NOVEMBER 2025

Nebraska Mental Health & Substance Use Research Study

Summary Brief – Findings & Recommendations

Prepared By CATEGORY ONE CONSULTING

About This Summary Brief

This Summary Brief offers a concise, visually-oriented overview of key findings from the Comprehensive Report. It highlights major themes, lived experience stories, and high-level recommendations for improving behavioral health systems. Readers seeking expanded data, in-depth analysis, full stakeholder perspectives, and detailed policy considerations are encouraged to review the Comprehensive Report. That full-length document provides complete research findings, source references, and a comprehensive list of contributing partners.

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22 Turning Insight Into Action

Why This Study, Why Now?

Rising need, uneven access, and system strain have created an urgent moment for Nebraska to listen, learn, and move toward a more responsive behavioral health system.

overall in mental health—near the bottom for adults (#41), average for youth (#30), and falling behind in access to care (#37)

Data Sources

- Stakeholder Interviews
- Document Review
- Public Data Analysis
- Literature Review
- Community Comparisons
- Lived Experience Voices

1

Understanding the Urgency of Nebraska's Behavioral Health Crisis

Nebraska stands at a pivotal moment in confronting a worsening behavioral health crisis. Across rural and urban areas, rising rates of mental illness and substance use collide with a fragmented system that often responds only in crisis. More than 486,000 Nebraskans live with a mental health or substance use disorder, and one in four adults experience mental illness—rates above national averages. Serious mental illness affects 6.9% of adults, and 8.5% face co-occurring conditions, highlighting the need for integrated care. Despite over $520 million in annual Medicaid spending, Nebraska still ranks low in outcomes and access. Without coordinated, community-rooted solutions, too many residents will continue cycling through emergency rooms, incarceration, homelessness, and relapse. The urgency is clear: Nebraska must move from reactive crisis response to proactive, connected systems that meet people where they are and support recovery before crisis.

2

Setting the Stage for Statewide Research

The 2024 Nebraska Mental Health Policy Convening laid the foundation for this statewide study, bringing together more than 100 leaders representing providers, educators, justice system representatives, advocates, and individuals with lived experience. Participants identified the most urgent gaps and opportunities within Nebraska's behavioral health system, shaping ten community priorities that guided the research. These priorities ensured the study remained grounded in real-world needs rather than abstract frameworks. Building on this foundation, the study set out to clarify what is working, what is missing, and what it will take to strengthen the system. Grounded in data and community voice, it reflects a shared commitment to collective action toward a more coordinated, equitable, and responsive behavioral health system across Nebraska.

3

Listening, Learning, and Measuring What Matters

This research brings together data, stories, and perspectives from across Nebraska to illuminate challenges, strengths, and opportunities for a more responsive behavioral health system. The study draws on six interconnected sources that lend qualitative and quantitative insights to reveal strengths, gaps, and opportunities for coordinated action. Lived experience voices were gathered through a trauma-informed approach using listening sessions, peer communities, and past community projects to ensure broad and inclusive representation across the state. Efforts intentionally included perspectives from racially and ethnically diverse communities, older adults, immigrants and refugees, Indigenous peoples, and LGBTQIA+ individuals. Together, these insights provide a fuller understanding of Nebraska's behavioral health landscape and reflect the state's ongoing commitment to listen, learn, and measure what matters most.

Understanding Behavioral Health in Nebraska

Defining behavioral health, uncovering root causes, and charting Nebraska's path is a critical step toward a more equitable, connected, and data-informed system of care.

1 Defining Behavioral Health

Behavioral health includes both mental health and substance use, as well as their prevention, diagnosis, treatment, and recovery. It represents the full spectrum of conditions that affect how people think, feel, and function—from anxiety, depression, and bipolar disorder to substance use and addiction. These areas often overlap, requiring care that addresses both mental and physical well-being. A strong behavioral health system recognizes this interconnectedness and ensures that every Nebraskan can access timely, coordinated, and compassionate support across the continuum of care.

2 Understanding Root Causes

Behavioral health challenges develop from a complex combination of biological, environmental, and experiential factors that influence health long before symptoms appear. Poverty, trauma, discrimination, unstable housing, and limited access to care can create chronic stress and increase the risk of mental health and substance use challenges. These risks are compounded by systemic barriers such as stigma, workforce shortages, and inequities that limit timely and effective support. Social determinants of health, including where people live, learn, and work, shape opportunities for prevention and recovery across every community. Understanding and addressing these root causes is essential to strengthening resilience, promoting equity, and supporting the well-being of all Nebraskans.

3 Nebraska's Behavioral Health Journey

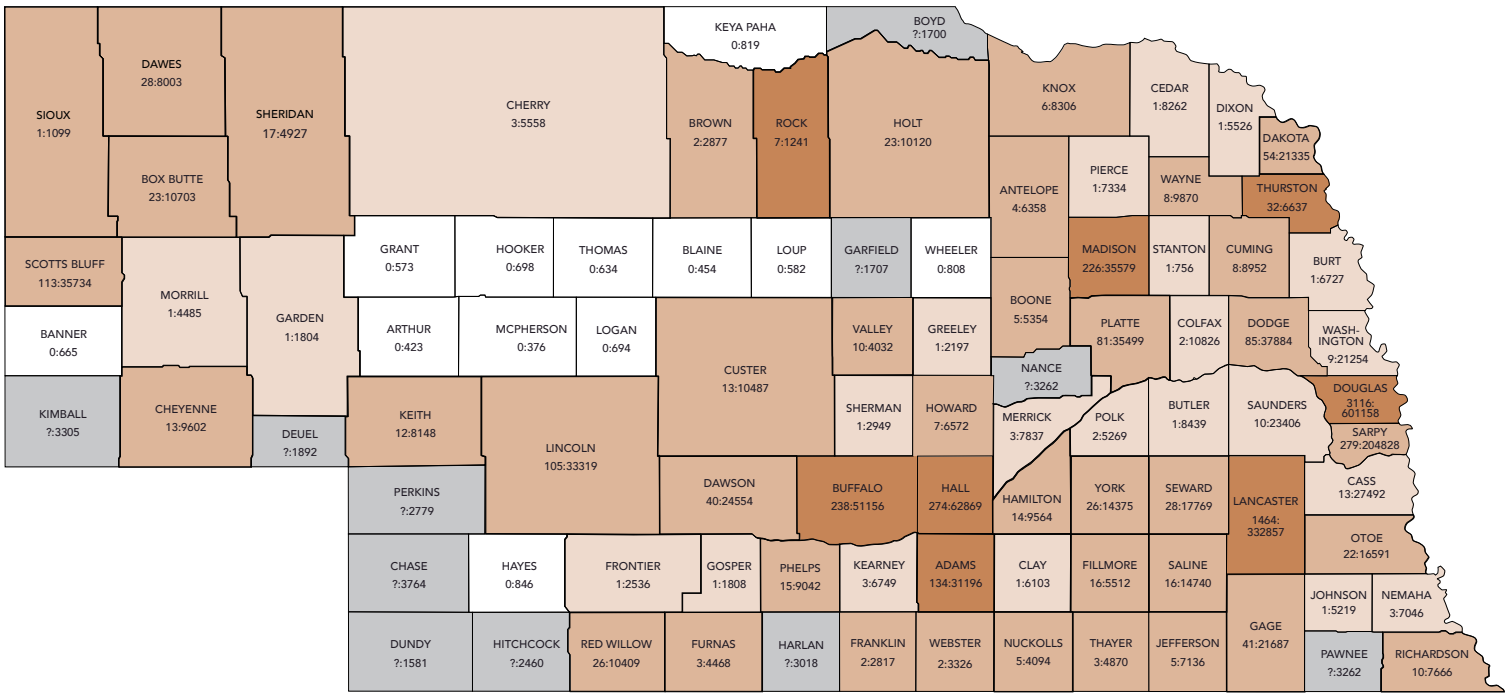
Nebraska's behavioral health system has evolved through decades of change, adaptation, and community leadership. What began as an institutional model of care has steadily shifted toward community-based services that prioritize prevention, early intervention, and recovery. Statewide reforms, partnerships, and innovations such as Medicaid expansion, crisis response pilots, and integrated primary care have created new pathways for access and support. Yet persistent gaps remain, especially in rural areas where workforce shortages and limited infrastructure continue to restrict care. Nebraska's journey reflects both progress and ongoing challenge—a system learning from experience, guided by data, and shaped by the voices of those most affected. With continued commitment and collaboration, the state can build a more equitable and connected system that meets behavioral health needs before they escalate to crises.

Behavioral health includes mental health and substance use, as well as their prevention, treatment, and recovery.

NOTE: This is not an exhaustive list of mental health and substance use areas.

Mapping Access to Behavioral Health Services

Uneven provider distribution, workforce shortages, and distance to care reveal the geographic inequities shaping how Nebraskans access behavioral health services.



What the Numbers Mean

Ratio:
Number of Providers : Population Size

Example:
Sioux County has 1 provider
and a population of 1,099

What the Colors Mean

- **White:** No licensed providers in county
- **Lightest:** Few providers per capita
- **Darkest:** More providers per capita
- **Gray:** Provider data not available

1. Access to behavioral health care in Nebraska depends not only on what services exist, but where they are located. This map shows the ratio of licensed mental health providers to residents in each county, offering an important view of service capacity and geographic equity.
2. Provider availability remains heavily concentrated in a handful of urban areas, while many rural and frontier counties face severe shortages or no local providers at all. Counties along the western and northern borders have particularly low provider density, creating long travel distances and delays in care.
3. The map reflects provider availability rather than the number of clients served, patients treated, or beds available, meaning it does not represent true system capacity or quality of care. High ratios suggest relative availability but do not guarantee that residents can access timely or effective services.
4. These patterns highlight the need for targeted investments in workforce development, coordinated infrastructure, and policy solutions to ensure equitable behavioral health access across all Nebraska communities.

What the Research is Telling Us

Fourteen key takeaways from data, stories, and community voices reveal what's driving Nebraska's behavioral health challenges and opportunities for change.

Click icons to navigate to each chapter


The System Exists on Paper — But Not in Practice


Where You Live, and Who You Are, Shapes the Care You Receive


88 of 93 Counties Are Behavioral Health Deserts


Youth Mental Health Is a Crisis We Can't Ignore


Stretched Too Thin: A Workforce at Risk of Collapse


The Stigma Hasn't Gone Away — It's Just Evolved


Medicaid Expansion Improved Coverage — But Challenges Remain

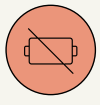

Behavioral Health Without Housing, Food, or Transportation Isn't Behavioral Health


Emergency Rooms Have Become Default Mental Health Providers


Jail Has Become the Fallback Provider for Behavioral Health Care


Breakdowns in Referrals = Breakdowns in Care


Primary Care as the Front Door: Integrating Behavioral Health to Expand Access


Families Are Doing the Work — But Burnout Is Growing


Progress Starts with New Ideas – And the Resources to Try Them

The System Exists on Paper – But Not in Practice

Nebraska has defined a comprehensive behavioral health continuum, but without operational coordination and support, the system remains fragmented, disjointed, and inaccessible when people need it most.

1 What's Happening: A System Without Connection

Nebraska has outlined a full behavioral health continuum from prevention through recovery, but implementation lags behind. People often "fall through the cracks" between providers and levels of care. Without statewide coordination or shared care plans, individuals must navigate a maze of disconnected services. In rural areas, long travel times, waitlists, and costs make care inaccessible even when it exists on paper.

Nearly 95% of Nebraska counties lack access to at least one level of behavioral health care.

2 Why It Matters: Fragmentation Has Human Costs

When coordination breaks down, people lose access and stability. Nebraskans often cycle through emergency rooms, jails, and homelessness instead of receiving steady care. Without shared protocols, providers repeat assessments, resources stretch thin, and opportunities for early intervention slip away. A connected continuum would ensure the right service at the right time, turning policy into real support for people's lives.

> "I feel like the services are piecemealed and people **don't have access** to the level of care they need. We just kind of have to make do with what's available." – Provider, Columbus

3 What Needs to Change: From Paper to Practice

- → Operationalize the Continuum of Care Manual by funding care navigators, cross-agency referral systems, and shared client records.
- → Institutionalize coordination roles and data systems that persist through leadership and policy changes.
- → Ensure equitable access so every county has at least one provider per service level, supported by telehealth, digital tools, and clear eligibility standards.

Tennessee's Behavioral Health Safety Net and Health Link programs show how shared protocols and value-based incentives create real pathways of care.

Through One Person's Eyes

Shawn, Age 29 – Eastern Nebraska

Removed from his family at 10, Shawn grew up in group homes, labeled "defiant" until his bipolar disorder was diagnosed at 20. He faced waitlists, insurance barriers, and provider turnover, seeing three clinicians in six months with no follow-up. A suicide attempt at 27 led to inpatient care but no ongoing plan. Peer groups help, but he still struggles to access medication, get calls returned, and stay in treatment when providers leave.

88 of 93 Counties Are Behavioral Health Deserts

Most Nebraskans live in counties without full access to behavioral health services. Workforce shortages and infrastructure gaps leave rural residents waiting, traveling, or going without care.

1 What's Happening: Limited Access Across Rural Nebraska

Rural and frontier regions face severe shortages of behavioral health providers and services. Many counties have no psychiatrist, crisis response, or substance use provider, forcing residents to travel for hours for basic care. Low pay, isolation, and limited professional networks make recruitment and retention difficult. Without local access, people delay treatment or rely on emergency rooms and law enforcement to fill the gap.

95% of Nebraska's counties are designated Behavioral Health Shortage Areas.

2 Why It Matters: Distance Blocks the Path to Recovery

When care requires hours of travel, many Nebraskans simply go without. Delays in treatment lead to worsening conditions, lost wages, and strain on families and communities. Hospitals and law enforcement absorb the costs of a system that fails to reach rural residents. Expanding access would keep people stable, reduce crisis costs, and strengthen local economies.

> "In rural areas, there are times that the closest mental health provider is **three hours away**. That's a day from work for some people – they can't afford that. Even if they have Medicaid or insurance, they can't afford to take that amount of time off of work or take their kids out of school." – Nonprofit, Fullerton

3 What Needs to Change: Building a Workforce for Every Region

- → Expand rural provider recruitment and retention programs, including loan repayment, housing assistance, and career pathways.
- → Fund mobile crisis response teams and telehealth infrastructure across all regions.
- → Invest in frontier county behavioral health clinics and shared regional staffing models.

Montana's Behavioral Health System for Future Generations invests in mobile crisis teams and broadband expansion to strengthen rural behavioral health access.

Through One Person's Eyes

Travis, Age 45 – Nebraska Panhandle

After his father's sudden death, Travis struggled with exhaustion, sadness, and irritability that never eased. His doctor referred him to a counselor two hours away, but with no local options and long waits, he couldn't keep up while working full-time. After missed calls and a canceled visit, he stopped trying. Now he drinks to cope and grows distant from his wife and kids, who notice the change in him.

Stretched Too Thin: A Workforce at Risk of Collapse

Nebraska's behavioral health system is grappling with a critical workforce shortage. Aging professionals, high turnover rates, and insufficient recruitment efforts have left the system strained, jeopardizing access to essential care across the state.

1 What's Happening: An Aging, Overburdened Workforce

Nebraska's behavioral health system relies on professionals who are stretched beyond capacity. Over half of providers are over age 50, and burnout and turnover are accelerating retirements. Vacancies remain open for months as new graduates avoid low pay, high stress, and limited support. In many areas, clients lose care because there simply aren't enough providers to serve them.

Around 50% of Nebraska's mental health professionals are over the age of 50, signaling a wave of upcoming retirements.

2 Why It Matters: When Providers Burn Out, Communities Lose Care

A shrinking workforce means fewer people can access timely, quality treatment. Burnout and turnover disrupt relationships, increase costs, and weaken fragile systems. As more providers retire or leave for higher-paying jobs, gaps deepen in rural and public-sector settings. Without sustained investment in recruitment and retention, Nebraska risks losing the backbone of its behavioral health system.

> "There's just too much to do, **not enough time** to do it, and **not enough resources** to do it. It all tends to fall on the workforce and people get burnt out."
> – Provider, Columbus

3 What Needs to Change: Strengthening the Workforce Pipeline

- → Expand loan repayment, housing assistance, and rural career pathways to attract and retain providers.
- → Streamline supervision and licensure processes while improving pay and burnout prevention.
- → Invest in training programs and partnerships that grow a diverse, statewide workforce ready to meet future demand.

Texas expanded its student loan repayment program for licensed mental health professionals working in underserved areas, addressing workforce shortages.

Through One Person's Eyes

Dr. Delaney, 39 – Central Nebraska

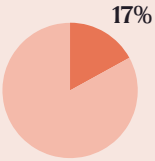
After graduate school, Dr. Delaney returned to central Nebraska to fill a gap in bilingual therapy. She worked long hours and still turned people away, some traveling hours for care. Hiring was impossible since bilingual providers were already overwhelmed. For a time, she was the only licensed bilingual therapist across four counties. The strain and low pay led to burnout, yet leaving feels like abandoning those who need her most.

Medicaid Expansion Improved Coverage – But Challenges Remain

Nebraska's Medicaid expansion extended health coverage to thousands of low-income adults, significantly increasing eligibility and access to benefits. Yet, ongoing system challenges continue to make it difficult for some individuals to connect with behavioral health services when they need them.

1 What's Happening: Expanded Coverage, Persistent Barriers

Nebraska's 2020 Medicaid expansion extended coverage, including behavioral health benefits, to about 90,000 low-income adults. Enrollment has grown by 37% since 2020, improving access for thousands. Yet modest reimbursement, delayed payments, and complex audits continue to discourage provider participation. As administrative burdens rise, care delivery becomes less flexible and provider capacity declines.



17% of Nebraskans are currently enrolled in Medicaid, with enrollment up 37% since 2020.

2 Why It Matters: Coverage Means Little Without Capacity

Expanded eligibility increases coverage but not necessarily care. When providers withdraw due to low pay or administrative burden, individuals face longer waits or lose access altogether. Delayed reimbursements and excessive documentation strain small agencies, especially in rural areas. Sustaining participation is essential to ensure expansion dollars translate into timely, equitable treatment.

> "If you end up **waiting 6 to 10 to 12 more months** to get that reimbursement back, it's really hard to keep those services in play. Why would you blame a person for wanting to stop not getting what is due to them?"
> – Education, Grand Island

3 What Needs to Change: Simplify, Support, and Sustain

- → Streamline audit and documentation processes to reduce administrative burden and provider risk.
- → Strengthen reimbursement rates and accelerate payment timelines for behavioral health services.
- → Expand training and technical assistance to help providers navigate Medicaid billing and compliance.

Oregon's Health Plan integrates behavioral health into primary care through 600+ Patient-Centered Primary Care Homes, improving access and reducing administrative strain.

Through One Person's Eyes

Eric, 41 – Northeast Nebraska

When Nebraska expanded Medicaid, Eric, a single father with chronic anxiety, finally gained coverage after years without treatment. Most providers didn't accept his plan or had long waits. Some had dropped Medicaid over slow payments and red tape. As his anxiety worsened, he lost sleep, missed work, and withdrew from loved ones. Medicaid gave him coverage but not real access to care.

Emergency Rooms Have Become Default Mental Health Providers

Nebraska's Emergency Departments (EDs) are increasingly serving as the primary access point for individuals experiencing behavioral health crises, highlighting systemic gaps in mental health care infrastructure.

1 What's Happening: A System in Constant Crisis Mode

Because of limited outpatient options, Nebraska's EDs have become the default entry point for people in behavioral health crisis. Hospitals are seeing more patients with psychiatric needs but lack the specialized space or staff to treat them. Long waits and repeat visits strain hospital resources and delay care for all patients. Without alternatives, EDs carry the burden of a system unprepared for mental health demand.

1 in 8 emergency department visits nationwide involves a psychiatric or substance use concern.

2 Why It Matters: Hospitals Aren't Built for Behavioral Health

EDs are designed for acute medical emergencies, not long-term stabilization or therapy. Patients in crisis often face overcrowded units, high costs, and fragmented follow-up care. Rural hospitals without psychiatric beds experience the greatest strain, diverting limited resources from other urgent needs. Building crisis services outside the hospital would improve outcomes and reduce pressure on Nebraska's healthcare system.

> "The hospitals get **very frustrated** with us for bringing people to the Emergency Department, but what are the other options?"
> – Government, Lincoln

3 What Needs to Change: Build Crisis Capacity Beyond the ER

- → Establish dedicated psychiatric emergency service units to deliver immediate, specialized care.
- → Expand 23-hour crisis stabilization centers and mobile crisis response teams in every region.
- → Invest in telepsychiatry and peer-run respite models to divert non-emergency cases from hospitals.

Minnesota

Minnesota's EmPATH model places calming, psychiatric-specific units next to EDs, reducing inpatient admissions for mental health crises by 60%.

Through One Person's Eyes

Nina, 32 – Sandhills

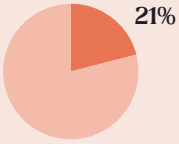
Nina, diagnosed with borderline personality disorder at 24, has visited the Emergency Department (ED) four times this year. Each visit follows the same pattern—she arrives in crisis, stabilizes, gets a list of numbers, and goes home. Local providers don't take her insurance, lack training, or avoid complex cases. Without steady care, the ED is her only option. She knows it's not where healing happens, but it's the only place that never turns her away.

Breakdowns in Referrals = Breakdowns in Care

Nebraska's behavioral health system faces significant challenges in coordinating care across providers, leading to fragmented services and individuals falling through the cracks.

1 What's Happening: A System Without Connection

Nebraska's behavioral health system remains fragmented, with no unified referral process or shared data platform. Providers use separate records and intake systems, creating confusion and duplication. Families often repeat assessments across agencies, wasting time and delaying care. Even with pilot efforts underway, coordination gaps continue to leave people without timely support.



In quarter 4 of 2023, 21% of calls to the Nebraska Family Helpline requested mental health services, highlighting the demand for coordinated behavioral health referrals.

2 Why It Matters: Disconnection Delays Care

When referrals fail, individuals fall through the cracks. Missed follow-ups, repeated screenings, and limited communication wastes resources and worsens outcomes. Providers lose billable hours to documentation while collaboration goes unreimbursed. A coordinated referral network would ensure warm handoffs, reduce delays, and make every care dollar go further.

> "One of the **biggest barriers** to accessing care anywhere in our system would be how fragmented and siloed things remain. We all have different electronic documentation records, different billing and payer systems, different intake and access routes, etc." – Nonprofit, Omaha

3 What Needs to Change: Build a Connected Care System

- → Fund a statewide data and referral system that supports warm handoffs and consent tracking.
- → Reimburse care managers and navigators who coordinate services across agencies.
- → Invest in shared technology and standardized protocols to ensure every provider can communicate and collaborate.

North Carolina's NCCARE360 platform connects healthcare and community providers across the state through a closed-loop referral system that tracks follow-up and reduces duplication.

Through One Person's Eyes

Rosa, 22 – Eastern Nebraska

After a hospital referral following an overdose, Rosa sought behavioral health care but faced long waits and clinics not taking new patients. Transportation was another barrier. She began therapy, but her provider left after six months. With no follow-up and a new provider taking months to reach out, she hesitated, tired of retelling her story. She still struggles with substance use and depression, unsure if trying again is worth it.

Families Are Doing the Work – But Burnout is Growing

Unpaid family caregivers are the backbone of Nebraska's behavioral health system, yet many are stretched to their limits without adequate support.

1 What's Happening: Caregiving Without Support

Family members have become the backbone of Nebraska's behavioral health system, providing unpaid care valued at $2.8 billion each year. Most juggle full-time jobs alongside caregiving responsibilities, often without training or respite. Emotional and financial strain is rising as caregivers navigate fragmented systems alone. Without stronger support, burnout threatens both families and the stability of care at home.

62% of Nebraska's family caregivers are employed while providing care.

2 Why It Matters: When Caregivers Burn Out, Systems Fail

As stress and exhaustion grow, more families turn to crisis or institutional services, driving up public costs. Caregivers may leave the workforce or face their own health declines, creating ripple effects across Nebraska's economy. Supporting Nebraska's caregivers isn't just compassionate, it's cost-effective. Committed investments in respite, navigation, and workplace flexibility can keep families stable and care sustainable.

"When my mom was at her worst, we had no resources whatsoever available. There were no groups in the area that could help us. It is absolutely miserable for somebody that's dealing with any mental health issue, but, in my opinion, **it's almost even worse on the family because they are so helpless and they don't know what to do.**" – Lived Experience Interview

3 What Needs to Change: People Who Hold the System Together

- → Fund respite care, peer navigation, and caregiver education to reduce burnout and improve well-being.
- → Create financial protection and workplace flexibility for employed caregivers.
- → Build a statewide framework recognizing caregivers as essential partners in behavioral health care.

Minnesota's National Family Caregiver Support Program funds respite, counseling, and training to help families sustain care and delay costly institutional placements.

Through One Person's Eyes

Mary, 48 – Sandhills

Since her daughter's diagnosis with schizoaffective disorder at 17, Mary has become her case manager, advocate, and lifeline. She manages care, Medicaid appeals, and crises, sometimes calling police when her daughter is at risk. The constant strain has cost her jobs and her own health. People call her strong, but they don't see how isolating it is. Mary isn't looking for praise, only real support.

Where You Live, and Who You Are, Shapes the Care You Receive

In Nebraska, factors like race, ethnicity, sexual orientation, and geography influence whether people can access care that feels culturally competent and responsive to their lived experience.

1 What's Happening: Persistent Gaps in Equitable Care

Across Nebraska, BIPOC, immigrant, LGBTQIA+, and rural residents face systemic barriers to behavioral health services. Limited interpreter access, provider diversity, and cultural competence prevent many from finding care that feels safe or relevant. Some avoid treatment altogether due to stigma or distrust. These gaps reinforce inequities and leave entire communities underserved.

67% of LGBTQIA+ young people in Nebraska reported discrimination based on sexual orientation or gender identity in the past year.

2 Why It Matters: Inequity Undermines Health and Trust

When care doesn't reflect people's languages, cultures, or lived realities, trust erodes and outcomes worsen. Unmet behavioral health needs drive higher use of emergency and justice systems, raising costs for the state. Expanding culturally responsive care isn't just equity work, it's economic and public health strategy. Inclusive systems keep people engaged, connected, and healthy.

> We have so many folks from different communities, and I think **there often isn't providers that feel comfortable talking to somebody that's from a different community** – whether that's a different ethnicity or a different language." – Provider, Omaha

3 What Needs to Change: Make Cultural Responsiveness the Standard

- → Expand interpreter and translation services statewide, including for telehealth visits.
- → Recruit and retain a diverse workforce that reflects Nebraska's communities.
- → Embed cultural competency and equity training in all state-funded behavioral health programs.

New Mexico's Medicaid program reimburses traditional Native healing practices provided by Tribal health programs, aligning care with cultural values and strengthening trust.

Through One Person's Eyes

Antonio, 36 – Eastern Nebraska

Antonio, the son of Salvadoran immigrants, grew up in Nebraska speaking Spanish and often feels caught between two worlds. Living openly as a gay man in a small town, he sought help for anxiety and depression but found few options. No one spoke Spanish, interpreters were unreliable, and he feared being open about his identity. Each attempt left him feeling unseen and unsure the system was built for him.

Youth Mental Health is a Crisis We Can't Ignore

Nebraska's youth are facing escalating mental health challenges, with rising rates of depression and suicide highlighting the urgent need for targeted interventions.

1 What's Happening: Rising Needs, Limited Support

Nebraska's youth are experiencing growing rates of depression, anxiety, and suicidal thoughts. Access to specialized care is limited, and waitlists for services continue to climb. Social isolation and the pressures of social media are intensifying distress among adolescents. Without early intervention, more young people are falling through the cracks.

More than 1 in 5 Nebraska adolescents report a major depressive episode in the past year, and 1 in 7 have seriously considered suicide.

2 Why It Matters: Early Struggles Have Lifelong Costs

Untreated youth mental health issues can derail education, increase justice involvement, and strain public systems. Families face added stress as they wait months for help. Investing in prevention and school-based care not only protects young people's futures but also saves the state money. Addressing this crisis now is critical to Nebraska's long-term well-being.

> "There's a significant **increase in anxiety** within the schools that we're working with and we're seeing these emerge earlier on."
> – Education, Scottsbluff

3 What Needs to Change: Reach Youth Where They Are

- → Expand school-based behavioral health services and early intervention support statewide.
- → Increase caregiver and parent education on early warning signs and mental health communication.
- → Integrate social media literacy and digital well-being into youth prevention and education efforts.

Oregon's System of Care coordinates education, health, and human services to deliver trauma-informed, individualized support for children and youth statewide.

Through One Person's Eyes

Lena, 16 – Central Nebraska

Once an honor roll student who loved art and choir, Lena withdrew after her parents' separation. A counselor connected her to a school-based therapist and psychiatrist, leading to diagnoses of depression and autism. With therapy and medication, she rebuilt coping skills and friendships. She's back in choir and credits school-based care for making help accessible.

The Stigma Hasn't Gone Away – It's Just Evolved

Despite increased awareness, stigma remains a significant barrier to seeking help for mental health and substance use issues, particularly in rural Nebraska.

1 What's Happening: Progress Made, Stigma Remains

Conversations about mental health are more open, but stigma still shapes how Nebraskans seek care. In small towns, the fear of judgment keeps many from reaching out for help. Substance use continues to carry deeper stigma, often seen as a moral failing rather than a health condition. Despite progress, stigma remains a powerful barrier to recovery and inclusion.

1 in 3 adults nationwide avoid treatment because of fear of prejudice or discrimination.

2 Why It Matters: Stigma Delays Help and Deepens Harm

When people fear being judged, they put off care until they reach a crisis, raising costs and worsening outcomes. Rural residents and marginalized groups are most affected, where privacy is limited and understanding is scarce. The result is avoidable suffering and lost productivity across communities. Reducing stigma saves lives and strengthens Nebraska's collective well-being.

> "Honestly, struggling with **mental health** and struggling with **addiction** should be treated the same as every other physical ailment that we have. Just because my ankle doesn't swell when my brain isn't working right doesn't mean it deserves any less attention." – Lived Experience Interview

3 What Needs to Change: Make Seeking Help the Norm

- Launch sustained, community-specific anti-stigma campaigns across rural and urban areas.
- Expand Mental Health First Aid training statewide to build empathy and early intervention skills.
- Normalize use of the 988 Suicide and Crisis Lifeline as a judgment-free resource for anyone in distress.

In Colorado, Denver's "What You Say Matters" campaign used bilingual, community-tailored messaging to reduce stigma and increase willingness to seek help.

Through One Person's Eyes

Marcus, 72 – Southeast Nebraska

Marcus grew up believing you prayed, worked hard, and kept problems to yourself. As an adult, he became the one everyone relied on, until the pressure brought sleepless nights and dread. Afraid of being seen, he delayed therapy until a friend encouraged him. Months later, he feels better but hasn't told his family. In his world, strength is silent, though getting help made him stronger.

Behavioral Health Without Housing, Food, or Transportation Isn't Behavioral Health

Addressing behavioral health requires more than therapy and medication; it necessitates meeting basic needs like housing, food, and transportation.

1 What's Happening: Basic Needs Shape Mental Health

Across Nebraska, people struggling with mental health often face unstable housing, food insecurity, and unreliable transportation. These unmet needs make recovery harder and treatment less effective. Rural residents, in particular, face long distances and few public transit options. Without addressing these essentials, behavioral health care alone cannot succeed.

A study analyzing data from the 2022 National Survey of Children's Health found that youth experiencing housing instability have significantly higher odds of anxiety and depression.

2 Why It Matters: Survival Comes Before Stability

When basic needs go unmet, mental health takes a back seat. Individuals living in poverty or homelessness experience higher stress and relapse rates, while hospitals and justice systems absorb avoidable costs. Addressing housing, food, and transportation needs isn't an add-on, it's the foundation of effective care. Whole-person approaches strengthen recovery while saving money.

> "How do you have good mental health if you don't have a place to live?"
> – Nonprofit, Omaha

3 What Needs to Change: Treat Social Needs as Health Needs

- → Integrate housing, food, and transportation supports into behavioral health treatment models.
- → Fund wraparound care roles that help individuals navigate basic needs alongside mental health services.
- → Expand partnerships across agencies to coordinate housing and community-based supports statewide.

California's Whole Person Care pilot reduced hospitalizations by 45 per 1,000 participants and lowered annual costs by integrating housing and social supports into behavioral health care.

Through One Person's Eyes

Kim, 51 – Eastern Nebraska

Kim was staying sober and keeping up with therapy until her roommate moved out and she couldn't cover rent. After weeks of couch hopping, she ended up in a shelter far from her clinic. Without transportation, she missed two appointments and was dropped as a patient. At the shelter, she lost her medication and barely slept. She knew she needed housing, food, and support, but the system only treated her symptoms, not her reality.

Jail Has Become the Fallback Provider for Behavioral Health Care

In Nebraska, limited access to behavioral health services has led to jails becoming de facto providers for individuals in crisis, highlighting the need for systemic change.

1 What's Happening: Criminalization of Unmet Needs

Nebraska's behavioral health system lacks adequate community care, especially in rural areas. As a result, people in crisis often end up in jails that are ill-equipped to treat them. Correctional facilities have become de facto mental health providers, absorbing roles they were never designed to fill. This reliance deepens trauma and keeps people cycling between crisis and confinement.

In 2022, the Omaha Police Department responded to more than **7,700 calls related to mental health crises**, and by May 2023, had already answered nearly 5,000 more.

2 Why It Matters: The Most Expensive, Least Effective Care

Housing people with mental illness in jails costs far more than community-based treatment and worsens their conditions. Correctional staff face impossible expectations without proper training or resources. By investing in diversion, reentry, and treatment, Nebraska can save money, reduce recidivism, and ensure that people receive proper help when they need it.

> "We closed **hospital beds** with the idea that they would **get care in the community**, and really now we've just made **jail** the place that they go." – Government, Lincoln

3 What Needs to Change: Shift from Punishment to Treatment

- → Scale up diversion and wellness courts that redirect people from jail into care.
- → Expand community-based mental health services and long-term residential treatment options.
- → Fund reentry supports that connect individuals to housing, employment, and continued care after release.

Co-responder programs pair law enforcement with behavioral health specialists to de-escalate crises and connect individuals to treatment, with one program in **Texas** diverting up to 950 people each year from incarceration.

Through One Person's Eyes

Harold, 63 – Eastern Nebraska

Harold has spent much of his adult life cycling in and out of jail for minor offenses. A doctor once suspected he might be on the autism spectrum, but he was never evaluated. Outside, he struggles with housing, medication, and crowds. Inside, he gets meals, a bed, and pills that quiet his mind. Each release means starting over with no follow-up or plan. Jail is the only place where Harold knows he'll be seen, fed, and given the care he needs.

Primary Care as the Front Door: Integrating Behavioral Health to Expand Access

Integrating behavioral health into primary care settings expands access, supports early intervention, and ensures more holistic, whole-person care for all Nebraskans.

1 What's Happening: The First Door to Care

For many Nebraskans, especially those in rural areas, primary care is their only entry point for behavioral health. Yet most clinics lack the resources, partnerships, and training to fully meet these needs. Integrated models like CCBHCs and peer support are beginning to bridge the gap. Still, access remains uneven and demand continues to grow.

60%

Approximately **60% of behavioral health** concerns are brought to primary care providers who are ill-equipped to handle them.

2 Why It Matters: Care Saves Lives and Money

Integrating behavioral health into primary care means earlier intervention, fewer crises, and better health outcomes. It reduces stigma, connects physical and mental health treatment, and lowers costs by preventing unnecessary hospital visits. Without this integration, patients fall through the cracks, often until it's too late or too costly.

> "Most people will **access mental health care** through their primary care physician, so how do we find ways to ensure our primary care physicians have a good understanding of what mental health care means and how they can help their patients access that care?" – Nonprofit, Fullerton

3 What Needs to Change: Make Integration the Standard of Care

- → Expand Certified Community Behavioral Health Clinics (CCBHCs) statewide to deliver coordinated, 24/7 access.
- → Provide training and infrastructure for primary care providers to screen, refer, and co-manage behavioral health needs.
- → Fund embedded peer specialists and integrated teams in rural and underserved clinics.

Colorado's statewide integration grant program invests $31.75 million to help primary care clinics implement behavioral health models and expand access across the state.

Through One Person's Eyes

Melissa, 62 – Nebraska Panhandle

After her husband died, Melissa sought help for depression at her small-town clinic, the only one nearby. Her doctor was kind but not trained in behavioral health. He prescribed medication without guidance on therapy or next steps. When side effects worsened her symptoms, she found no referral options or mental health provider onsite. She kept returning because she had nowhere else to go, but the clinic couldn't help her move forward.

Progress Starts with New Ideas – And the Resources to Try Them

For individuals with complex or treatment-resistant conditions, traditional approaches are not enough. More research and consistent funding are needed.

1 What's Happening: Innovation Is Emerging but Underfunded

Many Nebraskans cycle through treatments that don't work, especially those with treatment-resistant depression or complex trauma. While therapies like TMS and EMDR show promise, limited funding and outdated reimbursement systems slow adoption. Peer-led and trauma-informed models are growing, but they remain small-scale and fragile without long-term investment.

Approximately **30% of people with major depressive disorder** have treatment-resistant depression, facing higher risks and fewer effective options.

2 Why It Matters: Without Innovation People Stay Stuck

When treatments fail, symptoms worsen, hospitalizations rise, and lives are derailed. Investing in research and innovative approaches saves money and restores hope for people left behind by traditional care. Innovation isn't a luxury; it's the difference between managing decline and creating recovery. Nebraska's future system depends on it.

> "I've been on this very long journey to get me to a normal way of living. It's been about a 12-year journey. **I have done TMS treatments twice**... and that completely changed my life."
> – Lived Experience Interview

3 What Needs to Change: Build Innovation into the System

- → Establish a state innovation fund to pilot, evaluate, and scale promising behavioral health models.
- → Expand reimbursement for peer-led, trauma-informed, and culturally responsive care.
- → Invest in research on next-generation treatments like neuromodulation and psychedelic-assisted therapy.

Texas' House Bill 3717 committed $50 million to clinical trials exploring psychedelic-assisted therapies for opioid use disorder and other behavioral health needs.

Through One Person's Eyes

Taryn, 26 – Eastern Nebraska

For years, Taryn tried medications, therapy, support groups, and even ketamine treatments with little relief from severe depression. Hospitalizations brought only brief stability. Then she began transcranial magnetic stimulation (TMS) with support from her psychiatrist and therapist. Within weeks, her mood improved. Over two months, her care team and peers helped her regain motivation and rebuild hope.

Turning Insight Into Action

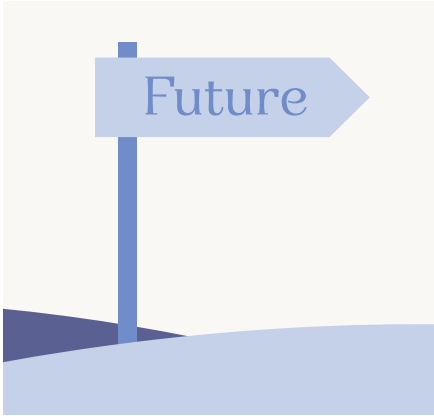
Insights from research and lived experience are driving collective action to strengthen Nebraska's behavioral health system and turn awareness into progress.

1 What We Learned

The research confirms what many Nebraskans already know: the state's behavioral health system is stretched thin, unevenly distributed, and often reactive rather than preventative. Rising needs, workforce shortages, and fragmented coordination create barriers that leave too many residents without timely and effective care. Yet across regions, there is also resilience. Communities are innovating, organizations are collaborating, and individuals are sharing lived experiences that drive meaningful change. Together, these findings highlight both the challenges and the promise of building a behavioral health system that is proactive, equitable, and connected.

2 Where We're Headed

Building on this research, partners across Nebraska are coming together to translate insight into coordinated action. The launch of the Behavioral Health Coalition, led by Nebraska Cures, NAMI Nebraska, and other key partners with coordination support from Category One Consulting, marks the beginning of a new statewide effort to align priorities, strengthen systems, and deepen collaboration. The coalition will refine strategies, develop action plans, and track progress through shared data and community feedback. This work will continue through the Third Annual Statewide Convening in October 2026, where partners will assess early outcomes, celebrate progress, and plan for the next phase of transformation.



3 How We Move Forward Together

Turning insight into action requires collective commitment. Policymakers can align funding and policy with community realities. Providers and advocates can build connections that close gaps and amplify lived experience. Community members can speak openly about mental health, support one another, and help reduce stigma. Together, these actions create a foundation for a stronger, more equitable behavioral health system, one that listens, learns, and responds to the needs of all Nebraskans.

Call to Action

Everyone has a role to play in building a stronger, more connected behavioral health system. Whether shaping policy, delivering services, or advocating in the community, every voice and action matters.

Contact NAMI Nebraska, Nebraska Cures, or Category One Consulting to get involved.

Thank You!

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