

Nebraska FY 2008 Uniform Reporting System (URS)

Prepared to Meet the Requirements of the
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT
PART E: Uniform Data on Public Mental Health System

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

By:
Nebraska Department of Health and Human Services
Division of Behavioral Health

Questions on this report should be directed to:

Jim Harvey
Nebraska Department of Health and Human Services
Division of Behavioral Health
301 Centennial Mall South, Third Floor
PO Box 98925, Lincoln, NE 68509
phone 402-471-7824
email: Jim.Harvey@nebraska.gov

December 1, 2008

Analysis of the data for Tables 2A, 2B, 3, 4, 4a, 5A, 5B, 6, 12, 14A, 14B, 15, portions of 16, 17, 20A, 20B, and 21 are completed by the Epidemiology Department in the College of Public Health at the University of Nebraska Medical Center (UNMC) under contract with the Nebraska Department of Health and Human Services (DHHS) Division of Behavioral Health. The following comments apply to these tables:

- Over the last year, the Nebraska Division of Behavioral Health and the Administrative Services Only Managed Care Contractor, Magellan Health Services, have been working on cleaning up the data in the area of community Behavioral health.
- Specifically, the discharge date fields have started to be corrected. As a result, there has been improvement in discharging consumers who were no longer receiving services. This has happened over a wide variety of services.
- As a result, it appears DHHS/Magellan have been making strides at fixing the missing discharge dates for certain areas. Specifically, consumers who were counted in the past (because one could not tell if the individual had been discharged or not), are no longer being counted.
- However, there remains a fair number of records from 2003-2005 without what appears to be reasonable discharge dates. The problem here is, while being older, it does not mean the record can be discounted, since from the data one can not determine if th
- As DHHS/Magellan continues to fix missing discharge dates, the numbers for past years will most likely continue to drop. However, the overall trend should continue to increase from year to year and should still be reflected in the data.
- the same methodology developed by UNMC was used for both FY2007 and FY2008 counts. As a result, selected FY2007 data tables are being resubmitted (Tables 2A, 2B, 3, 4, 4a, 5A, 5B, 6, 12, 14A, 14B, 15, selected data from 16, 17, 20A, 20B, and 21).

The full Table names prepared by UNMC are:

Table 2A. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity
Table 2B. Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity
Table 3. Profile of Persons served in the community mental health setting,

State Psychiatric Hospitals and Other Settings

Table 4. Profile of Adult Clients by Employment Status

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

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

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

Table 6: Profile of Client Turnover

Table 12: State Mental Health Agency Profile

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

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

Table 15. Living Situation Profile:

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

Serious Emotional Disturbances Receiving Specific Services:

Only -

Total unduplicated N - Adults with SMI served

n Receiving Multi-Systemic Therapy

Total unduplicated N - Children with SED

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

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

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

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

Table 1. Profile of the State Population by Diagnosis

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

Table 1.		
Report Year:	2008	
State Identifier:	NE	
	Current Report Year	Three Years Forward
Adults with Serious Mental Illness (SMI)	71,096	
Children with Serious Emotional Disturbances (SED)	34,897	

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

source:

State Data Infrastructure Coordinating Center (NRI)

2006 SMI and SED Estimates for Table 1

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

34,897 = average of level of functioning score = 60

Number of Children with Serious Emotional Disturbances, age 9 to 17, for Nebraska, 2006

71,096 = Civilian Population with SMI (5.4%)

Number of Persons with Serious Mental Illness, age 18 and older, for Nebraska, 2006

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

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

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

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

Table 2.													
Report Year:	2008												
State Identifier:	NE												
	Total				American Indian or Alaska Native			Asian			Black or African American		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	703	1,183	0	1,886	31	40		5	11		73	120	
13-17 years	877	1,286	0	2,163	23	51		7	10		50	104	
18-20 years	939	1,309	0	2,248	21	26		9	8		50	75	
21-64 years	13,916	15,974	0	29,890	432	439		72	79		984	1,422	
65-74 years	294	233	0	527	2	9		2	0		11	12	
75+ years	110	87	0	197	2	3		3	0		1	1	
Not Available	0	0	0	0									
Total	16,839	20,072	0	36,911	511	568	0	98	108	0	1,169	1,734	0

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

Comments on Data (for Age):	The age was calculated as follows: [(July 1, 2007– (Consumer Birth Date)] / 365.25]
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.
Comments on Data (for Race/Ethnicity):	For race listed as "Other", reported in "More than one race reported".
Comments on Data (Overall):	See General Comments.

Table 2A. Profile of

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

PLEASE DO NOT

Please report the data

Table 2.
Report Year:
State Identifier:

	Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 2b are not available.		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	1	3		562	958				
13-17 years	1	6		761	1,039				
18-20 years	1	3		810	1,133				
21-64 years	16	11		11,713	13,046				
65-74 years	0	1		274	207				
75+ years	0	0		102	82				
Not Available									
Total	19	24	0	14,222	16,465	0	0	0	0

Are these numbers ur

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

Table 2A. Profile of

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

PLEASE DO NOT

Please report the data

Table 2.						
Report Year:						
State Identifier:						
	More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	29	43		2	8	
13-17 years	28	59		7	17	
18-20 years	40	59		8	5	
21-64 years	653	931		46	46	
65-74 years	5	4		0	0	
75+ years	2	1		0	0	
Not Available						
Total	757	1,097	0	63	76	0

Are these numbers ur

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

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

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

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

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

Table 2.													
Report Year:	2008												
State Identifier:	NE												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0 - 12 Years	626	1,039		67	134		10	10		703	1,183	0	1,886
13 - 17 years	771	1,122		92	134		14	30		877	1,286	0	2,163
18 - 20 years	849	1,177		72	111		18	21		939	1,309	0	2,248
21-64 years	13,021	14,711		772	1,109		123	154		13,916	15,974	0	29,890
65-74 years	289	225		5	7		0	1		294	233	0	527
75+ years	105	85		5	2		0	0		110	87	0	197
Not Available										0	0	0	0
Total	15,661	18,359	0	1,013	1,497	0	165	216	0	16,839	20,072	0	36,911
Comments on Data (for Age):	The age was calculated as follows: [(July 1, 2007– (Consumer Birth Date)) / 365.25]												
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.												
Comments on Data (for Race/Ethnicity):	For Hispanic Origin Not Available, 76% of the data overall is missing from the database and 22% is listed as "Not Available".												
Comments on Data (Overall):	See General Comments.												

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

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

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

Table 3.												
Report Year:	2008											
State Identifier:	NE											
	Age 0-17			Age 18-20			Age 21-64			Age 65+		
Table 3.	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Service Setting												
Community Mental Health Programs	1,464	2,136		863	1,191		12,694	14,302		340	246	
State Psychiatric Hospitals	6	206		9	63		544	1,074		33	36	
Other Psychiatric Inpatient	140	141		152	190		2,918	3,477		69	76	
Residential Treatment Center for Children	16	32		3	2		0	0		0	0	
Comments on Data (for Age):	The age was calculated as follows: [(July 1, 2007– (Consumer Birth Date)) / 365.25]											
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.											
Comments on Data (Overall):	See General Comments											

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

Instructions:

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

Nebraska Division of Behavioral Health
Table 3. Profile

This table provides data on service settings, in state

PLEASE D

Table 3.

Report Year:

State Identifier:

Table 3. Service Setting	Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Program				15,361	17,875	0	33,236
State Psychiatric Hospitals				592	1,379	0	1,971
Other Psychiatric Inpatient				3,279	3,884	0	7,163
Residential Treatment Center for Children				19	34	0	53

Comments on Data (Age):

Comments on Data (Gender):

Comments on Data (Overall):

Note: Clients can be counted in more than one service setting in the same year and then

Instructions:

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

Table 4. Profile of Adult Clients by Employment Status

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

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

Table 4.																
Report Year:	2008															
State Identifier:	NE															
	18-20			21-64			65+			Age Not Available			Total			
Adults Served	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	357	491		4,540	6,072		31	44					4,928	6,607	0	11,535
Unemployed	230	363		3,734	4,753		31	30					3,995	5,146	0	9,141
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	348	437		5,548	4,995		342	245					6,238	5,677	0	11,915
Not Available	4	18		94	154		0	1					98	173	0	271
Total	939	1,309	0	13,916	15,974	0	404	320	0	0	0	0	15,259	17,603	0	32,862

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

What populations are included: All Clients All Clients Only Selected groups: describe:

Comments on Data (for Age):	The age was calculated as follows: [(July 1, 2007– (Consumer Birth Date)) / 365.25]
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.
Comments on Data (Overall):	Based on most recent admission data, if more than one.

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

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

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

Table 4a.						
Report Year:	2008					
State Identifier:	NE					
Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total	
Schizophrenia & Related Disorders (295)	364	808	2,291	41	3,504	10.7%
Bipolar and Mood Disorders (296, 300.4, 301.11, 301.13, 311)	4,529	4,366	5,439	162	14,496	44.1%
Other Psychoses (297, 298)	102	198	285	10	595	1.8%
All Other Diagnoses	2,555	1,408	1,785	25	5,773	17.6%
No Dx and Deferred DX (799.9, V71.09)	3,985	2,361	2,115	33	8,494	25.8%
Diagnosis Total	11,535	9,141	11,915	271	32,862	100.0%
Comments on Data (for Diagnosis):	See General comments.					

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

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

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

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

Table 5A													
Report Year:	2008												
State Identifier:	NE												
	Total				American Indian or Alaska Native			Asian			Black or African American		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Medicaid (only Medicaid)	3,845	3,207	0	7,052	165	110		29	27		406	420	
Non-Medicaid Sources (only)	2,845	3,306	0	6,151	69	90		21	18		77	128	
People Served by Both Medicaid and Non-Medicaid	1,063	1,077	0	2,140	26	29		3	5		62	83	
Medicaid Status Not Available	9,086	12,482	0	21,568	251	339		45	58		624	1,103	
Total Served	16,839	20,072	0	36,911	511	568	0	98	108	0	1,169	1,734	0

Data Based on Medicaid Services
 Data Based on Medicaid Eligibility, not Medicaid Paid Services
 'People Served by Both' is a Duplicated Count

Comments on Data (for Age):	The age was calculated as follows: [(July 1, 2007- (Consumer Birth Date)) / 365.25]
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.
Comments on Data (Overall):	See General Comments.

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

If a state is unable to unduplicate between People whose care is paid by Medicaid, then they should report all data into the People Served by Both Medicaid and Other Sources and would check the box, People Served by Both is a duplicated count.

Table 5A. Profile of

This table provides a focus on the client they received a servi

PLEASE DO N

Please note that the sa

Table 5A															
Report Year:															
State Identifier:															
	Native Hawaiian or Other Pacific Islander			White			Hispanic * use only if data for Table 5b are not available.			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
Medicaid (only Medicaid)	2	7		3,062	2,483					172	152		9	8	
Non-Medicaid Sources (only)	1	4		2,586	2,927					83	118		8	21	
People Served by Both Medicaid and Non-Medicaid	0	0		940	913					32	47		0	0	
Medicaid Status Not Available	16	13		7,634	10,142					470	780		46	47	
Total Served	19	24	0	14,222	16,465	0	0	0	0	757	1,097	0	63	76	0

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

Each row should hav
and (4) Medicaid Sta
If a state is unable to
Sources and would c

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

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

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

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

Table 5B.													
Report Year:	2008												
State Identifier:	NE												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Unknown			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Medicaid Only	3,548	2,976		270	215		27	16		3,845	3,207	0	7,052
Non-Medicaid Only	2,691	3,086		129	185		25	35		2,845	3,306	0	6,151
People Served by Both Medicaid and Non-Medicaid Sources	1,029	1,035		32	40		2	2		1,063	1,077	0	2,140
Medicaid Status Unknown	8,393	11,262		582	1,057		111	163		9,086	12,482	0	21,568
Total Served	15,661	18,359	0	1,013	1,497	0	165	216	0	16,839	20,072	0	36,911
Comments on Data (for Age):	The age was calculated as follows: [(July 1, 2007– (Consumer Birth Date)) / 365.25]												
Comments on Data (for Gender):	<input type="checkbox"/> Data Based on Medicaid Service <input type="checkbox"/> Data Based on Medicaid Eligibility, not Medicaid Paid Services <input type="checkbox"/> 'People Served by Both' is a Duplicated Count If multiple genders listed, the most frequent gender was reported.												
Comments on Data (Overall):	See General Comments.												

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

If a state is unable to unduplicate between People whose care is paid by Medicaid, then they should report all data into the People Served by Both Medicaid and Other Sources and would check the box, 'People Served by Both is a duplicated count'.

Table 6: Profile of Client Turnover

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

Table 6.									
Report Year:		2008							
State Identifier:		NE							
Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for Less Than 1 Year: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	405	340	409						
Children (0 to 17 years)	47	124	126	150	120	186	194	508	460
Adults (18 yrs and over)	358	216	283	392	130	189	198	1,471	971
Age Not Available									
Other Psychiatric Inpatient	5,085	2,523	2,416						
Children (0 to 17 years)	122	162	124	34	4	156	149	1,352	1,399
Adults (18 yrs and over)	4,963	2,361	2,292	294	18	174	165	1,251	1,356
Age Not Available									
Residential Tx Centers	34	19	24						
Children (0 to 17 years)	29	19	23	210	122	197	203	861	957
Adults (18 yrs and over)	<input type="checkbox"/> Data Based on Medicaid Services	5	0	<input type="checkbox"/> Data Based on Medicaid Eligibility	878	<input type="checkbox"/> Medicaid Paid Services	878	--	<input type="checkbox"/> People Served b
Age Not Available									
Community Programs	20,977	13,711							
Children (0 to 17 years)	2,187	1,454							
Adults (18 yrs and over)	18,790	12,257							
Age Not Available									
Comments on Data (State Hospital):	Includes Adults admitted to an inpatient unit and Adolescents admitted to either a sex offender unit or a chemical dependency unit at a State Regional Mental Health Center.								
Comments on Data (Other Inpatient):	Includes clients admitted to one of the psychiatric inpatient hospitals within Nebraska, other than a State Regional Mental Health Center.								
Comments on Data (Residential Treatment):	Adolescents included here were admitted to one of the adolescent psychiatric units at a state psychiatric hospital. None of the discharged children had a length of stay over 1 year.								
Comments on Data (Community Programs):	Includes clients receiving outpatient services at a State Regional Mental Health Center or clients receiving services at a community provider.								
Comments on Data (Overall):	See General Comments.								

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

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

This Table will be completed by the NASMHPD Research Institute (NRI) using data from the FY 2005 SMHA-Controlled Revenues and Expenditures Study

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

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

Comments on Data:

Note: The data in this table are derived from the National Association of State Mental Health Program Directors Research Institute, Inc's State Mental Health Agency-Controlled Revenues and Expenditures Study. FY 2006 Data for this table is currently being compiled by the NRI.

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

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

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

Table 8	
Report Year:	2008
State Identifier:	NE
Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities	
Service	Estimated Total Block Grant
MHA Technical Assistance Activities	
MHA Planning Council Activities	
MHA Administration	
MHA Data Collection/Reporting	\$5,000
MHA Activities Other Than Those Above	\$98,695
Total Non-Direct Services	\$103,695
Comments on Data:	\$5,000 for Independent Peer Review and \$98,695 State administration 5% set aside used for Adult Goal: Empower Consumers.

NOTE: FY2008 Federal funds approved for Nebraska was **\$1,973,901** during Federal Fiscal Year 2008 (October 1, 2007 to September 30, 2008)

\$1,870,206 was available for allocation to the six Regions in FY2009 Contracts (July 1, 2008 to June 30, 2009).

Table 9: SAMHSA NOMs: SOCIAL CONNECTEDNESS AND IMPROVED FUNCTIONING

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

Table 9: NOMS Social Connectedness & Functioning			
Report Year (Year Survey was Conducted):	2008		
State Identifier:	NE		
Adult Consumer Survey Results:	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	720	944	76%
2. Functioning	809	1,006	80%
Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness	103	127	81%
4. Functioning	76	125	61%
<i>Comments on Data:</i>			

Adult Social Connectedness and Functioning Measures

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

Child/Family Social Connectedness and Functioning Measures

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

Recommended Scoring Rules

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

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

Items to Score in the Functioning Domain:

Adult MHSIP Functioning Domain:

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

YSS-F Functioning Domain Items:

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

Items to Score in the Social Connectedness Domain:

Adult MHSIP Social Connectedness Domain:

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

YSS-F Social Connectedness Domain Items:

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

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

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

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

Table 10				
Report Year:	2008			
State Identifier:	NE			
Agency Name	Address	Name of Director	Phone #	Amount of Block Grant Allocation to Agency
Region 1 Behavioral Health Authority	4110 Avenue D Scottsbluff, NE 69361	Sharyn Wohlers Region 1 Regional Administrator	(308) 635-3171	\$186,251
Region 2 Behavioral Health Authority	110 North Bailey Street P.O. Box 1208 North Platte, NE 69103	Kathy Seacrest Region 2 Regional Administrator	(308) 534-0440	\$187,795
Region 3 Behavioral Health Authority	4009 6th Avenue, Suite 65 P.O. Box 2555 Kearney, NE 68848	Beth Baxter, M.S. Region 3 Regional Administrator	(308) 237-5113	\$268,202
Region 4 Behavioral Health Authority	206 Monroe Avenue Norfolk, NE 68701	Ingrid Ganseboom Region 4 Regional Administrator	(402) 370-3100 x 120	\$272,545
Region 5 Behavioral Health Authority	1645 "N" Street Suite A Lincoln, NE 68508	CJ Johnson Region 5 Regional Administrator	(402) 441-4343	\$438,759
Region 6 Behavioral Health Authority	3801 Harney Street Omaha, NE 68131-3811	Patty Jurjevich Region 6 Regional Administrator	(402) 444-6573	\$574,971
Total FY2008 Allocations				\$1,928,523

*** If you need more lines for additional agencies, please add rows or make copies of this table.**

NOTE: The amount of allocation to the six Regions for State Fiscal Year 2008 was \$1,928,523. For State Fiscal Year 2009, this allocation was reduced to a total of \$1,870,205 which was a cut of \$58,318.

Table 11: Summary Profile of Client Evaluation of Care

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

Table 11.			
Report Year (Year Survey was Conducted):	2008		
State Identifier:	NE		
Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	743	974	3
2. Reporting Positively About Quality and Appropriateness for Adults	793	968	3
3. Reporting Positively About Outcomes.	688	955	3
4. Adults Reporting on Participation In Treatment Planning.	638	873	3
5. Adults Positively about General Satisfaction with Services.	767	1,010	3
Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively About Access.	100	128	9
2. Reporting Positively about General Satisfaction for Children.	86	127	9
3. Reporting Positively about Outcomes for Children.	73	125	9
4. Family Members Reporting on Participation In Treatment Planning for their Children	85	127	9
5. Family Members Reporting High Cultural Sensitivity of Staff.	105	128	9
<i>Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.</i>			
<i>* Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.</i>			
Comments on Data:			

Adult Consumer Surveys

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

- 1.a. If no, which version:
- 1. Original 40 Item Version Yes
 - 2. 21-Item Version Yes
 - 3. State Variation of MHSIP Yes
 - 4. Other Consumer Survey Yes

1.b. If other, please attach instrument used.
 1.c. Did you use any translations of the MHSIP into another language? 1. Spanish

2. Other Language:

Adult Survey Approach:

2. Populations covered in survey? (Note all surveys should cover all regions of state) 1. All Consumers in State 2. Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used? 1. Random Sample 2. Stratified /Random Stratified Sample 3. Convenience Sample

4. Other Sample:

Adult Consumer Surveys (Continued)

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

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

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

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

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

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

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

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

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

6. Other: describe:

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

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

6. Sample Size and Response Rate

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

5980

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

3238

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

1019

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

31%

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

Yes No

7. Who Conducted the Survey

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

Yes No

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

Yes No

7.c. Other: Describe:

* Report Confidence Intervals at the 95% confidence level

confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.

The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who

Child/Family Consumer Surveys

1. Was the MHSIP Children/Family Survey (YSS-F) Used? Yes
 If No, what survey did you use? _____
If no, please attach instrument used.

1.c. Did you use any translations of the Child MHSIP into another language? 1. Spanish
 2. Other Language: _____

Child Survey Approach:

2. Populations covered in survey? (Note all surveys should cover all regions of state)
 1. All Consumers in State
 2. Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used?
 1. Random Sample 2. Stratified/Random Stratified Sample
 3. Convenience Sample

4. Other Sample: _____

2.b Do you survey only people currently in services, or do you also Survey Persons no longer in service?
 1. Persons Currently Receiving Services
 2. Persons No Longer Receiving Services

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

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

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

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

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

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

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

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

6. Other: describe: _____

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

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

6. Sample Size and Response Rate

6a. How many Surveys were Attempted (sent out or calls initiated)?	784
6.b How many survey Contacts were made? (surveys to valid phone numbers or addresses)	306
6.c How many surveys were completed? (survey forms returned or calls completed)	128
6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)	42%

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

Yes No

7. Who Conducted the Survey

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

Yes No

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

Yes No

7.c. Other: Describe:

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

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

Table 11a.																			
Report Year:	2008																		
State Identifier:	NE																		
Adult Consumer Survey Results:																			
*State used the 2 question version for Hispanic Origin		<input type="radio"/> Yes <input type="radio"/> No		Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status															
Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other/ Not Available		Hispanic Origin*		
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	
1. Reporting Positively About Access.			24	29	7	9	32	42	6	6	636	831	0	0	38	57	41	52	
2. Reporting Positively About Quality and Appropriateness.			25	29	7	9	37	44	4	4	683	826	0	0	37	56	35	49	
3. Reporting Positively About Outcomes.			23	29	6	9	29	43	4	5	589	813	0	0	37	56	39	50	
4. Reporting Positively about Participation in Treatment Planning			22	29	6	8	32	41	2	3	544	742	0	0	32	50	34	47	
5. Reporting Positively about General Satisfaction			26	30	8	9	34	44	5	6	653	862	0	0	41	59	41	53	
6. Social Connectedness			22	28	7	9	33	43	5	5	617	806	0	0	36	53	39	48	
7. Functioning			25	30	5	9	34	43	5	6	702	861	0	0	38	57	41	51	
Child/Adolescent Family Survey Results:																			
*State used the 2 question version for Hispanic Origin		<input type="radio"/> Yes <input type="radio"/> No		Please check the appropriate box on the left. The "Totals" formula will automatically adjust to account for which method your state used to ask about Hispanic Origin/Status															
Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More than One Race Reported		Other/ Not Available		Hispanic Origin*		
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	
Reporting Positively About Access.	100	128	3	4	1	1	13	18	0	0	69	89	0	0	14	16	9	10	
Reporting Positively About General Satisfaction	86	127	3	4	1	1	9	18	0	0	59	88	0	0	14	16	8	10	
Reporting Positively About Outcomes.	73	125	3	4	1	1	8	18	0	0	49	86	0	0	12	16	7	10	
Reporting Positively Participation in Treatment Planning for their Children.	85	127	3	4	1	1	11	18	0	0	56	88	0	0	14	16	8	10	
Reporting Positively About Cultural Sensitivity of Staff.	105	128	4	4	1	1	15	18	0	0	69	89	0	0	16	16	9	10	
6. Social Connectedness	103	127	4	4	1	1	15	18	0	0	69	88	0	0	14	16	8	10	
7. Functioning	76	125	3	4	1	1	9	18	0	0	51	86	0	0	12	16	7	10	
Comments on Data:																			

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

Table 12: State Mental Health Agency Profile

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

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

Table 12	
Report Year:	2008
State Identifier:	NE

Populations Served

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

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

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

- Serious Mental Illness
- Serious Emotional Disturbances

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

2.a.1 Percent of adults meeting Federal definition of SMI:	65.2%
2.a.2 Percentage of children/adolescents meeting Federal definition of SED	50.9%

3 Co-Occurring Mental Health and Substance Abuse:

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

3.a.1 Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:	77%
3.a.2 Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:	27%

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

3.b.1 Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:	77%
3.b.2 Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:	16%

3b.3

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

1) Individuals had Axis diagnostic codes for both mental health and substance abuse disorders.	2)
Individuals had services authorized for both mental health and substance abuse	3)
Admission reason was a combination of Mental Illness/Substance Abuse	4) Level of care was listed for both mental health and substance abuse

4 State Mental Health Agency Responsibilities

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

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

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

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

If yes, please check the responsibilities the SMHA has:

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

5

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

Are the data reporting in the tables?

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

Plans for Unduplication: If you are not currently able to provide unduplicated client counts

- 5.e. across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

6 Summary Administrative Data

6.a. Report Year	2008
6.b. State Identifier	NE
<i>Summary Information on Data Submitted by SMHA:</i>	
6.c. Year being reported: From:	01-Jul-07 to 30-Jun-08
6.d. Person Responsible for Submission	Jim Harvey
6.e. Contact Phone Number:	402-471-7824
6.f. Contact Address	Division of Behavioral Health 301 Centennial Mall South, Third Floor PO Box 98925, Lincoln, NE 68509
6.g. E-mail:	Jim.Harvey@nebraska.gov

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

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

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

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

Table 14A.																
Report Year:	2008															
State Identifier:	NE															
	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	296	681	0	977	11	22		1	5		44	74		1	1	
13-17 years	423	660	0	1,083	12	20		3	5		32	55		0	4	
18-20 years	476	543	0	1,019	12	5		3	3		32	42		0	1	
21-64 years	9805	9983	0	19,788	291	254		45	46		795	994		7	5	
65-74 years	264	202	0	466	2	8		2	0		10	11		0	1	
75+ years	93	68	0	161	2	1		3	0		1	1		0	0	
Not Available	0	0	0	0												
Total	11357	12137	0	23,494	330	310	0	57	59	0	914	1,177	0	8	12	0
Comments on Data (for Age):	The age was calculated as follows: [(July 1, 2007– (Consumer Birth Date)) / 365.25]. Only adolescents age 3-17 were included in this table, ages 0-2 were excluded.															
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.															
Comments on Data (for Race/Ethnicity):	For race listed as "Other", reported in "More than one race reported".															
Comments on Data (Overall):	See General Comments.															

1. State Definitions Match the Federal Definitions:

<input type="radio"/> Yes <input type="radio"/> No	Adults with SMI, if No describe or attach state definition: _____ _____ Diagnoses included in state SMI definition: _____ _____
<input type="radio"/> Yes <input type="radio"/> No	Children with SED, if No describe or attach state definition: _____ _____ Diagnoses included in state SED definition: _____ _____

Table 14A. Profile

This is a developmental CMHS. Table 2A. a definition of SMI or of SMI and SED if the state's definition.

PLEASE DO

Please report the data for:

Table 14A.
Report Year:
State Identifier:

	White			Hispanic *use only if data for Table 14b are not available			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 Years	225	550					13	26		1	3	
13-17 years	354	540					16	25		6	11	
18-20 years	399	459					25	30		5	3	
21-64 years	8,117	7,946					520	712		30	26	
65-74 years	245	178					5	4		0	0	
75+ years	85	65					2	1		0	0	
Not Available												
Total	9,425	9,738	0	0	0	0	581	798	0	42	43	0

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

1. State Definitions M:

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

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

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

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

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

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

Table 14B.													
Report Year:	2008												
State Identifier:	NE												
	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0 - 12 Years	265	588		26	89		5	4		296	681	0	977
13 - 17 years	369	578		42	64		12	18		423	660	0	1,083
18 - 20 years	426	485		34	43		16	15		476	543	0	1,019
21-64 years	9,188	9,297		522	571		95	115		9,805	9,983	0	19,788
65-74 years	259	196		5	5		0	1		264	202	0	466
75+ years	90	66		3	2		0	0		93	68	0	161
Not Available										0	0	0	0
Total	10,597	11,210	0	632	774	0	128	153	0	11,357	12,137	0	23,494
Comments on Data (for Age):	The age was calculated as follows: [(July 1, 2007– (Consumer Birth Date)) / 365.25]. Only adolescents age 3-17 were included in this table, ages 0-2 were excluded.												
Comments on Data (for Gender):	If multiple genders listed, the most frequent gender was reported.												
Comments on Data (for Race/Ethnicity):	For Hispanic Origin Not Available, 76% of the data overall is missing from the database and 22% is listed as "Not Available".												
Comments on Data (Overall):	See General Comments												

Table 15. Living Situation Profile:

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

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

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

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

Table 15.											
Report Year:	2008										
State Identifier:	NE										
	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	NA	Total
0-17	3566	90	15	1	28	219	28	33	69	0	4049
18-64	25362	43	854	1	3	1481	403	1703	2261	27	32138
65 +	526	2	76	1	0	60	2	24	31	2	724
Not Available											0
TOTAL	29454	135	945	3	31	1760	433	1760	2361	29	36911

Female	14033	52	436	2	11	519	107	576	1095	8	16839
Male	15421	83	509	1	20	1241	326	1184	1266	21	20072
Not Available											0
TOTAL	29454	135	945	3	31	1760	433	1760	2361	29	36911

American Indian/Alaska Native	843	11	17	0	0	24	25	89	70	0	1079
Asian	168	1	4	0	0	8	2	7	16	0	206
Black/African American	2009	21	104	0	2	145	52	284	286	0	2903
Hawaiian/Pacific Islander	35	0	0	0	0	3	1	2	2	0	43
White/Caucasian	25102	97	770	3	22	1250	326	1272	1826	19	30687
Hispanic *											0
More than One Race Reported	1202	5	50	0	7	320	25	101	135	9	1854
Race/Ethnicity Not Available	95	0	0	0	0	10	2	5	26	1	139
TOTAL	29454	135	945	3	31	1760	433	1760	2361	29	36911

Hispanic or Latino Origin	2099	11	39	0	3	79	38	87	154	0	2510
Non Hispanic or Latino Origin	27092	123	903	3	28	1668	390	1637	2147	29	34020
Hispanic or Latino Origin Not Available	263	1	3	0	0	13	5	36	60	0	381
TOTAL	29454	135	945	3	31	1760	433	1760	2361	29	36911

Comments on Data: Living status based on living status at time of most recent admission, if more than one.

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

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

Living Situation Definitions :

Private Residence: Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO).

Foster Home: Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County or State Department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care Facilities. Therapeutic Foster Care is a service that provides treatment for troubled children within private homes of trained families.

Residential Care: Individual resides in a residential care facility. This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Residential Treatment, or Rehabilitation Center, or Agency-operated residential care facilities.

Crisis Residence: A residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting.

Children's Residential Treatment Facility: Children and Youth Residential Treatment Facilities (RTF's) provide fully-integrated mental health treatment services.

Institutional Setting: Individual resides in an institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Skilled Nursing Facility, Psychiatric Hospital, or Residential Treatment Center.

Jail/ Correctional Facility: Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Jail, Prison, or Correctional Institution.

Homeless: A person should be counted in the "Homeless" category if he/she was reported homeless at their most recent (last) assessment during the reporting period.

- A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- B) An institution that provides a temporary residence for individuals intended to be institutionalized, or
- C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Unavailable: Information on an individual's residence is not available.

TABLE 16:**DEFINITIONS AND INSTRUCTIONS****DEFINITIONS****Supported Housing:**

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

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

Supported Employment:

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

Assertive Community Treatment:

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

Therapeutic Foster Care:

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

Multisystemic Therapy (MST)

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

Functional Family Therapy (FFT)

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

INSTRUCTIONS

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

Table 16: Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Specific Services:

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

Table 16.								
Report Year:	2008							
State Identifier:	NE							
	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	n Receiving Supported Housing	n Receiving Supported Employment	n Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI served	n Receiving Therapeutic Foster Care	n Receiving Multi-Systemic Therapy	n Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Age								
0-12						16		977
13-17						19		1083
18-20	11	0		1019		0		0
21-64	704	452	222	19788				
65-74	2	1	7	466				
75+		0		161				
Not Available		0						
TOTAL	717	453	229	21434	0	35	0	2060

Gender								
Female	428	230	112	10638		9		719
Male	289	223	117	10796		26		1341
Not Available	0							

Race/Ethnicity								
American Indian/Alaska Native	13	11	0	575		0		65
Asian	5	2	1	102		0		14
Black/African American	69	58	42	1886		1		205
Hawaiian/Pacific Islander	1	1	0	14		0		6
White	610	365	173	17494		33		1669
Hispanic*		12	5					
More than one race	14	2	1	1299		1		80
Not Available	5	2	7	64		0		21
Total by Hispanic/Latino Origin difference		453	229					

Hispanic/Latino Origin								
Hispanic/Latino Origin	28			1185		5		221
Non Hispanic/Latino	673			20007		30		1800
Not Available	16			242		0		39

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

* Hispanic is part of the total served. Yes No

Comments on Data:	
-------------------	--

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

TABLE 17:

DEFINITIONS AND INSTRUCTIONS

DEFINITIONS

Family Psychoeducation:

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

Integrated Treatment for Co-occurring Disorders

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

Illness Self-Management

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

Medication Management

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

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

INSTRUCTIONS

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

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

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

Table 17.							
Report Year:		2008					
State Identifier:		NE					
ADULTS WITH SERIOUS MENTAL ILLNESS							
		Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management		
Age							
18-20			199		221		
21-64			2741		3203		
65-74			27		18		
75+			3		2		
Not Available							
TOTAL		0	2970	0	3444		
Gender							
Female			1427		1807		
Male			1543		1637		
Not Available							
Race							
American Indian/ Alaska Native			70		63		
Asian			11		13		
Black/African American			328		325		
Hawaiian/Pacific Islander			1		4		
White			2227		2688		
Hispanic*							
More than one race			320		327		
Unknown			13		24		
Hispanic/Latino Origin							
Hispanic/Latino Origin			130		188		
Non Hispanic/Latino			2762		3193		
Hispanic origin not available			78		63		
Do You monitor fidelity for this service?		Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
IF YES,							
What fidelity measure do you use?							
Who measures fidelity?							
How often is fidelity measured?							
		Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have staff been specifically trained to implement the EBP?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Hispanic is part of the total served. <input type="radio"/> Yes <input type="radio"/> No							
Comments on Data:		See General Comments.					

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

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

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

Table 20A.					
Report Year:		2008			
State Identifier:		NE			
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	340	16	29	4.71%	8.53%

Age					
0-12	0	0	0		
13-17	113	1	3	0.88%	2.65%
18-20	38	1	2	2.63%	5.26%
21-64	185	14	24	7.57%	12.97%
65-74	3	0	0	0.00%	0.00%
75+	1	0	0	0.00%	0.00%
Not Available					

Gender					
Female	97	7	13	7.22%	13.40%
Male	243	9	16	3.70%	6.58%
Gender Not Available					

Race					
American Indian/ Alaska Native	7	0	0	0.00%	0.00%
Asian	1	0	0	0.00%	0.00%
Black/African American	39	1	3	2.56%	7.69%
Hawaiian/Pacific Islander	1	0	0	0.00%	0.00%
White	226	11	21	4.87%	9.29%
Hispanic*					
More than one race	66	4	5	6.06%	7.58%
Race Not Available					

Hispanic/Latino Origin					
Hispanic/Latino Origin	16	1	2	6.25%	12.50%
Non Hispanic/Latino	324	15	27	4.63%	8.33%
Hispanic/Latino Origin Not Available					

Are Forensic Patients Included? Yes No

Comments on Data:	All non-forensic patients discharged between 2/1/07 - 1/31/08. See also General Comments
-------------------	---------------------------------------------------------------------------------------------

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

Table 20B. Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital Within 30/180 Days of Discharge**PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!**

Table 20B.					
Report Year:	2008				
State Identifier:	NE				
	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	113	13	15	11.50%	13.27%
Age					
0-12	0	0	0		
13-17	18	2	2	11.11%	11.11%
18-20	1	0	0	0.00%	0.00%
21-64	88	9	11	10.23%	12.50%
65-74	5	2	2	40.00%	40.00%
75+	1	0	0	0.00%	0.00%
Not Available					
Gender					
Female	15	1	1	6.67%	6.67%
Male	98	12	14	12.24%	14.29%
Gender Not Available					
Race					
American Indian/ Alaska Native	1	0	0	0.00%	0.00%
Asian	0	0	0		
Black/African American	25	1	2	4.00%	8.00%
Hawaiian/Pacific Islander	0	0	0		
White	76	12	13	15.79%	17.11%
Hispanic*					
More than one race	11	0	0	0.00%	0.00%
Race Not Available					
Hispanic/Latino Origin					
Hispanic/Latino Origin	5	0	0	0.00%	0.00%
Non Hispanic/Latino	108	13	15	12.04%	13.89%
Hispanic/Latino Origin Not Available					
Comments on Data:	All forensic patients discharged between 2/1/07 - 1/31/08. See also General Comments.				

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

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

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

Table 21.					
Report Year:	2008				
State Identifier:	NE				
	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	2782	140	350	5.03%	12.58%

Age					
0-12	37	0	2	0.00%	5.41%
13-17	192	6	12	3.13%	6.25%
18-20	208	9	34	4.33%	16.35%
21-64	2293	121	297	5.28%	12.95%
65-74	31	3	4	9.68%	12.90%
75+	21	1	1	4.76%	4.76%
Not Available					

Gender					
Female	1212	61	163	5.03%	13.45%
Male	1570	79	187	5.03%	11.91%
Gender Not Available					

Race					
American Indian/ Alaska Native	65	1	7	1.54%	10.77%
Asian	11	0	0	0.00%	0.00%
Black/African American	269	9	21	3.35%	7.81%
Hawaiian/Pacific Islander	1	0	0	0.00%	0.00%
White	2109	106	268	5.03%	12.71%
Hispanic*					
More than one race	306	24	54	7.84%	17.65%
Race Not Available	21	0	0	0.00%	0.00%

Hispanic/Latino Origin					
Hispanic/Latino Origin	161	10	22	6.21%	13.66%
Non Hispanic/Latino	2578	130	326	5.04%	12.65%
Hispanic/Latino Origin Not Available	43	0	2	0.00%	4.65%

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

Comments on Data:	All non-forensic and psychiatric inpatients patients discharged between 2/1/07 - 1/31/08. See also General Comments.
-------------------	----------------------------------------------------------------------------------------------------------------------

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

Extra Table: General/Additional Footnotes

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

Comment No.	Re. Table No.	Comment
1	2A	Data for this table were extracted from the Data Integration Grant (DIG) Database. The DIG Database is a collect of data from several different databases. The databases include in DIG are Magellan 2003, Magellan 2004, AIMS, and Avatar. The two Magellan databases hold collections of Community Based Data for Nebraska. The AIMS/Avatar database represents consumers served in one (or more) of the state's three regional centers. The DIG database contains Information about Mental Health, Dual Diagnosis, and Substance Abuse consumers.
		From the DIG database, Records for Mental Health and Dual Diagnosis Consumers are extracted. Mental Health Consumer records are included in this population when they meet one of three criteria: 1) Having a DSM-IV Axis 1 number which complies with a Mental Health Diagnosis or 2) Having a Service Authorization for a Mental Health Treatment Program or 3) Having a level of care for Mental Health reasons or 4) Having a Mental Health Reason for Admission.
		Consumers only being served for Substance Abuse or Mental Retardation/Developmental Disabilities are <u>EXCLUDED</u> from this population. These are not persons with Dual Diagnosis. They are people with a primary diagnosis are <u>SUBSTANCE ABUSE</u> .
		The population use for TABLE 2a is an <u>UNDUPLICATED</u> count of person in both regional center and community programs. The clients were identified by social security number and date of birth.
2	2B	This is the same population presented in Table 2A distributed by ethnicity.
3	3	Data in this table reflects a population which receives Mental Health Services in one of four settings. This table contains data which are duplicated across rows. Community Mental Health Programs includes clients receiving outpatient services at a State Regional Mental Health Center or clients receiving services at a community provider. State Psychiatric Hospitals include Adults admitted to an inpatient unit and Adolescents admitted to either a sex offender unit or a chemical dependency unit at a State Regional Mental Health Center. Other Psychiatric Inpatients include clients admitted to one of the psychiatric inpatient hospitals within Nebraska, other than a State Regional Mental Health Center. Residential Treatment Center for Children population consists of adolescents admitted to one of the psychiatric units at a State Psychiatric Hospital, otherwise they were classified in State Psychiatric Hospitals if admitted to a sex offender or chemical dependency unit.
4	4	This table is a representation of the ADULT population first presented in Table 2a. Employment Status is based on most recent admission data, if more than one.

5	4A	This represents the same population as in Table 4.
		Primary diagnosis could not be determined, due to the nature of the database (ie several diagnoses at admission, with no clear identification of primary diagnosis).
		As an alternative, a hierarchal approach was used where the most frequent diagnosis of schizophrenia, bipolar and mood disorders, and other psychiatric diagnostic combinations was applied. Those individuals who did not fall into one of those three categories, were placed in 'all other diagnoses' if other mental health diagnostic codes were listed (Axis codes between 290-316, minus substance abuse codes). The remainder of the population was classified as "No Diagnosis and Deferred" if an appropriate code was listed (799.9 or V71.09) or no diagnosis was given at all.
6	5A	The Population for Table 5a is the same population represented in Table 2A. The distribution of patients was defined as follows:
		Medicaid Only: persons listed as eligible and receiving payments, without another source of medical insurance.
		Non-Medicaid Only: persons listed as having a non-Medicaid source of insurance.
		Both Medicaid and Non-Medicaid: Persons listed as eligible and receiving payments from Medicaid, that have another source of medical insurance.
		Medicaid Status Not Available: all persons not listed as having Medicaid or another source of medical insurance.
7	5B	This is the same population as presented in Table 5A distributed by ethnicity.
8	6	This table represents the turnover of the clients shown in Table 2A
		Total Served at Beginning of Year (unduplicated): This population includes clients with admission dates before July 1, 2007 and who were discharged after July 1, 2007, or were not discharged. To unduplicate clients, a hierarchal method was applied so that a person could only be listed in one type of service program on July 1, 2007. Hierarchy structure: (1) State Hospitals (Currently admitted); (2) Residential Treatment Centers for Children (Currently admitted, but not concurrently admitted to a State Hospital; (3) Other Psychiatric Inpatient (Currently admitted, but not concurrently admitted to a State Hospital or RTC for Children; (4) Community Programs (Currently admitted, but concurrently not admitted to any of the above programs).
		Admissions During the Year (duplicated), the population was limited to records with admission date which occurred between July 1, 2007 and June 30, 2008. Each admission to one of the service types was only counted once, however, a person could be admitted to more than one service type.
		Discharges During the year (duplicated), the population was limited to records with discharge date which occurred between July 1, 2007 and June 30, 2008. Persons that were discharged and readmitted within 7 days were not considered actual discharges and were not counted (ie Transfers). Each actual discharge from one of the service types was only counted once, however, a person could be discharged from more than one service type.
		Length of Stay (in Days): Discharged Patients, the population was limited to those persons included in the previous column. Mean and Median number of days was calculated by subtracting the Admission date from the Discharge date of each record.
		For Clients in Facility for Less than 1 Year: Average Length of Stay (in Days): Residents at end of year, the population was limited to persons who were admitted and were not discharged and had been in treatment for less than 365 days (calculated as follows {June 30, 2008-Admission Date}).

		For Clients in Facility More than 1 Year: Average Length of Stay (in Days): Residents at end of year, the population was limited to persons who were admitted and were not discharged and had been in treatment for more than 365 days (calculated as follows {June 30, 2008-Admission Date}).
9	9, 11, 11a	The Division of Behavioral Health contracts with the NE DHHS Div of Public Health Data Management Unit for annual consumer survey data collection using Federal Mental Health Data Infrastructure Grant funds. Data analysis and reporting completed by DHHS-Operations / Financial Services - Research & Performance Measurement funded by NE DHHS. The data are reported under: Table 9: SAMHSA NOMs: SOCIAL CONNECTEDNESS AND IMPROVED FUNCTIONING Table 11: Summary Profile of Client Evaluation of Care Table 11a: Consumer Evaluation of Care by Consumer Characteristics: (Optional Table by Race/Ethnicity.)
10	12	Line 2.a.1. represents the total number of adults (18 and above) found in Table 14A (SMI population) divided by the total number of adults (18 and above) found in Table 2A (Total MH population served). See Table 14A comments for SMI definitions
		Line 2.a.2. represents the total number of children/adolescent (less than 18 years old) found in Table 14A (SED population) divided by the total number of children/adolescent (less than 18 years old) found in Table 2A (Total MH population served). See Table 14A comments for SED definitions
		Line 3.a.1. represents ADULTS (18 years old and greater) in the population served by SMHA who also have a diagnosis of Substance Abuse divided by the total number of Adults in the population. A Person with a Substance Abuse Diagnosis is defined as someone who: (1) Has a DSM-IV Axis 1 number which complies with a Substance Abuse Diagnosis (291.1-292.99 and 303.0-305.99) <i>or</i> (2) Has a Service Authorization for a Substance Abuse Program <i>or</i> (3) Has a Substance Abuse Related "Reason for Admission." <i>or</i> (4) Has a level of care relating to Substance Abuse <i>or</i> (5) Was seen at a provider that provides care only for Substance Abuse disorders.
		Line 3.a.2. represents children/adolescents (less than 18 years of age) in the population served by SMHA who also have a diagnosis of Substance Abuse divided by the total number of children/adolescents in the population.
		Line 3.b.1. represents ADULTS (18 years old and greater) in the population who meet the Federal definition for SMI, who have a diagnosis Substance Abuse problem divided by the total number of ADULTS with SMI in the population (Table 14A).
		Line 3.b.2. represents children/adolescents (less than 18 years of age) in the population who meet the Federal definition for SED , who have a diagnosed Substance Abuse problem divided by the total number of children/adolescents with SED in the population (Table 14A).
11	14A	This table represents the distribution of the adult SMI and children/adolescent SED population. This population is a subset of the population presented in Table 2A.

		<p>NE State SMI Definition: An Axis diagnosis codes between 295-298.9 AND GAF score= 0-59 OR SSI/SSDI eligible OR Income Source = SSI or SSDI OR Have a Services authorized or Level of care or Admission reason that were classified as SMI related services.</p>
		<p>NE State SED Definition: Age 3-17 AND One of the following Axis diagnosis codes 314.00, 314.01, 314.9, 295.xx, 295.4, 295.7, 297.1, 297.3, 298.8, 298.9,296.0x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90, 301.13, 296.2x, 296.3x, 300.01, 300.21, 300.30, 307.1, 307.51, 309.81, 312.34, 307.23 AND SSI/SSDI eligible OR Income Source = SSI or SSDI OR Have a Services authorized or Level of care or Admission reason that were classified as SED related services.</p>
12	14B	This is the same population as presented in Table 14A distributed by ethnicity.
13	15	Living Situation information is based upon Self-Report Data collected at the time of the most recent admission (if more than one). " Children's Residential Treatment , is not recorded in the database. This field was populated by adolescents listed as living in an Institutional Setting that also met the requirements to be considered receiving treatment in a Children's Residential Treatment Center (see Table 3).
14	16	
		<p>Receiving Supported Housing - the data are unduplicated count persons served under the Nebraska Housing Related Assistance Program, using data reported by the six Regional Behavioral Health Authorities.</p> <p>Receiving Supported Employment - reported directly to Nebraska Division of Behavioral Health from the Administrative Services Only Managed Care Contractor, Magellan Health Services as an ad hoc report.</p> <p>Receiving Assertive Community Treatment (ACT) was reported directly to Nebraska Division of Behavioral Health from the Administrative Services Only Managed Care Contractor, Magellan Health Services as an ad hoc report.</p>
		Adults with SMI served is the same adult population found in Table 14A.
		Receiving Multi-Systemic Therapy (ACT) was obtained by selecting individuals listed as receiving MST in a service authorized.
		Children with SED is the same child/adolescent population found in Table 14a.
15	17	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA) represents individuals listed as receiving treatment in a dual-diagnosis program based on services authorized, admission reason, and level of care.
		Receiving Medication Management represents individuals listed as receiving medication management in services authorized, or level of care.

Nebraska Division of Behavioral Health

16	20A	This table includes all persons discharged from a state psychiatric hospital between 2/1/07-1/31/08 (allows for readmissions to be counted for 180 days), that were not admitted to or discharge from a forensic unit.
		The total number of discharges includes individuals treated at the state psychiatric hospitals only for substance abuse disorders, as well as individuals treated for both substance abuse and mental health disorders and those treated for mental health disorders only.
		Transfers between different state psychiatric hospitals are not counted as discharges. A discharge is counted if the person has been discharged for more then seven days without a readmission, and if the discharge status does not indicate a transfer.
		Readmissions are counted if they occurred greater than seven days after a discharge, and if the discharge status does not indicate a transfer.
17	20B	This table includes all persons discharged from a state psychiatric hospital between 2/1/07-1/31/08 (allows for readmissions to be counted for 180 days) that were admitted to or discharged from a forensic unit.
		Transfers between different state psychiatric hospitals are not counted as discharges. A discharge is counted if the person has been discharged for more then seven days without a readmission, and if the discharge status does not indicate a transfer.
		Readmissions are counted if they occurred greater than seven days after a discharge, and if the discharge status does not indicate a transfer.
18	21	This table includes all persons discharged from a state psychiatric hospital or a psychiatric inpatient hospital between 2/1/07-1/31/08 (allows for readmissions to be counted for 180 days), that were not admitted to or discharge from a forensic unit.
		The total number of discharges includes individuals treated only for substance abuse disorders, as well as individuals treated for both substance abuse and mental health disorders and those treated for mental health disorders only.
		Transfers are not counted as discharges. A discharge is counted if the person has been discharged for more then seven days without a readmission, and if the discharge status does not indicate a transfer.
		Readmissions are counted if they occurred greater than seven days after a discharge, and if the discharge status does not indicate a transfer.