

# Nebraska

## UNIFORM APPLICATION

### FY 2024 SUPTRS Block Grant Report

## SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025  
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Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

# I: State Information

## State Information

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### III. Expenditure Period

#### State Expenditure Period

From 7/1/2022

To 6/30/2023

#### Block Grant Expenditure Period

From 10/1/2020

To 9/30/2022

### IV. Date Submitted

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**Footnotes:**

## II: Annual Update

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

**Priority #:** 1  
**Priority Area:** Alcohol Use among Youth and Young Adults  
**Priority Type:** SAP  
**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Reduce harmful alcohol use among youth and young adults.

**Objective:**

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

**Strategies to attain the goal:**

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

**Edit Strategies to attain the objective here:**

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Prevalence of binge drinking reported by youth and young adults, ages 18 to 24  
**Baseline Measurement:** 31.5%  
**First-year target/outcome measurement:** 31.5%  
**Second-year target/outcome measurement:** 30.0%

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

**Data Source:**

Behavioral Risk Factor Surveillance Survey (BRFSS)

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Although this survey has historically been implemented every year, the Division of Behavioral Health does not directly coordinate and is thereby dependent on availability of survey results through coordination with DPH and CDC.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

According to the 2021 Behavioral Risk Factor Surveillance Survey data the percentage of young adults who reported having more than five drinks for males and more than four drinks for females on one occasion was 26.2%, exceeding First-year Target of 31.5%.

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

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

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

According to the 2021 Behavioral Risk Factor Surveillance Survey data the percentage of young adults who reported having more than five drinks for males and more than four drinks for females on one occasion was 26.2%, exceeding Second-year Target of 30.0%.

**Priority #:** 2  
**Priority Area:** Increase Use of Evidence-based Strategies  
**Priority Type:** SAP  
**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

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

**Objective:**

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

**Strategies to attain the goal:**

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

**Edit Strategies to attain the objective here:**

(if needed)

### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	Percentage of Block Grant funded evidence-based strategies.
<b>Baseline Measurement:</b>	33.6%
<b>First-year target/outcome measurement:</b>	36.1%
<b>Second-year target/outcome measurement:</b>	38.6%
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	

Nebraska Prevention Information Reporting System (NPIRS)

**New Data Source(if needed):**

**Description of Data:**

The NPIRS is an internet-based reporting system designed to collect and report prevention activity data in Nebraska. The system collects community, regional, and state level data from recipients of federal and state prevention funds administered by the Division of Behavioral Health. NPIRS provides the reporting capabilities for components of the Federal Block Grant. The reports provide number served by individual-based programs or population-based programs and strategies, numbers served by intervention type, and use of evidence-based programs and strategies.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

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

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

Support for increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a first-year outcome measure of 46.8% for evidence-based strategies employed.

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

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

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

Support for increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a Second-year outcome measure of 48.8%\* for evidence-based strategies employed. \*Universal Prevention Strategies address an entire population with programs, policies and practices aimed at preventing or delaying the misuse of alcohol, tobacco and other drugs. This FY23 data represent a subset of the EBPs (i.e. only universal indirect strategies).

**Priority #:** 3  
**Priority Area:** Consumers in Stable Living Arrangements  
**Priority Type:** SAT, MHS  
**Population(s):** SMI, SED, PWWDC, EIS/HIV, TB, Other (Rural, Homeless)

**Goal of the priority area:**

Consumers have permanent and stable housing.

**Objective:**

Increasing support for consumers to secure and maintain permanent housing.

**Strategies to attain the goal:**

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

**Edit Strategies to attain the objective here:**

(if needed)

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Percentage of consumers in stable living arrangements at discharge from residential services services.

**Baseline Measurement:** 60%

**First-year target/outcome measurement:** 65%

**Second-year target/outcome measurement:** 65%

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

**Data Source:**

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

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

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

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

Increased system and community-level activities supporting efforts to focus targeted resources for priority populations achieved a statewide first year outcome measure of 70% of the number of consumers in stable living arrangements at discharge from residential services.

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

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

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

Second-year outcome measure was 87% which exceeds the Second-year target of 65% of the number of consumers in stable living arrangements at discharge from residential services. Upon consideration of service definitions, MH-Respite did not fit the description of a Residential Service and was removed from the array of services included in the analysis.

**Priority #:** 4

**Priority Area:** Consumer Employment

**Priority Type:** SAT, MHS

**Population(s):** SMI, SED, PWWDC, EIS/HIV, TB, Other (Rural, Military Families, Homeless, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Consumers in the labor market have competitive employment.

**Objective:**

Increasing support for consumers to sustain and acquire competitive employment.

**Strategies to attain the goal:**

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

**Edit Strategies to attain the objective here:**

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

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

**Baseline Measurement:** 55%

**First-year target/outcome measurement:** 55%

**Second-year target/outcome measurement:** 58%

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

**Data Source:**

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

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

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

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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



Increased support for consumers to sustain and acquire competitive employment achieved a statewide first-year outcome measure of 64% of the percentage of consumers in the labor market who are employed at discharged from any DBH funded service.

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

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

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

Increased support for consumers to sustain and acquire competitive employment achieved a statewide Second-year outcome measure of 66% of the percentage of consumers in the labor market who are employed at discharged from any DBH funded service.

**Priority #:** 5

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

**Priority Type:** SAT

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

**Goal of the priority area:**

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

**Objective:**

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

**Strategies to attain the goal:**

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

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

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

**Baseline Measurement:** 80%

**First-year target/outcome measurement:** 85%

**Second-year target/outcome measurement:** 85%

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

**Data Source:**

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

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

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

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

Educational trainings with RBHAs and providers to ensure priority populations receive priority status according to priority type when waiting to enter a substance abuse treatment service improved wait times into Short Term Residential services for persons who inject drugs and achieved a statewide first year outcome measure of 87% of persons reported as injecting drugs who admitted into Short Term Residential services within 14 days of seeking treatment.

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

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

The Second-year outcome target of 85% was not achieved. 78.3% of persons reported as injecting drugs were admitted into Short Term Residential services within 14 days of seeking treatment. DBH initiated further review and determined that one provider accounted for 32% of the priority persons served impacting the overall percent. DBH has initiated follow up with network administrator and the provider to correct and/or address SUPTRS BG requirements.

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

**Priority #:** 6  
**Priority Area:** First Episode Psychosis (FEP)  
**Priority Type:** MHS  
**Population(s):** SMI, SED

**Goal of the priority area:**

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

**Objective:**

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

**Strategies to attain the goal:**

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

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

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Number of statewide admissions into FEP programs
<b>Baseline Measurement:</b>	16 admissions
<b>First-year target/outcome measurement:</b>	18 admissions

**Second-year target/outcome measurement:** 20 admissions

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

**Data Source:**

FEP programs funded by DBH.

**New Data Source(if needed):**

**Description of Data:**

FEP programs record admission, service utilization, outcome measures, and discharge data for all FEP participants. This information is available to DBH as requested.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

DBH is currently dependent on receipt of admission data directly from the FEP programs.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved *(if not achieved,explain why)*

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

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

Strategies to improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a first episode of psychosis achieved a first year outcome measure of 30 admissions, exceeding the first year target of 18 admissions.

Second Year Target:

Achieved

Not Achieved *(if not achieved,explain why)*

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

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

Second-year outcome measure were 38 in service in FEP Coordinated Specialty Care treatment for youth and youth adults who have experienced a first episode of psychosis which exceeds the Second-year target of 20.

**Priority #:** 7

**Priority Area:** Tuberculosis

**Priority Type:** SAT

**Population(s):** TB, Other (Homeless, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

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

**Objective:**

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

**Strategies to attain the goal:**

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

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Tuberculosis (TB)

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

**First-year target/outcome measurement:** The contract requirement will be maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.

**Second-year target/outcome measurement:** The contract requirement will be maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.

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

**Data Source:**

The Nebraska Department of Health and Human Services - Division of Behavioral Health contracts with the six Regional Behavioral Health Authorities.

**New Data Source(if needed):**

**Description of Data:**

Signed contracts between the Nebraska Department of Health and Human Services - Division of Behavioral Health and the six Regional Behavioral Health Authorities.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

This contract requirement is connected to the Federal requirements under the Substance Abuse Prevention and Treatment Block Grant.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

The Nebraska Department of Health and Human Services - Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering substance abuse treatment service.

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

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

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

The Nebraska Department of Health and Human Services - Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering substance abuse treatment service.

**Footnotes:**

### III: Expenditure Reports

**Table 2 - State Agency Expenditure Report**

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from that on SUPTRS BG Table 4.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 <sup>1</sup>	I. ARP <sup>2</sup>
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery <sup>3</sup>	\$4,080,543.39		\$38,704,271.60	\$2,286,920.14	\$24,030,263.68	\$0.00	\$0.00	\$747,696.02	\$295,084.13
a. Pregnant Women and Women with Dependent Children	\$302,757.21		\$1,669,737.66	\$0.00	\$66,142.51	\$0.00	\$0.00	\$0.00	\$0.00
b. Recovery Support Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. All Other	\$3,777,786.18		\$37,034,533.94	\$2,286,920.14	\$23,964,121.17	\$0.00	\$0.00	\$747,696.02	\$295,084.13
2. Substance Use Disorder Primary Prevention	\$2,126,000.36		\$0.00	\$1,286,554.21	\$178,254.68	\$0.00	\$0.00	\$1,126,937.63	\$262,680.80
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>4</sup>	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$180,655.57		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>11. Total</b>	<b>\$6,387,199.32</b>	<b>\$0.00</b>	<b>\$38,704,271.60</b>	<b>\$3,573,474.35</b>	<b>\$24,208,518.36</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,874,633.65</b>	<b>\$557,764.93</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

<sup>2</sup>The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

<sup>3</sup>Prevention other than primary prevention

<sup>4</sup>Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

Actual  Estimated

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**Footnotes:**

1. Table 2 Row 3 - Tuberculosis Services in State Agency Expenditures Report is not a required expenditure to be reported and the state chose not to report.

### III: Expenditure Reports

**Table 3a – Syringe Services Program (SSP)**

Expenditure Start Date: 07/01/2022 Expenditure End Date: 06/30/2023

				SSP Expenditures			
SSP Agency Name	SSP Main Address	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	SUPTRS BG Funds	COVID-19 <sup>1</sup> Funds	ARP <sup>2</sup> Funds	Actions
No Data Available							

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

<sup>2</sup> The expenditure period for The ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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**Footnotes:**

Not Applicable. Nebraska DHHS is not authorized to create or implement a Syringe Services Program.

### III: Expenditure Reports

Table 3b - Syringe Services Program

Expenditure Start Date: 07/01/2022 Expenditure End Date: 06/30/2023

SUPTRS							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
COVID-19 <sup>1</sup>							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
ARP <sup>2</sup>							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0



<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

<sup>2</sup> The expenditure period for ARP supplemental funding is September 1, 2021 – September 30, 2025, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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**Footnotes:**

Not Applicable. Nebraska DHHS is not authorized to create or implement a Syringe Services Program.

### III: Expenditure Reports

**Table 3c – Harm Reduction Activities**

Expenditure Period Start Date: 07/01/2022      Expenditure Period End Date: 06/30/2023

Harm Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Naloxone Kits Purchased	Number of Naloxone Kits Distributed	Number of Overdose Reversals	Number of Fentanyl Test Strips Purchased	Number of Fentanyl Test Strips Distributed	SUPTRS BG Funds	COVID-19 <sup>1</sup> Funds	ARP <sup>2</sup> Funds
No Data Available										

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 - March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions.

<sup>2</sup>The expenditure period for ARP supplemental funding is September 1, 2021 - September 30, 2025, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 - June 30, 2025.  
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**Footnotes:**

1, Nebraska did not expend SUPTRS BG, COVID-19 or ARP/ARPA Funds for Harm Reduction activities.

### III: Expenditure Reports

**Table 4 - State Agency SUPTRS BG Expenditure Compliance Report**

This table provides a description of SUPTRS BG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in WebBGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

Expenditure Category	FY 2021 SA Block Grant Award
1. Substance Use Prevention <sup>1</sup> , Treatment, and Recovery	\$4,008,480.22
2. Substance Use Primary Prevention	\$2,127,782.21
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) <sup>2</sup>	\$0.00
4. Tuberculosis Services	\$0.00
5. Administration (excluding program/provider level)	\$327,530.88
<b>Total</b>	<b>\$6,463,793.31</b>

<sup>1</sup>Prevention other than Primary Prevention

<sup>2</sup>Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

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**Footnotes:**

1. Amount of SUPTRS BG Primary Prevention funds (from Table 4, Row 2) to be used for Table 6 Resource Development Activities for SUPTRS BG Prevention, Column B, and/or SUPTRS BG Integrated, Column C, equals: \$479,974.14.

>

2. Amount of SUPTRS BG Treatment funds (from Table 4, Row 1) to be used for Table 6 Resource Development Activities for SUPTRS BG Treatment, Column A, and/or SUPTRS BG Integrated, Column C, equals: \$99,520.06.

>

3. Amount of SUPTRS BG Administration (from Table 4, Row 5) to be used for Table 6 Resource Development Activities for SUPTRS BG Treatment, Column A, and/or SUPTRS BG Integrated, Column C, equals: \$-0-.

>

4. Amount of SUPTRS BG Administration (from Table 4, Row 5) to be used for Table 6 Resource Development Activities for SUPTRS BG Prevention, Column B, and/or SUPTRS BG Integrated, Column C, equals: \$-0-.

### III: Expenditure Reports

#### SUPTRS BG Table 5a - Primary Prevention Expenditures

The state or jurisdiction must complete SUPTRS BG Table 5a. There are six primary prevention strategies typically funded by principal agencies administering the SUPTRS BG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state plans to use strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other" in Table 5a.

Expenditure Period Start Date:

Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$292.06				
Information Dissemination	Indicated					
Information Dissemination	Universal	\$34,491.72				
Information Dissemination	Unspecified					
<b>Information Dissemination</b>	<b>Total</b>	<b>\$34,783.78</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Education	Selective	\$104,227.33				
Education	Indicated	\$581.74				
Education	Universal	\$361,270.45				
Education	Unspecified					
<b>Education</b>	<b>Total</b>	<b>\$466,079.52</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Alternatives	Selective	\$12,910.70				
Alternatives	Indicated	\$2,440.85				
Alternatives	Universal	\$19,200.54				
Alternatives	Unspecified					
<b>Alternatives</b>	<b>Total</b>	<b>\$34,552.09</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Problem Identification and Referral	Selective	\$36,910.00				
Problem Identification and Referral	Indicated	\$103,508.65				
Problem Identification and Referral	Universal					
Problem Identification and Referral	Unspecified					
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$140,418.65</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Community-Based Process	Selective					
Community-Based Process	Indicated					
Community-Based Process	Universal	\$260,563.23				
Community-Based Process	Unspecified					
<b>Community-Based Process</b>	<b>Total</b>	<b>\$260,563.23</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Environmental	Selective					
Environmental	Indicated					
Environmental	Universal	\$676,622.45				
Environmental	Unspecified					
<b>Environmental</b>	<b>Total</b>	<b>\$676,622.45</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Section 1926 (Synar)-Tobacco	Selective					
Section 1926 (Synar)-Tobacco	Indicated					
Section 1926 (Synar)-Tobacco	Universal	\$34,788.35				
<b>Section 1926 (Synar)-Tobacco</b>	<b>Total</b>	<b>\$34,788.35</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Other	Universal Direct					
Other	Universal Indirect					
Other	Selective					
Other	Indicated					
<b>Other</b>	<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Grand Total</b>	<b>\$1,647,808.07</b>				

Section 1926 (Synar)-Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130), a state may not use the SABG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SABG funds\* that were allotted for Synar activities in the appropriate columns under 7 below.

\*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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**Footnotes:**

### III: Expenditure Reports

**Table 5b - SUPTRS BG Primary Prevention Targeted Priorities (Required)**

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2021 SUPTRS BG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

SUPTRS BG Award	
Prioritized Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input checked="" type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>
Prioritized Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ+	<input type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>

Rural	<input checked="" type="checkbox"/>
Other Underserved Racial and Ethnic Minorities	<input type="checkbox"/>

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**Footnotes:**

### III: Expenditure Reports

**Table 6 - Non Direct Services/System Development**

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$23,276.06	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$23,276.07	\$0.00
6. Research and Evaluation	\$0.00	\$370,041.73	\$0.00
7. Training and Education	\$99,520.06	\$63,380.28	\$0.00
<b>8. Total</b>	<b>\$99,520.06</b>	<b>\$479,974.14</b>	<b>\$0.00</b>

<sup>1</sup>Integrated refers to funds both treatment and prevention portions of the SUPTRS BG for overarching activities.

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**Footnotes:**

1. Amount of SUPTRS BG Primary Prevention funds (from Table 4, Row 2) to be used for Table 6 Resource Development Activities for SUPTRS BG Prevention, Column B, and/or SUPTRS BG Integrated, Column C, equals: \$479,974.14.

>

2. Amount of SUPTRS BG Treatment funds (from Table 4, Row 1) to be used for Table 6 Resource Development Activities for SUPTRS BG Treatment, Column A, and/or SUPTRS BG Integrated, Column C, equals: \$99,520.06.

>

3. Amount of SUPTRS BG Administration (from Table 4, Row 5) to be used for Table 6 Resource Development Activities for SUPTRS BG Treatment, Column A, and/or SUPTRS BG Integrated, Column C, equals: \$-0-.

>

4. Amount of SUPTRS BG Administration (from Table 4, Row 5) to be used for Table 6 Resource Development Activities for SUPTRS BG Prevention, Column B, and/or SUPTRS BG Integrated, Column C, equals: \$-0-.



### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

This table provides a report of the sub-recipients of SUPTRS BG funds including community and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes system development/non-direct service expenditures.

Expenditure Period Start Date: 10/01/2020 Expenditure Period End Date: 9/30/2022

Source of Funds Substance Use Block Grant																
Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	G. Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
NE750441	NE750441	✓	Omaha Metro	ARCH Inc	604 South 37th Street	Omaha	NE	68105	\$238,528.45	\$238,528.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100496	NE100496	✓	Omaha Metro	ARCH Inc	1502 North 58th Street	Omaha	NE	68104	\$154,236.04	\$154,236.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100873	NE100873	✓	Northeast	Area Substance Abuse Prevention	422 East Douglas Street	ONeill	NE	68763	\$34,559.60	\$0.00	\$0.00	\$34,559.60	\$0.00	\$0.00	\$0.00	\$0.00
NE100898	NE100898	✗	South Central	Area Substance and Alcohol Abuse Prevention	835 S Burlington	Hastings	NE	68901	\$81,547.58	\$0.00	\$0.00	\$81,547.58	\$0.00	\$0.00	\$0.00	\$0.00
NE100836	NE100836	✓	Southeast	Associates in Counseling and Treatment	600 North Cotner Boulevard Suite 119	Lincoln	NE	68505-2343	\$9,385.28	\$9,385.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100781	NE100781	✓	Omaha Metro	BAART Community Healthcare Inc	1941 South 42nd Street Suite 210	Omaha	NE	68105	\$580,651.76	\$580,651.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100868	NE100868	✓	Northeast	Back To BASICS	4321 41st Avenue P.O. Box 1028	Columbus	NE	68602	\$31,604.97	\$0.00	\$0.00	\$31,604.97	\$0.00	\$0.00	\$0.00	\$0.00
NE100856	NE100856	✗	Panhandle	Banner County Prevention Coalition County Public Schools P.O. Box 5 County Public Schools P.O. Box 5	Banner County Public Schools P.O. Box 5	Harrisburg	NE	69345	\$1,512.76	\$0.00	\$0.00	\$1,512.76	\$0.00	\$0.00	\$0.00	\$0.00
NE100900	NE100900	✓	Southeast	Beatrice Public Schools	320 North 5th Street	Beatrice	NE	68310	\$5,653.23	\$0.00	\$0.00	\$5,653.23	\$0.00	\$0.00	\$0.00	\$0.00
NE301302	NE301302	✓	Northeast	Behavioral Health Specialists Inc	1900 Vicki Lane	Norfolk	NE	68701-4558	\$91,445.57	\$91,445.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE900707	NE900707	✓	Northeast	Behavioral Health Specialists Inc	4432 Sunrise Place	Columbus	NE	68601	\$178,913.83	\$178,913.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100531	NE100531	✓	Southeast	Blue Valley Behavioral Health	P.O. Box 120	Fairbury	NE	68352	\$1,182.51	\$1,182.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100532	NE100532	✓	Southeast	Blue Valley Behavioral Health	P.O. Box 5	Wahoo	NE	68066	\$2,865.59	\$2,865.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE102161	NE102161	✓	Southeast	Blue Valley Behavioral Health	103 East 35th Street Suite A	Falls City	NE	68355	\$6,255.54	\$6,255.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE750045	NE750045	✓	Southeast	Blue Valley Behavioral Health	820 Central Avenue Suite 4	Auburn	NE	68305	\$3,518.28	\$3,518.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE750102	NE750102	✓	Southeast	Blue Valley Behavioral Health	P.O. Box 185	David City	NE	68632	\$8,924.78	\$8,924.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE750631	NE750631	✓	Southeast	Blue Valley Behavioral Health	459 South 6th Street Suite 1	Seward	NE	68434	\$37,476.47	\$37,476.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NE750953	NE750953	✓	Southeast	Blue Valley Behavioral Health	1123 North 9th Street	Beatrice	NE	68310	\$20,896.54	\$20,896.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE750409	NE750409	✓	Southeast	Blue Valley Behavioral Health	1903 4th Corso Street	Nebraska City	NE	68410	\$9,295.72	\$9,295.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE901184	NE901184	✓	Southeast	Blue Valley Behavioral Health	P.O. Box 326	Crete	NE	68333	\$9,110.84	\$9,110.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE901382	NE901382	✓	Southeast	Blue Valley Behavioral Health	722 South Lincoln Avenue Suite 1	York	NE	68467	\$18,500.68	\$18,500.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100901	NE100901	✓	Southeast	Blue Valley Community Action	P.O. Box 273 620 5th Street	Fairbury	NE	68352	\$6,021.42	\$0.00	\$0.00	\$6,021.42	\$0.00	\$0.00	\$0.00	\$0.00
NE100603	NE100603	✓	Southeast	Bridge Behavioral Health	721 K Street	Lincoln	NE	68508	\$157,886.07	\$157,886.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE900335	NE900335	✓	Southwest	Bridge Inc	907 South Kansas Street	Hastings	NE	68901	\$11,863.99	\$11,863.99	\$11,863.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE101278	NE101278	✓	Southeast	Butler County Believes in Youth	2850 County Road L	Weston	NE	68070-4039	\$6,995.00	\$0.00	\$0.00	\$6,995.00	\$0.00	\$0.00	\$0.00	\$0.00
NE101102	NE101102	✓	Omaha Metro	Capstone Behavioral Health	1941 South 42nd Street Suite 328	Omaha	NE	68105-2943	\$8,523.12	\$8,523.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE102160	NE102160	✓	Omaha Metro	Capstone Behavioral Health PC	230 East 22nd Street Suite 4	Fremont	NE	68025-2661	\$3,514.52	\$3,514.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE101275	NE101275	✓	Omaha Metro	CenterPointe	1490 North 16th Street	Omaha	NE	68102	\$382,392.05	\$382,392.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100535	NE100535	✓	Southeast	CenterPointe	2633 P Street	Lincoln	NE	68503	\$59,283.57	\$59,283.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE301401	NE301401	✓	Southeast	CenterPointe	1000 South 13th Street	Lincoln	NE	68508-3533	\$8,767.13	\$8,767.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100759	NE100759	✓	Omaha Metro	CHI Health Immanuel	6901 North 72nd Street	Omaha	NE	68122	\$2,670.03	\$2,670.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100623	NE100623	✓	Panhandle	Cirrus House Inc	1509 1st Avenue	Scottsbluff	NE	69361-3106	\$10,898.30	\$10,898.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100689	NE100689	✓	99	Coalition Rx	8401 West Dodge Road Suite 115	Omaha	NE	68114	\$147,796.83	\$0.00	\$0.00	\$147,796.83	\$0.00	\$0.00	\$0.00	\$0.00
NE102052	NE102052	✓	Panhandle	Community Action Partnership of	975 Crescent Drive	Gering	NE	69341	\$43,693.62	\$43,693.62	\$2,937.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100885	NE100885	✓	South Central	Community Connections	P.O. Box 852	North Platte	NE	69103	\$140,803.74	\$0.00	\$0.00	\$140,803.74	\$0.00	\$0.00	\$0.00	\$0.00
NE101277	NE101277	✓	Omaha Metro	Dougals County	1490 North 16th Street	Omaha	NE	68102	\$158,316.22	\$158,316.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100899	NE100899	✓	Southeast	Fillmore County Prevention Coalition	995 Highway 33 Suite 1	Crete	NE	68333-2551	\$7,088.01	\$0.00	\$0.00	\$7,088.01	\$0.00	\$0.00	\$0.00	\$0.00
NE750151	NE750151	✓	South Central	Friendship House Inc	707 West 1st Street	Grand Island	NE	68801	\$379,011.60	\$379,011.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100804	NE100804	✓	South Central	Garfield Loup Wheeler Childrens	P.O. Box 638	Burwell	NE	68823	\$70,354.22	\$0.00	\$0.00	\$70,354.22	\$0.00	\$0.00	\$0.00	\$0.00
NE101092	NE101092	✓	Omaha Metro	Good Neighbor Community Health Center	2400 North Lincoln Avenue	Fremont	NE	68025	\$1,082.97	\$1,082.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100827	NE100827	✓	South Central	Grand Island Substance Abuse	219 West 2nd Street	Grand Island	NE	68801	\$75,413.24	\$0.00	\$0.00	\$75,413.24	\$0.00	\$0.00	\$0.00	\$0.00
NE100869	NE100869	✓	Northeast	Healthy Communities Initiative	2104 21st Circle	Wisner	NE	68791	\$16,635.28	\$0.00	\$0.00	\$16,635.28	\$0.00	\$0.00	\$0.00	\$0.00
NE100103	NE100103	✓	Omaha Metro	Heartland Family Service	2101 South 42nd Street	Omaha	NE	68105	\$10,831.00	\$10,831.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NE100625	NE100625	✓	Omaha Metro	Heartland Family Service	302 American Parkway	Papillion	NE	68046	\$3,487.25	\$3,487.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE101063	NE101063	✗	Omaha Metro	Heartland Family Services Inc	4847 Sahler Street	Omaha	NE	68104	\$30,026.04	\$30,026.04	\$30,026.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100563	NE100563	✓	Southeast	HopeSpoke	2444 O Street	Lincoln	NE	68510	\$38,575.81	\$38,575.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE901242	NE901242	✓	Southeast	Houses of Hope of Nebraska Inc	1124 North Cotner Boulevard	Lincoln	NE	68505-1834	\$23,284.77	\$23,284.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE900699	NE900699	✓	Panhandle	Human Services Inc	419 West 25th Street	Alliance	NE	69301	\$173,087.90	\$173,087.90	\$40,465.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE102058	NE102058	✓	Panhandle	Karuna Counseling	P.O. Box 508	Sidney	NE	69162	\$2,358.70	\$2,358.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100415	NE100415	✓	99	Lincoln Medical Education Partnership	4600 Valley Road	Lincoln	NE	68510	\$154,295.04	\$0.00	\$0.00	\$154,295.04	\$0.00	\$0.00	\$0.00	\$0.00
NE101294	NE101294	✓	Northeast	Link Dual Recovery Program	1001 Norfolk Avenue	Norfolk	NE	68701	\$8,524.38	\$8,524.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100527	NE100527	✗	Omaha Metro	Lutheran Family Services	120 South 24th Street Suite 100	Omaha	NE	68102	\$5,407.12	\$5,407.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100927	NE100927	✓	Southeast	Lutheran Family Services	2301 O Street	Lincoln	NE	68510	\$25,514.92	\$25,514.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100729	NE100729	✓	Omaha Metro	Lutheran Family Services of Nebraska	11515 South 39th Street 3rd Floor	Bellevue	NE	68123	\$8,791.13	\$8,791.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE101686	NE101686	✓	Omaha Metro	Lutheran Family Services of Nebraska	1420 East Military Avenue Suite 100	Fremont	NE	68025	\$11,592.59	\$11,592.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE101283	NE101283	✓	Panhandle	Mental Health Alliance	815 Flack Avenue	Alliance	NE	69301	\$1,253.40	\$1,253.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE102170	NE102170	✗	Panhandle	Mental Health Alliance	327 Ann Street	Chadron	NE	69337	\$250.68	\$250.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE301500	NE301500	✓	South Central	Mid Plains Center for	914 Baumann Street	Grand Island	NE	68803-4401	\$6,037.05	\$6,037.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100601	NE100601	✓	Panhandle	Monument Prevention Coalition	1601 East 27th Street	Scottsbluff	NE	69361	\$26,227.17	\$0.00	\$0.00	\$26,227.17	\$0.00	\$0.00	\$0.00	\$0.00
NE100864	NE100864	✗	Panhandle	Morrill County Prevention Coalition	P.O. Box 337	Hemingford	NE	69348	\$4,734.01	\$0.00	\$0.00	\$4,734.01	\$0.00	\$0.00	\$0.00	\$0.00
NE000005	NE000005	✗	99	Nebraska State Patrol	PO Box 94907 Lincoln	Lincoln	NE	68509	\$34,788.35	\$0.00	\$0.00	\$34,788.35	\$0.00	\$0.00	\$0.00	\$0.00
NE100914	NE100914	✓	Northeast	Northeast Nebraska Public	215 North Pearl Street	Wayne	NE	68787-1975	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100605	NE100605	✓	Panhandle	Northeast Panhandle	P.O. Box 428	Gordon	NE	69343	\$2,850.16	\$2,850.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100888	NE100888	✓	Panhandle	Northeast Panhandle	P.O. Box 428	Gordon	NE	69343	\$1,785.52	\$1,785.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE300072	NE300072	✓	Omaha Metro	NOVA Treatment Community	8502 Morman Bridge Road	Omaha	NE	68152	\$221,187.94	\$221,187.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE102002	NE102002	✓	Omaha Metro	Omaha Collegiate Consortium	2500 California Plaza	Omaha	NE	68178	\$94,021.04	\$0.00	\$0.00	\$94,021.04	\$0.00	\$0.00	\$0.00	\$0.00
NE101226	NE101226	✓	Omaha Metro	One World Community Health Center	4920 South 30th Street Suite 103	Omaha	NE	68107	\$1,861.51	\$1,861.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100602	NE100602	✓	Panhandle	Panhandle Prevention Coalition	18 West 16th Street	Scottsbluff	NE	69361	\$70,708.38	\$0.00	\$0.00	\$70,708.38	\$0.00	\$0.00	\$0.00	\$0.00
NE100907	NE100907	✓	Southeast	Polk County Prevention Coalition	P.O. Box 316	Osceola	NE	68651	\$6,356.87	\$0.00	\$0.00	\$6,356.87	\$0.00	\$0.00	\$0.00	\$0.00
				Positive												

NE100871	NE100871	✓	South Central	Pressure Community Coalition	1755 Prairie View Place	Kearney	NE	68848	\$32,675.91	\$0.00	\$0.00	\$32,675.91	\$0.00	\$0.00	\$0.00	\$0.00
NE102032	NE102032	✓	Omaha Metro	Project Extra Mile	11620 M Circle	Omaha	NE	68137	\$110,369.38	\$0.00	\$0.00	\$110,369.38	\$0.00	\$0.00	\$0.00	\$0.00
NE100530	NE100530	✗	Southwest	Region II Human Services	110 North Bailey Street	North Platte	NE	69103	\$162,912.74	\$71,054.89	\$71,054.89	\$91,857.85	\$0.00	\$0.00	\$0.00	\$0.00
NE100803	NE100803	✓	Northeast	Region III Behavioral Health Services	P.O. Box 2555	Kearney	NE	68848-2555	\$28,495.83	\$28,495.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100811	NE100811	✓	Northeast	Region IV MH and SA Service District	206 Monroe Avenue	Norfolk	NE	68701	\$52,507.98	\$50,914.19	\$0.00	\$1,593.79	\$0.00	\$0.00	\$0.00	\$0.00
NE100829	NE100829	✗	Southeast	Region V Systems	1645 N Street, Suite A	Lincoln	NE	68508	\$302,864.38	\$85,806.83	\$0.00	\$217,057.55	\$0.00	\$0.00	\$0.00	\$0.00
NE100788	NE100788	✗	Southeast	Saint Monicas Behavioral Health Services Women Therapeutic Community	6420 Colby Street	Lincoln	NE	68505	\$20,598.80	\$20,598.80	\$20,598.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100556	NE100556	✓	Southeast	Saint Monicas Behavioral Health Servs	120 Wedgewood Drive	Lincoln	NE	68510	\$75,824.43	\$75,824.43	\$15,462.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE102189	NE102189	✓	Southeast	Saint Monicas Behavioral Health Servs	120 Wedgewood Drive	Lincoln	NE	68510	\$3,690.02	\$3,690.02	\$3,690.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100887	NE100887	✓	Southeast	Saline County Coalition	421 West Ash Street	Wilber	NE	68465-3270	\$6,626.60	\$0.00	\$0.00	\$6,626.60	\$0.00	\$0.00	\$0.00	\$0.00
NE750540	NE750540	✓	Omaha Metro	Santa Monica Inc	401 South 39th Street	Omaha	NE	68131	\$31,551.28	\$31,551.28	\$23,875.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE102108	NE102108	✓	Omaha Metro	Sarpy Cass Health Department	701 Olson Drive Suite 101	Papillion	NE	68046	\$1,786.02	\$0.00	\$0.00	\$1,786.02	\$0.00	\$0.00	\$0.00	\$0.00
NE101279	NE101279	✗	Southeast	Saunders County Prevention Coalition	387 North Chestnut Suite 1	Wahoo	NE	68066-1869	\$6,680.00	\$0.00	\$0.00	\$6,680.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100903	NE100903	✓	Southeast	Seward County Bridges	216 South 9th Street	Seward	NE	68434	\$3,906.21	\$0.00	\$0.00	\$3,906.21	\$0.00	\$0.00	\$0.00	\$0.00
NE100872	NE100872	✓	South Central	Sherman County Prevention Coalition	P.O. Box 621	Loup City	NE	68853	\$75,666.16	\$0.00	\$0.00	\$75,666.16	\$0.00	\$0.00	\$0.00	\$0.00
NE100783	NE100783	✗	Southeast	Targeted Adult Services Coordination TASC	643 South 25th Street, Suite 11	Lincoln	NE	68510	\$2,626.81	\$2,626.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100904	NE100904	✓	Southeast	Thayer County Healthy Comm Coalition	995 Highway 33 Suite 1	Crete	NE	68333-2551	\$6,626.60	\$0.00	\$0.00	\$6,626.60	\$0.00	\$0.00	\$0.00	\$0.00
NE900418	NE900418	✓	Northeast	The Link Inc	1001 West Norfolk Avenue	Norfolk	NE	68701	\$229,051.88	\$229,051.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE000081	NE000081	✓	Southeast	Touchstone Short Term Residential	2633 P Street 1st Floor	Lincoln	NE	68503	\$93,771.11	\$93,771.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE100861	NE100861	✗	Panhandle	Volunteers of America - Garden County Coalition	P.O. Box 128	Lewellen	NE	69147	\$24,890.76	\$0.00	\$0.00	\$24,890.76	\$0.00	\$0.00	\$0.00	\$0.00
NE100221	NE100221	✓	Northeast	Womens Empowering Life Line Inc	910 West Park Avenue	Norfolk	NE	68701	\$30,830.43	\$30,830.43	\$30,830.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NE102204	NE102204	✓	Northeast	Womens Empowering Life Line Inc	306 West Indiana Avenue	Norfolk	NE	68701-5875	\$8,944.72	\$8,944.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	NE100905	NE100905	✓	Southeast	York County Drug Task Force	1417 Kennedy Drive	York	NE	68467 -4613	\$5,958.00	\$0.00	\$0.00	\$5,958.00	\$0.00	\$0.00	\$0.00	\$0.00
	NE100637	NE100637	✓	Northeast	Zone Afterschool Program	105 22nd Drive	Norfolk	NE	68701	\$19,996.50	\$0.00	\$0.00	\$19,996.50	\$0.00	\$0.00	\$0.00	\$0.00
Total										\$5,556,768.23	\$3,908,960.16	\$250,805.08	\$1,647,808.07	\$0.00	\$0.00	\$0.00	\$0.00

\* Indicates the imported record has an error.

Note: <sup>1</sup>42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only  
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**Footnotes:**

1. State Planning Areas defined by geographic entity:  
1) Omaha Metro consists of Dodge, Washington, Douglas, Sarpy, and Cass counties.
  - 2) Southeast consists of Polk, Butler, Saunders, Seward, Lancaster, Otoe, Fillmore, Saline, Thayer, Jefferson, Gage, Johnson, Nemaha, Pawnee, York, and Richardson counties.
  - 3) South Central consists of Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, Howard, Buffalo, Hall, Phelps, Kearney, Adams, Clay, Furnas, Harlan, Hamilton, Merrick, Franklin, Webster, and Nuckolls counties.
  - 4) Southwest consists of Grant, Hooker, Thomas, Arthur, McPherson, Logan, Keith, Lincoln, Perkins, Chase, Hayes, Frontier, Dawson, Gosper, Dundy, Hitchcock, and Red Willow counties.
  - 5) Panhandle consists of Sioux, Dawes, Box Butte, Sheridan, Scotts Bluff, Morrill, Garden, Banner, Kimball, Cheyenne, and Deuel counties.
  - 6) Northeast consists of Cherry, Keya Paha, Boyd, Brown, Rock, Holt, Knox, Cedar, Dixon, Dakota, Thurston, Wayne, Pierce, Antelope, Boone, Nance, Madison, Stanton, Cuming, Burt, Colfax, and Platte counties.
- >
2. Amount of SUPTRS BG Primary Prevention funds (from Table 4, Row 2) to be used for Table 6 Resource Development Activities for SUPTRS BG Prevention, Column B, and/or SUPTRS BG Integrated, Column C, equals: \$479,974.14.
- >
3. Amount of SUPTRS BG Treatment funds (from Table 4, Row 1) to be used for Table 6 Resource Development Activities for SUPTRS BG Treatment, Column A, and/or SUPTRS BG Integrated, Column C, equals: \$99,520.06.
- >
4. Amount of SUPTRS BG Administration (from Table 4, Row 5) to be used for Table 6 Resource Development Activities for SUPTRS BG Treatment, Column A, and/or SUPTRS BG Integrated, Column C, equals: \$-0-.
- >
5. Amount of SUPTRS BG Administration (from Table 4, Row 5) to be used for Table 6 Resource Development Activities for SUPTRS BG Prevention, Column B, and/or SUPTRS BG Integrated, Column C, equals: \$-0-.

### III: Expenditure Reports

**Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention, Treatment, and Recovery**

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Dates given are for the FFY 2024 SUPTRS BG Report. For the FFY 2025 SUPTRS BG report, please increase each year by one. For detailed instructions, see those in BGAS.

Expenditure Period Start Date: 7/1/2002 Expenditure Period End Date: 6/30/2023

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2021) + B2(2022)</u> 2 (C)
SFY 2021 (1)	\$29,684,223.68	
SFY 2022 (2)	\$19,827,849.00	\$24,756,036.34
SFY 2023 (3)	\$31,213,508.00	

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

SFY 2021	Yes	X	No
SFY 2022	Yes	X	No
SFY 2023	Yes	X	No

Did the state or jurisdiction have any non-recurring expenditures as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes      No      X

If yes, specify the amount and the State fiscal year:

If yes, SFY:

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes      No

When did the State or Jurisdiction submit an official request to SAMHSA to exclude these funds from the MOE calculations?

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.

Amounts reflected are amounts in state accounting records for expenditures made by SSA for aid program. In addition, the state portion of Medicaid is calculated into MOE.

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**Footnotes:**

### III: Expenditure Reports

#### Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

This MOE table provides a report of state and SUBG funds expended on specialized SUD treatment services for pregnant women and women with dependent children for the state fiscal year immediately preceding the FFY for which the state is applying for funds.

Expenditure Period Start Date: 7/1/2002 Expenditure Period End Date: 6/30/2023

#### Base

Period	Total Women's Base (A)
SFY 1994	\$ 753,713.00

#### Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2021		\$ 1,419,597.00	
SFY 2022		\$ 328,571.24	
SFY 2023		\$ 2,038,637.38	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2024 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women’s Base (A) for Period of (SFY 1994)): \$ 2,038,637.00;

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). To establish the base for specialized services for pregnant women and women with dependent children in FFY92, Nebraska submitted information to the Center for Substance Abuse Treatment (CSAT) detailing the amount the state had expended (\$274,044) for services to this specialized population. This amount was determined through an analysis of admission data from programs to determine the percentage of admissions of pregnant women and women with children compared to total admissions in these programs. This percent was then applied to total program expenditures to extrapolate an agreed upon base. Subsequent requirements to utilize five percent of SAPT Block Grant funds for two years (totaling \$506,669) brought the continuation base to \$753,713 for FFY04 and subsequent years.

In May 2009, the state accounting system (Nebraska Information System, hereafter referred to as NIS) was altered to establish a method of tracking expenditures for services provided to pregnant women and women with children purchased by the SSA. Under this new method, expenditures reported each month for these services by the Regional Behavioral Health Authorities are directly coded into NIS. Expenditures reported on this table are from the amount recorded in NIS each as paid to regional intermediary and subsequently paid to providers for units of service performed for this population.

In 2018, a new billing system was implemented to track payments at the service level. Information from the billing

system is reconciled to the state accounting system to identify any service provided to the target population with funding not originally identified for this population.

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**Footnotes:**

1. Reported total expenditures for services provided to pregnant women and women with dependent children includes those services purchased by the SSA and Medicaid for selected WSA Providers.



## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-29) about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2020      Expenditure Period End Date: 9/30/2022

Column A (Risks)	Column B (Strategies)	Column C (Providers)
<b>All Risk Groups</b>	<b>1. Information Dissemination</b>	
	1. Clearinghouse/information resources centers	1
	2. Resources directories	2
	3. Media campaigns	18
	4. Brochures	11
	5. Radio and TV public service announcements	2
	6. Speaking engagements	9
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	10
	8. Information lines/Hot lines	3
	<b>2. Education</b>	
	1. Parenting and family management	5
	2. Ongoing classroom and/or small group sessions	21
	3. Peer leader/helper programs	5
	4. Education programs for youth groups	19
	5. Mentors	3
	6. Preschool ATOD prevention programs	1
	<b>3. Alternatives</b>	
	1. Drug free dances and parties	13
	2. Youth/adult leadership activities	7
	6. Recreation activities	3
	<b>4. Problem Identification and Referral</b>	
	2. Student Assistance Programs	7
	3. Driving while under the influence/driving while intoxicated education programs	3
	4. Brief Screening/Intervention	11
	<b>5. Community-Based Process</b>	
	1. Community and volunteer	

training, e.g., neighborhood action training, impactor-training, staff/officials training	16
2. Systematic planning	5
3. Multi-agency coordination and collaboration/coalition	19
4. Community team-building	13
5. Accessing services and funding	4
6. Regional/Coalition/Community Meetings	11
<b>6. Environmental</b>	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	16
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	21
3. Modifying alcohol and tobacco advertising practices	5
<b>7. Other</b>	
1. Harm Reduction	2

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**Footnotes:**

1. Column C records the number of providers performing each of the activities identified in Column B. Providers are those entities recorded in Table 7-Statewide Entity Inventory as having expended Primary Prevention Set-aside Funds. Table 9 Column B (Strategies), 4-Problem Identification and Referral does not include early intervention activities, including any activity designed to determine if a person is in need of treatment.

## IV: Population and Services Reports

**Table 10a – Treatment Utilization Matrix**

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served <sup>1</sup>		ARP Number of Admissions > Number of Persons Served <sup>2</sup>		SUPTRS BG Service Costs			COVID-19 Costs <sup>1</sup>			ARP Costs <sup>2</sup>		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
<b>DETOXIFICATION (24-HOUR CARE)</b>															
1. Hospital Inpatient															
2. Free-Standing Residential															
<b>REHABILITATION/RESIDENTIAL</b>															
3. Hospital Inpatient															
4. Short-term (up to 30 days)	1,151	959					3,428.46	2,703.04	2,476.01						
5. Long-term (over 30 days)	240	235					8,699.16	8,080.07	3,070.01						
<b>AMBULATORY (OUTPATIENT)</b>															
6. Outpatient	4,808	4,652					472.19	281.98	800.17						
7. Intensive Outpatient	390	375					1,201.19	1,069.31	462.21						
8. Detoxification	1,359	1,000					1,538.35	1,359.69	2,190.32						
<b>OPIOD MEDICATION ASSISTED TREATMENT</b>															
9. MOUD Medication-Assisted Detoxification	336	326					1,548.51	1,098.46	447.62						
10. MOUD Medication-Assisted Treatment Outpatient															

Please explain why Column A (SUPTRS BG and COVID-19 Number of Admissions) are less than Column B (SUPTRS BG and COVID-19 Number of Persons Served)

Not applicable.

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

<sup>3</sup>In FY 2020 SAMHSA modified the “Level of Care” (LOC) and “Type of Treatment Service/Setting” to “Medication-Assisted Treatment” and “Medication-Assisted Treatment,” respectively. In prior SUPTRS BG Reports, the LOC was entitled “Opioid Replacement Therapy” and the Type of Treatment Service/Setting included “Opioid Replacement Therapy,” Row 9 and “ORT Outpatient,” Row 10. The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SUPTRS BG Reports, the LOC is “MOUD & Medication Assisted Treatment” and the Types of Treatment Service/Setting will include “MOUD Medication-Assisted Treatment Detoxification,” Row 9 and “MOUD & Medication Assisted Treatment Outpatient,” Row 10. MOUD & Medication-Assisted Treatment Withdrawal Management includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. MOUD & Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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**Footnotes:**

1-Individuals included in this table were served in a substance use disorder or dual service funded by the Nebraska DHHS Division of Behavioral Health during the reporting period. This table does not include individuals served through state Medicaid funding at this time. As such, the information reported in the table is actual but does not yet include reporting of state Medicaid counts of persons served. As state Medicaid information is not available until late January 2024, we will contact our State Project Officers to request a revision request to add this information when it becomes available.

## IV: Population and Services Reports

**Table 10b – Number of Persons Served (Unduplicated Count) Who Received Recovery Supports**

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and gender identity.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

	Age 0-5 <sup>1</sup>							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

<sup>1</sup>Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	2	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	2	0	0	0	0	0	0	12	22	0	0	0	0	0
Peer-Led Support Group	0	2	0	0	0	0	0	5	12	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Peer-to-Peer Support Individual	4	6	0	0	0	0	0	1	0	0	0	0	0	0
Peer-Led Support Group	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Peer-to-Peer Support Individual	19	30	0	0	0	0	0	
Peer-Led Support Group	6	16	0	0	0	0	0	
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	
Recovery Housing	0	0	0	0	0	0	0	
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	
Recovery Support Service Transportation	0	0	0	0	0	0	0	
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0
Comments on Data (Age):	Age at most recent time of service was used for reporting.						
Comments on Data (Gender):	Most recently reported gender was used for reporting.						
Comments on Data (Overall):	Values reported are for consumers served through DBH and do not include consumers served by Medicaid. Accordingly, the information reported in the table is actual but does not yet include reporting of state Medicaid counts of persons served. We anticipate being able to complete the Medicaid portion of this table and contacting our State Project Officers to request a revision request when it becomes available.						

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

**Footnotes:**

1. Values reported are for consumers served through DBH and do not include consumers served by Medicaid. Accordingly, the information reported in the table is actual but does not yet include reporting of state Medicaid counts of persons served. We anticipate being able to complete the Medicaid portion of this table in late January 2024 and contacting our State Project Officers to request a revision request when it becomes available.

## IV: Population and Services Reports

### Tables 11a, 11b and 11c - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

### SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

	Total							American Indian or Alaska Native							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	360	402	0	0	0	0	0	762	6	2	0	0	0	0	0
13-17 years	1,020	1,332	0	0	0	0	0	2,352	31	24	0	0	0	0	0
18-20 years	484	674	0	0	0	0	2	1,160	20	19	0	0	0	0	1
21-24 years	848	1,254	0	0	0	0	0	2,102	32	36	0	0	0	0	0
25-44 years	7,482	10,128	0	0	0	0	2	17,612	266	258	0	0	0	0	0
45-64 years	2,512	4,376	0	0	0	0	0	6,888	75	99	0	0	0	0	0
65-74 years	114	308	0	0	0	0	0	422	3	9	0	0	0	0	0
75+ years	4	32	0	0	0	0	0	36	0	2	0	0	0	0	0
Not Available	6	4	0	0	0	0	2	12	0	0	0	0	0	0	0
<b>Total</b>	<b>12,830</b>	<b>18,510</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>31,346</b>	<b>433</b>	<b>449</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Pregnant Women</b>	<b>306</b>								43						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	1398														
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	458														

Are the values reported in this table generated from a client-based system with unique identifiers?

Yes  No

Comments on Data (Race)	Most recently reported race was used for reporting.
Comments on Data (Gender)	Most recently reported gender was used for reporting.
Comments on Data (Overall)	1- Age at most recent time of service was used for reporting 2- Individuals included in this table were served in a substance use disorder or dual service funded by the Nebraska DHHS Division of Behavioral Health or through Medicaid during the reporting period. 3- Values reported for "Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period" and "Number of Persons Served outside of the levels of care described in SUPTRS BG Table 10A" are only for those consumers served through the SSA/DBH. That data is not available for state Medicaid.

<sup>1</sup>Age category 0-5 years is not applicable.

### SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0

6-12 years	4	1	0	0	0	0	0	18	28	0	0	0	0	0
13-17 years	2	11	0	0	0	0	0	55	103	0	0	0	0	0
18-20 years	4	3	0	0	0	0	0	30	40	0	0	0	0	0
21-24 years	4	6	0	0	0	0	0	47	63	0	0	0	0	0
25-44 years	20	48	0	0	0	0	0	291	501	0	0	0	0	0
45-64 years	9	13	0	0	0	0	0	112	248	0	0	0	0	0
65-74 years	2	1	0	0	0	0	0	12	33	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	1	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>45</b>	<b>83</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>566</b>	<b>1,017</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							11						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	122	128	0	0	0	0	0
13-17 years	0	1	0	0	0	0	0	307	376	0	0	0	0	0
18-20 years	2	3	0	0	0	0	0	140	205	0	0	0	0	0
21-24 years	3	5	0	0	0	0	0	267	415	0	0	0	0	0
25-44 years	15	21	0	0	0	0	0	2,761	3,637	0	0	0	0	1
45-64 years	3	2	0	0	0	0	0	963	1,622	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	36	99	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	12	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	3	1	0	0	0	0	1
<b>Total</b>	<b>23</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,600</b>	<b>6,495</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Pregnant Women</b>	0							97						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	4	0	0	0	0	0	12	22	0	0	0	0	0
13-17 years	13	28	0	0	0	0	0	41	55	0	0	0	0	0
18-20 years	10	32	0	0	0	0	0	18	14	0	0	0	0	0
21-24 years	20	58	0	0	0	0	0	21	19	0	0	0	0	0
25-44 years	62	253	0	0	0	0	0	143	115	0	0	0	0	0
45-64 years	16	60	0	0	0	0	0	23	41	0	0	0	0	0
65-74 years	0	5	0	0	0	0	0	0	3	0	0	0	0	0



75+ years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	1	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>121</b>	<b>442</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>258</b>	<b>269</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	2							6						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	18	16	0	0	0	0	0	120	137	0	0	0	0	0
13-17 years	61	68	0	0	0	0	0	310	378	0	0	0	0	0
18-20 years	18	21	0	0	0	0	0	160	208	0	0	0	0	1
21-24 years	30	25	0	0	0	0	0	289	416	0	0	0	0	0
25-44 years	183	231	0	0	0	0	0	2,994	3,873	0	0	0	0	1
45-64 years	55	103	0	0	0	0	0	1,005	1,735	0	0	0	0	0
65-74 years	4	4	0	0	0	0	0	46	120	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	2	13	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	3	1	0	0	0	0	0
<b>Total</b>	<b>369</b>	<b>468</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,929</b>	<b>6,881</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Pregnant Women</b>	11							100						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	35	35	0	0	0	0	0	25	29	0	0	0	0	0
13-17 years	134	196	0	0	0	0	0	66	92	0	0	0	0	0
18-20 years	59	88	0	0	0	0	0	23	41	0	0	0	0	0
21-24 years	92	162	0	0	0	0	0	43	49	0	0	0	0	0
25-44 years	427	671	0	0	0	0	0	320	520	0	0	0	0	0
45-64 years	92	178	0	0	0	0	0	159	275	0	0	0	0	0
65-74 years	3	14	0	0	0	0	0	8	20	0	0	0	0	0
75+ years	0	2	0	0	0	0	0	0	1	0	0	0	0	0
Not Available	0	1	0	0	0	0	1	0	0	0	0	0	0	0
<b>Total</b>	<b>842</b>	<b>1,347</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>644</b>	<b>1,027</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	25							11						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use<sup>1</sup>

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded under COVID-19 Relief Supplemental Funding.

<b>Total</b>	<b>American Indian or Alaska Native</b>
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	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>2</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	8	10	0	0	0	0	0	18	0	0	0	0	0	0	0
13-17 years	16	8	0	0	0	0	0	24	0	0	0	0	0	0	0
18-20 years	16	10	0	0	0	0	0	26	1	0	0	0	0	0	0
21-24 years	70	56	0	0	0	0	0	126	2	3	0	0	0	0	0
25-44 years	608	614	0	0	0	0	3	1,225	16	14	0	0	0	0	0
45-64 years	258	312	0	0	0	0	0	570	2	8	0	0	0	0	0
65-74 years	16	26	0	0	0	0	0	42	0	0	0	0	0	0	0
75+ years	10	0	0	0	0	0	0	10	0	0	0	0	0	0	0
Not Available	0	5	0	0	0	0	4	9	0	0	0	0	0	0	0
<b>Total</b>	<b>1,002</b>	<b>1,041</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>2,050</b>	<b>21</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>0</b>								<b>0</b>						

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current NoA Terms and Conditions.

<sup>2</sup>Age category 0-5 years is not applicable.

Comments on Data (Race)	Most recently reported race was used for reporting.
Comments on Data (Gender)	Most recently reported gender was used for reporting.
Comments on Data (Overall)	<ol style="list-style-type: none"> <li>Age at most recent time of service was used for reporting.</li> <li>Individuals included in this table were served in a substance use disorder or dual service funded by the SSA or through Medicaid during the reporting period.</li> <li>Values reported for "Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period" and "Number of Persons Served outside of the levels of care described in SUPTRS BG Table 10A" are only for those consumers served through the SSA/DBH. That data is not available for state Medicaid.</li> </ol>

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	2	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	4	0	0	0	0	0	0
18-20 years	1	0	0	0	0	0	0	0	1	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	5	7	0	0	0	0	0
25-44 years	1	0	0	0	0	0	0	31	38	0	0	0	0	0
45-64 years	1	1	0	0	0	0	0	10	13	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	1	1	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	<b>0</b>							<b>0</b>						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	4	3	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	4	4	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	6	3	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	25	14	0	0	0	0	0
25-44 years	4	0	0	0	0	0	1	233	236	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	111	125	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	7	12	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	5	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>395</b>	<b>397</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	1	4	0	0	0	0	0	2	0	0	0	0	0	0
25-44 years	12	16	0	0	0	0	0	7	2	0	0	0	0	0
45-64 years	2	8	0	0	0	0	0	2	1	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	2	0	0	0	0	1	0	0	0	0	0	0	0
<b>Total</b>	<b>15</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>11</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Pregnant Women</b>	0							0						

<sup>1</sup>Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	4	4	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	5	1	0	0	0	0	0

18-20 years	0	0	0	0	0	0	0	8	4	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	31	25	0	0	0	0	0
25-44 years	0	1	0	0	0	0	0	268	277	0	0	0	0	2
45-64 years	1	0	0	0	0	0	0	121	144	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	7	12	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	4	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	2	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>448</b>	<b>467</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Pregnant Women</b>	0							0						

<sup>1</sup>Age category 0-5 years is not applicable.

**SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)**

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	3	3	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	1	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	3	3	0	0	0	0	0	1	0	0	0	0	0	0
25-44 years	34	26	0	0	0	0	0	2	4	0	0	0	0	0
45-64 years	5	12	0	0	0	0	0	3	0	0	0	0	0	0
65-74 years	1	1	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	1	0	0	0	0	0	0	2	0	0	0	0	1
<b>Total</b>	<b>47</b>	<b>48</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Pregnant Women</b>	0							0						

<sup>1</sup>Age category 0-5 years is not applicable.

**SUPTRS BG Table 11c - Sexual Orientation Unduplicated Count of Persons Served for Alcohol and Other Drugs**

A. Age	Sexual Orientation								
	B. Straight or Heterosexual	C. Homosexual (Gay or Lesbian)	D. Bisexual	E. Queer	F. Pansexual	G. Questioning	H. Asexual	I. Other	J. Not Available
0-5 years <sup>1</sup>	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Footnotes:**

1. Table 11b: This is preliminary data. We will contact our State Project Officers to request a revision request to provide the final aggregate profile of the unduplicated number of persons provided services.  
>
2. Table 11c: Consumer treatment data collected in DBH Centralized Data System (CDS) does not collect Sexual Orientation.

## IV: Population and Services Reports

**Table 12 - SUPTRS BG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States**

Expenditure Period Start Date: 7/1/2022      Expenditure Period End Date: 6/30/2023

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	Statewide: _____	Rural: _____
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:		
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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**Footnotes:**

Nebraska is not a Designated State.

## IV: Population and Services Reports

### Table 13 - Charitable Choice – Required

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance use disorder provider (“alternative provider”) to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2022      Expenditure Period End Date: 6/30/2023

#### Notice to Program Beneficiaries - Check all that apply:

- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

#### Referrals to Alternative Services - Check all that apply:

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA’s Behavioral Health Treatment Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.

0 Enter the total number of referrals to other substance use disorder providers (“alternative providers”) necessitated by religious objection, as defined above, made during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

#### Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

The Nebraska DHHS Division of Behavioral Health (Division) created a self-study power point about Charitable Choice. This power point was distributed to Regional Behavioral Health Authorities (RBHA) under contract with the Division who are responsible for overseeing services in the respective counties in their service area. The RBHAs could either send this power point to each of their contracted providers to review or conduct a presentation of the material at one of their regularly scheduled provider meetings. Each provider was required to sign and submit an attestation to the RBHA that they had reviewed, understood and would abide by the requirements. Training and monitoring of Charitable Choice occurs in a variety of formal and informal ways across the state including quarterly provider meetings; site visits and review of consumer records to ensure consumers have acknowledged receiving information on their rights and offered alternative services; specific announcements, trainings, policies and procedures, or other forms of technical assistance provided to all or specific RBHA subcontractors; and program reviews which specifically addresses Charitable Choice and how provider staff are aware of and ensuring compliance. In addition, the RBHAs and Division monitor the number of individuals who have requested a change in service provider due to this provision on weekly capacity and waitlist documents submitted by providers across the state.

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#### Footnotes:

## V: Performance Data and Outcomes

**Table 14 - Treatment Performance Measure: Employment/Education Status (From Admission to Discharge)**

### Short-term Residential(SR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	83	84
Total number of clients with non-missing values on employment/student status [denominator]	483	483
Percent of clients employed or student (full-time and part-time)	17.2 %	17.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		574
Number of CY 2022 discharges submitted:		563
Number of CY 2022 discharges linked to an admission:		488
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		484
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		483

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Long-term Residential(LR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	23	108
Total number of clients with non-missing values on employment/student status [denominator]	206	206
Percent of clients employed or student (full-time and part-time)	11.2 %	52.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		221
Number of CY 2022 discharges submitted:		234
Number of CY 2022 discharges linked to an admission:		218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		209



Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	206
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

### Outpatient (OP)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,548	1,613
Total number of clients with non-missing values on employment/student status [denominator]	3,418	3,418
Percent of clients employed or student (full-time and part-time)	45.3 %	47.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		4,127
Number of CY 2022 discharges submitted:		4,038
Number of CY 2022 discharges linked to an admission:		3,984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,870
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		3,418

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

### Intensive Outpatient (IO)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	115	130
Total number of clients with non-missing values on employment/student status [denominator]	205	205
Percent of clients employed or student (full-time and part-time)	56.1 %	63.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		246
Number of CY 2022 discharges submitted:		226
Number of CY 2022 discharges linked to an admission:		223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		208

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):

205

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

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**Footnotes:**

## V: Performance Data and Outcomes

**Table 15 - Treatment Performance Measure: Stability of Housing (From Admission to Discharge)**

### Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	353	362
Total number of clients with non-missing values on living arrangements [denominator]	440	440
Percent of clients in stable living situation	80.2 %	82.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		574
Number of CY 2022 discharges submitted:		563
Number of CY 2022 discharges linked to an admission:		488
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		484
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		440

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	132	139
Total number of clients with non-missing values on living arrangements [denominator]	158	158
Percent of clients in stable living situation	83.5 %	88.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		221
Number of CY 2022 discharges submitted:		234
Number of CY 2022 discharges linked to an admission:		218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		209
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		158

### Outpatient (OP)

#### Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	2,828	2,830
Total number of clients with non-missing values on living arrangements [denominator]	3,292	3,292
Percent of clients in stable living situation	85.9 %	86.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		4,127
Number of CY 2022 discharges submitted:		4,038
Number of CY 2022 discharges linked to an admission:		3,984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,870
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		3,292

### Intensive Outpatient (IO)

#### Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	189	190
Total number of clients with non-missing values on living arrangements [denominator]	191	191
Percent of clients in stable living situation	99.0 %	99.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		246
Number of CY 2022 discharges submitted:		226
Number of CY 2022 discharges linked to an admission:		223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		208
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		191

**Footnotes:**

## V: Performance Data and Outcomes

**Table 16 - Treatment Performance Measure: Criminal Justice Involvement (From Admission to Discharge)**

### Short-term Residential(SR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	434	437
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	485	485
Percent of clients without arrests	89.5 %	90.1 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		574
Number of CY 2022 discharges submitted:		563
Number of CY 2022 discharges linked to an admission:		488
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		485
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		485

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Long-term Residential(LR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	203	207
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	214	214
Percent of clients without arrests	94.9 %	96.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		221
Number of CY 2022 discharges submitted:		234
Number of CY 2022 discharges linked to an admission:		218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		214

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	214
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

### Outpatient (OP)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	3,045	3,052
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	3,434	3,434
Percent of clients without arrests	88.7 %	88.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		4,127
Number of CY 2022 discharges submitted:		4,038
Number of CY 2022 discharges linked to an admission:		3,984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		3,951
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		3,434

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
 [Records received through 5/1/2023]

### Intensive Outpatient (IO)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	196	198
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	218	218
Percent of clients without arrests	89.9 %	90.8 %
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		246
Number of CY 2022 discharges submitted:		226
Number of CY 2022 discharges linked to an admission:		223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		218

Number of CY 2022 linked discharges eligible for this calculation (non-missing values):

218

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

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**Footnotes:**



## V: Performance Data and Outcomes

**Table 17 - Treatment Performance Measure: Change in Abstinence - Alcohol Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	258	370
All clients with non-missing values on at least one substance/frequency of use [denominator]	472	472
Percent of clients abstinent from alcohol	54.7 %	78.4 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		140
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	214	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		65.4 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		230
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	258	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		89.1 %

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	574
Number of CY 2022 discharges submitted:	563
Number of CY 2022 discharges linked to an admission:	488
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	485
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	472

**Long-term Residential(LR)**

**A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	165	152
All clients with non-missing values on at least one substance/frequency of use [denominator]	207	207
Percent of clients abstinent from alcohol	79.7 %	73.4 %

**B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION**

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		21
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	42	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		50.0 %

**C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION**

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		131
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	165	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		79.4 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	221
Number of CY 2022 discharges submitted:	234
Number of CY 2022 discharges linked to an admission:	218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	214
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	207

**A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	2,189	2,774
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,400	3,400
Percent of clients abstinent from alcohol	64.4 %	81.6 %

**B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION**

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		775
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,211	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		64.0 %

**C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION**

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,999
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,189	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.3 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	4,127
Number of CY 2022 discharges submitted:	4,038
Number of CY 2022 discharges linked to an admission:	3,984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,951
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,400

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

**Intensive Outpatient (IO)**

**A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	141	160
All clients with non-missing values on at least one substance/frequency of use [denominator]	209	209
Percent of clients abstinent from alcohol	67.5 %	76.6 %

**B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION**

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		40
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	68	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		58.8 %

**C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION**

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		120
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	141	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		85.1 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	246
Number of CY 2022 discharges submitted:	226
Number of CY 2022 discharges linked to an admission:	223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	218
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	209

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file [Records received through 5/1/2023]

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**Footnotes:**

## V: Performance Data and Outcomes

**Table 18 - Treatment Performance Measure: Change in Abstinence - Other Drug Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	193	260
All clients with non-missing values on at least one substance/frequency of use [denominator]	472	472
Percent of clients abstinent from drugs	40.9 %	55.1 %

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		123
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	279	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		44.1 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		137
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	193	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		71.0 %

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	574
Number of CY 2022 discharges submitted:	563
Number of CY 2022 discharges linked to an admission:	488
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	485
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	472

**Long-term Residential(LR)**

**A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	140	118
All clients with non-missing values on at least one substance/frequency of use [denominator]	207	207
Percent of clients abstinent from drugs	67.6 %	57.0 %

**B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION**

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		32
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	67	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		47.8 %

**C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION**

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		86
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	140	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		61.4 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	221
Number of CY 2022 discharges submitted:	234
Number of CY 2022 discharges linked to an admission:	218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	214
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	207

**Outpatient (OP)**

**A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	2,269	2,258
All clients with non-missing values on at least one substance/frequency of use [denominator]	3,400	3,400
Percent of clients abstinent from drugs	66.7 %	66.4 %

**B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION**

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		435
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,131	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		38.5 %

**C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION**

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,823
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,269	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		80.3 %

**Notes (for this level of care):**

Number of CY 2022 admissions submitted:	4,127
Number of CY 2022 discharges submitted:	4,038
Number of CY 2022 discharges linked to an admission:	3,984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,951
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,400

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

**Intensive Outpatient (IO)**

**A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	154	142
All clients with non-missing values on at least one substance/frequency of use [denominator]	209	209
Percent of clients abstinent from drugs	73.7 %	67.9 %

### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		30
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	55	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		54.5 %

### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		112
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	154	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		72.7 %

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	246
Number of CY 2022 discharges submitted:	226
Number of CY 2022 discharges linked to an admission:	223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	218
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	209

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

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#### Footnotes:



## V: Performance Data and Outcomes

**Table 19 – State Description of Social Support of Recovery Data Collection**

### Short-term Residential(SR)

#### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	165	311
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	482	482
Percent of clients participating in self-help groups	34.2 %	64.5 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	30.3 %	
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		574
Number of CY 2022 discharges submitted:		563
Number of CY 2022 discharges linked to an admission:		488
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		485
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):		482

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Long-term Residential(LR)

#### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	125	171
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	203	203
Percent of clients participating in self-help groups	61.6 %	84.2 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	22.7 %	
<b>Notes (for this level of care):</b>		
Number of CY 2022 admissions submitted:		221
Number of CY 2022 discharges submitted:		234

Number of CY 2022 discharges linked to an admission:	218
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	214
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	203

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Outpatient (OP)

#### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,400	1,409
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,256	3,256
Percent of clients participating in self-help groups	43.0 %	43.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.3 %	

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	4,127
Number of CY 2022 discharges submitted:	4,038
Number of CY 2022 discharges linked to an admission:	3,984
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	3,951
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	3,256

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

### Intensive Outpatient (IO)

#### Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	95	106
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	201	201
Percent of clients participating in self-help groups	47.3 %	52.7 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	5.5 %	

#### Notes (for this level of care):

Number of CY 2022 admissions submitted:	246
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Number of CY 2022 discharges submitted:	226
Number of CY 2022 discharges linked to an admission:	223
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	218
Number of CY 2022 linked discharges eligible for this calculation (non-missing values):	201

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
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**Footnotes:**

## V: Performance Data and Outcomes

**Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment**

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	5	1	3	4
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	27	15	28	34
5. Long-term (over 30 days)	88	30	68	134
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	82	2	7	101
7. Intensive Outpatient	116	45	64	103
8. Detoxification	351	156	323	547
<b>OUD MEDICATION ASSISTED TREATMENT</b>				
9. OUD Medication-Assisted Detoxification <sup>1</sup>	502	230	570	742
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>	164	1	83	197

Level of Care	2022 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	554	462
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	563	488

5. Long-term (over 30 days)	234	218
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	4038	3961
7. Intensive Outpatient	226	223
8. Detoxification	219	4
<b>OUD MEDICATION ASSISTED TREATMENT</b>		
9. OUD Medication-Assisted Detoxification <sup>1</sup>		75
10. OUD Medication-Assisted Treatment Outpatient <sup>2</sup>		23

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file  
[Records received through 5/1/2023]

<sup>1</sup> OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

<sup>2</sup> OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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**Footnotes:**

## V: Performance Data and Outcomes

**Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: 30-Day Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. 30-day Cigarette Use	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. 30-day Use of Other Tobacco Products	<p><b>Survey Item: NSDUH Questionnaire:</b> "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]<sup>[1]</sup>?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. 30-day Use of Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]"</p> <p><b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
5. 30-day Use of Illicit Drugs Other Than Marijuana	<p><b>Source Survey Item: NSDUH Questionnaire:</b> "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]?<sup>[2]</sup>"</p> <p><b>Outcome Reported:</b> Percent who reported having used illicit drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).</p>		
	Age 12 - 17 - CY 2020 - 2021		

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[2]NSDUH asks separate questions for each illicit drug. The number provided combines responses to all questions about illicit drugs other than marijuana or hashish.

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**Footnotes:**

## V: Performance Data and Outcomes

**Table 22 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk]" <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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**Footnotes:**



## V: Performance Data and Outcomes

**Table 23 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Age of First Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2020 - 2021		
	Age 21+ - CY 2020 - 2021		
2. Age at First Use of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]<sup>[1]</sup>?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
4. Age at First Use of Marijuana or Hashish	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
5. Age at First Use Heroin	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first use of heroin.</p>		
	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]<sup>[2]</sup> in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]"</p> <p><b>Outcome Reported:</b> Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		

	Age 12 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

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**Footnotes:**

## V: Performance Data and Outcomes

**Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
2. Perception of Peer Disapproval of Cigarettes	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2020 - 2021		
3. Disapproval of Using Marijuana Experimentally	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
4. Disapproval of Using Marijuana Regularly	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2020 - 2021		
5. Disapproval of Alcohol	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"</p> <p><b>Outcome Reported:</b> Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2020 - 2021		

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**Footnotes:**

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**Table 25 – Substance Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use  
Measure: Perception of Workplace Policy**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]"</p> <p><b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2020 - 2021		
	Age 18+ - CY 2020 - 2021		

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**Footnotes:**

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**Table 26 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Average Daily School Attendance Rate**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<p><b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a>.</p> <p><b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2020		

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**Table 27 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related Fatalities**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2021		

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**Table 28 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol and Drug-Related Arrests**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	<p><b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports</p> <p><b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>		
	CY 2021		

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**Footnotes:**

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**Table 29 – Substance Use Disorder Primary Prevention NOMs Domain: Social Connectedness Measure: Family Communications Around Drug and Alcohol Use**

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No]</p> <p><b>Outcome Reported:</b> Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2020 - 2021		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p><b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" <sup>[1]</sup>[Response options: 0 times, 1 to 2 times, a few times, many times]</p> <p><b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2020 - 2021		

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

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**Table 30 – Substance Use Disorder Primary Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2020 - 2021		

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context  
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### Reporting Period Start and End Dates for Information Reported on SUPTRS BG Tables 31, 32, 33, 34 and 35

#### Reporting Period Start and End Dates for Information Reported on Tables 31, 32, 33, 34 and 35

Please indicate the reporting period for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
2. Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2021	12/31/2021
3. Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2021	12/31/2021
4. Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2021	12/31/2021
5. Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2020	9/30/2022

#### General Questions Regarding Prevention NOMS Reporting

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

The Division of Behavioral Health utilizes an on-line web database called the Nebraska Prevention Information Reporting System (NPIRS). All activities funded through the Division of Behavioral Health (as SSA) must be entered into this reporting system.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

NPIRS maintains the race of individuals by using racial categories. More than one race can be selected and is reported as "More Than One Race." These counts are not duplicated among the specific racial categories.

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**Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>74,785</b>
0-5	6,256
6-12	29,035
13-17	19,648
18-20	6,823
21-24	1,647
25-44	4,136
45-64	4,939
65-74	1,151
75 and Over	1,150
Age Not Known	0
<b>B. Gender</b>	<b>74,785</b>
Male	33,281
Female	34,624
Trans man	
Trans woman	
Gender non-conforming	21
Other	6,859
<b>C. Race</b>	<b>74,785</b>
White	59,563
Black or African American	2,603
Native Hawaiian/Other Pacific Islander	55

Asian	970
American Indian/Alaska Native	294
More Than One Race (not OMB required)	2,614
Race Not Known or Other (not OMB required)	8,686
<b>D. Ethnicity</b>	<b>74,785</b>
Hispanic or Latino	7,839
Not Hispanic or Latino	59,363
Ethnicity Unknown	7,583

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**Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity**

Category	Total
<b>A. Age</b>	<b>491550</b>
0-5	17113
6-12	29625
13-17	137727
18-20	74977
21-24	26098
25-44	63858
45-64	87884
65-74	27134
75 and Over	27134
Age Not Known	0
<b>B. Gender</b>	<b>491550</b>
Male	238819
Female	237280
Trans man	
Trans woman	
Gender non-conforming	19
Other	15432
<b>C. Race</b>	<b>491550</b>
White	385472
Black or African American	23015
Native Hawaiian/Other Pacific Islander	546

Asian	8121
American Indian/Alaska Native	7244
More Than One Race (not OMB required)	11670
Race Not Known or Other (not OMB required)	55482
<b>D. Ethnicity</b>	<b>491550</b>
Hispanic or Latino	102105
Not Hispanic or Latino	327692
Ethnicity Unknown	61753

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**Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention**

### Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct	70,523	N/A
2. Universal Indirect	N/A	\$491,550.00
3. Selective	3,757	N/A
4. Indicated	505	N/A
<b>5. Total</b>	<b>74,785</b>	<b>\$491,550.00</b>
<b>Number of Persons Served<sup>1</sup></b>	<b>74,785</b>	<b>491,550</b>

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**Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention**

**Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:**

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:  
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:  
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:  
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:  
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Nebraska determines if a program should be identified as an evidence-based practice (EBP) in the following manner: When an organization funded by DBH wishes to implement a program that has not been included on the Nebraska Prevention Information Reporting System (NPIRS) Activity Matrix they complete a Request for Approval form, which is sent to the prevention team at DBH. This form asks for information about the program, including if the requester believes it is an evidence-based practice. If they do, they are asked how they know it is evidence-based and are prompted to select from the following options: Inclusion in a Federal registry of evidence-based interventions, Found to be effective (on the primary targeted outcome) in a published, scientific journal, Supported by documentation of effective implementation multiple times in the past (showing consistent pattern of positive effects), Appeared on a list of recommended evidence-based programs, policies, and practices provided by a State, tribal entity, or jurisdiction, or Reviewed by a panel of informed experts including qualified prevention researchers, local prevention practitioners, and key community leaders (e.g., law enforcement and education representatives, elders within indigenous cultures). The requester then provides a list of sources of the evidence. The sources are reviewed by the state prevention staff to ensure that the program has shown outcomes, what those outcomes are related to, and with what populations. If DBH prevention team approve the request, approval is sent to the requester and the program is added to the NPIRS Activity Matrix as an EBP and is coded in the NPIRS system as such.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

The Division of Behavioral Health utilizes an on-line web application referred to as the Nebraska Prevention Information Reporting System (NPIRS).

**Table 34 - SUBSTANCE USE DISORDER PRIMARY PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	153	86	239	381	24	644
2. Total number of Programs and Strategies Funded	234	165	399	383	28	810
3. Percent of Evidence-Based Programs and Strategies	65.38 %	52.12 %	59.90 %	99.48 %	85.71 %	79.51 %

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**Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies**

	<b>Total Number of Evidence-Based Programs/Strategies for IOM Category Below</b>	<b>Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies</b>
Universal Direct	Total # 293	\$339,977.63
Universal Indirect	Total # 156	\$632,892.51
Selective	Total # 652	\$104,464.39
Indicated	Total # 50	\$10,340.39
Unspecified	Total # 0	\$0.00
	Total EBPs: 1,151	Total Dollars Spent: \$1,087,674.92

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### Prevention Attachments

#### Submission Uploads

FFY 2024 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2024 Prevention Attachment Category D:		
File	Version	Date Added

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