

2022 Uniform Reporting Summary Output Tables Executive Summary

State Mental Health Agencies (SMHAs) compile and report annual data as part of their application package for SAMHSA's Community Mental Health Block Grant. These compiled data constitute the Uniform Reporting System (URS).

The URS is comprised of 21 tables that are developed by SAMHSA in consultation with SMHAs. The 2022 URS Output Tables present findings from 59 states and U.S. territories. Each output table provides summary information on the SMHA clients served in 2022: sociodemographic characteristics of clients served, outcomes of care, use of selected evidence-based practices, client assessment of care, insurance status, living situation, employment status, and readmission to state psychiatric hospitals within 30 and 180 days. Key data highlights are listed below:

- In 2022, 8,180,236 clients received SMHA services from 59 states and U.S. territories. This is a decrease from 8,195,517 SMHA clients in 2021. There were 5,965,872 adults (or 23.1 per 1,000), 2,197,002 children (or 29.9 per 1,000) served. About 17,362 (0.2 percent) clients were missing age data.
- Among SMHA clients, there were 4,394,191 (53.7 percent) females served while there were 3,730,939 (45.6 percent) males served. In 27 states and U.S. territories, more SMHA males were served than females, while in 32 states and U.S. territories, more SMHA females were served.
- The age distribution among SMHA clients was the largest among ages 25-44 with 33.0 percent, followed by ages 45-64 with 22.8 percent, children ages 0-12 with 14.2 percent, and children ages 13-17 with 12.7 percent.
- The highest percentage of SMHA clients that were served was among the White population with 57.9 percent, followed by Black or African Americans with 17.4 percent. SMHA clients served were 15.8 percent Hispanic and 74.5 percent non-Hispanic.

Nebraska 2022 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System

Utilization Rates/Number of Consumers Served	U.S.	State	U.S. Rate	States
Penetration Rate per 1,000 population	8,180,236	10.69	24.37	59
Community Utilization per 1,000 population	7,900,059	9.87	23.53	59
State Hospital Utilization per 1,000 population	108,725	0.17	0.33	53
Other Psychiatric Inpatient Utilization per 1,000 population	433,997	1.17	1.53	42

Adult Employment Status	U.S.	State	U.S. Rate	States
Employed (Percent in Labor Force)*	890,626	66.4%	51.2%	58
Employed (percent with Employment Data)**	890,626	39.3%	27.2%	58

Adult Consumer Survey Measures	State	U.S. Rate	States
Positive About Outcome	71.2%	77.7%	52

Child/Family Consumer Survey Measures	State	U.S. Rate	States
Positive About Outcome	62.3%	70.7%	47

Readmission Rates:(Civil "non-Forensic" clients)	U.S.	State	U.S. Rate	States
State Hospital Readmissions: 30 Days	5,477	2.6%	7.8%	44
State Hospital Readmissions: 180 Days	13,252	2.6%	18.9%	48
State Hospital Readmissions: 30 Days: Adults	5,064	0.0%	8.0%	42
State Hospital Readmissions: 180 Days: Adults	12,250	0.0%	19.3%	46
State Hospital Readmissions: 30 Days: Children	413	5.9%	6.5%	21
State Hospital Readmissions: 180 Days: Children	1,002	5.9%	15.7%	22

Living Situation	U.S.	State	U.S. Rate	States
Private Residence	4,235,783	79.0%	85.8%	58
Homeless/Shelter	199,656	8.9%	4.0%	53
Jail/Correctional Facility	69,379	2.7%	1.4%	52

Adult EBP Services	U.S.	State	U.S. Rate	States
Supported Housing	96,893	8.3%	3.1%	32
Supported Employment	62,679	6.4%	1.7%	43
Assertive Community Treatment	71,243	0.7%	1.9%	44
Family Psychoeducation	36,147	-	2.4%	19
Dual Diagnosis Treatment	197,663	1.7%	8.7%	27
Illness Self Management	321,887	-	17.9%	25
Medications Management	538,094	34.5%	28.6%	23

Child/Adolescent EBP Services	U.S.	State	U.S. Rate	States
Therapeutic Foster Care	12,465	-	1.6%	23
Multisystemic Therapy	25,099	0.7%	3.2%	23
Functional Family Therapy	58,340	-	9.0%	18

Change in Social Connectedness	State	U.S. Rate	States
Adult Improved Social Connectedness	69.1%	74.2%	51
Child/Family Improved Social Connectedness	75.9%	86.1%	43

*Denominator is the sum of consumers employed and unemployed.

**Denominator is the sum of consumers employed, unemployed, and not in labor force.

SAMHSA Uniform Reporting System - 2022 State Mental Health Measures

Nebraska

Utilization	State Number	State Rate	U.S.	U.S. Rate	States
Penetration Rate per 1,000 population	20,989	10.69	8,180,236	24.37	59
Community Utilization per 1,000 population	19,372	9.87	7,900,059	23.53	59
State Hospital Utilization per 1,000 population	340	0.17	108,725	0.33	53
Medicaid Funding Status	3,911	67%	5,877,944	75%	58
Employment Status (percent employed)	5,185	39%	890,626	27%	58
State Hospital Adult Admissions	98	0.31	78,782	0.80	51
Community Adult Admissions	15,886	0.96	15,560,130	3.02	53
Percent of Adults with SMI and Children with SED	10,958	52%	5,887,999	72%	59

Utilization	State Rate	U.S. Rate	States
State Hospital LOS Discharged Adult patients (Median)	148 Days	100 Days	51
State Hospital LOS for Adult Resident patients in facility <1 year (Median)	273 Days	94 Days	50
Percent of Clients who meet Federal SMI definition	54%	70%	57
Adults with Co-occurring MH/SU Disorders	16%	27%	55
Children with Co-occurring MH/SU Disorders	1%	6%	54

Adult Consumer Survey Measures	State Rate	U.S. Rate	States
Access to Services	84.3%	86.9%	52
Quality/Appropriateness of Services	87.5%	89.2%	52
Outcome from Services	71.2%	77.7%	52
Participation in Treatment Planning	82.4%	85.3%	52
General Satisfaction with Care	85.4%	87.8%	52

Child/Family Consumer Survey Measures	State Rate	U.S. Rate	States
Access to Services	81.1%	86.5%	46
General Satisfaction with Care	74.9%	85.7%	46
Outcome from Services	62.3%	70.7%	47
Participation in Treatment Planning	82.0%	88.4%	47
Cultural Sensitivity of Providers	91.8%	93.7%	46

Consumer Living Situations	State Number	State Rate	U.S.	U.S. Rate	States
Private Residence	13,610	79.0%	4,235,783	85.8%	58
Jail/Correctional Facility	469	2.7%	69,379	1.4%	52
Homeless or Shelter	1,538	8.9%	199,656	4.0%	53

Hospital Readmissions	State Number	State Rate	U.S.	U.S. Rate	States
State Hospital Readmissions: 30 Days	1	2.6%	5,477	7.8%	44
State Hospital Readmissions: 180 Days	1	2.6%	13,252	18.9%	48
Readmission to any psychiatric hospital: 30 Days	-	-	40,403	16.3%	20

State Mental Health Finance (2022)	State Number	State Rate	U.S.	U.S. Rate	States
SMHA Expenditures for Community Mental Health*	\$151,964,866	64.1%	\$35,672,092,437	69.6%	58
State Expenditures from State Sources	\$114,908,460	48.5%	\$18,057,819,516	35.3%	56
Total SMHA Expenditures	\$236,937,643	-	\$51,223,086,503	-	58

Adult Evidence-Based Practices	State Number	State Rate	U.S.	U.S. Rate	States
Assertive Community Treatment	67	0.7%	71,243	1.9%	44
Supported Housing	810	8.3%	96,893	3.1%	32
Supported Employment	625	6.4%	62,679	1.7%	43
Family Psychoeducation	-	-	36,147	2.4%	19
Integrated Dual Diagnosis Treatment	164	1.7%	197,663	8.7%	27
Illness Self-Management and Recovery	-	-	321,887	17.9%	25
Medications Management	3,349	34.5%	538,094	28.6%	23

Child Evidence Based Practices	State Number	State Rate	U.S.	U.S. Rate	States
Therapeutic Foster Care	-	-	12,465	1.6%	23
Multisystemic Therapy	9	0.7%	25,099	3.2%	23
Functional Family Therapy	-	-	58,340	9.0%	18

Outcome	State Number	State Rate	U.S.	U.S. Rate	States
Adult Criminal Justice Contacts	1,167	4.8%	21,398	2.1%	35
Juvenile Justice Contacts	117	3.4%	2,720	0.8%	36
School Attendance (Improved)	164	19.7%	6,935	26.8%	25

* Includes primary prevention, evidence-based practices for early serious mental illness, and other 24-Hour care.

Mental Health Community Services Block Grant: 2022 State Summary Report

Nebraska

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State Revenue Expenditure Data

	Amount
FY 2022 Mental Health Block Grant Expenditures	\$2,857,840
FY 2022 SMHA Community MH Expenditures	\$151,964,866
FY 2022 Per Capita Community MH Expenditures	\$77.39
FY 2022 Community Percent of Total SMHA Spending	64.04%
FY 2022 Total SMHA Mental Health Expenditure	\$236,937,643
FY 2022 Per Capita Total SMHA Mental Health Expenditures	\$120.66

Statewide Mental Health Agency Data*

Measure	Number of Clients	Utilization Rate Per 1,000 Population
Total Clients Served by SMHA System	20,989	10.7
Clients Served in Community Settings	19,372	9.9
Clients Served in State Hospitals	340	0.2

Gender	Percent
Female	47.4%
Male	48.2%
Other	-
Not Available	4.3%

Race/Ethnicity	Percent
American Indian or Alaska Native	2.4%
Asian	0.7%
Black or African American	8.6%
Native Hawaiian or Other Pacific Islander	0.3%
White	70.5%
More Than One Race	1.1%
Not Available	16.4%

Employment With Known Status (Adults)	Percent
Employed	39.3%
Unemployed	19.9%
Not In Labor Force	40.8%

Medicaid Funding Status of Consumers	Percent
Medicaid Only	54.7%
Non-Medicaid	33.5%
Both Medicaid and Other Funds	11.8%

Consumer Perception of Care: (Adults)	Percent
Access to Services	84.3%
Quality/Appropriateness of Services	87.5%
Outcome from Services	71.2%
Participation in Treatment Planning	82.4%
Overall Satisfaction with Care	85.4%

Implementation of Evidence-Based Practices	Percent
Assertive Community Treatment	0.7%
Supported Housing	8.3%
Supported Employment	6.4%
Family Psychoeducation	-
Integrated Dual Diagnosis Treatment	1.7%
Illness Self-Management and Recovery	-
Medications Management	34.5%
Therapeutic Foster Care	-
Multisystemic Therapy	0.7%
Functional Family Therapy	-

Age	Percent
0 to 12	4.0%
13 to 17	9.2%
18 to 20	4.9%
21 to 24	8.8%
25 to 44	42.7%
45 to 64	26.0%
65 to 74	3.4%
75 and over	0.8%
Not Available	0.3%

Living Situation (with Known Status)	Percent
Private Residence	79.0%
Foster Home	0.2%
Residential Care	2.8%
Crisis Residence	0.2%
Residential Treatment Center	0.0%
Institutional Setting	0.6%
Jail (Correctional Facility)	2.7%
Homeless (Shelter)	8.9%
Other	5.6%

Consumer Perception of Care: (Children/Adolescents)	Percent
Access to Services	81.1%
Overall Satisfaction with Care	74.9%
Outcome from Services	62.3%
Participation in Treatment Planning	82.0%
Cultural Sensitivity of Providers	91.8%

Outcome Measures Developmental	Percent
Adults Arrested this Year	4.8%
Youth Arrested this Year	3.4%
Improved School Attendance	19.7%

Hospital Readmissions (Civil Status Patients)	Percent
State Hospital Readmissions: 30 Days	2.6%
State Hospital Readmissions: 180 Days	2.6%
Readmission to any psychiatric hospital: 30 Days	-

* Based on 2022 URS data provided by US States and Territories per annual reporting guidelines.



The Community Mental Health Block Grant is administered by the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services

ACCESS DOMAIN: Demographic Characteristics of Persons Served by the State Mental Health Authority, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographics	Total Served				Penetration Rates			States
	State		US		(per 1,000 population)			
	n	%	n	%	State	Midwest	US	Reporting
Total	20,989	100.0%	8,180,236	100.0%	10.7	28.1	24.4	59
0-12	830	4.0%	1,158,981	14.2%	2.4	28.8	22.4	59
13-17	1,941	9.2%	1,038,021	12.7%	13.8	47.6	47.5	59
18-20	1,035	4.9%	412,521	5.0%	12.3	34.2	31.9	59
21-24	1,839	8.8%	492,047	6.0%	17.1	33.5	28.6	59
25-44	8,952	42.7%	2,703,227	33.0%	17.6	37.4	30.4	59
45-64	5,450	26.0%	1,868,490	22.8%	11.9	24.4	22.4	59
65-74	709	3.4%	352,243	4.3%	3.7	9.5	10.5	59
75 and over	162	0.8%	137,344	1.7%	1.3	5.6	6.2	58
Age Not Available	71	0.3%	17,362	0.2%	-	-	-	24
Female	9,955	47.4%	4,394,191	53.7%	10.2	29.8	25.9	59
Male	10,125	48.2%	3,730,939	45.6%	10.3	25.5	22.4	59
Other	-	-	16,811	0.2%	-	-	-	12
Gender Not Available	909	4.3%	38,295	0.5%	-	-	-	38
American Indian/Alaskan Native	494	2.4%	152,709	1.9%	15.5	51.6	35.0	53
Asian	139	0.7%	129,994	1.6%	2.5	8.0	6.4	57
Black/African American	1,805	8.6%	1,424,351	17.4%	17.2	39.4	31.6	54
Native Hawaiian/Pacific Islander	64	0.3%	24,325	0.3%	24.3	65.5	28.6	53
White	14,800	70.5%	4,737,430	57.9%	8.6	22.0	18.8	57
Multi-Racial	240	1.1%	231,800	2.8%	5.0	39.5	25.7	50
Race Not Available	3,447	16.4%	1,479,627	18.1%	-	-	-	54
Hispanic or Latino Ethnicity	2,268	10.8%	1,164,171	15.8%	9.6	21.5	19.4	52
Not Hispanic or Latino Ethnicity	15,041	71.7%	5,482,345	74.5%	8.7	24.7	21.3	56
Ethnicity Not Available	3,680	17.5%	715,131	9.7%	-	-	-	43

Note:**Are Client Counts Unduplicated?**

Unduplicated

Number of States with Unduplicated Counts 43

Duplicated between children and adults

This table uses data from URS Table 2a, Table 2b and from the U.S. Census Bureau. All denominators for penetration rates use the U.S. Census data from 2021.

U.S. totals are calculated uniquely for each data element based on only those states who reported clients served.

The penetration rates for 'Other' gender as well as Age, Gender, Race and Ethnicity Not Available are not reported on this table because the U.S. Census data does not include these categories.

Regional groupings are based on SAMHSA's Block Grant Regions.

State Notes:**Table 2a**

Age See general comments.
 Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.
 Race The most recent race was used for reporting.
 Overall See General Notes.

Table 2b

Age See general comments.
 Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.
 Race The most recent ethnicity was used for reporting.
 Overall See General Notes.

ACCESS DOMAIN: Persons Served in Community Mental Health Programs by Age and Gender, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Served in Community Mental Health Programs				Penetration Rates (rate per 1,000 population)		States Reporting
	State		US				
	n	%	n	%	State	US	
Age 0-17	2,739	14.1%	2,144,847	27.1%	5.7	29.2	59
Age 18-20	904	4.7%	395,224	5.0%	10.7	30.6	59
Age 21-64	14,871	76.8%	4,873,711	61.7%	13.8	25.7	59
Age 65+	788	4.1%	469,166	5.9%	2.4	7.9	59
Age Not Available	70	0.4%	17,111	0.2%	-	-	24
Age Total	19,372	100.0%	7,900,059	100.0%	9.9	23.5	59
Female	9,393	48.5%	4,268,201	54.0%	9.6	25.2	59
Male	9,055	46.7%	3,578,016	45.3%	9.2	21.5	59
Other	-	-	16,679	0.2%	-	-	12
Gender Not Available	924	4.8%	37,163	0.5%	-	-	35
Total	19,372	100.0%	7,900,059	100.0%	9.9	23.5	59

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 3 and from the U.S. Census Bureau. All denominators for penetration rates use the U.S. Census data from 2021.

U.S. penetration rates are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

Age See general comments.

Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.

Overall See General Notes.

ACCESS DOMAIN: Persons Served in State Psychiatric Hospitals by Age and Gender, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Served in State Psychiatric Hospitals				Penetration Rates (rate per 1,000 population)		States Reporting
	State		US				
	n	%	n	%	State	US	
Age 0-17	22	6.5%	5,878	5.4%	0.0	0.1	31
Age 18-20	14	4.1%	3,715	3.4%	0.2	0.3	51
Age 21-64	280	82.4%	91,632	84.3%	0.3	0.5	53
Age 65+	24	7.1%	7,490	6.9%	0.1	0.1	53
Age Not Available	-	-	10	0.0%	-	-	4
Age Total	340	100.0%	108,725	100.0%	0.2	0.3	53
Female	36	10.6%	34,261	31.5%	0.0	0.2	53
Male	304	89.4%	74,270	68.3%	0.3	0.5	53
Other	-	-	20	0.0%	-	-	2
Gender Not Available	-	-	174	0.2%	-	-	22
Total	340	100.0%	108,725	100.0%	0.2	0.3	53

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 3 and from the U.S. Census Bureau. All denominators for penetration rates use the U.S. Census data from 2021.

U.S. penetration rates are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

The penetration rates for 'Other' gender as well as Age and Gender Not Available are not reported on this table because the U.S. Census data does not include these categories.

State Notes:

Age See general comments.

Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.

Overall See General Notes.

ACCESS DOMAIN: Persons Served by SMHA System through Medicaid and Other Funding Sources by Race, Gender, and Ethnicity, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	State							US Averages							States Reporting
	Number Served				% Served			Number Served				% Served			
	Medicaid Only	Non-Medicaid Only	Both Medicaid & Other	Total Served with Known Funding Status	Medicaid Only	Non-Medicaid Only	Both Medicaid & Other	Medicaid Only	Non-Medicaid Only	Both Medicaid & Other	Total Served with Known Funding Status	Medicaid Only	Non-Medicaid Only	Both Medicaid & Other	
Female	1,675	1,078	383	3,136	53%	34%	12%	2,730,309	999,347	497,288	4,226,944	65%	24%	12%	56
Male	1,540	888	310	2,738	56%	32%	11%	2,182,078	941,519	437,172	3,560,769	61%	26%	12%	56
Other	-	-	-	-	-	-	-	12,890	2,053	948	15,891	81%	13%	6%	13
Gender Not Available	3	2	-	5	60%	40%	-	16,036	10,179	1,223	27,438	58%	37%	4%	35
Total	3,218	1,968	693	5,879	55%	33%	12%	4,941,313	1,953,098	936,631	7,831,042	63%	25%	12%	56
American Indian or Alaska Native	115	26	12	153	75%	17%	8%	102,797	21,821	18,127	142,745	72%	15%	13%	52
Asian	24	19	5	48	50%	40%	10%	75,199	29,173	16,265	120,637	62%	24%	13%	55
Black or African American	462	86	41	589	78%	15%	7%	851,801	329,449	181,044	1,362,294	63%	24%	13%	53
Native Hawaiian or Other Pacific Islander	11	1	2	14	79%	7%	14%	12,221	6,230	4,459	22,910	53%	27%	19%	51
White	2,399	1,712	608	4,719	51%	36%	13%	2,796,644	1,199,210	514,684	4,510,538	62%	27%	11%	55
More Than One Race	49	13	6	68	72%	19%	9%	114,047	73,513	38,952	226,512	50%	32%	17%	48
Race Not Available	158	111	19	288	55%	39%	7%	988,604	293,702	163,100	1,445,406	68%	20%	11%	52
Total	3,218	1,968	693	5,879	55%	33%	12%	4,941,313	1,953,098	936,631	7,831,042	63%	25%	12%	56
Hispanic or Latino	285	185	39	509	56%	36%	8%	568,049	298,481	200,130	1,066,660	53%	28%	19%	51
Not Hispanic or Latino	2,855	1,697	633	5,185	55%	33%	12%	2,877,338	1,437,682	638,635	4,953,655	58%	29%	13%	54
Ethnicity Not Available	78	86	21	185	42%	46%	11%	771,644	133,649	87,786	993,079	78%	13%	9%	41
Total	3,218	1,968	693	5,879	55%	33%	12%	4,217,031	1,869,812	926,551	7,013,394	60%	27%	13%	54

Note:

This table uses data from URS Tables 5a and 5b.

Type of Medicaid Data Reported

Data based on Medicaid Eligibility, not Medicaid Paid Services.

People Served by Both includes people with any Medicaid

State Notes:

- 5a Age See general comments.
- 5a Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.
- 5a Overall See General Notes.
- 5b Overall See General Notes.

ACCESS DOMAIN: Demographic Characteristics of Adults with SMI and Children with SED Served by the State Mental Health Authority, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographics	Total Served				Penetration Rates			States
	State		US		(per 1,000 population)			
	n	%	n	%	State	Midwest	US	Reporting
Total	10,958	100.0%	5,887,999	100.0%	5.6	19.4	17.5	59
0-12	485	4.4%	833,752	14.2%	1.4	22.4	16.1	57
13-17	764	7.0%	786,363	13.4%	5.4	35.7	35.9	58
18-20	502	4.6%	288,397	4.9%	6.0	21.5	22.3	57
21-24	921	8.4%	346,398	5.9%	8.6	21.6	20.2	57
25-44	4,837	44.1%	1,904,403	32.3%	9.5	24.2	20.4	59
45-64	2,997	27.3%	1,388,353	23.6%	6.5	17.1	16.6	59
65-74	400	3.7%	253,129	4.3%	2.1	6.4	7.5	58
75 and over	45	0.4%	83,983	1.4%	0.4	3.5	4.2	57
Age Not Available	7	0.1%	3,221	0.1%	-	-	-	15
Female	5,503	50.2%	3,230,535	54.9%	5.6	21.2	19.1	59
Male	5,389	49.2%	2,633,364	44.7%	5.5	17.2	15.8	59
Other	-	-	10,509	0.2%	-	-	-	10
Gender Not Available	66	0.6%	13,591	0.2%	-	-	-	35
American Indian/Alaskan Native	264	2.4%	98,447	1.7%	8.3	37.0	22.5	53
Asian	80	0.7%	99,545	1.7%	1.5	5.3	4.9	56
Black/African American	990	9.0%	1,059,668	18.0%	9.5	27.0	23.5	54
Native Hawaiian/Pacific Islander	33	0.3%	16,860	0.3%	12.5	51.7	19.5	53
White	8,503	77.6%	3,372,682	57.3%	4.9	15.2	13.4	56
Multi-Racial	180	1.6%	186,685	3.2%	3.7	28.2	19.1	49
Race Not Available	908	8.3%	1,054,112	17.9%	-	-	-	52
Hispanic or Latino Ethnicity	1,190	10.9%	1,023,591	18.9%	5.0	31.2	16.3	52
Not Hispanic or Latino Ethnicity	9,023	82.3%	3,852,486	71.2%	5.2	15.1	14.3	56
Ethnicity Not Available	745	6.8%	537,823	9.9%	-	-	-	43

Note:

This table uses data from URS Table 14a, Table 14b and from the U.S. Census Bureau. All denominators use the U.S. Census data from 2021.

U.S. totals are calculated uniquely for each data element based on only those states who reported clients served.

The penetration rates for 'Other' gender as well as Age, Gender, Race and Ethnicity Not Available are not reported on this table because the U.S. Census data does not include these categories.

Regional groupings are based on SAMHSA's Block Grant Regions.

State Notes:

Table 14a

Age See general comments.
Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.
Race The most recent ethnicity was used for reporting.
Overall See General Notes.

Table 14b

Age See comment 3 in general comments at end of document.
Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.
Race The most recent ethnicity was used for reporting.
Overall See General Notes.

ACCESS DOMAIN: Adults with SMI and Children with SED Served in Community Mental Health Programs by Age and Gender, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Served in Community Mental Health Programs				Penetration Rates		States Reporting
	State		US		(rate per 1,000 population)		
	n	%	n	%	State	US	
Age 0-17	1,241	12.2%	1,508,451	27.9%	2.6	21.1	56
Age 18-20	439	4.3%	264,248	4.9%	5.2	21.0	55
Age 21-64	8,041	79.3%	3,327,617	61.5%	7.5	18.0	57
Age 65+	406	4.0%	303,837	5.6%	1.3	5.2	55
Age Not Available	7	0.1%	2,749	0.1%	-	-	15
Age Total	10,134	100.0%	5,406,902	100.0%	5.2	16.5	57
Female	5,161	50.9%	2,982,471	55.2%	5.3	18.1	57
Male	4,908	48.4%	2,401,524	44.4%	5.0	14.8	57
Other	-	-	10,306	0.2%	-	-	9
Gender Not Available	65	0.6%	12,601	0.2%	-	-	32
Total	10,134	100.0%	5,406,902	100.0%	5.2	16.5	57

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 15a.

U.S. penetration rates are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

Age See comment 3 in general comments at end of document.
Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.
Overall See General Notes.

ACCESS DOMAIN: Adults with SMI and Children with SED Served in State Psychiatric Hospitals by Age and Gender, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Served in State Psychiatric Hospitals				Penetration Rates		States Reporting
	State		US		(rate per 1,000 population)		
	n	%	n	%	State	US	
Age 0-17	-	-	4,747	5.4%	0.0	0.1	26
Age 18-20	-	-	2,797	3.2%	0.0	0.2	48
Age 21-64	52	100.0%	75,002	85.2%	0.0	0.4	52
Age 65+	-	-	5,463	6.2%	0.0	0.1	51
Age Not Available	-	-	2	0.0%	-	-	2
Age Total	52	100.0%	88,011	100.0%	0.0	0.3	52
Female	13	25.0%	27,900	31.7%	0.0	0.2	52
Male	39	75.0%	59,949	68.1%	0.0	0.4	52
Other	-	-	9	0.0%	-	-	2
Gender Not Available	-	-	153	0.2%	-	-	17
Total	52	100.0%	88,011	100.0%	0.0	0.3	52

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 15a.

U.S. penetration rates are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

Age See comment 3 in general comments at end of document.
Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.
Overall See General Notes.

ACCESS DOMAIN: Adults with SMI and Children with SED Receiving Crisis Response Services, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Services	State				US			
	Adults Served N	Estimated Percent of Adult Population with Access to Service %	Children Served N	Estimated Percent of Child Population with Access to Service %	Adults Served N	Estimated Percent of Adult Population with Access to Service %	Children Served N	Estimated Percent of Child Population with Access to Service %
Call Centers	396	100.0%	10	100.0%	1,615,298	11.6%	100,900	8.2%
24/7 Mobile Crisis Team	273	100.0%	59	100.0%	293,981	3.4%	61,748	6.9%
Crisis Stabilization Programs	143	100.0%	0	-	270,343	4.8%	26,959	2.5%

Note:

This table uses data from URS Table 16b.

APPROPRIATENESS DOMAIN: Number of Admissions During the Year to State Hospitals, Other Psychiatric Inpatient, Residential Treatment Centers, and Community-Based Programs, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Setting	Demographic	State			US			Admission Rate		States Reporting
		Admissions During Year	Total Served At Start of Year	Total Served During Year	Admissions During Year	Total Served At Start of Year	Total Served During Year	State	US	
State Psychiatric Hospitals	Total	114	237	340	84,949	41,489	104,802	0.34	0.81	51
	Children	16	7	22	6,144	1,041	5,850	0.73	1.05	29
	Adults	98	230	318	78,782	40,425	98,942	0.31	0.80	51
	Age NA	-	-	-	23	23	7	-	3.29	2
Other Psychiatric Inpatient	Total	2,935	85	2,303	438,023	84,840	410,558	1.27	1.07	39
	Children	29	-	28	62,279	8,010	58,829	1.04	1.06	36
	Adults	2,902	85	2,271	375,719	76,594	351,412	1.28	1.07	38
	Age NA	4	-	4	25	236	17	1.00	1.47	4
Residential Treatment Centers	Total	77	33	106	72,878	24,994	63,310	0.73	1.15	35
	Children	2	6	8	17,108	6,000	12,526	0.25	1.37	34
	Adults	75	27	98	55,766	18,994	50,761	0.77	1.10	28
	Age NA	-	-	-	4	-	4	-	1.00	1
Community Programs	Total	18,536	8,973	19,372	26,770,139	4,249,313	7,107,464	0.96	3.77	53
	Children	2,574	883	2,739	11,172,598	1,070,880	1,937,184	0.94	5.77	53
	Adults	15,886	8,081	16,563	15,560,130	3,166,979	5,159,668	0.96	3.02	53
	Age NA	76	9	70	37,411	11,454	3,577	1.09	10.46	17

Note:

Admission Rate= number of admissions divided by total served during the year.

U.S. Admissions During Year uses data from states reporting data only. States are only included in "U.S. Total Served" if they also reported data on admissions.

U.S. Total Served During Year is calculated using data in URS Table 3.

This table uses data from URS Tables 3 and 6.

State Notes:

Table 3

Age See general comments.
Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.
Overall See General Notes.

Table 6

Hospitals Includes all individuals admitted to a State Regional Mental Health Center (forensic and non-forensic).
Other Inpatient Includes clients admitted to one of the psychiatric inpatient hospitals within Nebraska, other than a State Regional Mental Health Centers.
Residential None
Community Includes clients receiving outpatient services at a State Regional Mental Health Center or clients receiving services at a community provider.
Overall For clients without a discharge date, length of stay was calculated using June 30, 2022 as a 'discharge date'. Also see General Notes.

APPROPRIATENESS DOMAIN: Length of Stays in State Psychiatric Hospitals, Other Psychiatric Inpatient Settings, and Residential Treatment Centers, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Setting	Demographic	State						US						
		Length of Stay (Days)						Length of Stay (Days)						
		Discharged Clients		Resident Clients in Facility 1 year or less		Resident Clients in Facility more than 1 year		Discharged Clients		Resident Clients in Facility 1 year or less		Resident Clients in Facility more than 1 year		States Reporting
		Average	Median	Average	Median	Average	Median	Average	Median	Average	Median	Average	Median	
State Psychiatric Hospitals	All	-	-	-	-	-	-	191	81	106	82	1,368	909	16
	Children	70	78	278	290	-	-	107	78	103	89	704	604	28
	Adults	321	148	275	273	1,604	1,094	259	100	114	94	1,603	1,003	52
	Age NA	-	-	-	-	-	-	52	49	238	234	3,722	1,871	2
Other Psychiatric Inpatient	All	-	-	-	-	-	-	69	56	96	83	868	742	12
	Children	4	4	3	3	-	-	33	30	50	45	735	721	29
	Adults	5	3	48	6	693	646	62	50	55	46	815	689	35
	Age NA	4	4	-	-	-	-	18	8	29	29	-	-	2
Residential Treatment Centers	All	-	-	-	-	-	-	215	131	121	120	707	652	8
	Children	383	372	227	227	479	507	180	148	125	119	678	662	30
	Adults	86	76	120	62	817	817	411	302	146	149	998	824	26
	Age NA	-	-	-	-	-	-	24	26	-	-	-	-	-

Note:

Resident clients are clients who were receiving services in inpatient settings at the end of the reporting period.

This table uses data from URS Table 6.

State Notes:

State Psychiatric Hospitals Includes all individuals admitted to a State Regional Mental Health Center (forensic and non-forensic).

Other Psychiatric Inpatient Includes clients admitted to one of the psychiatric inpatient hospitals within Nebraska, other than a State Regional Mental Health Centers.

Residential Treatment Centers None

Overall For clients without a discharge date, length of stay was calculated using June 30, 2022 as a 'discharge date'. Also see General Notes.

APPROPRIATENESS DOMAIN: Percent of Adults and Children Served Who Meet the Federal Definition for SMI/SED and Percent of Adults and Children Served Who Have Co-Occurring MH/SU Disorders, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Adults and Children who meet the Federal Definition of SMI/SED	State	US Average	US Median	States Reporting
Percent of Adults served through the SMHA who meet the Federal definition for SMI	53.5%	69.7%	74.0%	57
Percent of Children served through the SMHA who meet the Federal definition for SED	45.1%	69.0%	74.0%	57

Co-occurring MH and Substance Use Consumers	State	US Average	US Median	States Reporting
Percent of Adults served through the SMHA who had a co-occurring MH and SU disorder	15.8%	26.4%	22.5%	56
Percent of Children served through the SMHA who had a co-occurring MH and SU disorder	0.9%	5.7%	2.5%	56
Percent of Adults served through the SMHA who met the Federal definitions of SMI who also have a substance use diagnosis	22.8%	29.8%	24.0%	56
Percent of Children served through the SMHA who met the Federal definitions of SED who also have a substance use diagnosis	1.2%	10.5%	3.0%	56

Note:

This table uses data from URS Table 12.

How are the number of clients with co-occurring disorders counted and calculated?

1) Individuals had both mental health service and reported substance use diagnosis. 2) Individuals received treatment in a dual diagnosis service.

State Notes:

None

APPROPRIATENESS DOMAIN: Living Situation of Consumers Served by State Mental Health Agency Systems, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Age Group	Setting	State			US			States Reporting
		Living Situation	Percent in Living Situation	Percent with Known Living Situation	Living Situation	Percent in Living Situation	Percent with Known Living Situation	
All Persons Served	Private Residence	13,610	64.8%	79.0%	4,235,783	57.1%	85.8%	58
	Foster Home	30	0.1%	0.2%	52,342	0.7%	1.1%	48
	Residential Care	488	2.3%	2.8%	161,908	2.2%	3.3%	54
	Crisis Residence	32	0.2%	0.2%	7,783	0.1%	0.2%	31
	Residential Treatment Center	2	0.0%	0.0%	7,306	0.1%	0.1%	31
	Institutional Setting	95	0.5%	0.6%	76,984	1.0%	1.6%	49
	Jail (Correctional Facility)	469	2.2%	2.7%	69,379	0.9%	1.4%	52
	Homeless (Shelter)	1,538	7.3%	8.9%	199,656	2.7%	4.0%	53
	Other	961	4.6%	5.6%	125,127	1.7%	2.5%	44
	Not Available	3,764	17.9%	-	2,479,398	33.4%	-	53
	Total	20,989	100.0%	100.0%	7,415,666	100.0%	100.0%	58
Children under age 18	Private Residence	2,201	79.4%	93.0%	1,156,640	59.2%	92.5%	57
	Foster Home	22	0.8%	0.9%	37,260	1.9%	3.0%	48
	Residential Care	5	0.2%	0.2%	11,754	0.6%	0.9%	42
	Crisis Residence	1	0.0%	0.0%	1,031	0.1%	0.1%	28
	Residential Treatment Center	1	0.0%	0.0%	4,631	0.2%	0.4%	29
	Institutional Setting	4	0.1%	0.2%	5,808	0.3%	0.5%	45
	Jail (Correctional Facility)	106	3.8%	4.5%	3,358	0.2%	0.3%	43
	Homeless (Shelter)	7	0.3%	0.3%	4,853	0.2%	0.4%	50
	Other	20	0.7%	0.8%	25,618	1.3%	2.0%	40
	Not Available	404	14.6%	-	701,565	35.9%	-	52
	Total	2,771	100.0%	100.0%	1,952,518	100.0%	100.0%	58
Adults over age 18	Private Residence	11,387	62.7%	76.8%	3,072,512	56.4%	83.6%	58
	Foster Home	8	0.0%	0.1%	15,030	0.3%	0.4%	45
	Residential Care	482	2.7%	3.3%	149,874	2.8%	4.1%	54
	Crisis Residence	31	0.2%	0.2%	6,749	0.1%	0.2%	31
	Residential Treatment Center	1	0.0%	0.0%	2,675	0.0%	0.1%	21
	Institutional Setting	91	0.5%	0.6%	70,941	1.3%	1.9%	49
	Jail (Correctional Facility)	363	2.0%	2.4%	65,318	1.2%	1.8%	51
	Homeless (Shelter)	1,527	8.4%	10.3%	194,381	3.6%	5.3%	53
	Other	938	5.2%	6.3%	99,108	1.8%	2.7%	43
	Not Available	3,319	18.3%	-	1,769,234	32.5%	-	53
	Total	18,147	100.0%	100.0%	5,445,822	100.0%	100.0%	58

Note:

This table uses data from URS Table 15.

State Notes:

See general notes.

APPROPRIATENESS DOMAIN: Persons Experiencing Homelessness by Age, Gender, Race, and Ethnicity, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Homeless or Living in Shelters				Percent of Total with Known Living Situation		States Reporting
	State		US		State	US	
	N	%	N	%	%	%	
Age 0 to 17	7	0.5%	4,853	2.4%	0.3%	0.4%	50
Age 18 to 64	1,487	96.7%	186,023	93.2%	10.5%	5.6%	53
Age 65+	40	2.6%	8,358	4.2%	6.3%	2.5%	51
Age Not Available	4	0.3%	422	0.2%	13.3%	4.8%	10
Age Total	1,538	100.0%	199,656	100.0%	8.9%	4.0%	53
Female	627	40.8%	75,917	38.0%	7.3%	2.9%	52
Male	909	59.1%	121,966	61.1%	10.6%	5.3%	53
Other	-	-	561	0.3%	-	1.7%	10
Gender Not Available	2	0.1%	1,212	0.6%	8.7%	8.8%	21
Gender Total	1,538	100.0%	199,656	100.0%	8.9%	4.0%	53
American Indian or Alaska Native	68	4.4%	5,572	2.8%	15.1%	5.9%	49
Asian	8	0.5%	1,831	0.9%	6.2%	2.4%	48
Black or African American	290	18.9%	60,568	30.3%	17.9%	6.7%	51
Native Hawaiian or Other Pacific Islander	10	0.7%	707	0.4%	18.5%	5.7%	42
White	1,025	66.6%	100,108	50.1%	7.7%	3.4%	52
More Than One Race	21	1.4%	6,271	3.1%	9.2%	3.5%	46
Race Not Available	116	7.5%	24,599	12.3%	8.4%	3.3%	49
Race Total	1,538	100.0%	199,656	100.0%	8.9%	4.0%	53
Hispanic or Latino	156	10.1%	39,131	20.1%	7.4%	3.4%	51
Not Hispanic or Latino	1,305	84.9%	138,317	71.1%	9.3%	4.5%	51
Ethnicity Not Available	77	5.0%	17,185	8.8%	7.0%	5.0%	42
Ethnicity Total	1,538	100.0%	194,633	100.0%	8.9%	4.2%	52

Note:

U.S. totals are based on states reporting.

This table uses data from URS Table 15.

U.S. totals are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

See general notes.

APPROPRIATENESS DOMAIN: Evidence-Based Practices Reported by SMHAs, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Adult EBP Services	State		US		Penetration Rate: % of Consumers Receiving EBP/Estimated SMI		Measuring Fidelity		States Reporting
	EBP N	SMI N	EBP N	SMI N	State	US Average	State	US	
Supported Housing	810	9,707	96,893	3,849,402	8.3%	3.1%	Yes	10	32
Supported Employment	625	9,707	62,679	3,849,402	6.4%	1.7%	Yes	23	43
Assertive Community Treatment	67	9,707	71,243	3,849,402	0.7%	1.9%	Yes	27	44
Family Psychoeducation	-	-	36,147	3,849,402	-	2.4%	-	5	19
Dual Diagnosis Treatment	164	9,707	197,663	3,849,402	1.7%	8.7%	No	9	27
Illness Self-Management and Recovery	-	-	321,887	3,849,402	-	17.9%	-	6	25
Medication Management	3,349	9,707	538,094	3,849,402	34.5%	28.6%	No	3	23

Child/Adolescent EBP Services	State		US		Penetration Rate: % of Consumers Receiving EBP/Estimated SED		Measuring Fidelity		States Reporting
	EBP N	SED N	EBP N	SED N	State	US Average	State	US	
Therapeutic Foster Care	-	-	12,465	1,322,969	-	1.6%	-	2	23
Multisystemic Therapy	9	1,248	25,099	1,322,969	0.7%	3.2%	No	10	23
Family Functional Therapy	-	-	58,340	1,322,969	-	9.0%	-	8	18

Note:

U.S. totals are based on states reporting.

This table uses data from URS Tables 16 and 17.

U.S. averages are calculated uniquely for each data element based on only those states who reported numerator (clients served) data.

State Notes:

Table 16: See General Notes.

Table 17: None

APPROPRIATENESS DOMAIN: Adults with SMI and Children with SED Receiving Evidence-Based Services for First Episode Psychosis (FEP), FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Number of coordinated specialty care programs: 2

Admissions to Coordinated Specialty Care (CSC)-FEP Service During the Year

	State		US		States Reporting
	N	%	N	%	
Adult CSC-FEP Admissions	28	93.3%	13,785	58.5%	47
Children/Adolescent CSC-FEP Admissions	2	6.7%	9,789	41.5%	42
Total CSC-FEP Admissions	30	100.0%	23,574	100.0%	48
Total Programs Reporting Number of Admissions	2	100.0%	284	87.9%	48
Average Admissions per Program	15.0	-	73.0	-	48

Clients Currently Receiving CSC-FEP Services

	State		US		States Reporting
	N	%	N	%	
Adults Receiving CSC-FEP Services	19	95.0%	12,423	82.8%	46
Children/Adolescents Receiving CSC-FEP Services	1	5.0%	2,572	17.2%	40
Total Receiving CSC-FEP Services	20	100.0%	14,995	100.0%	46
Total Programs Reporting Number of Clients Receiving Services	2	100.0%	282	87.3%	48
Average Number of Clients Services per Program	10.0	-	46.4	-	46

CSC-FEP Fidelity and Training

	State		US		States Reporting
	N	%	N	%	
Number of Programs Measuring Fidelity	-	0.0%	209	64.7%	47
Number of Programs with Staff Training Specifically in CSC EBP	2	100.0%	275	85.1%	42

Clients Served by Programs With and Without CSC-FEP Fidelity

	State			US			States Reporting
	Number of Programs	Clients Served	Average Number of Clients Served Per Program	Number of Programs	Clients Served	Average Number of Clients Served Per Program	
Programs with Fidelity	-	-	-	209	12,061	57.71	31
Programs without Fidelity	2	20	10.00	114	2,934	25.74	19

Note:

This table uses data from URS Table 16a.

OUTCOMES DOMAIN: Employment Status of Adult Mental Health Consumers Served in the Community by Age and Gender, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographics	State				Employed as Percent of those in Labor Force		Employed as Percent of Known Employment Status		States Reporting
	Employed	Unemployed	In Labor Force*	With Known Employment Status**	State	US	State	US	
Age 18 to 20	255	124	379	722	67%	57%	35.3%	25.3%	58
Age 21 to 64	4,863	2,458	7,321	11,886	66%	51%	40.9%	29.0%	58
Age 65 and over	64	43	107	573	60%	42%	11.2%	12.8%	57
Age Not Available	3	-	3	9	100%	81%	33.3%	44.2%	8
Age TOTAL	5,185	2,625	7,810	13,190	66%	51%	39.3%	27.2%	58
Male	2,387	1,396	3,783	6,390	63%	48%	37.4%	25.4%	58
Female	2,792	1,227	4,019	6,783	69%	54%	41.2%	28.6%	58
Other	-	-	-	-	-	61%	-	34.9%	11
Gender Not Available	6	2	8	17	75%	70%	35.3%	31.3%	33
Gender TOTAL	5,185	2,625	7,810	13,190	66%	51%	39.3%	27.2%	58

What populations are reported? All Clients Number of States Reporting All Clients: 34 Number of States Reporting Some Clients: 12

When is Employment Status Measured?	At Admission	At Discharge	Monthly	Quarterly	Other
NE	-	Yes	-	Yes	-
US	35	19	3	8	19

Note:

*In Labor Force is the sum of consumers employed and unemployed.

**With Known Employment Status is the sum of consumers employed, unemployed and not in labor force.

Consumers employed as a % of those in labor force uses adults employed and unemployed as the denominator.

Consumers employed as a % of known employment status uses the sum of persons employed, unemployed and not in labor force as the denominator.

This table uses data from URS Table 4.

State Notes:

Age See general comments.
 Gender The most recent gender was used for reporting. Other gender was not collected in FY2022.
 Overall See General Notes.

OUTCOMES DOMAIN: Employment Status of Adult Mental Health Consumers Served in the Community by Diagnosis, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Diagnosis	State				Employed as a % of Labor Force		Employed as % of Known Employment Status		% of Consumers with Dx		States Reporting
	Employed	Unemployed	In Labor Force*	With Known Employment Status**	State	US	State	US	State	US	
Schizophrenia and Related Disorders	217	191	408	1,170	53.2%	32.4%	18.5%	11.8%	8.9%	12.8%	54
Bipolar and Mood Disorders	2,331	1,195	3,526	5,610	66.1%	52.2%	41.6%	28.5%	42.5%	37.5%	54
Other Psychoses	22	27	49	104	44.9%	31.9%	21.2%	15.6%	0.8%	2.0%	53
All other Diagnoses	2,071	875	2,946	4,249	70.3%	56.3%	48.7%	32.0%	32.2%	39.3%	54
No Diagnosis and Deferred Diagnosis	544	337	881	2,057	61.7%	50.3%	26.4%	29.9%	15.6%	8.4%	44
TOTAL	5,185	2,625	7,810	13,190	66.4%	51.6%	39.3%	27.6%	100.0%	100.0%	54

Note:

*In Labor Force is the sum of consumers employed and unemployed.

**With Known Employment Status is the sum of consumers employed, unemployed and not in labor force.

Consumers employed as a % of those in labor force uses adults employed and unemployed as the denominator.

Consumers employed as a % of known employment status uses the sum of persons employed, unemployed and not in labor force as the denominator.

This table uses data for URS Table 4a.

State Notes:

See General Notes.

OUTCOMES DOMAIN: Consumer Survey Results, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Indicators	Children: State	Children: U.S. Average	States Reporting	Adults: State	Adults: U.S. Average	States Reporting
Reporting Positively About Access	81.1%	86.5%	46	84.3%	86.9%	52
Reporting Positively About Quality and Appropriateness				87.5%	89.2%	52
Reporting Positively About Outcomes	62.3%	70.7%	47	71.2%	77.7%	52
Reporting on Participation in Treatment Planning	82.0%	88.4%	47	82.4%	85.3%	52
Family Members Reporting High Cultural Sensitivity of Staff	91.8%	93.7%	46			
Reporting positively about General Satisfaction with Services	74.9%	85.7%	46	85.4%	87.8%	52

Note:
U.S. average rates for children only include states that used the YSS-F, and the U.S. average rates for adults only include states that used a version of the MHSIP Consumer Survey.

This table uses data from URS Table 11.

Children/Family	State	U.S.
Type of Survey Used	YSS-F	YSS-F=34

Type of Adult Consumer Survey Used	28-Item MHSIP	Other MHSIP	Other Survey
State	Yes	-	-
U.S.	29	20	4

Sample Size & Response Rate	Children: State	Children: U.S.	States Reporting	Adults: State	Adults: U.S. Average	States Reporting
Response Rate	24.4%	90.5%	32	15.3%	93.5%	35
Number of Surveys Attempted (sent out)	1,326	186,313	32	6,000	308,386	35
Number of Surveys Contacts Made	1,290	107,080	31	5,681	150,352	34
Complete Surveys	315	55,245	37	871	134,476	42

Populations covered in survey	Children: State	Children: U.S.	Adults: State	Adults: U.S.
All Consumers	-	4	-	1
Sample	Yes	41	Yes	48

Sample Approach	Children: State	Children: U.S.	Adults: State	Adults: U.S.
Random Sample	-	7	-	8
Stratified Sample	Yes	11	Yes	16
Convenience Sample	-	21	-	21
Other Sample	-	3	-	5

Who is Sampled?	Children: State	Children: U.S.	Adults: State	Adults: U.S.
Current Clients	Yes	40	Yes	47
Former Clients	Yes	16	Yes	19

Populations included in sample: (e.g., all adults, only adults with SMI, etc.)	Children: State	Children: U.S.	Adults: State	Adults: U.S.
All Children or Adults Served	Yes	20	Yes	24
SMI Adults or SED Children	-	19	-	23
Persons Covered by Medicaid	-	10	-	10
Other	-	5	-	10

State Notes:
None

OUTCOMES DOMAIN: Consumer Survey Results by Race/Ethnicity, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Race/Ethnicity	Family of Children Survey Indicators: Reporting Positively About...														States Reporting
	Access		General Satisfaction with Services		Outcomes		Participation In Tx Planning		Cultural Sensitivity of Staff		Social Connectedness		Improved Functioning		
	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	
American Indian or Alaska Native	100%	84%	89%	84%	56%	73%	89%	88%	89%	92%	67%	87%	67%	74%	30
Asian	86%	82%	71%	86%	57%	71%	71%	89%	86%	92%	71%	84%	57%	73%	31
Black or African American	73%	88%	77%	88%	64%	72%	83%	90%	92%	94%	64%	87%	55%	70%	36
Native Hawaiian or Other Pacific Islander	-	88%	-	92%	-	81%	100%	88%	-	94%	-	87%	-	82%	21
White	82%	87%	76%	86%	65%	71%	82%	89%	93%	94%	76%	87%	66%	72%	35
Hispanic or Latino	81%	88%	80%	88%	65%	72%	87%	89%	96%	95%	76%	79%	65%	75%	31
More Than One Race	79%	84%	64%	84%	47%	66%	79%	87%	87%	92%	81%	85%	53%	67%	26
Not Available	75%	87%	75%	85%	63%	75%	100%	87%	86%	93%	86%	86%	50%	73%	34

Race/Ethnicity	Adult Consumer Survey Indicators: Reporting Positively About...														States Reporting
	Access		Quality & Appropriateness		Outcomes		Participation In Tx Planning		General Satisfaction		Social Connectedness		Improved Functioning		
	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	State	US Average	
American Indian or Alaska Native	91%	85%	91%	88%	77%	73%	76%	83%	91%	88%	76%	74%	82%	74%	37
Asian	100%	88%	100%	89%	100%	74%	100%	82%	67%	89%	100%	73%	100%	73%	38
Black or African American	78%	89%	81%	92%	69%	80%	86%	86%	83%	90%	78%	77%	75%	79%	39
Native Hawaiian or Other Pacific Islander	100%	92%	100%	95%	-	89%	100%	89%	100%	90%	-	80%	100%	80%	29
White	84%	88%	87%	91%	71%	74%	83%	86%	85%	89%	69%	72%	74%	73%	41
Hispanic or Latino	87%	88%	92%	91%	76%	76%	91%	85%	85%	88%	77%	72%	85%	74%	35
More Than One Race	77%	85%	85%	88%	62%	73%	72%	82%	82%	87%	58%	67%	65%	71%	29
Not Available	94%	86%	94%	89%	85%	73%	88%	84%	89%	88%	82%	72%	91%	73%	39

Note:

This table uses data from URS Table 11a.

State Notes:

None

OUTCOMES DOMAIN: Change in Social Connectedness and Functioning, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Indicators	Children				Adults			
	State	US Average	US Median	States Reporting	State	US Average	US Median	States Reporting
Percent Reporting Improved Social Connectedness from Services	75.9%	86.1%	83.9%	43	69.1%	74.2%	75.1%	51
Percent Reporting Improved Functioning from Services	63.2%	71.2%	67.3%	43	74.7%	75.0%	76.2%	51

Note:

This table uses data from URS Table 9.

U.S. average and median rates only include states which used the recommended Social Connectedness and Functioning questions.

Adult Social Connectedness and Functioning Measures	State	US
Did you use the recommended new Social Connectedness Questions?	Yes	43
Did you use the recommended new Functioning Domain Questions?	Yes	43
Did you collect these as part of your MHSIP Adult Consumer Survey?	Yes	46

Children/Family Social Connectedness and Functioning Measures	State	US
Did you use the recommended new Social Connectedness Questions?	Yes	38
Did you use the recommended new Functioning Domain Questions?	Yes	37
Did you collect these as part of your YSS-F Survey?	Yes	41

State Notes:

None

OUTCOMES DOMAIN: Civil (Non-Forensic) & Forensic Patients Readmission within 30 Days by Age, Gender, and Race, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Readmissions within 30 days to state psychiatric hospitals: "Civil" (Non-Forensic) Patients							Readmissions within 30 days to state psychiatric hospitals: Forensic Patients						
	State			US				State			US			
	Readmissions N	Discharges N	%	Readmissions N	Discharges N	%	States Reporting	Readmissions N	Discharges N	%	Readmissions N	Discharges N	%	States Reporting
Age 0 to 12	0	0	-	85	1,340	6.3%	10	0	0	-	-	18	-	0
Age 13 to 17	1	17	5.9%	328	5,040	6.5%	20	0	0	-	6	171	3.5%	2
Age 18 to 20	0	5	0.0%	233	3,427	6.8%	22	0	1	0.0%	24	594	4.0%	12
Age 21 to 64	0	17	0.0%	4,625	57,184	8.1%	42	1	59	1.7%	581	19,753	2.9%	36
Age 65 to 74	0	0	-	161	2,255	7.1%	32	0	2	0.0%	34	854	4.0%	11
Age 75 and over	0	0	-	45	733	6.1%	18	0	0	-	7	145	4.8%	6
Age Not Available	0	0	-	-	13	-	0	0	0	-	-	35	-	0
Age Total	1	39	2.6%	5,477	69,992	7.8%	44	1	62	1.6%	652	21,570	3.0%	36
Female	0	6	0.0%	2,146	28,442	7.5%	41	0	11	0.0%	179	4,906	3.6%	28
Male	1	33	3.0%	3,318	41,456	8.0%	43	1	51	2.0%	473	16,607	2.8%	33
Other	0	0	-	1	8	12.5%	1	0	0	-	-	3	-	0
Gender Not Available	0	0	-	12	86	14.0%	3	0	0	-	-	54	-	0
Gender Total	1	39	2.6%	5,477	69,992	7.8%	44	1	62	1.6%	652	21,570	3.0%	36
American Indian or Alaska Native	0	0	-	136	1,337	10.2%	16	0	1	0.0%	24	478	5.0%	8
Asian	0	0	-	80	913	8.8%	18	0	0	-	12	687	1.7%	5
Black or African American	0	4	0.0%	1,035	14,343	7.2%	35	0	8	0.0%	225	7,514	3.0%	23
Native Hawaiian or Other Pacific Islander	0	1	0.0%	48	448	10.7%	5	0	0	-	1	72	1.4%	1
White	0	24	0.0%	3,706	45,696	8.1%	41	1	47	2.1%	313	9,867	3.2%	31
More Than One Race	0	0	-	212	2,651	8.0%	17	0	0	-	11	523	2.1%	8
Race Not Available	1	10	10.0%	260	4,604	5.6%	19	0	6	0.0%	66	2,429	2.7%	12
Race Total	1	39	2.6%	5,477	69,992	7.8%	44	1	62	1.6%	652	21,570	3.0%	36
Hispanic or Latino	0	0	-	595	8,268	7.2%	21	0	0	-	54	2,198	2.5%	14
Not Hispanic or Latino	0	0	-	4,561	56,629	8.1%	40	0	0	-	563	17,432	3.2%	33
Ethnicity Not Available	1	39	2.6%	321	5,095	6.3%	17	1	62	1.6%	35	1,940	1.8%	10
Ethnicity Total	1	39	2.6%	5,477	69,992	7.8%	44	1	62	1.6%	652	21,570	3.0%	36

Forensics included in "non forensic" data? No

Note:

U.S. totals are based on states reporting.

This table uses data from URS Tables 20a and 20b.

State Notes:

None

OUTCOMES DOMAIN: Civil (Non-Forensic) & Forensic Patients Readmission within 180 Days by Age, Gender, and Race, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Demographic	Readmissions within 180 days to state psychiatric hospitals: "Civil" (Non-Forensic) Patients							Readmissions within 180 days to state psychiatric hospitals: Forensic Patients						
	State			US				State			US			
	Readmissions N	Discharges N	%	Readmissions N	Discharges N	%	States Reporting	Readmissions N	Discharges N	%	Readmissions N	Discharges N	%	States Reporting
Age 0 to 12	0	0	-	198	1,340	14.8%	13	0	0	-	1	18	5.6%	1
Age 13 to 17	1	17	5.9%	804	5,040	16.0%	21	0	0	-	17	171	9.9%	5
Age 18 to 20	0	5	0.0%	515	3,427	15.0%	27	0	1	-	59	594	9.9%	21
Age 21 to 64	0	17	0.0%	11,326	57,184	19.8%	46	1	59	1.7%	1,713	19,753	8.7%	42
Age 65 to 74	0	0	-	335	2,255	14.9%	37	0	2	-	84	854	9.8%	26
Age 75 and over	0	0	-	74	733	10.1%	20	0	0	-	12	145	8.3%	8
Age Not Available	0	0	-	-	13	-		0	0	-	-	35	-	
Age Total	1	39	2.6%	13,252	69,992	18.9%	48	1	62	1.6%	1,886	21,570	8.7%	43
Female	0	6	0.0%	5,133	28,442	18.0%	43	0	11	-	523	4,906	10.7%	38
Male	1	33	3.0%	8,099	41,456	19.5%	48	1	51	2.0%	1,363	16,607	8.2%	41
Other	0	0	-	2	8	25.0%	1	0	0	-	-	3	-	
Gender Not Available	0	0	-	18	86	20.9%	2	0	0	-	-	54	-	
Gender Total	1	39	2.6%	13,252	69,992	18.9%	48	1	62	1.6%	1,886	21,570	8.7%	43
American Indian or Alaska Native	0	0	-	339	1,337	25.4%	19	0	1	-	48	478	10.0%	11
Asian	0	0	-	187	913	20.5%	22	0	0	-	39	687	5.7%	14
Black or African American	0	4	0.0%	2,608	14,343	18.2%	39	0	8	-	713	7,514	9.5%	35
Native Hawaiian or Other Pacific Islander	0	1	0.0%	186	448	41.5%	6	0	0	-	7	72	9.7%	3
White	0	24	0.0%	8,883	45,696	19.4%	43	1	47	2.1%	862	9,867	8.7%	41
More Than One Race	0	0	-	499	2,651	18.8%	22	0	0	-	45	523	8.6%	12
Race Not Available	1	10	10.0%	550	4,604	11.9%	28	0	6	-	172	2,429	7.1%	19
Race Total	1	39	2.6%	13,252	69,992	18.9%	48	1	62	1.6%	1,886	21,570	8.7%	43
Hispanic or Latino	0	0	-	1,458	8,268	17.6%	29	0	0	-	154	2,198	7.0%	24
Not Hispanic or Latino	0	0	-	11,059	56,629	19.5%	45	0	0	-	1,631	17,432	9.4%	41
Ethnicity Not Available	1	39	2.6%	735	5,095	14.4%	22	1	62	1.6%	101	1,940	5.2%	18
Ethnicity Total	1	39	2.6%	13,252	69,992	18.9%	48	1	62	1.6%	1,886	21,570	8.7%	43

Forensics included in "non forensic" data? No

Note:

U.S. totals are based on states reporting.

This table uses data from URS Tables 20a and 20b.

State Notes:

None

STRUCTURE DOMAIN: SMHA Expenditure for Early Serious Mental Illness and First Episode Psychosis, FY 2022
Nebraska
Reporting Period: 7/1/2021 To: 6/30/2022

Activity	State										US									
	MHBG		Medicaid		State Funds		Other Funds		Total		MHBG		Medicaid		State Funds		Other Funds		Total	
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%
CSC-Evidence-Based Practices for First Episode Psychosis	\$208,403	100.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$208,403	100%	\$77,444,966	70.8%	\$1,426,512	1.3%	\$20,165,362	18.4%	\$10,346,454	3.2%	\$109,383,294	100%
Training for CSC Practices	\$11,350	100.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$11,350	100%	\$3,834,141	89.6%	\$17,565	0.4%	\$276,564	6.5%	\$152,194	1.2%	\$4,280,464	100%
Planning for CSC Practices	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$1,656,275	88.5%	\$13,746	0.7%	\$145,000	7.7%	\$56,255	1.0%	\$1,871,276	100%
Other Early Serious Mental Illnesses program (other than FEP or partial CSC programs)	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$4,292,980	53.8%	\$1,146,187	14.4%	\$1,070,312	13.4%	\$1,470,988	6.1%	\$7,980,467	100%
Training for ESMI	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$2,178,556	98.3%	\$0	0.0%	\$0	0.0%	\$38,580	0.6%	\$2,217,136	100%
Planning for ESMI	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$2,994,214	96.3%	\$0	0.0%	\$116,509	3.7%	\$0	0.0%	\$3,110,723	100%

Note:

This table uses data from URS Table 7a.

* Other Funds include Other Federal funds, local funds, and other funds from Table 7a.

State Notes:

None

STRUCTURE DOMAIN: SMHA Expenditure for Crisis Services, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Services	State										US									
	MHBG		Medicaid		State Funds		Other Funds		Total		MHBG		Medicaid		State Funds		Other Funds		Total	
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%
Call Centers	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$19,337,726	30.5%	\$2,854,936	4.5%	\$35,097,905	55.3%	\$6,158,992	9.7%	\$63,449,559	100%
24/7 Mobile Crisis Teams	\$0	0.0%	\$0	0.0%	\$2,227,580	100.0%	\$0	0.0%	\$2,227,580	100%	\$48,520,797	18.2%	\$31,510,954	11.8%	\$147,314,049	55.3%	\$38,962,497	14.6%	\$266,308,297	100%
Crisis Stabilization Programs	\$77,437	15.1%	\$0	0.0%	\$436,933	84.9%	\$0	0.0%	\$514,370	100%	\$16,818,386	3.4%	\$51,652,833	10.4%	\$397,568,821	80.3%	\$28,798,148	5.8%	\$494,838,188	100%
Training and Technical Assistance	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$1,329,684	27.0%	\$0	0.0%	\$1,884,462	38.3%	\$1,701,513	34.6%	\$4,915,659	100%
Strategic Planning and Coordination	\$0	-	\$0	-	\$0	-	\$0	-	\$0	-	\$1,202,909	20.0%	\$0	0.0%	\$1,327,407	22.1%	\$3,469,982	57.8%	\$6,000,298	100%

Note:

This table uses data from URS Table 7b.

* Other Funds include Other Federal funds, local funds, and other funds from Table 7b.

State Notes:

None

STRUCTURE DOMAIN: State Mental Health Agency Controlled Expenditures for Mental Health, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

	Expenditures: State	Percent of Total Expenditures: State	Expenditures: U.S.	Percent of Total Expenditures: U.S.	States Reporting
State Hospitals-Inpatient	\$69,990,069	30%	\$11,863,227,801	23%	55
Other 24-Hour Care	\$19,857,962	8%	\$5,858,806,596	11%	47
Ambulatory/Community	\$131,887,151	56%	\$29,476,144,024	58%	57
EBPs for Early Serious Mental Illness	\$219,753	0%	\$134,180,758	0%	58
Primary Prevention	-	0%	\$202,961,059	0%	19
Other Psychiatric Inpatient Care	\$12,052,075	5%	\$1,593,280,341	3%	17
Crisis Services	\$2,741,950	1%	\$807,927,639	2%	53
Administration	\$188,683	0%	\$1,286,558,285	3%	55
Total	\$236,937,643	100%	\$51,223,086,503	100%	58

Note:

This table uses data from URS Table 7.

State Notes:

Medicaid funding contains \$40,186,477.05 of State Funds used in MOE calculations.

STRUCTURE DOMAIN: State Mental Health Agency Controlled Expenditures by Funding Sources, FY 2022
Nebraska
Reporting Period: 7/1/2021 To: 6/30/2022

Funding Source	Ambulatory/Community				State Hospital			
	State		US		State		US	
	\$	%	\$	%	\$	%	\$	%
Mental Health Block Grant	\$2,669,157	1.7%	\$687,911,135	1.9%				
Medicaid (Federal, State, and Local)	\$109,280,288	70.6%	\$24,694,373,261	67.7%	-	-	\$1,883,033,937	15.9%
Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare), SAMHSA, etc.)	\$3,495,034	2.3%	\$1,024,812,483	2.8%	\$2,588,699	3.7%	\$357,702,941	3.0%
State Funds	\$39,262,337	25.4%	\$8,062,306,924	22.1%	\$67,401,370	96.3%	\$9,145,883,968	77.1%
Local Funds (excluding local Medicaid)	-	-	\$984,204,660	2.7%	-	-	\$156,309,193	1.3%
COVID-19 Relief Funds (MHBG)	-	-	\$201,741,561	0.6%				
ARP Funds (MHBG)	-	-	\$59,527,919	0.2%				
Other	-	-	\$765,142,133	2.1%	-	-	\$320,297,762	2.7%
Total	\$154,706,816	100.0%	\$36,480,020,076	100%	\$69,990,069	100.0%	\$11,863,227,801	100%

Note:

This table uses data from URS Table 7.

Ambulatory/Community includes Primary Prevention, Evidence-Based Practices for Early Serious Mental Illness, Other 24-Hour Care, and Crisis Services expenditures.

This table does not include administration (excluding program/provider level) expenditures.

State Notes:

Medicaid funding contains \$40,186,477.05 of State Funds used in MOE calculations.

STRUCTURE DOMAIN: Mental Health Block Grant Expenditures for Non-Direct Service Activities, FY 2022
Nebraska
Reporting Period: 7/1/2021 To: 6/30/2022

Services	State								US							
	MHBG		COVID-19 Funds		ARP Funds		Total		MHBG		COVID-19 Funds		ARP Funds		Total	
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%
Information Systems	\$0	0.0%	\$0	0.0%	\$0	-	\$0	-	\$5,057,069	5.3%	\$2,317,765	10.4%	\$10,586	0.3%	\$7,385,420	6.1%
Infrastructure Support	\$0	0.0%	\$0	0.0%	\$0	-	\$0	-	\$12,657,288	13.3%	\$5,478,300	24.6%	\$1,654,126	39.1%	\$19,789,714	16.2%
Partnerships, Community Outreach, and Needs Assessment	\$0	0.0%	\$0	0.0%	\$0	-	\$0	-	\$19,761,855	20.7%	\$4,791,760	21.5%	\$1,147,210	27.1%	\$25,700,825	21.1%
Planning Council Activities	\$0	0.0%	\$0	0.0%	\$0	-	\$0	-	\$4,148,556	4.3%	\$448,756	2.0%	\$166,664	3.9%	\$4,763,976	3.9%
Quality Assurance and Improvement	\$0	0.0%	\$0	0.0%	\$0	-	\$0	-	\$14,847,753	15.6%	\$2,302,922	10.3%	\$474,289	11.2%	\$17,624,964	14.5%
Research and Evaluation	\$0	0.0%	\$0	0.0%	\$0	-	\$0	-	\$10,737,218	11.3%	\$584,114	2.6%	\$143,166	3.4%	\$11,464,498	9.4%
Training and Education	\$17,327	100.0%	\$147,896	100.0%	\$0	-	\$165,223	100.0%	\$28,169,527	29.5%	\$6,349,768	28.5%	\$633,104	15.0%	\$35,152,399	28.8%
Total	\$17,327	100.0%	\$147,896	100.0%	\$0	-	\$165,223	100.0%	\$95,379,266	100.0%	\$22,273,385	100.0%	\$4,229,145	100.0%	\$121,881,796	100.0%

Note:

This table uses data from URS Table 8.

State Notes:

None

STRUCTURE DOMAIN: Mental Health Programs Funded by the Federal Mental Health Block Grant, FY 2022

Nebraska

Reporting Period: 7/1/2021 To: 6/30/2022

Adult Programs: 5 Child Programs: 6 Set-Aside FEP Programs: 2 Set-Aside ESMI Programs: 0 Total Programs: 6
 Adult Total: \$1,527,238 Child Total: \$1,298,010 Set-Aside FEP Total: \$202,604 Set-Aside ESMI Total: \$0 Total: \$3,027,851

Agency Name	Address	Area Served	Total Block Grant Funds	Block Grant for Adults with SMI	Block Grant for Children with SED	Set-Aside for FEP Programs	Set-Aside for ESMI Programs
REGION I BEHAVIORAL HEALTH AUTHORITY	4110 Avenue D	Panhandle	\$301,369	\$42,826	\$258,543	\$0	\$0
REGION II BEHAVIORAL HEALTH AUTHORITY	110 North Bailey Street	Southwest	\$250,001	\$123,437	\$126,563	\$0	\$0
REGION III BEHAVIORAL HEALTH AUTHORITY	4009 6th Avenue, Suite 65	Southcentral	\$394,820	\$99,990	\$221,232	\$73,598	\$0
REGION 4 BEHAVIORAL HEALTH AUTHORITY	206 Monroe Avenue	Northeast	\$310,124	\$0	\$310,124	\$0	\$0
REGION V BEHAVIORAL HEALTH AUTHORITY	1645 "N" Street Suite A	Southeast	\$581,306	\$312,334	\$268,971	\$0	\$0
REGION VI BEHAVIORAL HEALTH AUTHORITY	3801 Harney Street	Omaha	\$1,190,233	\$948,651	\$112,577	\$129,006	\$0

General Notes FY 2022

Nebraska

URS Table Number	General Notes
All	<p>Individuals included in this report are those who were served in a Mental Health or Dual service during fiscal year (FY) 2022 through the Nebraska DHHS Division of Behavioral Health (DBH).</p> <p>This report does not include individuals served through Medicaid (N=TBD) funding or those who received services through one of four federally-recognized tribes (N=254) in Nebraska in the DBH mental health and dual service unduplicated counts reported within the URS tables.</p> <p>In FY16, DBH and the Nebraska Behavioral Health System (NBHS) changed data systems for collection of service and treatment data, converting from a vendor-operated system to a new Centralized Data System (CDS) hosted by DHHS-DBH. Data clean-up during data migration, new data entry specifications for collection of key fields (including, but not limited to SSN, DOB) and attention drawn to specific data fields on a quarterly basis to prompt providers to review and update other client fields (for example, employment, living arrangement, criminal justice involvement, pregnancy status), which have resulted in improved data quality for unduplication and reporting. In addition, consistency improved due to quarterly trainings for providers on system updates.</p>
All	<p>DBH uses unique Consumer ID's to identify clients and determine unduplicated client encounters/records.</p>
All	<p>Calculation of age has been updated in (FY) 2022 to better reflect age at time of service. For consumers who have been discharged, age is calculated based on discharge date. For those consumers still in service at the end of the fiscal year, their age is calculated based on the end of the fiscal year.</p>
2A	<p>There were marked overall decreases in the number of consumers served across all age ranges. This decrease was observed across all racial groups and gender categories. The broadly observed decrease is likely a continued effect of Medicaid Expansion and data quality improvement measures.</p> <p>The increase in gender not available, particularly among those with unknown race, is potentially due to an increase in the percent of consumers in the unduplicated file accessing the 24-Hour Crisis Line, from 6.5% to 8.9% as this service tends to have high overall rates of unknowns. Similarly, 24-Hour Crisis Line had an unknown rate of 78.6% for race and 37.4% for gender in the FY22 unduplicated file.</p> <p>Various age categories for males and females across non-white racial categories (AI/AN, Asian, Black/AA, NH/PI, multiple races, and unknown race) saw increases from FY21 to FY22. These increases are largely impacted by statistical effects of having a small n.</p> <p>The increase in males aged 13-17 with unknown race stands as an exception to this pattern. Changes in the service mix accessed by males aged 13-17 are a likely contributor to this increase. Among males between the ages of 13 and 17, Crisis Line, Client Assistance Program, and Crisis Response have very high rates of unknown race. Collectively, these three services have a 31.3% rate of unknown race among males aged 13-17 for FY22. Between FY21 and FY22, the count of males 13-17 accessing these three services increased by 39.4%, which likely accounts for the increase in unknown race among this demographic group.</p>
2B	<p>There were decreases observed in the overall counts consistent with the continued effects of Medicaid Expansion. Similar trends (decreases) were also observed among ethnicity and gender categories.</p> <p>There was an increase in consumers with unknown gender that is consistent with the increased utilization of the 24-Hour Crisis Line in the unduplicated file.</p> <p>The increases in Hispanic females aged 75 and above, females with unknown age and ethnicity status, and non-Hispanic males aged 75 and above are all likely artifacts of small n representation among persons served.</p> <p>The increase in non-Hispanic females aged 65 and above is potentially likely attributable to increased referrals involving law enforcement agencies for non-Hispanic females. From FY21 to FY22, the total count of referrals involving law enforcement agencies increased by approximately 5% among non-Hispanic females. This increase in referrals was concentrated in the age 65 and above demographic, which accounted for approximately 81% of the overall increase in law enforcement agency referrals among non-Hispanic females. The bulk of these referrals were for Crisis Response Services.</p>

URS Table Number	General Notes
3*	<p>The increase in gender not available for Community-Based Services is likely a result of the increase of 24-Hour Crisis Line Service in the unduplicated file.</p> <p>Changes in the number of consumers with unknown age are a result of a small n.</p> <p>There were decreases seen among total count of consumers served consistent with the continued expansion of Medicaid in Nebraska. Such decreases were observed in gender and age categories, and across all settings.</p> <p>The observation of small n instances account for percentage differences from 2021 as increases in males and females below 18 years of age and 65 years of age and over.</p> <p>The increase in females aged 18-20 in other psychiatric inpatient settings was primarily driven by an increase in Emergency Protective Custody (EPC). The proportion of consumers served in other psychiatric inpatient associated with an EPC grew from 52.6% in FY21 to 59.7% in FY22. A notable portion of the overall increase in EPC was concentrated among females aged 18-20, which increased by 34.1% over this period for that demographic group.</p> <p>*Several factors contribute to the decline in the consumer counts as served in the Community MH programs, including Medicaid expansion, pandemic effects, and workforce issues.</p> <p>The decline in counts served in state psychiatric hospitals also have multiple contributing factors.</p> <p>1) The provision of care within state psychiatric hospitals in Nebraska as a system approach is based upon specialization whereby individual hospitals focus on a specific level of care needed by the consumer. This has resulted in an increase in treatment times that has reduced overall consumer turnover.</p> <p>2) Efforts have been undertaken within Nebraska's behavioral health system that prioritize the appropriate level of care within community services. This approach emphasizes institutionalization only for those consumers for whom it is necessary.</p> <p>3) Renovations aimed at upgrading the infrastructure at one of the state hospitals likely had a dampening effect on state hospital capacity.</p>
4	<p>There were decreases in the overall count that are consistent with the overall decrease observed with Medicaid Expansion. These decreases were broadly observed among all age, gender, and employment status categories.</p> <p>The increases in counts of consumers with unknown gender is generally attributable to increased utilization of the 24-Hour Crisis Line from FY21 to FY22. Compared to other services, 24-Hour Crisis Line typically has the highest unknown rates across measures.</p> <p>The increased difference in percentage in employed females aged 65 and above and females with unknown age are attributable to small n situations in those categories.</p>
4A	<p>The decreases broadly observed across all diagnostic groups and employment statuses occur in parallel with the overall decrease in persons served resultant from the expansion of Medicaid in Nebraska.</p> <p>The percentage increases for individuals within the other psychoses group that report "employed" statuses is an artifact of issues associated with small n.</p> <p>The percentage increase in individuals with a diagnosis in the other psychosis group that report "not in the labor force" could be explained by of multiple complex issues, including but not limited to pandemic effects, workforce issues, challenges faced with Supported Employment Services, and an increase in the preponderance of individuals in this group with limiting functional deficits. In the overall unduplicated file for FY22, 50.4% of consumers with functional deficits were not in the labor market as compared to 37.8% of consumers without functional deficits who likewise did not participate in the labor market. This percentage of those with "other psychosis" diagnoses who do not participate in the labor market increased from 54.6% in FY21 to 66.7% in FY22.</p> <p>The primary factor likely to have impacted the increased count of consumers with unknown employment status with a diagnosis either in the bipolar and mood disorders category or the other diagnosis category is an increase in the employment unknown rate among individuals in this group accessing medication management services and has prompted further attention with Regional QI partners. Furthermore, system changes have been implemented for FY23 to make employment status a "required" field. Unknown employment status is a salient factor as Medication Management is the top service accessed by this group of individuals (44.9%).</p>

URS Table Number	General Notes
5A	<p>The increase in consumers funded by Medicaid only is consistent with Medicaid expansion in Nebraska and DHHS policy in which the Division of Behavior Health as payer of last resort.</p> <p>Percentage increases with respect to unknown gender is generally consistent with utilization trends for 24-Hour Crisis.</p> <p>The declines observed with respect to number of consumers served in non-Medicaid funding sources, both Medicaid and non-Medicaid funding sources, and those for whom Medicaid status was unknown is consistent trends associated with Medicaid Expansion and utilization in Crisis Services.</p> <p>Increased percentage difference among consumers in non-Medicaid services, both Medicaid and non-Medicaid services, and for whom Medicaid status is unknown was statistically inflated by small n.</p>
5B	<p>Increases among consumers covered by Medicaid are consistent with Medicaid expansion.</p> <p>Decreases in counts of persons with other funding sources compared to Medicaid only are consistent with the overall decrease in persons served is generally explained as a trend associated with Medicaid expansion.</p> <p>Increases observed among persons served in other programs compared to Medicaid only are attributable to inflated difference associated with small n statistics.</p> <p>The increases in consumers with unknown gender, particularly among those with unknown ethnicity, is consistent with patterns of utilization of Crisis Services.</p>
6*	<p>Decreases observed among state hospitals are likely the product of a host of complex issues, including but not limited to workforce challenges, space availability, pandemic, and lower churn due to increased length of stay with persons requiring higher levels of care.</p> <p>The decreases in non-state hospitals are also consistent with the overall decrease in persons served likely due to a number of complex issues, including but not limited to workforce challenges, space availability, pandemic, and Medicaid expansion.</p> <p>The increases observed among youths with respect to state hospitals and other psychiatric inpatient settings is clearly an artifact of inflated difference associated with small n statistics.</p> <p>The increase in admissions with unknown age in community programs is congruent with utilization patterns of Crisis services.</p> <p>The increase in total served at the beginning of the year might be explained by a number of factors including, but not limited to, referrals for emergency protective custody.</p> <p>*The state hospitals focus on the purveyance of highest-level specialized care, and consumers who can appropriately be served in Community Based programs remain in the community. This approach inadvertently manifests an increase in treatment time (LOS) for those receiving care in the state hospital.</p>
7*	<p>Total Medicaid expenditures reflect claims paid for services during the fiscal year. It is possible the persons had delayed care previously. Additionally, in FY2021 some residential facilities were at reduced capacity due to COVID19.</p> <p>Total Other funds in FY22 reflects \$2.26 million of disaster response grants.</p> <p>Total EBP for ESMI – teams were retrained resulting in improved admissions to the programs.</p> <p>State Hospital Expenditures – increased cost for state and contracted staffing.</p> <p>Total Other 24 Hour Care – large increase in Medicaid claims.</p> <p>Total Amb/Comm Non-24 care - large increase in Medicaid claims.</p> <p>Total Administration Expenditures - Timing of when costs charged during the two year grant .</p> <p>Grand total – see above.</p>
7A**	<p>Teams were retrained resulting in better identification and admissions to the programs.</p> <p>Improved training helped enhance the ability of providers to identify consumers eligible for admission into FEP programs, as evidenced by the increase in FEP admissions from 7 in FY21 to 28 in FY22. An increase in MHBG spending on these programs is a natural corollary of the increase in admissions to evidence-based FEP programs.</p>
8*	<p>FY21 included additional Technical Assistance funding for trainings. These funds were not in FY22.</p>
9	<p>In a proactive approach to mitigate the universal trend of declining response rates for surveys, in FY22 DBH invested in additional access opportunities in the methodology for the Consumer Survey. In addition to the traditional paper, email, and telephone options and reminders, Nebraska consumers had additional access options via texting, weblinks, QR codes, and postcard reminders.</p>
10	<p>Table 10 does not match up with table 7A total amount due to payment of professional services rendered to individuals rather than agencies.</p>

URS Table Number	General Notes
12**	<p>The increases in percentage change of consumers served with SMI/SED is likely attributable to the updated criteria used for these calculations and reduced counts of persons served.</p> <p>*This increased percentage is likely due to updates in how consumers with SMI/SED are identified. The state identifies SMI/SED status on the basis of diagnosis and functional deficits. To be considered SMI/SED, a consumer needs a diagnosis that corresponds to SMI/SED and have an indicator of functional deficits. For FY22, the list of diagnoses used as a qualifying basis for SMI/SED status was expanded to provide a more accurate assessment of SMI/SED status among consumers served through DBH.</p> <p>Several criteria are used to identify functional deficits. Admission into a specific list of services is one criterion. Supported housing was added to the list of services that qualify as indicating functional deficits (listing was reflected in general comments). The inclusion of supported housing as a qualifying indicator of functional deficits resulted in an increase of four consumers identified as having SMI/SED status that accounts for our revised count in Table 14 B & A.</p> <p>Medicaid expansion has coincided with decreases in the number of consumers served by DBH in MH and SUD services. Between FY21 and FY22, the number of total consumers served, as well as the number of consumers served with co-occurring MH/SUD diagnoses. However, the number of consumers served with co-occurring MH/SUD diagnoses decreased at a lower rate than the rate of decrease of overall consumer counts. As the denominator decreased at a higher rate than the numerator, there was a commensurate increase in percentage. The disparate rates of decrease between overall consumer counts and counts of consumers with co-occurring diagnoses is likely an artifact of differences between the characteristics of the population that is eligible for Medicaid funded services and the characteristics of the population not eligible for Medicaid funded services.</p>
14A*	<p>The increase in consumers with SMI/SED whose gender was unknown likely correlates with utilization of crisis services with this demographic. The 24-Hour Crisis Line accounts for over 60% of consumers with unknown gender among those with SMI/SED.</p> <p>The decreases broadly observed across gender and racial categories are in tandem with the overall decrease in persons served stemming due to Medicaid expansion.</p> <p>The nature of small n statistics impacted the percentage differences (increases) from the previous year observed among the American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, race not available, and multiple races reported categories and also among white females aged 75 or older and black females aged 64-74.</p> <p>The increases among black females aged 21-24 and white females aged are likely attributable to updated criteria used to account for SMI/SED status.</p> <p>*This decrease count in consumers with SMI/SED is likely associated with Medicaid expansion and overall reduction in persons served receiving “payer of last resort” block grant services.</p> <p>Increased percentage for black females 21–24 years and white females 65+ years is likely a function of being captured in the group due to adjustment in definition/criterion for determining SED/SMI status. The state identifies SMI/SED status on the basis of diagnosis and functional deficits. To be considered SMI/SED, a consumer needs a diagnosis that corresponds to SMI/SED and have an indicator of functional deficits. For FY22, the list of diagnoses used as a qualifying basis for SMI/SED status was expanded to provide a more accurate assessment of SMI/SED status among consumers served through DBH (reflected in general comments for table 14A).</p>

URS Table Number	General Notes
14A	<p>This table represents the distribution of the adult SMI and children/adolescent SED population, a subset of the population presented in Table 2A (see table 2 notes for more information). NE State SMI Definition: Client is age 18 or older AND has at least one of the following ICD-10 diagnoses: F06.0, F06.2, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.8, F34.9, F39, F40.00, F40.10, F41.0, F41.1, F41.8, F41.9, F42, F43.10, F43.8, F44.0, F44.1, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.1, F45.21, F45.22, F48.1, F50.01, F50.02, F50.9, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F63.3, F63.81, F64.1, F93.0 AND meets at least one of the following criteria: GAF score less than 60; indicated functional deficit; is SSI/SSDI eligible or potentially eligible; was admitted to Community Support, Assertive Community Treatment, Psychiatric Residential Rehabilitation, Day Treatment, Day Rehabilitation, Day Support, Vocational Support, Supported Housing, or related psychiatric rehabilitation services OR Client is age 18 or older AND Provider selected YES for Meets SMI Criteria. NE State SED Definition: Client is age 3-17 years AND has at least one of the following ICD-10 diagnoses: F06.0, F06.2, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.8, F34.9, F39, F40.00, F40.01, F40.10, F41.0, F41.1, F41.8, F41.9, F42, F43.10, F43.11, F43.12, F43.8, F44.0, F44.1, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.1, F45.21, F45.22, F48.1, F50.00, F50.01, F50.02, F50.2, F50.9, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F63.3, F63.81, F64.1, F63.81, F90.0, F90.1, F90.2, F90.8, F90.9, F93.0, F95.2 AND meets at least one of the following criteria: is SSI/SSDI eligible or potentially eligible; was admitted to Professional Partner Services, Day Treatment, Intensive Outpatient, Therapeutic Consultation/School Wrap, or Respite Care OR Client is age 3-17 years AND Provider selected YES for Consumer Meets NE SED Criteria.</p>
14A	<p>This decrease count in consumers with SMI/SED is likely associated with Medicaid expansion and overall reduction in persons served receiving "payer of last resort" block grant services. Increased percentages for black females 21–24 years and white females 65+ years is likely a function of being captured in the group due to adjustment in definition/criterion for determining SED/SMI status. The state identifies SMI/SED status on the basis of diagnosis and functional deficits. To be considered SMI/SED, a consumer needs a diagnosis that corresponds to SMI/SED and have an indicator of functional deficits. For FY22, the list of diagnoses used as a qualifying basis for SMI/SED status was expanded to provide a more accurate assessment of SMI/SED status among consumers served through DBH (reflected in general comments for table 14A).</p>
14B	<p>The decreases observed broadly across all gender and ethnicity categories are consistent with the overall decrease in persons served coinciding with Medicaid Expansion.</p> <p>Percentage differences (increases) in age "not available" are influenced by statistical effects of having small n in those categories.</p> <p>The increase in consumers with unknown gender is consistent with utilization trends of the 24-Hour Crisis Line among those classified as SMI/SED.</p> <p>The increases in particular for youth and senior demographics (females 75 and older, Non-Hispanic females 75 and older, females under 18 with unknown ethnicity, Hispanic females aged 18-20, and Hispanic males age 75 and older) are categorically explained with statistical caveats of having small n in those categories.</p> <p>The observed increases in Non-Hispanic females age 65-74 and Hispanic males age 21-44 were potentially influenced by updates in the criteria used to assess SMI/SED status.</p>
14B	<p>Several criteria are used to identify functional deficits. Admission into a specific list of services is one criterion. Supported housing was added to the list of services that qualify as indicating functional deficits.</p> <p>The inclusion of supported housing as a qualifying indicator of functional deficits resulted in an increase of four consumers identified as having SMI/SED status that accounts for our count in Table 14 B & A.</p>

URS Table Number	General Notes
15A	<p>Decreases that were broadly observed across all age, sex, and service setting categories are consistent with the overall decrease in persons served that are attributed to Medicaid Expansion.</p> <p>The increases in unknown gender among those consumers served in community settings are consistent with the increase in crisis line utilization among consumers with SMI/SED classification.</p> <p>There were percentage difference increases from previous year observed that are explained by small n for the following:</p> <ul style="list-style-type: none"> - unknown gender: males and older females (SMI/SED) in other psychiatric inpatient settings. - unknown age: females within community settings. <p>There are several factors that potentially contributed to the increase in females aged 18-20 with SMI/SED served in other psychiatric inpatient settings: the updated criteria for assessing SMI/SED and Emergency Protective Custody.</p>
15	<p>The decreases broadly observed across all age, gender, race, ethnicity, and living arrangement categories are all consistent with the overall trends associated with Medicaid expansion.</p> <p>The percentage of increases from FY20 in total unknown age, unknown gender, unknown living arrangements for consumers age 65 and above, and unknown living arrangements among consumers with unknown gender are consistent with utilization trends of the crisis services.</p> <p>The reality of small n data explains the changes (increases) in statistics observed among consumers reporting living arrangements as foster home, institutional setting, jail or correctional facility, homeless or shelter, and other as well as for those with gender unknown reporting private residence.</p> <p>Most likely, the change observed (increase) in consumers age 65 and above both overall and reporting residing in a private residence is associated with the updated age calculation.</p>
16	<p>The decreases broadly observed across a multitude of demographic categories and services is associated with the overall decrease in persons served resulting from Medicaid expansion.</p> <p>Percent changes (increases) from previous year in statistics associated with small n are attributed to the following:</p> <ul style="list-style-type: none"> - Youth consumers receiving multi-systemic therapy. - Adult consumers who are ages 18-20 or 65 and above, as well as those with age unknown. - American Indian/Alaska Native, Asian, or Hawaiian/Pacific Islander. - Black/African American adult consumers accessing Assertive Community Treatment, adult consumers with race unknown accessing supported housing and supported employment, adult consumers who identify as multiracial accessing supported housing, and adult consumers with unknown ethnicity accessing supported employment. <p>The increase of Hispanic adult consumers accessing Supported Employment is concomitant with changes in census.</p> <p>It is believed that the confluence of two factors contributed to the increases observed among total adult consumers accessing Supported Housing. This increase is also reflected among male consumers, consumers reporting Hispanic ethnicity, and consumers reporting that they identify as Black/African American.</p> <p>The increase in the total unduplicated count of adult consumers with SMI is consistent with the increase in 24-Hour Crisis Line usage among adult consumers with SMI, as well as the increase with updated criteria used to assess SMI/SED.</p> <p>The percentage increase from previous year in the unduplicated count of youth SED consumers:</p> <p>Unknown gender is impacted by statistical effects associated with having a small n.</p> <p>Race is unknown or identified as multiracial is likely associated with updated criteria or age calculation.</p>
17	<p>The decreases broadly observed among both consumers with dual disorders and those receiving medication management are consistent with the overall decreases in persons served attendant with Medicaid expansion.</p>
19A	<p>The decreases broadly observed are consistent with the overall decrease in persons served subsequent from Medicaid expansion.</p> <p>The increases observed among consumers with unknown gender or who provided no response are explained by the proportional increase utilization in crisis services.</p>
19B	<p>The decreases broadly observed are consistent with the overall trends in persons served subsequent from Medicaid Expansion.</p> <p>The percentage increase noted in female consumers reporting suspension is relative to having a small n count associated with this statistic.</p>
20A	<p>The observed decreases are due to statistical ramifications of having small n.</p>

URS Table Number	General Notes
20A	With limited capacity, "Non-Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital" are not likely. Consumers are more likely to receive care in community-based services whenever this option is appropriate/available. Additionally, increased efforts to improve discharge planning and overall system flow from the state hospitals to community based services have resulted in increased discharges without readmissions for non-forensic patients. High percentages of change in readmissions from year to year are also the result of extremely small readmission sample sizes.
20B	With limited capacity, "Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital" are not likely. Consumers are more likely to receive care in community-based services whenever this option is appropriate/available. Additionally, increased efforts to improve discharge planning and overall system flow from the state hospitals to community based services have resulted in increased discharges without readmissions for forensic patients. High percentages of change in readmissions from year to year are also the result of extremely small readmission sample sizes.