

Behavioral Health



For Schools

Department of Health and Human Services
Division of Behavioral Health
September 2024



There Is No Health Without Behavioral Health!

Every year schools across Nebraska open their doors and welcome students to a new, productive school year. It is a new year and for many a new beginning. Most students will thrive yet there will be those who will struggle, some in obvious ways and others in ways that are not always easy to see. Providing for a student's social, emotional, and behavioral development and well-being is as important as academic learning.

Reaching and engaging students with a variety of needs can be challenging.

Behavioral Health Resources for Schools is a compendium of selected behavioral health topics to assist educators and school staff working with these students. The Department of Health and Human Services and the Division of Behavioral Health works closely with schools across the state to provide services to students and families as well as resources to educators and school staff. It is through this partnership that we can together ensure students are healthy, safe, and thriving.



Behavioral Health Resources for Schools


To View In Booklet Format: <https://www.flipsnack.com/BE5F5C66AED/bhrs-final-v2-112524/full-view.html>

Contents

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Appendix

- ACES Questionnaire
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Quick Connect

Print and save this page for a quick reference to important connections.

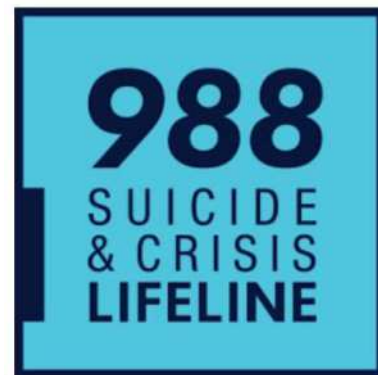


Any Problem. Any Time.

1-888-866-8660

CRISIS RESPONSE

SUICIDE PREVENTION & CRISIS LINE
Call, Text or Chat



ADULT & CHILD ABUSE OR NEGLECT HOTLINE 1-800-652-1999



SAFE2HELP NE
833-980-7233



About the Division of Behavioral Health

There Is No Health Without Behavioral Health

The Division of Behavioral Health is designated by federal and state law as the state's single authority for mental health and substance use disorders. The Division directs the administration and coordination of the public behavioral health system in providing services to individuals who do not have private insurance or are not eligible for Medicaid.

Nebraska is split into six Behavioral Health "Regions." These are local units of governments that the state partners with to do planning and service implementation for behavioral health. The Regions purchase services from providers in their area. The Division of Behavioral Health also contracts directly with providers for services.

The map below shows Nebraska's **Behavioral Health Regions** followed by contact information on the next page for each Region. Schools are encouraged to engage with their Region as well as **Family Run Organizations**, **Community Collaboratives** and **Tribes** to learn about behavioral health resources and programs for children, youth, and families.

Behavioral Health Regions



Nebraska Behavioral Health Regions

1 Region 1 Behavioral Health Authority
 4110 Avenue D
 Scottsbluff, NE 69361
 (308) 635-3173
<https://www.region1bhs.net>

2 Region 2 Human Services
 110 North Bailey Ave.
 North Platte, NE 69103
 (308) 534-0440
<https://r2hs.com/>

3 Region 3 Behavioral Health Services
 4009 6th Avenue
 Kearney, NE 68845
 (308) 237-5113
<https://region3.net>

4 Region 4 Behavioral Health System
 206 W. Monroe Ave.
 Norfolk, NE 68701
 (402) 370-3100
<https://region4bhs.org>

5 Region V Systems
 1645 N Street
 Lincoln, NE 68508
 (402) 441-4343
<https://region5systems.net>

6 Region 6 Behavioral Healthcare
 4715 S. 132nd St.
 Omaha, NE 68137
 (402) 444-6573
<https://www.regionsix.com>

REGIONS PROVIDE

- Crisis Services
- Suicide Prevention
- Mobile Crisis Response
- Prevention Programs
- Professional Partner Program
- Mental Health First Aid Training
- Community Services And Coordination



Family Run Organizations

Nebraska's 3 family-run organizations are staffed by family members with lived experiences who provide a unique service to youth and their families. Family organizations are another resource for schools working with families of students with emotional, behavioral or mental health challenges. Schools can refer families to these organizations for family/youth peer support and other services including the Family Navigator program. These organizations are:



SERVING REGIONS 1 & 2

Independence Rising
910 Ave. F
Gothenburg, NE
(308) 537-4332

<https://irnebraska.org/>



PROGRAMS

- Family Navigator
- Family Peer Support
- CFS Family Peer Support
- TAPS Parent Support Group

Family Run Organizations



SERVING REGION 3 & 4

Families CARE
3710 Central Ave., Suite 14
Kearney, NE 68845
(308) 237-1102

<https://www.familiescare.org/>



PROGRAMS

- Family Navigator
- Family Peer Support
- CFS Family Peer Support
- Parent Peer Support
- Transitional Aged Youth Peer Support



SERVING REGIONS 5 & 6

Families Inspiring Families
1645 N Street, Suite A
Lincoln, NE
(402) 441-4369

<https://familiesinspiringfamilies.org/>



PROGRAMS

- Family Navigator
- Family Peer Support
- CFS Family Peer Support
- Youth Crisis Response

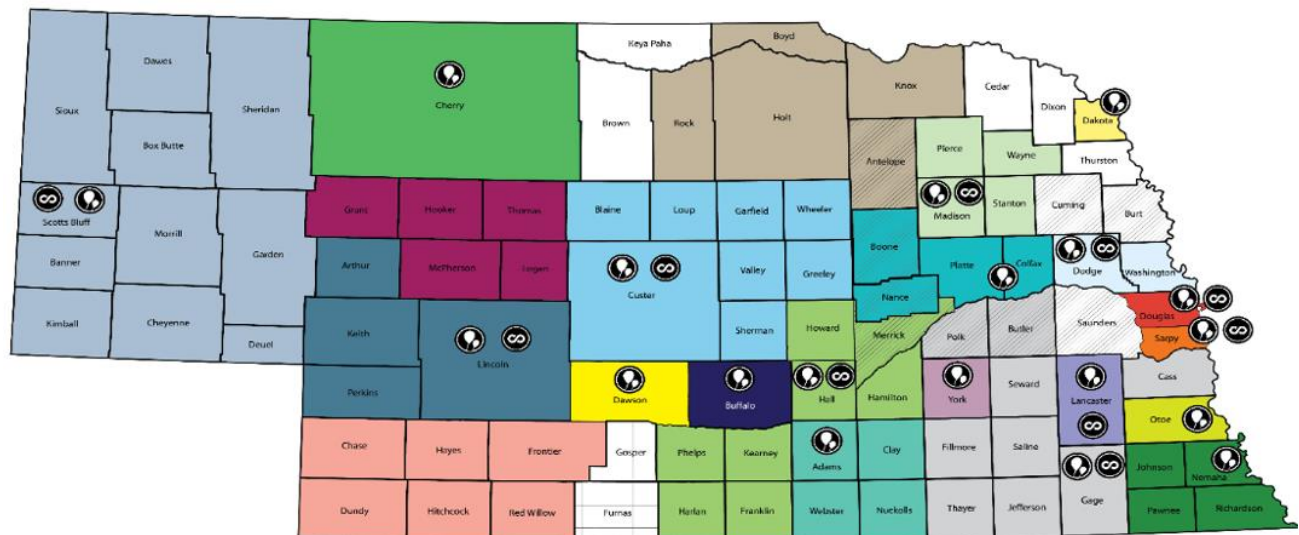
Community Collaboratives¹

As an initiative of Nebraska Children and Families Foundation, **Community Collaboratives** are an important piece of the children and youth system statewide. Communities, working within each Behavioral Health Region, bring all of the important players to the collaboration—nonprofits, teachers, doctors and nurses, law enforcement, businesses, government agencies, and most importantly, parents and youth. Local communities identify the missing pieces in services, develop long-term plans using the latest strategies and data, and work together. The community collaboration then agrees on common goals, measurements, and tasks—working together to make their community strong.

Central Navigation

Central Navigation is a single point of contact within the Community Collaborative for children, youth, and families in Nebraska seeking help. Families can voluntarily choose to work with Central Navigation, connecting with one Navigator who will be able to connect them with many different sources of assistance.

[Find Contact information for each Collaborative here.](#)



Community Well-Being collaborative backbone



Collaboratives that are implementing full Connected Youth Initiative model

The Connected Youth Initiative (CYI) is a statewide system of supports and best practices to serve young people aged 14-25. Central Navigation is the access point for CYI.

Federally Recognized Tribes of Nebraska



Omaha Tribe
100 Main Street
Macy, NE
(402) 837-5391

<https://www.omahatribe.com/>

- Youth Assessment/Evaluation
- Crisis Counselling
- Substance Use Prevention

Ponca Tribe
2523 Woodbine Street
Niobrara, NE 68760
(402) 857-3391

<https://www.poncatribene.gov/>



- Mental Health Assessments
- Drug and Alcohol Prevention
- Healthcare and Social Services

- Outpatient Mental Health Services
- Substance Use Treatment/Recovery
- Patient Referred Care Program

Santee Sioux Tribe
425 Frazier Ave. #2
Santee, NE 68760
(402) 857-2302

<https://santeesiouxnation.com/>



Winnebago Tribe
205 Bluff St.
Winnebago, NE 68071
(402) 878-2272

<https://winnebagoTribe.com/>

- Suicide Prevention
- Individual Counselling
- Crisis Intervention



Partners

About Our Partners: Children and Youth Services System

The Department of Health and Human Services (DHHS) contributes to the lives and health of children and youth every day. Services and supports are found across all of the Department's five divisions. Together these divisions form a children and youth services system that is foundational to the behavioral health of children, youth and their families. Each division makes unique contributions to the system.

Division of Developmental Disabilities:

http://dhhs.ne.gov/developmental_disabilities

The Division of Developmental Disabilities (DDD) provides funding and oversight for community-based services (CBS) for consumers with developmental disabilities as well as the state Unit on Aging. This includes: determining eligibility for developmental disabilities (DD) services, providing service coordination for eligible individuals, determining eligibility for DD Medicaid waivers, and monitoring and paying DD providers.

In order to receive services through the Division of Developmental Disabilities (DDD), consumers must submit an application through **iServe Nebraska** and be determined eligible.



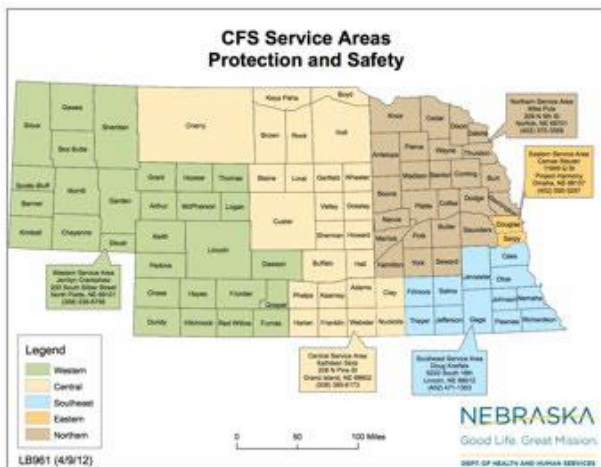
To be **eligible**, consumers must:

- Have a developmental disability as diagnosed by a licensed psychologist
- **OR** a medical diagnosis of a developmental disability such as cerebral palsy, spina bifida, or certain genetic disorders,
- **AND** substantial limitations in each of the three areas:
 - **Conceptual skills** including language, literacy, money, time, number concepts, and self-direction;
 - **Social skills** including interpersonal skills, social responsibility, self-esteem, gullibility, wariness, social problem-solving, and the ability to follow laws and rules and to avoid being victimized; and
 - **Practical skills** including activities of daily living, personal care, occupational skills, healthcare, mobility, and the capacity for independent living.

Division of Children and Family Services:

<https://dhhs.ne.gov/Pages/Children-and-Family-Services.aspx>

The Division of Children and Family Services (CFS) includes Child Welfare, Adult Protective Services, Economic Assistance programs and the Youth Rehabilitation and Treatment Centers. Five Service Areas are aligned with the Judicial Districts as set forth by the Supreme Court. Child Welfare and Adult Protection and Safety services include prevention activities and coordination, child and adult protective services, foster care and independent living, adoption, domestic violence, safety and treatment services, and educational activities.



The Department of Health and Human (DHHS) administers and manages eligibility for Medicaid and Economic Assistance programs through iServe Nebraska. **Anyone can apply for benefits and handle their Medicaid and Economic Assistance needs on the iServe Nebraska website.**



Economic Assistance
Call (800) 383-4278
Lincoln: (402) 323-3900
Omaha: (402) 595-1258

Contact Us
8:00 am - 5:00 pm
Monday thru Friday

Medicaid Eligibility
Call (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

Developmental Disabilities
Call (877) 667-6266
Lincoln: (402) 471-8501

TTDD:(402) 471-7256

Adult & Child Abuse & Neglect Hotline 1-800-652-1999

Division of Medicaid and Long Term Care:

<http://dhhs.ne.gov/medicaid>

The Division of Medicaid and Long-Term Care (MLTC) encompasses the Medicaid Program, Medicaid provides health care services to eligible elderly and disabled individuals and eligible low-income pregnant women, children, and parents. Medicaid provides health care for more than 1 in every 10 Nebraskans.

Medicaid in Schools: Medicaid pays for health and related services provided in schools when covered services are provided to Medicaid-enrolled children and adolescents, or when services are provided to a child through his or her individualized education plan (IEP) under the Individuals with Disabilities Education Act (IDEA, P.L.

101-476), A complete guide to **Medicaid in Schools** can be accessed at:

<https://dhhs.ne.gov/Documents/Guide%20for%20School-Based%20Direct%20Services.pdf#search=Medicaid%20School%20Based%20Services>

Children's Health Insurance Program (CHIP) is an expansion of Medicaid as health care coverage for qualified children who are without other health insurance and who do not qualify for Medicaid. Federally called the Children's Health Insurance Program (CHIP), it provides the same services covered under Medicaid. Application for CHIP can be made through [iServe Nebraska](#).

Heritage Health is a new health care delivery system that combines Nebraska's physical health, behavioral health, and pharmacy programs into a single comprehensive and coordinated system for Nebraska's Medicaid and CHIP clients. There are three Heritage Health plans to choose from.



Go to [iServe Nebraska](#) to:

- Select a self-screening to determine the programs for which you may want to apply;
- Complete an online application that you can submit electronically;
- Print a paper application that you can complete and mail.

Division of Public Health

<http://dhhs.ne.gov/publichealth>

The Division of Public Health (DPH) brings together all the elements of public health within the Nebraska Department of Health and Human Services (DHHS).

The Division is responsible for preventive and community health programs and services, the regulation and licensure of health-related professions, occupations and health care facilities and services. Public health services are population-based services that are focused on improving the health status of the entire population as opposed to the treatment of individuals.

The Division is dedicated to the health, safety, and wellness of all Nebraska citizens with programs that are specific to the needs of children and youth.

The **Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP)** informs, advises, and advances the works of the Pediatric Mental Healthcare Access Grant in Nebraska.



NEP-MAP supports professionals in pediatric, emergency department, and **school settings** by...

- Increasing access and availability of pediatric mental health consultation teams so professionals can provide children the care they need.
- Conducting trainings and offering technical assistance.
- Promoting care coordination support services to promote early identification, diagnosis, and treatment of behavioral health conditions.
- Improving access to treatment and referral services for children and adolescents with identified behavioral health conditions.

Click on any of the following topics to learn more about NEP-MAP

1. [Mission](#)
2. [Provider Services](#)
3. [Family Services](#)
4. [Nebraska's Mental Healthcare Needs](#)
5. [Our Partners](#)
6. [Documents](#)
7. [Questions or Concerns](#)

Evidence-Based Practices (EBPs)

Evidence-based practice (EBP) is the integration of best research evidence with clinical expertise and patient values. An Evidence-Based Practice:

- Is shown that it is supported by data, not just based on theory.
- Has been repeatedly tested and shown to be more effective than standard care.
- Can be reproduced in other settings.

Evidence-based practices (EBP) are foundational to Nebraska's public behavioral health system. EBP prevention programs and intervention services for mental health and substance use disorders are delivered through the Public Behavioral Health System.

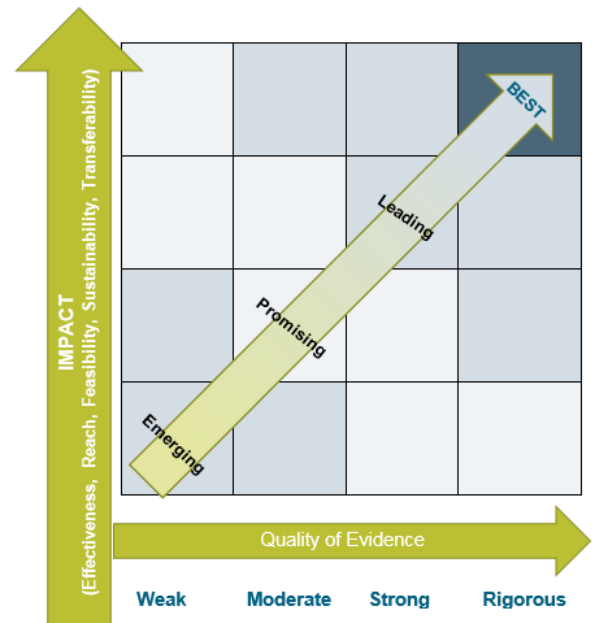
Resources

SAMHSA Evidence-Based Practices Resource Center (sort by topic, population, and target audience)
<https://www.samhsa.gov/ebp-resource-center>

Mental Health Treatment Evidence-Based Practices (EBP)
<https://www.theraplatform.com/blog/533/evidence-based-practices-for-mental-health>

University of Maryland School of Medicine: Evidence-Based Practice Center (EBPC)
<https://ebpcenter.umaryland.edu/>

National Child Traumatic Stress Network: <https://www.nctsn.org/>



Evidence-based practices currently in use across Nebraska are described on the following pages: These include Child=Parent Psychotherapy (CPP), Multi-Tiered System of Support (MTSS), First Episode Psychosis (FEP), Multisystemic Therapy (MST), Paren Child Interaction Therapy (PCIT) and Trauma-Informed Care/ACES.

Child-Parent Psychotherapy (CPP)

Child-Parent Psychotherapy (CPP) is an intervention model for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including post traumatic stress disorder. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a means of restoring the child's sense of safety, attachment, and appropriate affect; and improving the child's cognitive, behavioral, and social functioning. CPP is a Medicaid covered service and is recognized as an evidence-based program by the Substance Abuse and Mental Health Services Administration (SAMHSA). See the SAMHSA resource center for evidence-based programs and practices <https://www.samhsa.gov/ebp-resource-center> and the California Evidence-Based Clearinghouse for Child Welfare www.cebc4cw.org.

The Nebraska Resource Project for Vulnerable Young Children (NRPVYC) is a major partner in expanding Child-Parent Psychotherapy (CPP) in Nebraska.



NEBRASKA
RESOURCE PROJECT
FOR VULNERABLE
YOUNG CHILDREN

Resources provided by NRPVYC include trauma referral tools, guides to trauma therapy and a CPP provider list in Nebraska.
<https://www.nebraskababies.com/cpp>.

Training: NRPVYC conducts CPP training for those wishing to become a CPP provider. It begins with a three day training. Upon completion of the initial training, trainees participate in two consultation calls each month for 18 months and receive two CPP Intensive Sessions (two days each) at 6 and 12 months. The 2022-2023 training cohort begins April 2023. You can add your name to the CPP Information list to apply for future training cohorts at:

<https://www.nebraskababies.com/process-become-cpp-provider>



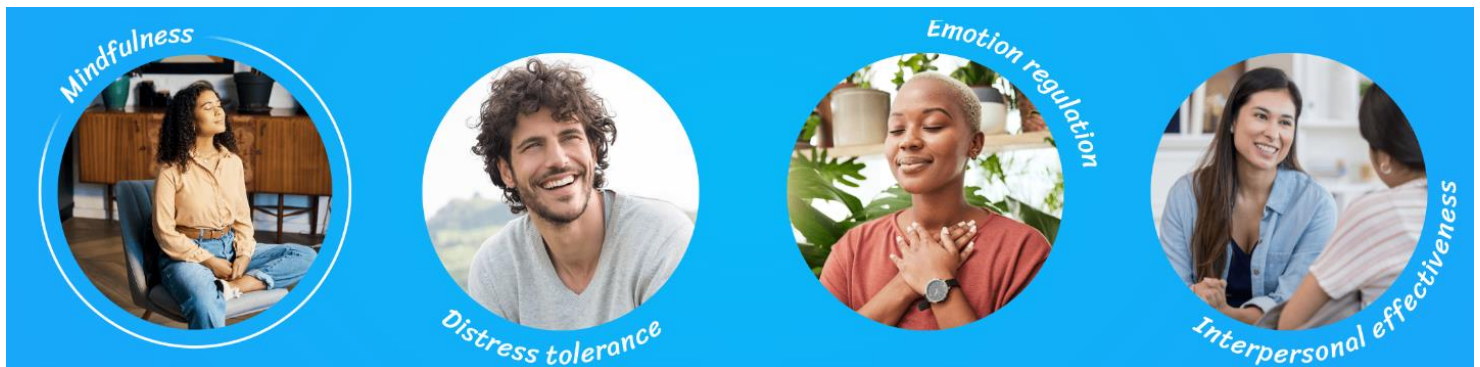
Nebraska Child Parent Psychotherapy
Learning Collaborative

Dialectic Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) is a structured therapy that focuses on teaching four core skills (mindfulness, acceptance & distress tolerance, emotional regulation, and interpersonal effectiveness) to help create a good life for one's self. You work on those skills through a series of lessons and then start applying them.

DBT emphasizes the psychosocial aspects of treatment. The theory behind the approach is that some people are prone to react in a more intense and out-of-the-ordinary manner toward certain emotional situations, primarily those found in romantic, family and friend relationships. DBT theory suggests that some people's arousal levels in such situations can increase far more quickly than the average person's, attain a higher level of emotional stimulation, and take a significant amount of time to return to baseline arousal levels.

Because few people understand such reactions — most of all their own family and a childhood that emphasized invalidation — they don't have any methods for coping with these sudden, intense surges of emotion. DBT is a method for teaching skills that will help in this task.



DBT lessons: <https://dialecticalbehaviortherapy.com/>



Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that is designed to alleviate the distress associated with traumatic memories. enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. EMDR enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma.¹



<https://www.emdr.com/>

EMDR Basic Training	>	About The Institute
EMDR Advanced Trainings		Shop
What Is EMDR Therapy?	>	Support Center



<https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing>

Using EMDR to Treat PTSD

EMDR therapy uses a structured eight-phase approach that includes:

- Phase 1: History-taking
- Phase 2: Preparing the client
- Phase 3: Assessing the target memory
- Phases 4-7: Processing the memory to adaptive resolution

¹EMDR Institute, Inc.
"Helping People Living Better Lives"

First Episode Psychosis (FEP)

The word *psychosis* is used to describe conditions that affect the mind, where there has been some loss of contact with reality. It can be a symptom of a mental illness or a physical condition. It can also be caused by some medications, alcohol, or drug abuse.

Mental health treatment practitioners have, over the years, observed that most individuals who have a serious mental illness (such as bipolar disorder, major depression, and schizophrenia) typically experience the first signs of illness during adolescence or early adulthood. Yet there are often long intervals between the onset of symptoms and diagnosis, referral, and treatment.

Early intervention strategies are seen as increasingly important because they reduce the likelihood of long-term disability that people with severe mental illness often experience. The goal is to help these individuals lead fulfilling,

independent, and productive lives and reduce the crises that may accompany more

In Nebraska, publicly funded FEP treatment is operational in two locations:
To Refer:

Community Alliance/Navigate to Success:
Region 6, Omaha
402-341-5128
<https://community-alliance.org>

Navigate/Mid-Plains Center
Region 3, Kearney
(308) 385-5250
<https://midplainscenter.org/>



Know the Signs

These warning signs may signal early psychosis:

- Hearing, seeing, tasting or believing things that others don't
- Suspiciousness or extreme uneasiness with others
- Persistent, unusual thoughts or beliefs
- Strong and inappropriate emotions or no emotions at all
- Withdrawing from family or friends
- A sudden decline in self-care
- Trouble thinking clearly or concentrating

If you or someone you know is experiencing these warning signs, contact a healthcare professional or a first-episode psychosis program if one exists in your community. Early action keeps young lives on track.

advanced mental illness. Research supports a variety of treatments for **First Episode Psychosis**, especially coordinated specialty care (CSC)¹ which provides: Individual or group psychotherapy, family support and education, medications (also called pharmacotherapy), supported employment/education and case management.

1. National Institute of Mental Health

Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is an intensive, family- and community-based intervention for serious juvenile offenders in which therapists meet youth involved in the justice system and their families weekly at home or school for three to five months. The intervention focuses on individual, family, peer, school, and community risk factors that contribute to juvenile antisocial behaviors. MST requires concrete, measurable effort from both youth and families, and builds on strengths in youths' lives while altering problematic interactions with family and peers (Henggeler 2016, McCart 2016). Adaptations of MST have been applied to child health and psychiatric problems, youth substance abuse, problem sexual behavior, and child abuse and neglect. There is strong evidence that MST reduces the likelihood of recidivism and

Evidence Rating



Scientifically Supported

incarceration for youth involved in the justice system more than treatment as usual. MST can also reduce delinquent or antisocial behavior and alcohol and drug use among juvenile offenders. MST can improve participating youths' functioning at school, work, and increase positive peer relationships. MST may also improve family functioning and reduce out-of-home placements¹.

In Nebraska there is now a total of seven teams and 22 therapists providing MST in counties as

indicated by the shaded area on the map.

Schools can assist families in referring for MST through one of the following providers:

- **Mid-Plains Center:** Serving Central Nebraska and Lincoln Area (308) 385-5250
- **Good Life Counseling:** Serving the Northeastern Region. (402) 371-3044/Norfolk; (402) 562-0400/Columbus
- **Boys Town:** Serving the Eastern Regions (800) 448-3000



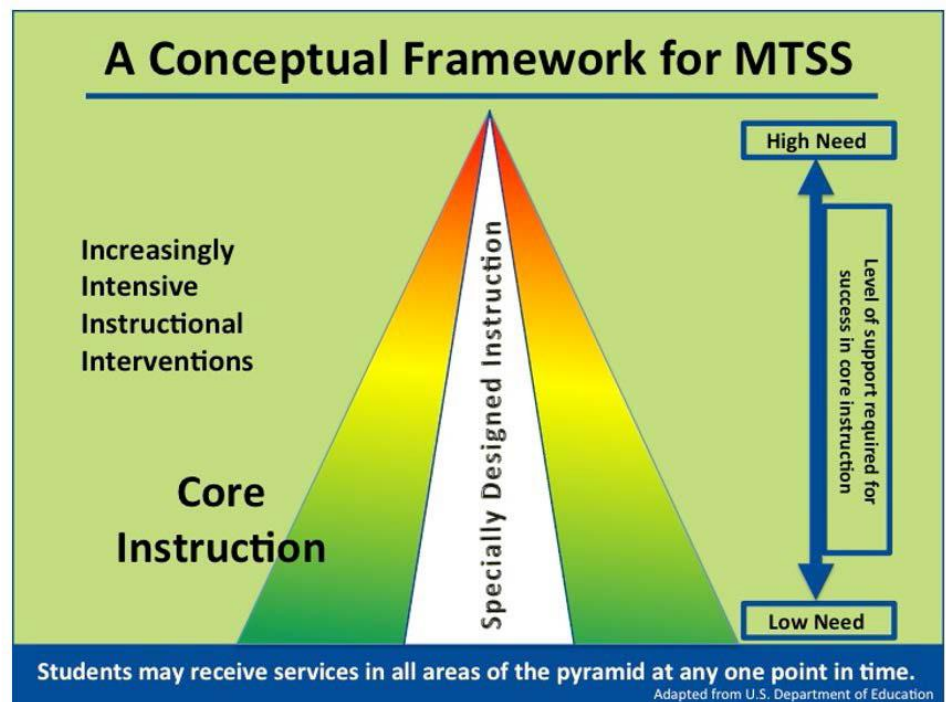
Multi-Tiered System of Support (MTSS) and Response to Intervention (RtI)

MTSS is defined as an instructional system based on the concept that ALL students require early and powerful academic and behavioral core instruction with the potential for high-quality interventions of increasing intensity.

RtI is defined as practices used to determine eligibility for special education.

RtI is an integral part of MTSS but MTSS is more cohesive and comprehensive in the goal of meeting the needs of all learners. Some of the ways that MTSS differs from RtI include:

- MTSS encompasses RtI and more.
- MTSS addresses academic as well as the social-emotional, and behavioral development of children from early childhood to graduation.
- MTSS provides multiple levels of support for all learners (struggling through advanced).
- MTSS aligns resources and support for students receiving instruction AND for teachers and other support staff who are delivering the instruction.
- MTSS framework is an educational systems change paradigm continuously **focused on overall school improvement that is sustainable.**



Benefits of MTSS:

- MTSS provides specific types of support for teachers (professional development, technical assistance, instructional coaching).
- MTSS outlines clearly defined roles, responsibilities, and accountability for teachers, building leaders, and district personnel.
- MTSS provides a coherent system for continuous improvement.
- MTSS ensures that a common understanding/language exists when discussing implementation and expected outcomes.
- MTSS allows district policies to remove barriers to effective implementation.

In Nebraska every school district's implementation of MTSS will differ based on the students, needs, and resources available. MTSS implementation is supported by the Department of Education (NDE) and a team that is housed within the Nebraska Center for Research on Children, Youth, Families, and Schools (CYFS). The collaborative efforts between NDE and CYFS;

- provide information to educators in Nebraska and beyond on Multi-tiered System of Support,
- provide information about available professional development for MTSS in Nebraska, and
- provide a place for partners in training to house data, analyze their current practices, and develop action plans.

For more information on MTSS in Nebraska and the Center for Research on Children, Youth, Families, and Schools visit: <http://nemtss.unl.edu/>



NeMTSS
FRAMEWORK

Parent Child Interaction Therapy (PCIT)

Parent-child interaction therapy (PCIT) is a behavior-based, family-oriented therapy designed to help improve the parent-child relationship through interaction. PCIT teaches parents how to manage their child's challenging behaviors and feel more confident in their parenting. The PCIT therapist coaches the parent on behavioral management techniques that help their child feel more secure.

Consider referring a family to PCIT when a child is displaying:

- Challenging behaviors,
- Disruptive behaviors, or
- To help with parental stress, frustration, or skills¹



PCIT is a Medicaid covered service and is recognized by SAMHSA as an evidence-based practice. A large evidence base has shown that PCIT reduces disruptive behavior in children, improves effectiveness of parenting skills, and reduces parental stress.² Reduced child behavior as a result of PCIT has been shown to translate into the school classroom as well without any additional intervention.³

To learn more about PCIT visit:

<https://www.cebc4cw.org/program/parent-child-interaction-therapy/> or <https://preventionservices.acf.hhs.gov/programs/258/show>

The coalitions/organizations listed below support therapists that provide PCIT to parents and their children in their particular area. Some of these therapists do provide information (not training) to schools and others on how PCIT works or how other practitioners (e.g. educators) might use some parts of PCIT principles or techniques.

¹ https://nebraskababies.com/sites/default/files/downloadables/ECMH%20Services%20PDF_final_0.pdf

² <https://www.cebc4cw.org/program/parent-child-interaction-therapy/>

³ Beverly W. Funderburk, Sheila M. Eyberg, Katharine Newcomb, Cheryl B. McNeil, Toni Hembree-Kigin & Laura Capage (1998) Parent-Child Interaction Therapy with Behavior Problem Children: Maintenance of Treatment Effects in the School Setting, *Child & Family Behavior Therapy*, 20:2, 17-38, DOI: 10.1300/J019v20n02_02

- **Dakota County (Dakota County Connections)***
712-222-6383
- **Dodge County(Fremont Family Coalition)***
402-721-4157
- **Platte-Colfax Counties (Zero2Eight)***
402-564-4497
- **Lincoln County (Families 1st Partnership) ***
308-520-3743
- **Madison County (Norfolk Family Coalition)***
402-540-2409
- **York County (York County Health Coalition)***
515-729-2130
- **Saline-Jefferson Counties (Rooted in Relationships)***
402-826-3880
- **Panhandle Partnership (Serving 10 counties)**
308-765-31366

The Nebraska Resource Project for Vulnerable Young Children (NRPVYC) trains PCIT clinicians and maintains a list of active PCIT clinicians in Nebraska:

<https://nebraskababies.com/online-pcit-provider-list>. If you would like assistance in how PCIT could be utilized, please contact NRPVYC staff Lindsey Ondrak at lindsey.ondrak@unl.edu.

*Supported by the **Nebraska Child Abuse Prevention Fund Board** and **Nebraska Children and Families Foundation**.

For resources visit PCIT International at: <http://www.pcit.org/for-professionals.html>



Trauma-Focused Cognitive Behavior Therapy (TF-CBT)

TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. It is a components-based treatment model that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques. TF-CBT has proved successful with children and adolescents (ages 3 to 18) who have significant emotional problems (e.g., symptoms of posttraumatic stress disorder, fear, anxiety, or depression) related to traumatic life events. It can be used with children and adolescents who have experienced a single trauma or multiple traumas in their lives.¹

NCTSN

The National Child
Traumatic Stress Network

<https://www.nctsn.org/interventions/trauma-focused-cognitive-behavioral-therapy>

Trauma Treatments



The dissemination of standardized, effective, trauma-informed clinical interventions is a central means by which the NCTSN seeks to advance the standard of care for traumatized children.

Screening and Assessment



Trauma-informed screening and assessment practices help providers identify children's and families' needs early in the process and to tailor services to meet those needs.

PFA and SPR



Psychological First Aid (PFA) and *Skills for Psychological Recovery (SPR)* are promising practices for disaster behavioral health response and recovery.

Therapist Certification Program: <https://tfcbt.org/about/>

Additional Resources: <https://www.nctsn.org/resources>



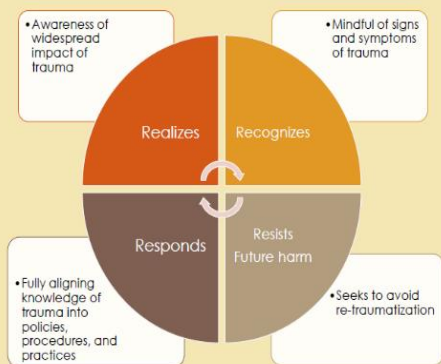
¹ The National Child Traumatic Stress Network
"Helping People Living Better Lives"

Trauma-Informed Care

“Trauma-informed Care is a strength-based framework that is grounded in an understanding of and responsiveness to the impact of trauma...”¹ Trauma is “the experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.”²

Trauma-Informed Care changes the fundamental question from “What’s wrong with you?” to “What’s happened to you?” SAMHSA defines the four Rs of Trauma-Informed care:

SAMHSA's 4Rs of Trauma-Informed Care



- **Realizes**
- **Recognizes**
- **Resists future harm**
- **Responds**

See more about SAMHSA'S resource for trauma-informed approach at:

<https://store.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884>

Additional Resources

- National Child Traumatic Stress Network <http://www.nctsn.org>



Download Free
Resource Guide at:

<https://institute.crisisprevention.com/Trauma-Informed-Care.html>



¹ Hopper, Bassuk, & Olivet, 2010, pg.82

² NASMHPD, 2006

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being.

These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.

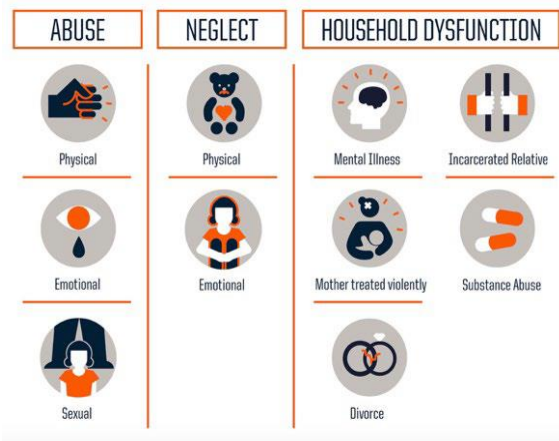
Adverse Childhood Experiences have been linked to:

- risky health behaviors,
- chronic health conditions,
- low life potential, and
- early death.



As the number of ACEs increases, so does the risk for these outcomes.

The ACEs survey includes 10 questions around the topics of abuse, neglect and household dysfunction ([see survey](#)). ACEs are linked to behavioral and physical health outcomes including:



- Suicide attempts.
- Lifetime depressive episodes.
- High-risk sexual behaviors.
- Negative physical health outcomes.
- Poor dental health.

More resources on ACEs can be found by accessing the following web sites:

<https://preventchildabuse.org>

<https://www.cdc.gov/violenceprevention/aces/index.html>

Nebraska Family Helpline

The **Nebraska Family Helpline** makes it easier for families, schools, advocates and others working with children and youth to obtain assistance by providing a single contact point 24 hours a day, seven days a week.

Trained Helpline operators screen calls to:

- Assess immediate safety needs,
- Identify the potential level of a behavioral health crisis,
- Make recommendations or referrals to appropriate resources, and
- Help callers connect to emergency resources or providers.

Raising kids is hard. It's okay to ask for advice.



Any Problem. Any Time.

1-888-866-8660

The Helpline is available statewide and supervised by licensed mental health professionals.

Family Navigator Program: Available within 24 to 72 hours after a Helpline referral, the Navigator Program assists families in identifying family strengths, setting goals, and identifying existing community-based services. The Family Navigator program, available through Nebraska's **Family Run Organizations**, provides families with support and an understanding ear.

For The Classroom

This exciting new video series from NIMH features Jane, the super-smart and friendly animated character who helps kids understand and cope with big feelings like stress, frustration, and sadness. Share one-on-one with a student or as a classroom discussion exercise. Click the episode title to view each video.



Episode 1: [Jane the Brain and the Stress Mess](#)

Episode 2: [Jane the Brain and the Frustration Sensation](#)



Episode 3: [Jane the Brain and the Upset Reset](#)



Mental Health First Aid



Mental Health First Aid is a skills-based training course that teaches participants to identify, understand, and respond to mental health and substance use challenges.

- An eight-hour public education program.
- Introduces participants to risk factors and warning signs of mental illness.
- Builds understanding of the impact of risk factors and provides overview of common supports.
- Like CPR, Mental Health First Aid prepares participants to interact with a person in crisis and connect the person with help.

Find a Mental Health First Aid course near you using this search tool:
<https://www.mentalhealthfirstaid.org/take-a-course/find-a-course>

or

Contact a Regional Prevention Coordinator to schedule a training

Region 1

Kim Fries
308-633-7991
kfries@region1bhs.net

Region 2

Shannon Sell
308-534-6029x208
shannonsell@r2hs.com

Region 3

Shyanne Adams
308-237-5113 x247
sadams@region3.net

Region 4

Derek Sonnenfelt
402-860-9913
DSonnenfelt@region4bhs.org

Region 5

Sandy Morrissey
402-441-4368
smorrissey@region5systems.net

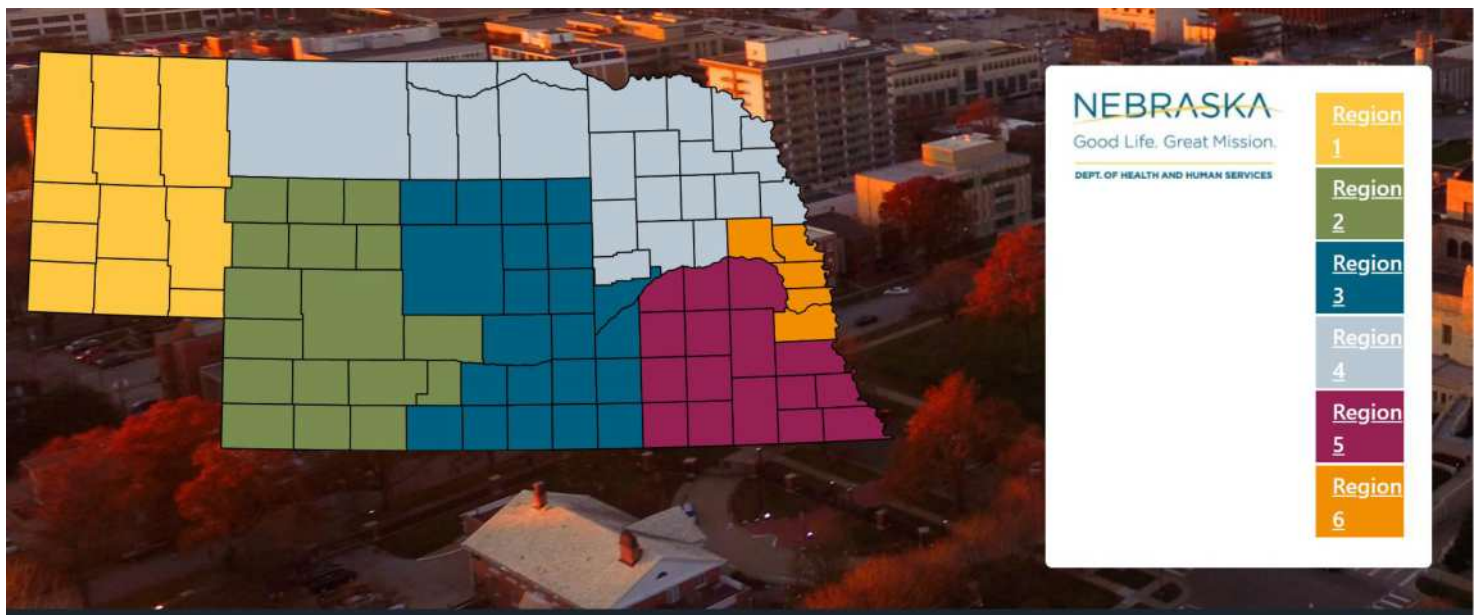
Region 6

Crystal Fuller
402-546-1192
cfuller@regionsix.com



Network of Care

The Network of Care (NOC) is a shared community resource website funded by the Department of Health and Human Services. The website provides teachers and school counselors in Nebraska with easy access to mental-health services that are readily affordable and available to students and their families as well as a broad array of behavioral health information online. It allows persons to access the information at their fingertips and to become connected to others within their respective community. The website is not a treatment referral source and cannot make specific recommendations or endorsements regarding individual treatment facilities or types of treatment.



Tailored to address the needs and unique characteristics in each of Nebraska's six Behavioral Health Regions, consumers can access information on behavioral health as well as a variety of other topics including:

- **Mental Health/Behavioral Health**
- **Kids**
- **Children and Families**
- **Developmental Disabilities**
- **Foster Care**

The Network of Care is operationalized through each Region. Access the website and [interactive map](#) for contact information and to learn about behavioral health and other resources in each region.

Opioid Misuse and the State Opioid Response (SOR)

Since 2017, the Division of Behavioral Health (DBH) has received federal grants to focus on the opioid crisis in Nebraska through the State Opioid Response program. The grant money has been used to support opioid addiction prevention, treatment, and recovery through different programs. Nebraska is working to decrease opioid addiction through these prevention efforts:

- Distribute naloxone at no cost to consumers and first responders
- Drug take-back events and disposal boxes
- Medication lockboxes
- Education on Centers for Disease Control (CDC) prescribing guidelines
- Nebraska Pain Management Document
- **Stop Overdose Nebraska** and other medical campaigns to increase awareness and reduce stigma
- Fund Medication for Opioid Use Disorder
- Able to pay: Medication Management, Appointments, Outpatient Counseling for Opioid Use Disorder and Substance Use Disorder Evaluation.



Nebraska is in a position to focus on prevention and workforce capacity to safeguard against a significant increase in opioid use disorders, opioid overdoses, and opioid-related deaths. **Schools provide an important link in these prevention efforts.**

All adolescents are at risk for misusing opioids though there are a wide range of factors that can either increase the risk of prescription drug misuse or help protect against it.¹

Risk Factors

- Acute and chronic pain,
- Physical health problems or a history of mental illness (such as depression),
- Other substance use or misuse,

¹ HHS.Gov/Office of Adolescent Health

- Youth who have witnessed a family member overdose, or
- Have a large number of friends who misuse prescription drugs.

Nearly half of adolescents ages 12 to 17 who reported misusing pain relievers said they were given or bought them from a friend or relative.



Protective Factors

Individuals at lower risk include those who:

- Commit to doing well in school and finishing school,
- Those who are concerned about the dangers of prescription drugs, or
- Have a strong bond with their parent and whose parents express disapproval of substance use have a lower risk of misuse.

What is the role of schools?

- School leaders, teachers, and staff can create safe environments and positive cultures for students.
- Schools can educate students and families about the dangers of drug use and about how to prevent opioid misuse and addiction.
- Many evidence-based prevention programs can be delivered in a school setting.
- Schools can help to mitigate risk factors that can make students vulnerable to engaging in dangerous behavior.
- Schools can also boost protective factors and increase student engagement.
- Schools can be prepared if an opioid overdose occurs on school grounds.
- Schools and school districts can support students in recovery and students whose family members are suffering from addiction.

Resources: U.S. Department of Education

- [Opioids.gov](https://www.opioids.gov) illustrates the magnitude of the opioid crisis and provides resources to address it.
- Data on youth drug use is available at the National Institute on Drug Abuse, Opioid page.
- CDC's opioid overdose page provides comprehensive information about opioids and their risks, as well as information about how to protect against opioid misuse, addiction and overdose.

Contact the applicable [Regional Behavioral Health Authority](#), if interested in learning more about prevention and treatment efforts in your area.

PROJECT AWARE:

Advancing Wellness and Resiliency in Education



Project AWARE builds or expands the capacity of Nebraska Department of Education (NDE), in partnership with Nebraska Department of Health and Human Services, Division of Behavioral Health (DHHS-DBH) in overseeing school-aged youth to:

- (1) increase awareness of mental health issues among school-aged youth;
- (2) provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and
- (3) connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services.

NDE and DHHS-DBH partners at the state level through grants to collaborate with Local Education Agencies (LEAs) to improve school-based mental health services. These LEAs are demographically and geographically diverse, with varying levels of poverty and scarcity of mental health resources.



At the state level (NDE), Project AWARE grantees are located in Chadron, Hastings, So. Sioux City, Valentine, Lexington, and Nebraska City. Locally, ESU 2 in Fremont has a Project AWARE grant. Entitled ACCESS (*All Children Celebrated, Educated, Safe, and Secure*) the grant serves 16 public schools and 9 private schools in Burt, Cuming, Dodge, and Saunders counties.



For more information on Project AWARE:

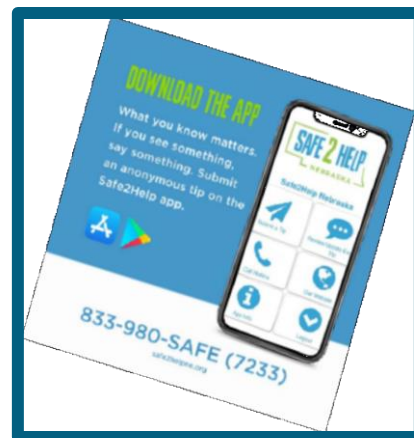
NDE: <https://www.education.ne.gov/csss/school-mental-health/>

ESU 2: <https://www.esu2.org/team-access/>

SAFE2HELP NE

Safe2Help NE is a report system designed for students, staff, and parents to anonymously report concerning behavior which could impact the safety of students or schools across Nebraska. Students, staff, and parents can report concerning behavior which may impact the safety of students or schools including, but not limited to:

- School threats
- Bullying
- Suicide concern
- Crime
- Domestic violence
- Abuse
- A friend's physical or mental health



Tips can be submitted via the **Safe2Help NE** website: <https://safe2helpne.com/> or by calling **531-299-7233** or through the mobile app. The **Safe2Help NE** app allows you to submit anonymous and secure school safety related information to a 24/7 staffed crisis center. The crisis center is housed with the Boys Town National Hotline.

SAFER SCHOOLS THROUGH **SAFE2HELP NE**: THREAT ASSESSMENT TEAMS¹

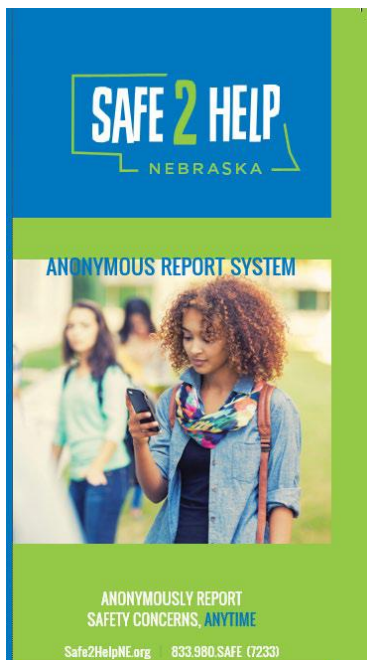
“Designed with guidance from the University of Nebraska Public Policy Center, the threat assessment training is vital. Who needs to be trained? The multi-disciplinary team should include: Administrator, Law enforcement officer, Mental health professional and two additional school staff members such as a counselor or teacher.”

HOW IT WORKS

- ❶ The team gathers information regarding reported or observed behavior to connect data, making sense of a concerning situation.
- ❷ As a best practice, the entire team reviews the incident, to provide a comprehensive view of the situation

¹ From Nebraska Department of Education, **SAFE2HELP NE** Brochure

- ③ Each team member provides a different viewpoint in the assessment. Using their knowledge of the student and day-to-day interactions, staff members can make an informed decision on how to handle the situation. The mental health professional looks at potential violence risks based on their behavioral health knowledge, and law enforcement evaluates risk based on their knowledge of criminal behavior.
- ④ The team determines what supports may be put into place to help and works to implement a solution as quickly as possible.



The goal of the team is to keep students, staff and parents safe by carefully observing and thoughtfully responding to concerning behavior before an incident occurs. Threat assessment training helps ensure each member of the team is prepared to respond if the need arises.

Watch The Video: [Safe2HelpNE for Teachers](#)



Safe2Help FAQ: <https://www.education.ne.gov/safety/safe2help-faq/>



Nebraska School Mental Health Conference

The Kim Foundation, is leading the Nebraska school mental health initiative in Nebraska. The **Nebraska School Mental Health Conference** gathers professionals from across the state to promote the need for strong mental health services in schools; to provide resources and training; and to advance early intervention and wraparound services for youth and families. The Forum brings together key stakeholders to address¹:

- Development of sustainable policies and programs
- Integration of evidence-based practices
- Development of professional workforce
- Evaluation of school mental health outcomes
- Collaborating in service delivery models

The Forum expands on the leadership provided by the Behavioral Health Education Center of Nebraska (BHECN) at the University of Nebraska College of Medicine, Department of Psychiatry. School personnel and administrators, mental health professionals, and state and public officials will convene to discuss solutions to barriers, access to services and creating a pathway to better whole health with a focus on mental health.¹

PLAN TO ATTEND

Nebraska School Mental Health Conference

May 28-29, 2025

Younes Conference Center North

707 Talmadge St.

Kearney, NE

For registration information

Contact the Kim Foundation: <https://www.thekimfoundation.org/>



A Supportive Resource and Compassionate Voice
for Lives Touched by Mental Illness and Suicide.

¹ Nebraska School Mental Health, The Kim Foundation: <http://www.thekimfoundation.org>



For School Nurses

As of July 2023, information regarding school nurses' conferences, the Nebraska Nurse Mentor program, and facts regarding common illnesses and diseases in the school environment may be directed to the School Health Liaison.

Andrea Riley, BSN, RN
School Health Liaison
Children's Hospital and Medical Center
(402) 955-6957
anriley@childrensomaha.org



Nebraska Department of Education: School Health Services

- [Nebraska Nurse Mentor Program](#)
- [New School Nurse Monthly Huddle](#)
- [School Nurse Training Planning Tool](#)
- [New School Nurse Training Modules](#)

Continuing Education Resources

UNMC

The University of Nebraska Medical Center College of Nursing Continuing Nursing Education is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. For **continuing education opportunities**, see “programs” at: <https://www.unmc.edu/nursing/>



Training and Resources from Mid-America Mental Health Technology Transfer Center Network :
<https://mhttcnetwork.org/centers/mid-america-mhttc/home>



For School Nurses



Nebraska Nurses Association

Q&A about CEs/Contact Hours <https://nebraskanurses.org/>



Nebraska School Nurse Association:

Annual school health conference and other news and announcements:

<https://nebraskaschoolnurses.nursingnetwork.com>

National Association of School Nurses

Offers articles, tool kits, e-learning, and other information on variety of child behavioral health topics :

- Bullying Prevention
- Depression in Children and Adolescents
- School Nurse Role in Behavioral Health of Students
- Healthy Schools, Healthy Students



Visit NASN to explore: <https://www.nasn.org/nasn/nasn-resources/practice-topics/mental-health>

School Community Intervention and Prevention (SCIP)

SCIP is a program designed to bring together families, school and the community to support student behavioral and emotional health.



“SCIP provides prevention, education, and early intervention services that addresses a child’s behavioral health needs through an organized response that includes”¹:

- Referral to a school SCIP team.
- Assessing need.
- Coordinating intervention.
- Developing plan.
- Providing on-going support.

WELCOME TO SCIP



For detailed information about SCIP go to: <https://scipnebraska.com/>

Newsletters

Stay informed on current trends and behavioral health issues affecting today's youth.



Resources

Parents, educators, and youth can access additional information on mental health, drugs and alcohol, bullying, dating violence, and other behavioral health topics.



Trainings and Events

Our trainings, fundraisers and other community events help us raise awareness, provide education, and generate crucial resources to serve our community.



School Health Assessment and Performance Evaluation System (SHAPE)



The SHAPE System is hosted by the national **Center for School Mental Health (CSMH)** at the University of Maryland School of Medicine. The Center promotes the importance of providing mental health services to children, adolescents, and families directly in schools and communities.

School districts, individual schools and even Educational Service Units (ESUs) can register to access a broad array of information including resources and a **large compendium of screening tools**.

Register to Improve Your School Mental Health System



Custom Reports



Team Assessment & Planning



Resources



Be Counted

Schools and school districts can use SHAPE to:

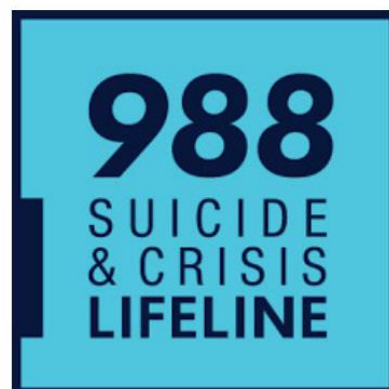
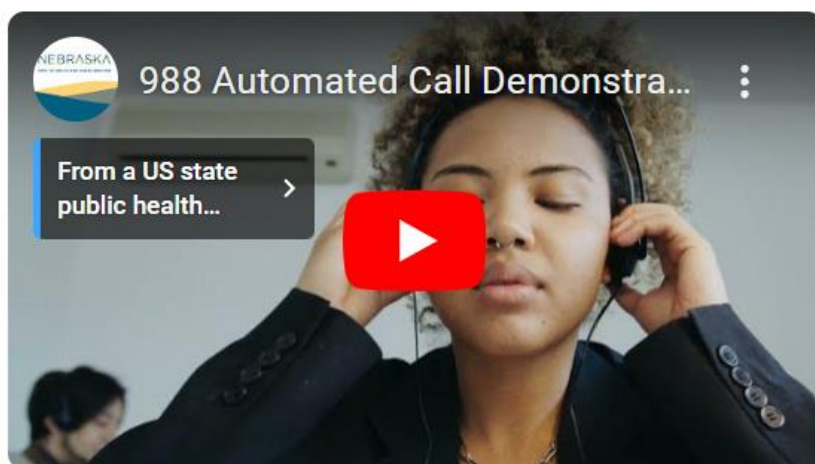
- Be counted in the National School Mental Health Census,
- Achieve SHAPE recognition to increase opportunities for federal, state and local grant funding,
- Access free, targeted resources to help advance your school mental health quality and sustainability,
- Advance a data-drive mental health team process for your school or district¹. For more information or to register go to: <https://theshapesystem.com/>



Suicide Prevention

Suicide prevention consists of a three-pronged approach:

- **Someone to call:** Boys Town - 24/7/365 - Trained Counselors
- **Someone to respond:** Mobile Crisis Response
- **Somewhere to go:** Community crisis services and supports



Click to play: <https://youtu.be/xBLOyki4PPw>

Schools are a key setting for suicide prevention. Teachers, mental health providers, and all other school personnel who interact with students can play an important role in keeping them safe.

The best way to prevent suicide is to use a comprehensive approach that includes these key components:

- Promote emotional well-being and connectedness among all students.
- Identify students who may be at risk for suicide and assist them in getting help.
- Be prepared to respond when a suicide death occurs.¹

Community-based suicide prevention coalitions are located across the state and schools will find them a valuable partner in suicide prevention. Visit the following website to locate a coalition in your area: <https://www.nsspc.org/>

Suicide Prevention Resources

The following state and national websites offer informational topics on and tools for suicide prevention.

DHHS Website: <https://dhhs.ne.gov/Pages/988-Suicide-and-Crisis-Lifeline.aspx>

State:

NE Department of Education:

- **Help for Parents: Dealing with Suicide Concerns:**
<https://www.education.ne.gov/safety/suicide-prevention/resources-for-parents/>
- **Classroom Wise:**
<https://www.classroomwise.org/about-classroom-wise>
<http://www.youthsuicideprevention.nebraska.edu>, or
<https://www.education.ne.gov/safety/suicide-prevention/>
- **Schools: Five-Year Plan for Suicide Prevention**
https://www.education.ne.gov/wp-content/uploads/2017/07/NE_LB_923_Five_Year_Plan.pdf

DHHS: <https://sprc.org/wp-content/uploads/2022/11/Nebraska-Statewide-Suicide-Prevention-Plan-2022-2025.pdf>

School Staff Prevention Training and Approved Curriculums:

https://www.education.ne.gov/wp-content/uploads/2024/02/nde-suicide-pre_61781356-1.pdf

National: <http://www.sprc.org>



Suicide Prevention Resource Center

[About Suicide](#) [Effective Prevention](#) [Resources & Programs](#) [Training](#) [News & Highlights](#) [Organizations](#)

Columbia Suicide Severity Rating Scale: See Appendix

SAMHSA-Prevention Resources: <https://www.samhsa.gov/tribal-ttac/resources/suicide-prevention>

SAMHSA Safety Plan: See Appendix



Suicide Prevention Resources

Nebraska Family Helpline is available 24/7 to parents and families. Any problem, any time. Call: 1-888-866-8660

Nebraska's Connected Youth Initiative helps young people get access to important health and wellness services and resources.

NeHelp Chat — connect to services via **Central Navigation**

- Text “HELP” to 402-226-5842 or 308-280-8383

Health and Wellness Support for Young People

- bit.ly/CYI-health-wellness

Nebraska and National Supports

Nebraska Youth Suicide Prevention:

Immediate Help — call or text 988

- youthsuicideprevention.nebraska.edu
- 988lifeline.org

Trevor Lifeline: Support 24/7

- thetrevorproject.org or call 1-866-488-7386

The Kim Foundation — a supportive resource and compassionate voice for lives touched by mental illness and suicide

- thekimfoundation.org

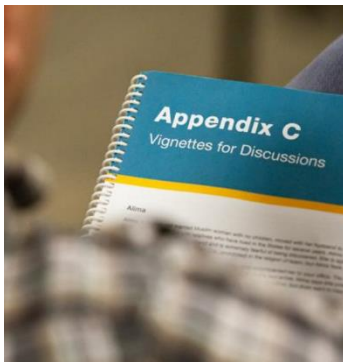


Connected Youth Initiative
nebraskachildren

Assessing and Managing Suicide Risk (AMSR)

AMSR is based on the latest research and is designed to support safer suicide care practices, such as Zero Suicide. Training in AMSR emphasizes a collaborative approach to suicide risk which involves accepting the client's suffering while simultaneously conveying a commitment of healing and hope. AMSR teaches clinicians to anchor suicide risk contextually, distinguishing between a person's risk compared to others and also compared to his/her own history. Workshop participants practice synthesizing that information into clinical formulations of risk that directly leads to plans and responses.¹

Training Options:



Direct Care Outpatient Training workshop prepares non-clinical staff working in outpatient care settings to provide confident and empathetic care to patients at risk of suicide.

AMSR-SUD Training: Prepares health and behavioral healthcare providers working in substance use disorder treatment settings to provide confident and empathetic treatment to patients at risk of suicide.



See All Training Available:

<https://solutions.edc.org/solutions/zero-suicide-institute/amr/amr-services/amr-training>



¹ Zero Suicide Institute
"Helping People Living Better Lives"

Collaborative Assessment and Management of Suicidality (CAMS)

CAMS is an evidence-based approach to treating people suffering from serious thoughts of self-harm. It is first and foremost a clinical philosophy of care. It is a therapeutic framework for suicide-specific assessment and treatment of a patient's suicidal risk. CAMS is a flexible therapeutic framework that is guided by a multi-purpose clinical tool called the "Suicide Status Form" (SSF), which guides the patient's treatment:

- (a) suicide-specific assessment,
- (b) suicide-specific treatment-planning,
- (c) tracking of on-going risk,
- (d) clinical outcomes and dispositions.



<https://cams-care.com/the-cams-framework/evidence-based-framework/>



ZERO SUICIDE INITIATIVE: TOOLKIT

The **Zero Suicide Toolkit** is a detailed guide to Zero Suicide implementation and strategy. The Zero Suicide model operationalizes the core components necessary for healthcare systems to transform suicide care into seven elements.



How to use the Zero Suicide Toolkit and Resources go to:

<https://zerosuicide.edc.org/toolkit/zero-suicide-toolkit>

Q.P.R. - Evidence-Based Prevention:

Innovative, practical, and proven suicide prevention. Contact the Regional Behavioral Health Authorities for training opportunities in QPR.

Three Simple steps anyone can learn to help save a life from suicide



Question



Persuade



Refer

Training for School Staff: Contact Regional Suicide Prevention Coordinators

Region 1

Kim Fries
308-633-7991
kfries@region1bhs.net

Region 2

Shannon Sell
308-534-6029x208
shannonsell@r2hs.com

Region 3

Hunter Ludwig
308-237-5113 x231
hludwig@region3.net

Region 4

Derek Sonnenfelt
402-860-9913
DSonnenfelt@region4bhs.org

Region 5

Sandy Morrissey
402-441-4368
smorrissey@region5systems.net

Region 6

Crystal Fuller
402-546-1192
cfuller@regionsix.com

More about QPR: <https://qprinstitute.com/about-qpr>



Click to Play:

<https://youtu.be/0VcaemqOAMw>

Suicide Prevention: LOSS Teams



PROCESS

The LOSS team is to respond to the scene of a suicide loss after being notified by legal authorities who have determined the cause of death is due to suicide; or by request of the family who have been bereaved by suicide; often the faith community, friends, or relatives will inform the family as to the LOSS team process.

The LOSS team will respond to a location identified by the LOSS team coordinator, typically within a matter of hours or a few days after being connected to the individual(s) experiencing the loss. The LOSS team visit generally lasts for about one hour, and then provides follow up support as requested to those bereaved by suicide.

STRUCTURE

The LOSS team is composed of at least one suicide survivor, and a LOSS team trained mental health clinician all of whom are volunteers who are available. All team members are carefully screened and receive ongoing training by the local LOSS team. The Nebraska State Suicide Prevention Coalition supports the development of LOSS teams across the state, and collaborates with community coalitions, local Behavioral Health Region offices, e.g. In addition, the Nebraska State LOSS Team Coalition provides support on a regular basis to local LOSS teams.

LOSS Team Resources

Helpful websites:

<https://nebraskaloss.org>

<https://www.losssteam.com/>

<https://www.nsspc.org/>

More About Nebraska LOSS

What is a LOSS Team?

Local Outreach to Suicide Loss Survivors (LOSS) is an evidence-based active postvention model. This model involves two or more trained volunteers, called a LOSS Team, proactively providing immediate support to those left behind.

Who makes up a LOSS Team?

LOSS Teams consist of trained mental health professionals and suicide loss survivors. The suicide loss survivors on the team have lost a loved one themselves to suicide, got help, and want to be a resource to newly bereaved loss survivors. All members are trained to support survivors in their time of need.

How does LOSS work for suicide loss survivors?

The LOSS team participates in a "call-out" only with the agreement of the survivor family. The team is activated by local law enforcement or community faith leaders, or sometimes by the family themselves. Generally, the initial call-out will average 30 to 45 minutes in duration. The focus of the LOSS team is to provide the clear message of hope that the survivors can move through this time of shock and despair by providing information a variety of resources available in the community and surrounding area.

Why this effort to support suicide loss survivors?

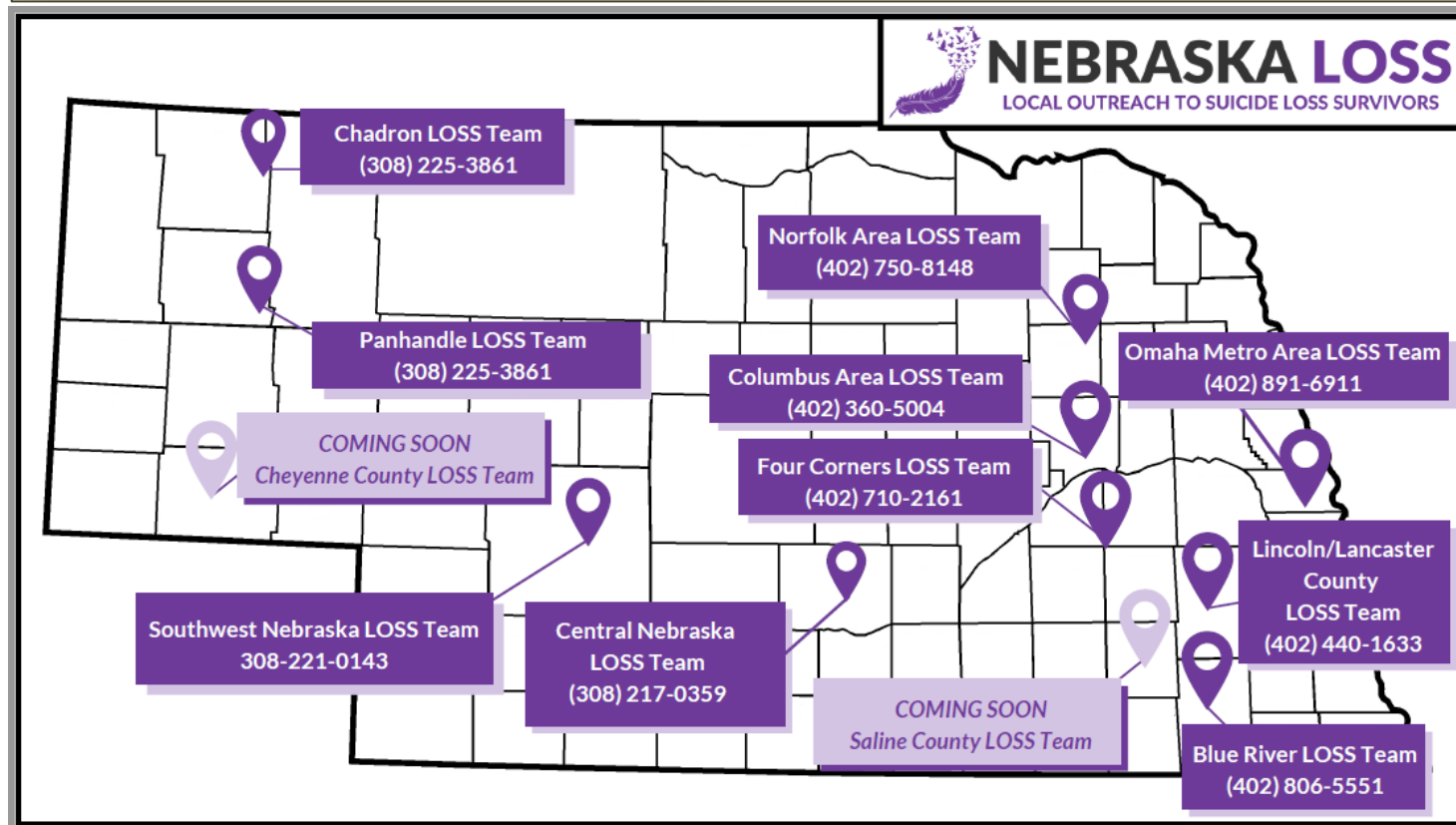
The effect of suicide on loved ones is painful and complex. This is perhaps best illustrated by numerous studies demonstrating that suicide loss survivors are often at increased risk for suicide—between 2-10x that of the general population. Unfortunately, it is estimated that only one in four suicide loss survivors seeks help after a suicide. It has been found that survivors that have to identify grief support services themselves often don't connect with them for up to 4.5 years, whereas those that have connected with a LOSS Team connect with services on average of 39-48 days.

How long have LOSS Teams been in Nebraska?

Thanks to the efforts of Dr. Don Belau (founder of Nebraska LOSS) and Dr. Frank Campbell (Creator of the LOSS Team Postvention Model), LOSS Teams have been active and growing in Nebraska since July 2009.

What is postvention?

Postvention refers to activities which reduce risk and promote healing after a suicide death.



Signs of Suicide (SOS)

SOS is an evidence-based youth suicide prevention program that has demonstrated an improvement in students' knowledge and adaptive attitudes about suicide risk and depression.

Designed for grades 6-12, SOS teaches students how to identify signs of depression and suicide in themselves and their peers, while providing materials that support school professionals, parents, and communities in recognizing at-risk students and taking appropriate action.¹

Learn About SOS for School Staff

<https://mindwise.org/sos-for-school-staff/>

SOS for School Staff uses video and interactive tools to teach adults how to:

- recognize warning signs and risk factors for suicide
- engage in appropriate, caring conversations
- keep a student safe, while connecting them to qualified school staff

How It Works

SOS is a classroom lesson that combines educational videos, discussion guides, depression screening, and response slips to seek help. The program includes annual refresher lessons, reflects feedback from students and facilitators, offers practical advice on coping skills, spotlights the role of social media, and includes stories of hope and recovery.

While there is no training or certification required to start using SOS in your school, we offer virtual or in-person training workshops nationally for schools or organizations seeking additional support.¹

Preview SOS for Students

[https://learn.mindwise.org/sos-signs-of-](https://learn.mindwise.org/sos-signs-of-suicide?_gl=1*1geee7v*_gcl_au*MTg2Njk0NjA4Ny4xNzMyNTU2ODU3*_ga*MjA1Nzk0OTYyLjE3MzI1NTY4NTc.*_ga_QK06YLG20D*MTczMjU1Njg1Ny4xLjAuMTczMjU1Njg1Ny42MC4wLjA)

[suicide?_gl=1*1geee7v*_gcl_au*MTg2Njk0NjA4Ny4xNzMyNTU2ODU3*_ga*MjA1Nzk0OTYyLjE3MzI1NTY4NTc.*_ga_QK06YLG20D*MTczMjU1Njg1Ny4xLjAuMTczMjU1Njg1Ny42MC4wLjA](https://learn.mindwise.org/sos-signs-of-suicide?_gl=1*1geee7v*_gcl_au*MTg2Njk0NjA4Ny4xNzMyNTU2ODU3*_ga*MjA1Nzk0OTYyLjE3MzI1NTY4NTc.*_ga_QK06YLG20D*MTczMjU1Njg1Ny4xLjAuMTczMjU1Njg1Ny42MC4wLjA)

<https://mindwise.org/>



¹ MindWise Innovations
"Helping People Living Better Lives"

CALM: (Counseling on Access to Lethal Means)

Free, Self-Paced, On-line Course

Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies. This course is about how to reduce access to the methods people use to kill themselves. It covers who needs lethal means counseling and how to work with people at risk for suicide—and their families—to reduce access.¹

Course Description¹

- Explains that reducing access to lethal means is an evidence-based strategy for suicide prevention.
- Explains how reducing access to lethal means can prevent suicide.
- Identifies clients for whom lethal means counseling is appropriate.
- Describes strategies for raising the topic of lethal means, and feel more comfortable and competent applying these strategies with clients.
- Advise clients on specific off-site and in-home secure storage options for firearms and strategies to limit access to dangerous medications.
- Work with clients and their families to develop a specific plan to reduce access to lethal means and follow up on the plan over time.

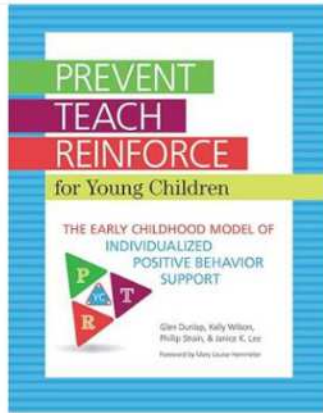
ZERO SUICIDE INSTITUTE

<https://zerosuicide.edc.org/>



¹ Zero Suicide Institute
"Helping People Living Better Lives"

The Toolbox



Prevent, Teach, Reinforce

Solve serious behavior challenges in K–8 classrooms with this easy-to-use book, the first practical guide to the research-proven Prevent-Teach-Reinforce (PTR) model. Developed by some of the most respected authorities on positive behavior support, this innovative model gives school-based teams a five-step plan for reducing problems unresolved by typical behavior management strategies. [See Handout](#)

SEBL

Social, emotional and behavioral learning (SEBL) is the systematic process of fostering social and emotional skills among students and adults in order to create safe and supportive environments with positive behavioral and mental health outcomes for all.

[See Implementation/Training Supports](#)



REP is a targeted Tier 2 intervention for students at risk for internalizing concerns, such as depression and anxiety.

[See SMHC for resources.](#)

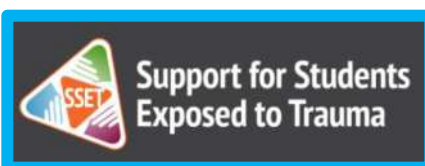


The Toolbox

Support for Students Exposed to Trauma (SSET)

SSET, an adaptation of Cognitive Behavioral Intervention for Trauma (CBITS), is designed to help schools and school systems that do not have access to school-based clinicians. Designed with and for teachers and nonclinical school counselors, the program targets students in fifth grade and above. Unlike CBITS, SSET uses a lesson-plan format instead of a clinical manual.

[Learn More About SSET](#)



Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

CBITS is a skills-based, child group intervention that is aimed at relieving symptoms of Posttraumatic Stress Disorder, depression, and general anxiety among children exposed to multiple forms of trauma. CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. It uses cognitive-behavioral techniques.

[See CBITS Program for Resources](#)



Classroom WISE



Classroom WISE is a FREE 3-part training package that assists K-12 educators and school staff in supporting the mental health of students in the classroom. Developed by the Mental Health

Technology Transfer Center (MHTTC) Network in partnership with

the National Center for School Mental Health, this package offers evidence-based strategies and skills to engage and support students experiencing adversity and distress. [See Resources and Implementation Information.](#)


Underage and Binge Drinking

Underage drinking has serious health consequences, it's unsafe, and it's against the law. Binge drinking in particular is a dangerous drinking pattern that is associated with a number of health and social consequences.

School & Educator Resources




Schools play an important role in preventing underage alcohol use and should be included in all comprehensive, community-based efforts to reduce teen drinking. There is a wide range of activities that schools can undertake to prevent underage drinking, including teaching students alcohol refusal skills and creating and enforcing school policies on alcohol use. Access SAMHSA prevention resources for schools at: <https://www.samhsa.gov/talk-they-hear-you>



When you are concerned about a student, remember you are not alone. You have a team of school professionals to support you.

Student assistance professionals are there to help when something is going on with a student. They will work with you, the student, and the student's family to develop a complete picture of what's going on and engage resources to help.

www.underagedrinking-samhsa.gov 



Talking to Kids About Alcohol and Other Drugs: 5 Conversation Goals

Research suggests that one of the most important factors in healthy child development is a strong, open relationship with a parent. It is important to start talking to your children about alcohol and other drugs before they are exposed to them—as early as 9 years old.

1 Show you disapprove of underage drinking and other drug misuse.

Over 80 percent of young people ages 10–18 say their parents are the leading influence on their decision whether to drink. Send a clear and strong message that you disapprove of underage drinking and use or misuse of other drugs.

2 Show you care about your child's health, wellness, and success.

Young people are more likely to listen when they know you're on their side. Reinforce why you don't want your child to drink or use other drugs—because you want your child to be happy and safe. The conversation will go a lot better if you're open and you show concern.

3 Show you're a good source of information about alcohol and other drugs.

You want your child to make informed decisions about alcohol and other drugs with reliable information about its dangers. You don't want your child to learn about alcohol and other drugs from unreliable sources. Establish yourself as a trustworthy source of information.

4 Show you're paying attention and you'll discourage risky behaviors.

Show you're aware of what your child is up to, as young people are more likely to drink or use other drugs if they think no one will notice. Do this in a subtle way, without prying.

5 Build your child's skills and strategies for avoiding drinking and drug use.

Even if you don't think your child wants to drink or try other drugs, peer pressure is a powerful thing. Having a plan to avoid alcohol and drug use can help children make better choices. Talk with your child about what they would do if faced with a decision about alcohol and drugs, such as texting a code word to a family member or practicing how they'll say "no thanks."

Youth Mental Health in a Virtual World

“Virtual spaces are everywhere and have become a constant presence, offering social connectedness and the ease of instant communication. But the online world of selfies and social media also brings with it challenging situations that can have a negative impact on youth mental health.”¹



Mental Health America has compiled resources for schools, parents and youth on how to protect youth mental health in a digital world. A downloadable tool kit is available as well as resources for the following:

Resources For Adults

- Online behavior and mental health
- Protecting your child's mental health online
- Social media, youth, and comparison
- Tips to help youth avoid social comparison

Resources For Kids And Teens

- Why do I compare myself to others online?
- How to find healthy online communities
- The do's of social media



Graphics and Shareables

- Graphics and messaging to raise mental health awareness

Visit Mental Health America for all tips and resources: <https://mhanational.org/>

¹ **Mental Health American: Back To School Resource**

“Helping People Live Better Lives”



APPENDIX

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

CSSR SCREENER

Always ask questions 1 and 2.		Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?		High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk
Always Ask Question 6		Life-time Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc.</i> If yes, was this within the past 3 months?		High Risk



If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.



Download
Columbia
Protocol
app

Boxes marked in **Yellow** indicate Low Risk

Boxes marked in **Orange** indicate Moderate Risk

Boxes marked in **Red** indicate High Risk

Referral Information for individuals that answer YES to questions 2, 3, 4, 5 and/or 6

5. Was the youth referred for either mental health or non-mental health related services?

1= Yes [skip to item 6]

2= No

5a. [IF NO] Why was the youth not referred for any type of services? (select all that apply).

1= Youth was already receiving mental health services

2= No capacity at provider agencies to make a mental health referral

3= Youth already receiving other supports

4= Other please describe: _____

6. Was the youth referred for non-mental health related services?

1=Yes

2=No [skip to item 7]

6a. [IF YES] Type of non-mental health recommendation (select all that apply).

1= Informed youth of crisis hotline

2= Discussed availability of other supports with youth and/or family _____

3= Physical Health referral _____

4= Other please describe: _____

7. Was the youth referred for mental health related services?

1=Yes

2=No

7a. [IF YES] Identify the mental health related service to which a referral was made (select all that apply).

1= Mental health assessment / treatment _____

2= Substance use assessment / treatment _____

3= Psychiatric hospitalization _____

4= Emergency room or mobile crisis _____

5= Other please describe: _____

Safety Plans Work

There is hope.



- 1. Write 3 warning signs that a crisis may be developing.**

- 2. Write 3 internal coping strategies that can take your mind off your problems.**

- 3. Who/What are 3 people or places that provide distraction?**

(Write name/place and phone numbers)

_____	Phone _____
_____	Phone _____
_____	Phone _____

- 4. Who can you ask for help?** (Write names and phone numbers)

_____	Phone _____
_____	Phone _____
_____	Phone _____

- 5. Professionals or agencies you can contact during a crisis:**

Clinician: _____ Phone _____

Local Urgent Care or Emergency Department:

Address _____ Phone _____

Call or text 988 or chat 988lifeline.org

- 6. Write out a plan to make your environment safer.**

(Write 2 things)

