsibilities of caring for vulnerable children/fetus.

Objective:

To continue to reduce the time waiting (confirmation on waitlist to admission) for PWWDC seeking opioid treatment services thereby increasing rate of treatment among these individuals with SUD.

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

NOT FINAL

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 OTP to determine if additional service locations are necessary to meet the needs of priority populations seeking treatment. • Algorithms within the CDS also alert regional partners and providers when a priority population individual is put on a waitlist for opioid treatment.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Priority PWWDC, identified in CDS, seeking Opioid Treatment Services time on the waitlist is less than a week (within 48 hours for pregnant women).

Baseline measurement: 7 Days

"First-year target/outcome measurement: 6 Days

Second-year target/outcome measurement: 3 Days

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

Data Source:

Nebraska DHHS Division of Behavioral Heath Centralized Data System (CDS). Data are analyzed for priority women (pregnant and/or with dependent children) who are admitted to Opioid Treatment Program in the given Fiscal Year,

New Data Source*(if needed)*:

Description of Data:

Providers input consumer level demographic and service specific information for all consumers including waitlist confirmation dates into the CDS. The CDS warehouses data entered so that such data can be analyzed at any time. CDS algorithms include an alert to contract manager and provider regarding compliance for priority populations on waitlist, and status for interim services to pregnant women seeking SU Disorder services.

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. • Accurate pregnancy status is not always shared by the consumer. • External factors sometimes impact women's timely acceptance for service.

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 achieved the first-year target of 6 days for timely access to OTP services among women who have responsibilities of caring for vulnerable children/fetus. (Waitlisted max 3 days; if pregnant max 48 hours.) Nebraska's OTP providers make a concerted effort to expand their capacity as needed to be able to get this population within service expeditiously.

NOT FINAL

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

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: 7/1/2025 Reporting Period End Date: 6/30/2026

Statewide Expenditures for Children's Mental Health Services			
A **Actual SFY 1994**	**B** **Actual SFY 2025**	**C** **Estimated/Actual SFY 2026**	**Please specify if expenditure amount reported in Column C is actual or estimated**
$620,801	$8,375,651	$7,579,330	(●) 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.

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

NOT FINAL

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: 07/01/2025

Reporting Period End Date: 06/30/2026

A Period	B Expenditures	C B1 (2024) + B2 (2025) 2
SFY 2024 (1)	$102,247,077	
SFY 2025 (2)	$108,863,128	$105,555,103
SFY 2026 (3)	$122,203,941	

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

SFY 2024	Yes	X	No
SFY 2025	Yes	X	No
SFY 2026	Yes	X	No

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

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

NOT FINAL