

Behavioral Health Resources for Schools



Department of Health and Human Services

Division of Behavioral Health

September 2023

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 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

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Behavioral Health Resources for Schools

Quick Connect

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



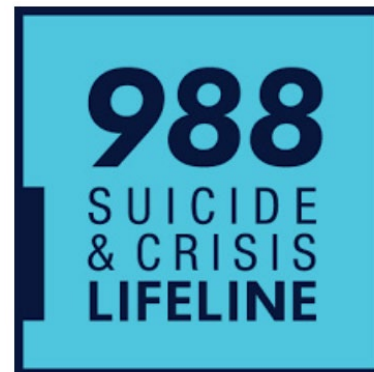
Any Problem. Any Time.

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

DOWNLOAD THE APP

What you know matters. If you see something, say something. Submit an anonymous tip on the Safe2Help app.

833-980-SAFE (7233)
safe2helpne.org

Behavioral Health Regions Community Collaboratives Family Organizations

Behavioral Health Regions



Region 1 Behavioral Health Authority	(308) 635-3173 http://region1bhs.net/	Region 5 Systems	(402) 441-4343 http://region5systems.net
Panhandle Partnerships	(308) 633-3818 https://panhandlepartnership.com	United Way of Lincoln & Lancaster County	(402) 441-7774 http://www.unitedwaylincoln.org
Region 2 Human Services	(308) 534-0440 www.r2hs.com/	Families Inspiring Families	1-888-441-4369 http://familiesinspiringfamilies.org
Families 1 st Partnership	(308) 520-3743 https://www.families1stpartnership.org	Region 6 Behavioral Healthcare	(402) 444-6573 https://www.regionsix.com
Dawson County Family Partners	(308) 325-3476 www.dawsonfamilypartners.org	Fremont Family Coalition	(402) 721-4158 https://www.fremontfamilycoalition.com/
Region 3 BH Services	(308) 237-5113 www.Region3.net	Douglas Co. Community Response:	https://douglascountycr.org
Hall County Community Collaborative	(308) 385-5125 https://bringupnebraska.org/who-we-are/collaboratives/hall-county-community-collaborative.html	Lift Up Sarpy	(402) 292-2961 http://liftupsarpycounty.org
Families CARE	(308) 237-1102 https://familiescare.org	Families Inspiring Families	1-888-441-4369 http://familiesinspiringfamilies.org
Region 4 Behavioral Health System	(402) 370-3100 https://region4bhs.org		
Dakota County Connections	(402) 494-3337 x 22 https://www.volunteersiouxland.org/		
Norfolk Family Coalition	(402) 640-2409 http://norfolkfamilycoalition.org		
Parent to Parent Network	1-977-379-9926 https://parent-parent.org/		

Behavioral Health Resources For Schools

Division of Behavioral Health

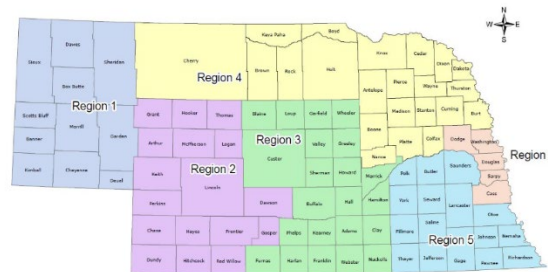
There Is No Health Without Behavioral Health

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 a table that provides contact information for each Region. Schools are encouraged to engage with their Region to learn about behavioral health resources and programs for children, youth, and families.

Behavioral Health Regions



Region 1	(308) 635-3173	http://region1bhs.net/	Region 4	(402) 370-3100	www.region4bhs.org/
Region 2	(308) 534-0440	www.r2hs.com/	Region 5	(402) 441-4343	www.region5systems.net
Region 3	(308) 237-5113	www.Region3.net	Region 6	(402) 444-6573	www.Regionsix.com

Behavioral Health Resources For Schools

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.

Behavioral Health Resources For Schools

Behavioral Health Education Center of Nebraska (BHECN)

Established in 2009 by the University of Nebraska College of Medicine, Department of Psychiatry, “*The Behavioral Health Education Center of Nebraska (BHECN)* recruits and educates students in behavioral health fields while training and retaining professionals already in the workforce.”¹



BHECN has developed education and training for school staff, including teachers and nurses, on a wide range of behavioral health topics. Easily accessible, professionals can participate in webinars and training online through the [BHECN](#) web site:

- For Teachers
- For Nurses
- Online Training Modules (Useful behavioral health topics for school professionals)

BHECN is a valuable partner in providing training and resources for **Nebraska’s System of Care (NeSOC)**. Visit the BHECN/SOC [website](#) to access training and resources:

- Youth and Family Partnerships
- SOC Integrated System
- Culturally Appropriate
- Community-based

Schools are encouraged to participate in their local System of Care efforts. To find the **System of Care** in your area including who to contact, refer to the map on the next page.

¹ Behavioral Health Education Center of Nebraska, Website, Home Page, 2018

Behavioral Health Regions Family Organizations Community Collaboratives².



Region 1 Behavioral Health Authority	(308) 635-3173 http://region1bhs.net/	Region 5 Systems	(402) 441-4343 http://region5systems.net
Panhandle Partnerships	(308) 633-3818 https://panhandlepartnership.com	United Way of Lincoln & Lancaster County	(402) 441-7774 http://www.unitedwaylincoln.org
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Region 3 BH Services	(308) 237-5113 www.Region3.net (308) 385-5125	Douglas Co. Community Response:	https://douglascountycr.org
Hall County Community Collaborative	https://bringupnebraska.org/who-we-are/collaboratives/hall-county-community-collaborative.html	Lift Up Sarpy	(402) 292-2961 http://liftupsarpycounty.org
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Parent to Parent Network	1-977-379-9926 https://parent-parent.org/		

² Map and directories compiled by Behavioral Health Education Center of Nebraska (BHECN)

Behavioral Health Resources For Schools

Continuing Education for School Nurses

The school nurse supports student success by providing health care through assessment, intervention, and follow-up for all children within the school setting. The school nurse addresses the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process.¹ Nurses must meet licensing requirements through ongoing continuing education (CE).

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

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/>



From CDC on ACEs: <https://vetoviolence.cdc.gov/apps/aces-training/#/>
Provides 1.2 free contact hours for nurses.

¹ National Association of School Nurses

Training and Resources from Mid-America Mental Health Technology Transfer Center Network :

<https://mhttcnetwork.org/centers/mid-america-mhttc/home>



Nebraska Nurses Association



Q&A about CEs/Contact Hours

<http://www.nebraskanurses.org/education/>

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



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



Nebraska School Nurse Association:

Annual school health conference and other news and announcements:

<https://nebraskaschoolnurses.nursingnetwork.com>

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](#).

Behavioral Health Resources For Schools

Evidence-Based Practices

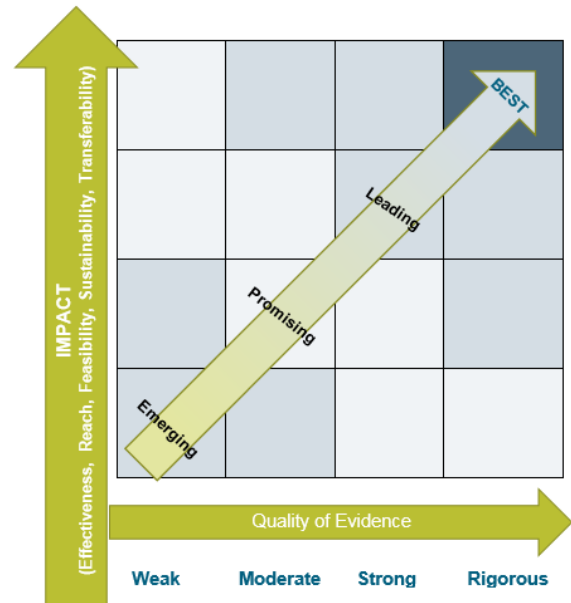
Evidence-based practice (EBP) is the integration of best research evidence with clinical expertise and patient values. An Evidence-Based Practice:

- 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/>

Behavioral Health Resources for Schools

Evidence-Based Practice: 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 posttraumatic stress disorder.¹ 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.² CPP is a Medicaid covered service and is recognized as an evidence-based program by SAMHSA's. 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.



NEBRASKA
RESOURCE PROJECT
FOR VULNERABLE
YOUNG CHILDREN

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

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>



¹ National Child Traumatic Stress Network

² Nebraska Resource Project For Vulnerable Young Children

Behavioral Health Resources for Schools

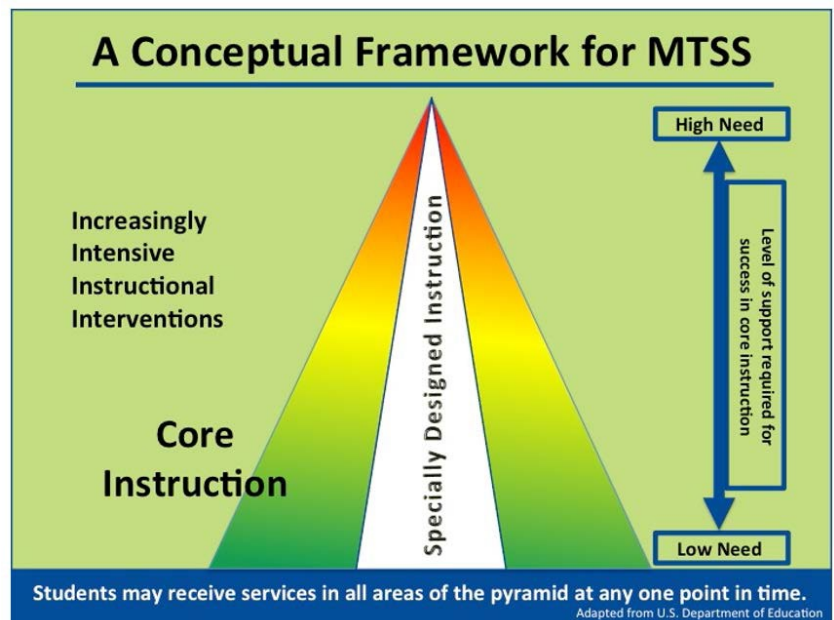
Multi-Tiered System of Support (MTSS) and Response to Intervention (Rtl)

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.

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

Rtl 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 Rtl include:

- MTSS encompasses Rtl 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/>

Behavioral Health Resources for Schools

Evidence-Based Practice: 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 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.



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.

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/we-offer/psychiatric-and-counseling-services/first-episode-psychosis/>

On Track/Live Well Counseling Center:

¹ National Institute of Mental Health

Behavioral Health Resources for Schools

Evidence-Based Practice: 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 ¹.

Evidence Rating



Scientifically Supported

There is strong evidence that MST reduces the likelihood of recidivism and 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

¹ *County Health Rankings and Roadmaps*– Robert Wood Johnson Foundation, 2018 <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/multisystemic-therapy-mst-for-juvenile-offenders>

Behavioral Health Resources for Schools

Evidence-Based Practice: 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/parentchild-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/professionals.html>

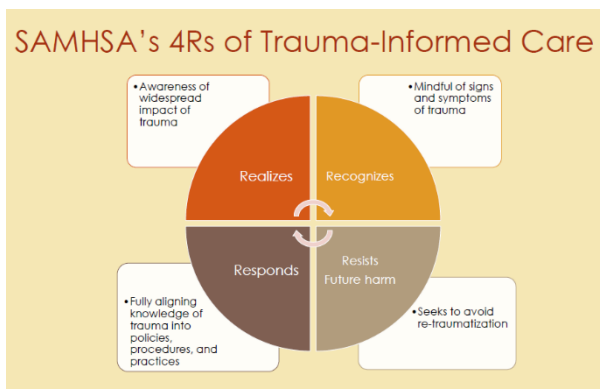


Behavioral Health Resources For Schools

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:



- Realizes
- Recognizes
- Resists future harm
- Responds



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

<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

The **Behavioral Health Education Center of Nebraska (BHECN)** offers resources and online training for schools, teachers and nurses on trauma and trauma-informed care. See listings under training and System of Care at

<https://www.unmc.edu/bhecn/>

Additional Resources

- THRIVE System of Care: <https://www.thethriveinitiative.org>
- National Child Traumatic Stress Network <http://www.nctsn.org>

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

² NASMHPD, 2006

Behavioral Health Resources For Schools

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.

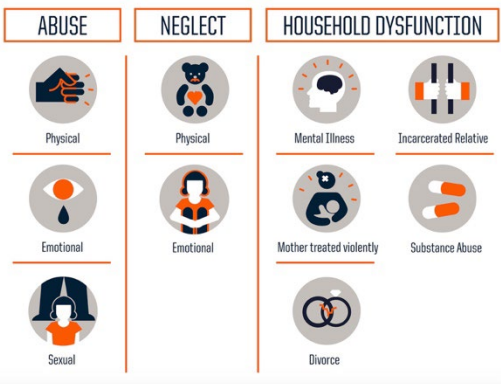
Adverse Childhood Experiences have been linked to

- 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>

Behavioral Health Resources For Schools

Nebraska Family Helpline

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

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.



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 provides families with support and an understanding ear.

Behavioral Health Resources For Schools

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	Region 2	Region 3	Region 4	Region 5	Region 6
Michelle Hickox 308-635-3173 mhickox@region1bhs.net	Shannon Sell 308-534-6029 x152 shannonsell@r2hs.com Prevention & Disaster	Tiffany Gressley 308-237-5113 x237 tgressley@region3.net Breanna Steager bsteager@region3.net	Tommy Newcombe 402-316-1779 tnewcombe@region4bhs.org	Sandy Morrissey 402-441-4368 smorrissey@region5systems.net	Jona Beck 402-546-1192 jbeck@regionsix.com



Behavioral Health Resources for Schools

About System of Care

Nebraska's System of Care (NeSOC) for children, youth, and families is not a program but rather a different way of doing business. It is a framework that is operationalized through the power of partnerships. It is youth-guided, family-driven, trauma-informed, and culturally responsive to improve outcomes for children and youth with mental and behavioral health challenges and their families. NeSOC is operationalized through a **public/private partnership** with Nebraska Children and Families Foundation.

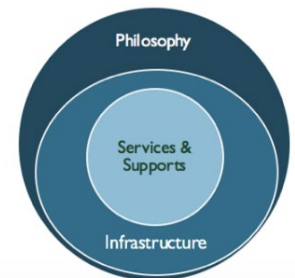
In 2016, Nebraska's SOC efforts were enhanced through a four-year federal grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Although the grant targeted a specific population and services were specific, the award was instrumental in cementing the SOC philosophy and taking the System of Care statewide. For a comprehensive introduction to Nebraska's System of Care, access the training video offered by the Behavioral Health Education Center of Nebraska (BHECN) at: <https://www.unmc.edu/bhecn/>



Behavioral Health Regions



SOC looks different in different areas: Each Region hosts a local systems of care. Each has different, individualized goals and priorities, but across the state Regions share common philosophies in the approach to care.



Behavioral Health Education Center of Nebraska

At the state level, NeSOC is comprised of representatives from foundational and collaborative partners:

- Administrative Office of the Courts and Probation
- Behavioral Health Education Center of Nebraska (BHECN)
- DHHS Divisions: Behavioral Health, Children and Family Services, Medicaid and Long Term-Care, Developmental Disabilities, and Public Health.
- Family organizations
- Nebraska Children and Families Foundation (NCFE)
- Nebraska Department of Education
- Regional Behavioral Health Authorities (Regions)
- Society of Care
- University of Nebraska – Lincoln: Public Policy Center

Doing Business Differently: Aligned with Children and Family Services’ focus on prevention and the Behavioral Health System’s strategic plan to build a robust continuum of prevention, early intervention, treatment, prevention and recovery, a new and effective model services youth and families differently.

- Communities come together, utilizing the Community Collaboratives which consist of system, youth, and family partners to problem solve ways to meet needs and identify solutions to fill a gap. The collaboratives are supported by NCFE.
- The Regions partner with the Collaboratives and MLTC/MCO to find solutions.
- Schools and NDE remain an essential partner at the local and state level. Schools, communities, Regions work together to prevent formal systems such as CFS or Probation from being the initial request.



Behavioral Health Resources For Schools

Children and Youth Services System: About Our Partners

The **Department of Health and Human Services** 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 System of Care** for children, youth and their families. Each division makes unique contributions to the System of Care.

Division of Developmental Disabilities:

http://dhhs.ne.gov/developmental_disabilities

The Division of Developmental Disabilities provides funding and oversight for **community-based services** for consumers with developmental disabilities. 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 (DD), consumers must submit an application through **ACCESSNebraska** and be determined eligible.



To be **eligible**, consumers must:

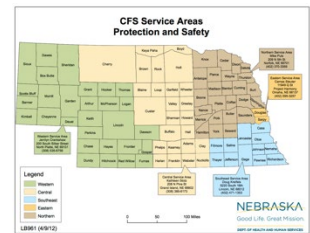
- Have a developmental disability as diagnosed by a licensed psychologist
- **OR** a medical diagnosis of a developmental disability such as cerebral palsy, spina bifida, or certain genetic disorders,
- **AND** substantial limitations in each of the three areas:
 - **Conceptual skills** including language, 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 (DCFS) 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 initiatives.

The Department of Health and Human Services administers and manages eligibility for Medicaid and Economic Assistance programs through ACCESSNebraska. **Anyone can apply for benefits and handle their Medicaid and Economic Assistance needs on the [ACCESSNebraska](https://dhhs.ne.gov/ACCESSNebraska) 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

TDD:(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 encompasses the Medicaid Program, Home and Community Services for Aging and Persons with Disabilities and the State Unit on Aging. 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 ACCESSNebraska.

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.



Heritage Health Plans



Go to [ACCESSNebraska](#) or [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 brings together all the elements of public health within the Nebraska Department of Health and Human Services.

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.

Behavioral Health Resources for Schools

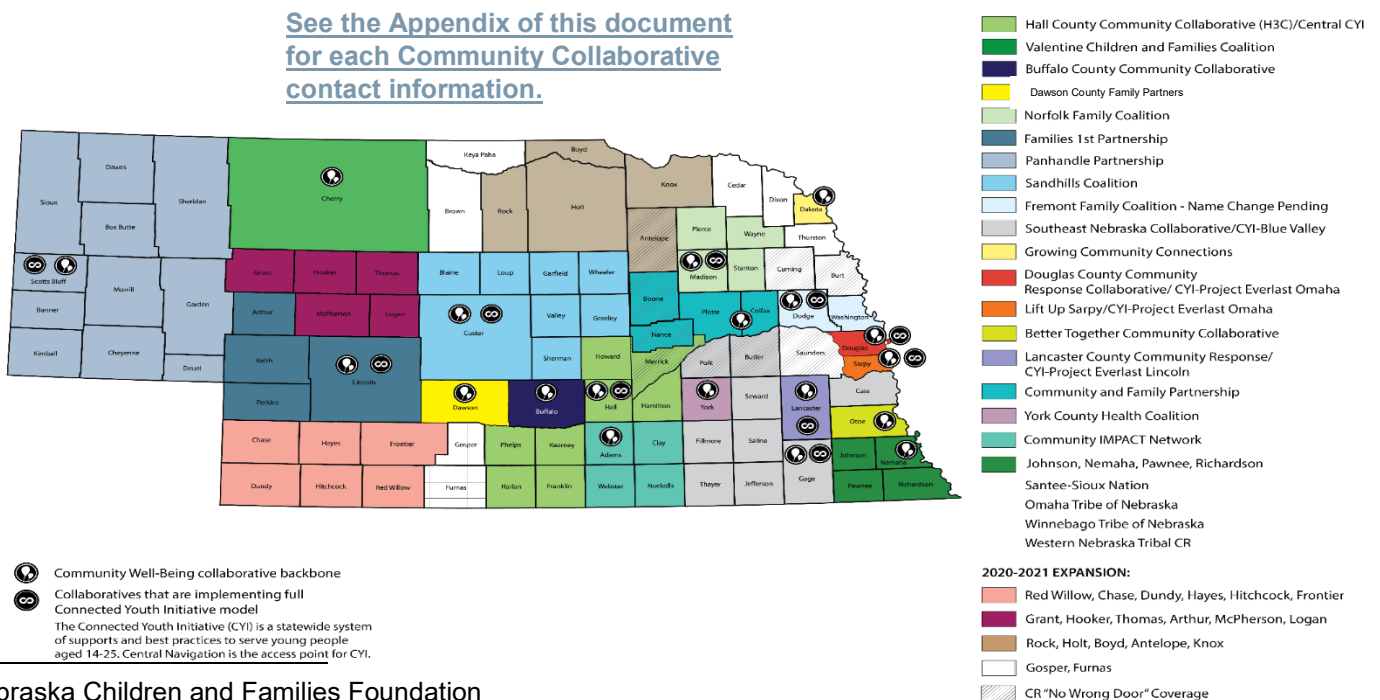
System of Care: Community Collaboratives¹

As an initiative of Nebraska Children and Families Foundation, **Community Collaboratives** are an important piece of the “system” that makes up NeSOC. 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.”

What is 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.”

[See the Appendix of this document for each Community Collaborative contact information.](#)



¹ Nebraska Children and Families Foundation
 “Helping People Live Better Lives”

Behavioral Health Resources for Schools

System of Care: Services

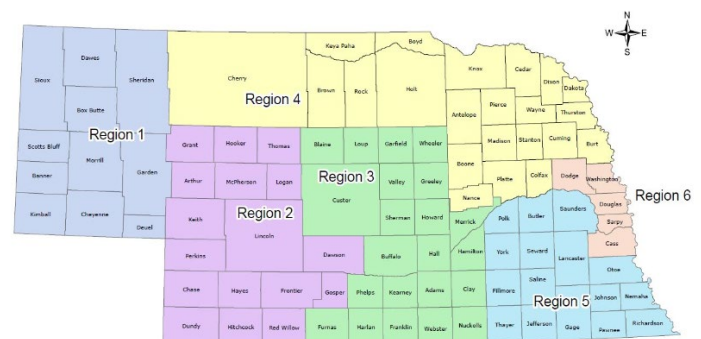
Prevention is Effective! Treatment Works! People Recover!

An array of community-based services and supports for children and youth with or at risk for mental health or other challenges and their families have been identified for implementation under the System of Care. In addition to Crisis Response which is operational statewide, each of the local system of care teams is implementing one or more of the following services based on need in their area:

- Care Coordination
- Child and Parent Psychotherapy
- Crisis Response (Statewide)
- Intensive Outpatient Therapy
- Mental Health Services in Schools
- Multi-systemic Therapy (MST)
- Parent Child Interaction Therapy
- Therapeutic Consultation
- Youth and Family Peer Support

The System of Care works to maximize services provided by Divisions of DHHS (Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid, and Public Health) as well as other system partners such as the Administrative Office of the Courts and Probation. Contact your local system of care in your Region to find out which services are available at the local level.

Behavioral Health Regions



Region 1	(308) 635-3173	http://region1bhs.net/	Region 4	(402) 370-3100	www.region4bhs.org/
Region 2	(308) 534-0440	www.r2hs.com/	Region 5	(402) 441-4343	www.region5systems.net
Region 3	(308) 237-5113	www.Region3.net	Region 6	(402) 444-6573	www.Regionsix.com

Behavioral Health Resources for Schools

System of Care: Crisis Response

A student's emotional and behavioral health crisis that cannot be quickly diffused, modified or resolved can represent a significant risk to school safety¹. **Crisis Services** provides an evidence-based continuum of services that are provided to individuals experiencing a psychiatric crisis. The primary goal of these services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment service to address the problem that led to the crisis. Core crisis services include: 23-hour crisis stabilization/observation beds, short term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, warm lines, psychiatric advance directive statements, and peer crisis services².

In Nebraska, **Youth Mobile Crisis Response (YMCR)** is a free resource for families and youth of any age who are experiencing a behavioral health crisis anywhere in the state. YMCR therapists are available 24/7 through the **Nebraska Family Helpline** and help is provided in the community, home, or through video consultation within one hour of the call. The **Helpline** is:

- Operational statewide,
- A free resource for parents and educators who have any type of question regarding a child's behavior,
- Provides a single contact point 24 hours a day, 7 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 in their area, and
 - Help callers connect to emergency resources or providers.



Any Problem. Any Time.

1-888-866-8660

¹ *Promoting School Safety through an Emotional and Behavioral Health Crisis Response and Prevention Model: Research Findings*, Center for School Mental Health, 2017

² *Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies*, SAMHSA, 2014

Behavioral Health Resources for Schools

System of Care: Accessing Services

Behavioral Health Services for children, youth, and their families can be accessed statewide in any of the following ways:

- 1** **Nebraska Family Helpline, (888) 866-8660**, for resources and referral. A free, resource for parents and educators who have any type of question regarding a child's behavior. Trained Helpline operators are available 24 hours a day, 7 days a week 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 in their area.
- 2** **Regional Behavioral Health Authorities**, referred to as “Regions” offer services based on the needs and demographics of each Region’s service area. Each Region has an administrative office.
- 3** **The Family Run Organizations** and **Community Collaborations** work together around common issues and concerns affecting families serving each of the state’s six Regions with a strong focus on emotional, behavioral, and mental health challenges. Members have personal experience with disability and the child serving agencies and use their knowledge and experience to help other families.
- 4** **Medicaid** covers a wide array of services to eligible children and families. Accessing these services is made through one of the three organizations within the managed care program known as **Heritage Health**. For assistance accessing available services, contact the managed care organization assigned.

The map on the following page reflects the six behavioral health regions’ service area and provides contact information for the region, family organization and community collaborative.

Behavioral Health Regions Family Organizations and Community Collaboratives¹.



Region 1 Behavioral Health Authority	(308) 635-3173 http://region1bhs.net/	Region 5 Systems	(402) 441-4343 http://region5systems.net
Panhandle Partnerships	(308) 633-3818 https://panhandlepartnership.com	United Way of Lincoln & Lancaster County	(402) 441-7774 http://www.unitedwaylincoln.org
Region 2 Human Services	(308) 534-0440 www.r2hs.com/	Families Inspiring Families	1-888-441-4369 http://familiesinspiringfamilies.org
Families 1st Partnership	(308) 520-3743 https://www.families1stpartnership.org	Region 6 Behavioral Healthcare	(402) 444-6573 https://www.regionsix.com
Dawson County Family Partners	(308) 325-3476 www.dawsonfamilypartners.org	Fremont Family Coalition	(402) 721-4158 https://www.fremontfamilycoalition.com/
Region 3 BH Services	(308) 237-5113 www.Region3.net	Douglas Co. Community Response:	https://douglascountycr.org
Hall County Community Collaborative	(308) 385-5125 https://bringupnebraska.org/who-we-are/collaboratives/hall-county-community-collaborative.html	Lift Up Sarpy	(402) 292-2961 http://liftupsarpycounty.org
Families CARE	(308) 237-1102 https://familiescare.org	Families Inspiring Families	1-888-441-4369 http://familiesinspiringfamilies.org
Region 4 Behavioral Health System	(402) 370-3100 https://region4bhs.org		
Dakota County Connections	(402) 494-3337 x 22 https://www.volunteersiouxland.org/		
Norfolk Family Coalition	(402) 640-2409 http://norfolkfamilycoalition.org		
Parent to Parent Network	1-977-379-9926 https://parent-parent.org/		

¹ Map and directories compiled by Behavioral Health Education Center of Nebraska (BHECN)

Behavioral Health Resources For Schools

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,
- 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 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.

Region 1	(308) 635-3173	http://region1bhs.net/	Region 4	(402) 370-3100	www.region4bhs.org/
Region 2	(308) 534-0440	www.r2hs.com/	Region 5	(402) 441-4343	www.region5systems.net
Region 3	(308) 237-5113	www.Region3.net	Region 6	(402) 444-6573	www.Regionsix.com

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

Behavioral Health Resources For Schools

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/>

Behavioral Health Resources For Schools

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

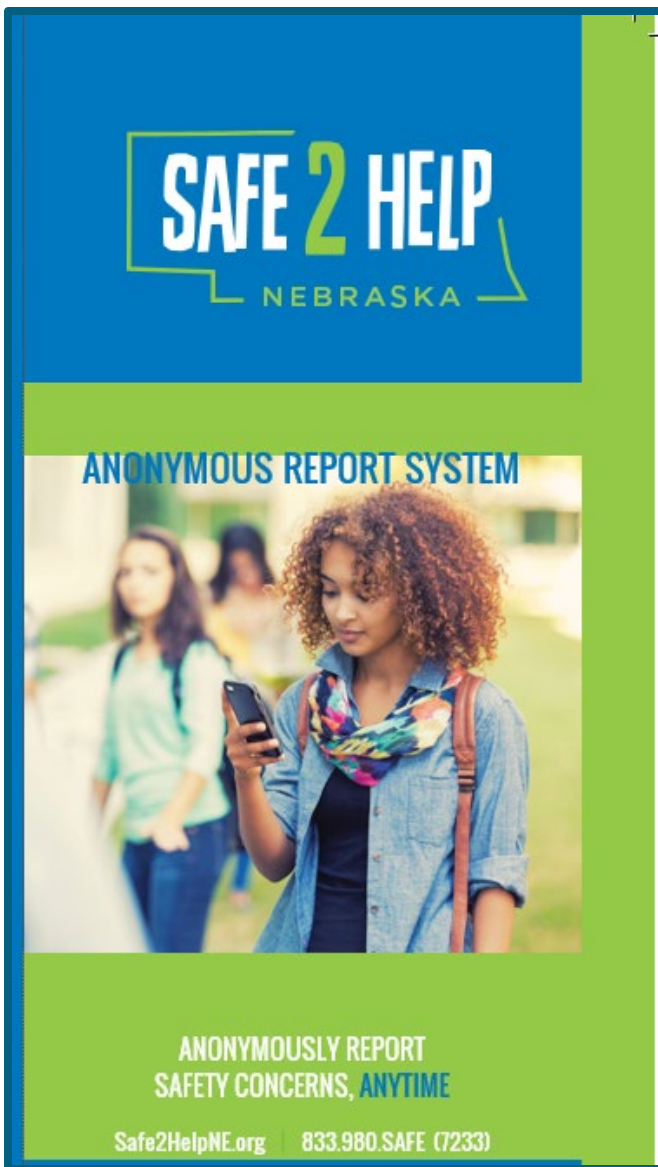
“Designed with guidance from the University of Nebraska Public Policy Center, the threat assessment training is vital. Who needs to be trained? The multi-disciplinary team should include: Administrator, Law enforcement officer, Mental health professional and two additional school staff members such as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

HOW IT WORKS

- 1 The team gathers information regarding reported or observed behavior to connect data, making sense of a concerning situation.
- 1 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**

- 1 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.
- 1 The team determines what supports may be put into place to help and works to implement a solution as quickly as possible.



The poster features a blue header with the text "SAFE 2 HELP NEBRASKA" in white and green. Below this is a green section with the text "ANONYMOUS REPORT SYSTEM" in blue. The central image shows a young woman with curly hair looking at her smartphone, with other students blurred in the background. At the bottom, it says "ANONYMOUSLY REPORT SAFETY CONCERNS, ANYTIME" and provides the website "Safe2HelpNE.org" and phone number "833.980.SAFE (7233)".

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.

**FOR MORE INFORMATION ON
SIGNING YOUR SCHOOL UP
FOR SAFE2HELPE,
CONTACT:**

Jay Martin, Director,
School Safety and Security
jay.martin@nebraska.gov
402.471.2944



Behavioral Health Resources For Schools

Nebraska School Mental Health Conference

The Kim Foundation, in partnership with **Educational Service Unit (ESU) 3** is leading the Nebraska school mental health initiative in Nebraska. Part of this effort includes hosting the **Nebraska School Mental Health Forum** in the Spring of each year. 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 29-30, 2024: Middle America School Mental Health Conference

May 31, 2024: Nebraska School Mental Health Conference

CHI Health Center, 455 N. 10th St., Omaha, 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>

Behavioral Health Resources For Schools

School Community Intervention and Prevention (SCIP)



“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.

How do schools benefit from the implementation of SCIP?

“SCIP educates teachers and other school personnel to work on behalf of students and their families. SCIP team members are trained to respond appropriately and offer support to youth displaying concerning behaviors”¹.

How do schools participate in SCIP?

SCIP currently partners with 164 schools throughout Nebraska who have implemented the SCIP program. School SCIP Teams are typically comprised of school representatives such as teachers, administrators, counselors, nurses or social workers. Each year, **SCIP** offers a 4-day comprehensive training for school staff members who will serve as active **SCIP** team members at their schools. Participants at this annual training are trained in SCIP's four components¹:

- 1 **Identification** of students exhibiting behaviors which may interfere with their ability to be successful,
- 2 **Intervention** with the student and/or their parent/guardian to share concerns, seek solutions, and explore options,
- 3 **Referral** to in-school or community resources to assist the student,
4. **Support** for students within the school environment.

For detailed information about SCIP participating schools, resources and more, go to: <http://scipnebraska.com>



¹ Lincoln Medical Education Partnership, School Community Intervention & Prevention (SCIP), 2018

Behavioral Health Resources for Schools

Screening Tools:

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/>



¹ The SHAPE System

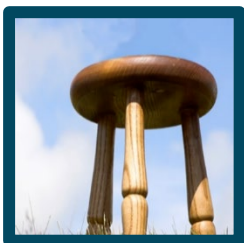
Suicide Behavioral Health Resources For Schools

Suicide Prevention

SUICIDE PREVENTION & CRISIS LINE
Call, Text, or Chat



Click to Play: <https://youtu.be/EyYc-xnFFJQ>



Suicide prevention consists of a three-pronged approach:

- **Someone to call:** Boys Town - 24/7/365 - Trained Counselors
How It Works: <https://youtu.be/gBverXUhAe4>
- **Someone to respond:** Mobile Crisis Response
- **Somewhere to go:** Community crisis services and supports

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: <http://www.suicideprevention.nebraska.edu>

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://issuu.com/nu_ppc/docs/parent_guide-help_for_parents_dealing_with_suicide?fr=sYTM1MTUwMTgyNTc
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
 - **State:** <https://sprc.org/wp-content/uploads/2022/11/Nebraska-Statewide-Suicide-Prevention-Plan-2022-2025.pdf>

¹ Suicide Prevention Resource Center

- **Nebraska State Suicide Prevention Coalition**
<https://www.nsspc.org>
- **School Staff Prevention Training and Approved Curriculums:**
<https://cdn.education.ne.gov/wp-content/uploads/2021/02/Nebraska-Suicide-Prevention-Flyer.pdf>

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



Suicide Prevention Resource Center

About Suicide Effective Prevention Resources & Programs Training News & Highlights Organizations

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 Prevention Coordinators

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Michelle Hickox 308-635-3173 mhickox@region1bhs.net	Shannon Sell 308-534-6029 x152 shannonsell@2hs.com Prevention & Disaster	Tiffany Gressley 308-237-5113 x237 tgressley@region3.net Breanna Steager bsteager@region3.net	Tommy Newcombe 402-316-1779 tnewcombe@region4bhs.org	Sandy Morrissey 402-441-4368 smorrissey@region5systems.net	Jona Beck 402-546-1192 jbeck@regionsix.com

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

Behavioral Health Resources For Schools

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.lossteam.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.

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.

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.

Who makes up a LOSS Team?

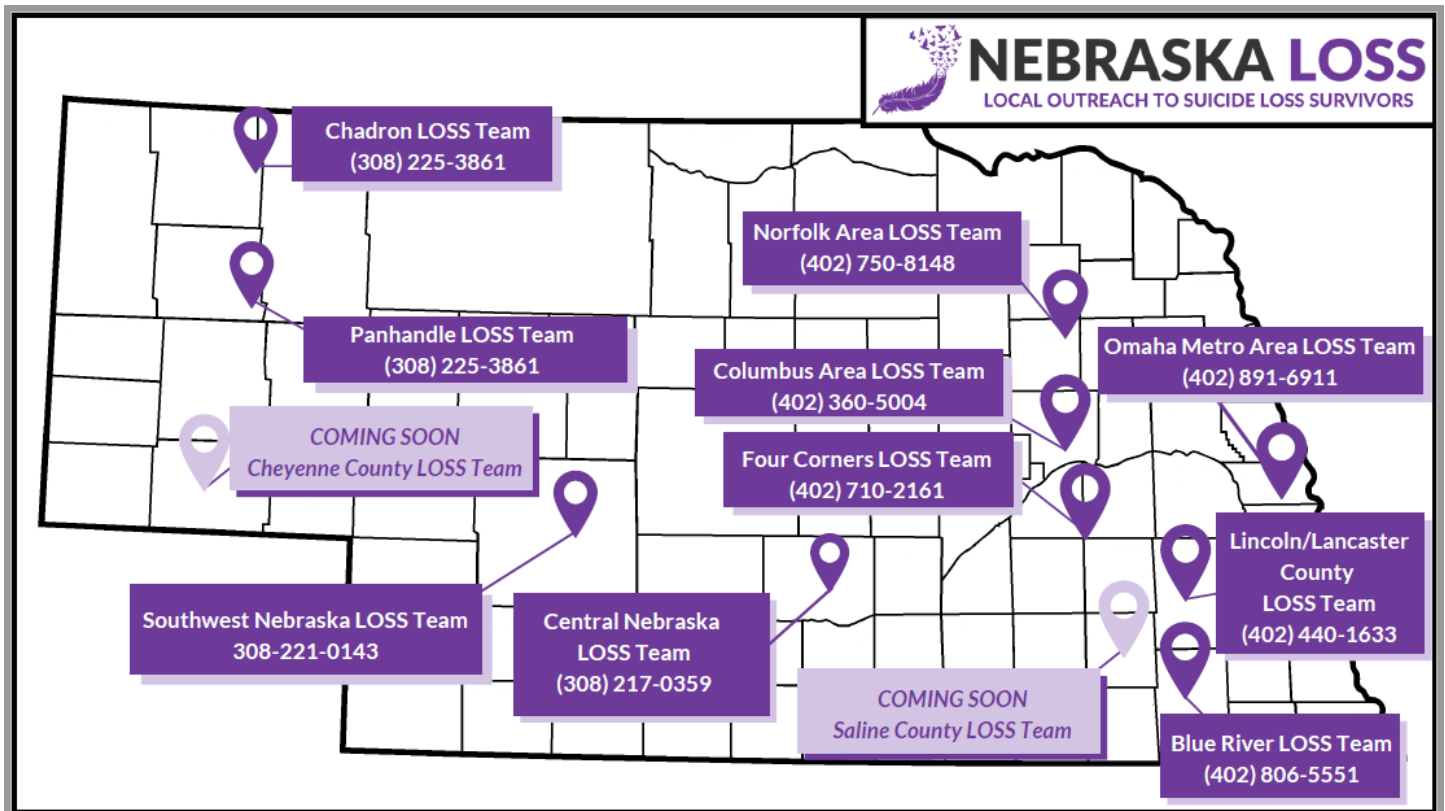
LOSS Teams consist of trained mental health professionals and suicide loss survivors. The suicide loss survivors on the team have lost a loved one themselves to suicide, got help, and want to be a resource to newly bereaved loss survivors. All members are trained to support survivors in their time of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

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, where as those that have connected with a LOSS Team connect with services on average of 39-48 days.

What is postvention?

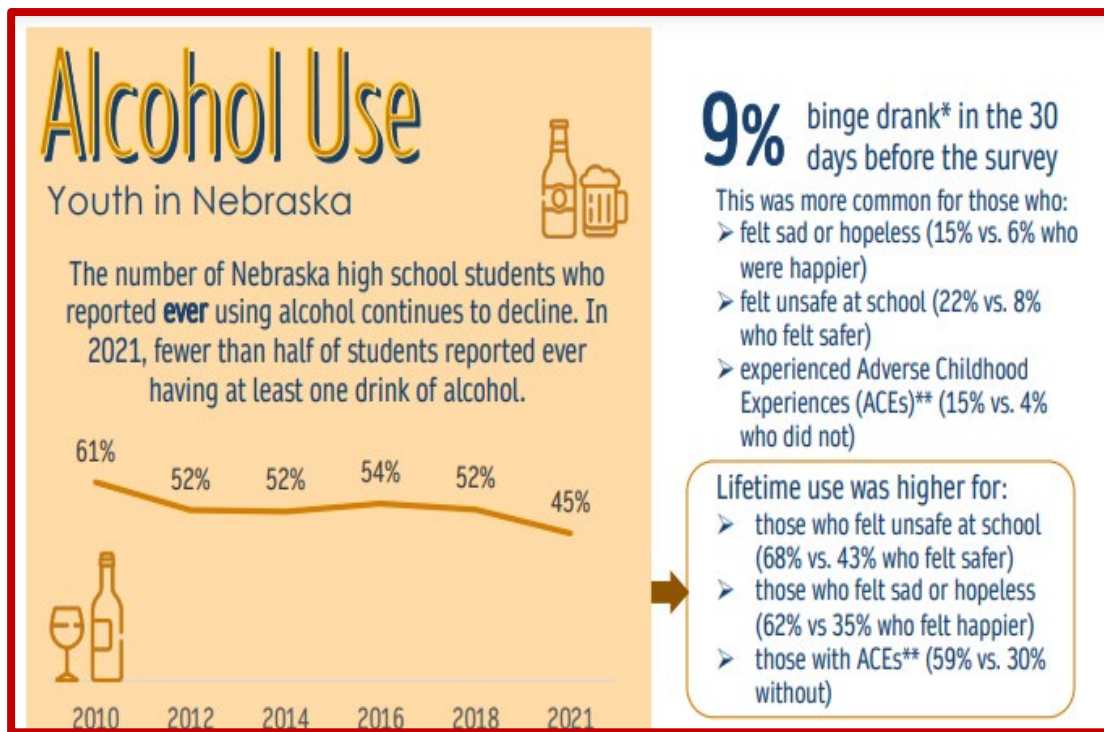
Postvention refers to activities which reduce risk and promote healing after a suicide death.



Behavioral Health Resources for Schools

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/underage-drinking/partner-resources/materials-school>

Underage drinking prevention efforts are taking place in communities across the state. The Division of Behavioral Health continues to work with the Regional Behavioral Health Authorities via sub-grants to fund community-based prevention programs in the eleven targeted counties of high need.

Prevention Coalitions



- Prevention Coalitions
- Counties of high need

Schools are encouraged to become involved with community-based prevention efforts. Connect with your Regional Behavioral Health office for location and contact information on prevention coalitions in your area.

Region 1	(308) 635-3173	http://region1bhs.net/	Region 4	(402) 370-3100	www.region4bhs.org/
Region 2	(308) 534-0440	www.r2hs.com/	Region 5	(402) 441-4343	www.region5systems.net
Region 3	(308) 237-5113	www.Region3.net	Region 6	(402) 444-6573	www.Regionsix.com

In Omaha and Statewide:

Project Extra Mile is a statewide network of community partnerships working to prevent and reduce alcohol-related harms through evidence based policies and practices. <https://www.projectextramile.org/>



Behavioral Health Resources for Schools

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”

Behavioral Health Resources for Schools

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

Behavioral Health Resources for Schools Community Collaboratives¹: Contacts

Collaborative	Central Navigator	Coordinator	Bi-lingual (Spanish) Contact	Counties Served
Buffalo County Community Collaborative	Wanda Fedorchik positivepressure@bcchp.org 308-865-2284 (office)	Denise Zwiener 308-865-2280 dzwiener@bcchp.org	Martha Marfileno wellness@bcchp.org 308-865-2287 (office) 308-627-4257 (cell)	Buffalo
Community and Family Partnership	Tammy Bichlmeier 402-366-5615 centralnav@columbusunitedway.com	Roberta Miksch 402-809-3297 rmiksch@columbusunitedway.com	402-615-0099	Boone, Colfax, Nance, Platte
Dawson County Family Partners	Pam Reicks (Cozad) 308-784-2804 cfozad@cozadtel.net Nichole Hetz (Gothenburg) 308-529-8784 GECLC.coordinator@gmail.com Diana Romero (Lexington) 308-746-3685 lexnav1dcpf@gmail.com	Amanda Woolley Bilingual Central Navigator 308-529-8784 DCFPcoordinator@gmail.com	Diana Romero (Lexington) 308-746-3685 lexnav1dcpf@gmail.com	Dawson
Douglas County Community Response Collaborative	Nikia Gunn-Abdulai 531-301-3021 ngunn-abdulai@nebraskaeearly.org Laura Hernandez lhernandez@nebraskaeearly.org <i>parents under age 25:</i> Liz Mojica lmojica@nebraskaeearly.org Candace Howard choward@nebraskaeearly.org	Deborah Dancer 402-595-1326 x.2003 ddancer@nchs.org	833-383-0280	Douglas
Families 1st Partnership	308-520-3743 info@families1stpartnership.org	Caroline Sabin 308-520-0608 caroline@families1stpartnership.org	833-383-0280	Arthur, Keith, Lincoln, Perkins, Chase, Dundy, Hitchcock, Hayes, Frontier, Furnas and Red Willow
Fremont Family Coalition	Rossana Jaeger 402-721-4157 rossana@fremontunitedway.org	Michelle Padilla 402-721-4157 Michelle.Padilla@fremontunitedway.org	833-383-0280	Burt, Dodge, Washington
Four Counties Collaborative	Vacant	Laura Osborn 402-274-7510 FourCountyCollaborative@gmail.com	833-383-0280	Johnson, Nemaha, Pawnee, Richardson
Growing Community Connections	Sandy Nation 402-494-3337 ext. 22 snation@siouxlandship.org	JoAnn Gieselma 712-222-6383 jgieselman@siouxlandship.org	833-383-0280	Dakota

¹ Nebraska Children and Families Foundation

Hall County Community Collaborative (H3C)	Jesus Vasquez 308-930-9046 h3cnavigator@gmail.com	Saffron Buettner 308-930-9038 executivedirector@h3cne.org	Jesus Vasquez 308-930-9046 h3cnavigator@gmail.com	Franklin, Hall, Hamilton, Harlan, Howard, Kearney, Merrick, Phelps
Lift Up Sarpy	Elci Warnell 402-292-2961 ewarnell@liftupsarpycounty.org	Tanya Gifford 402-306-3749 tgifford@liftupsarpycounty.org	Sandy Diaz	Sarpy
Lancaster County Coalition	Sam Gross 402-875-9388 sgross@communityactionatwork.org	Lynn Ayers 402-441-6070 layers@unitedwaylincoln.org	833-383-0280	Lancaster
Norfolk Family Coalition	Jamie Bouslaugh 402-640-2409 centralnavigator@norfolkfamilycoalition.org	Kimberly Powell 402-640-5106 director@norfolkfamilycoalition.org	833-383-0280	Madison, Pierce, Stanton, Wayne
Panhandle Partnership	Carmen Trevino 308-633-3236 ctrevino@capwn.org	Faith Mills 308-262-5940 faith.mills@panhandlepartnership.com	Community Action Partnership of Western Nebraska 308-635-3089	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan, Sioux
Better Together/ Partners 4 Otoe County	Vanessa Sherman 402-969-0319 vsherman@otoecountyne.gov	Lisa Chaney 402-713-5270 partners4oc@gmail.com	833-383-0280	Otoe
Project Everlast Lincoln at The HUB	Lindsay Drake 402-580-9247 ldrake@hublincoln.org		833-383-0280	Lancaster
Project Everlast Omaha	Brittney Williams 402-875-3594 bwilliams@nebraskachildren.org		Aaron Weaver 402-875-3594 aweaver@nebraskachildren.org	Douglas, Sarpy
Sandhills Community Collaborative	Lori Lambrecht llambrecht@central-plains.org	Nicole Jacobsen 605-630-3302 sandhillscoordinator@gmail.com	833-383-0280	Blaine, Custer, Garfield, Greeley, Loup, Sherman, Valley, Wheeler
Saunders County	Amber Pelan Office: 402-443-8107 Cell: 402-367-8456			
Community Impact Network of Adams, Clay, Webster, Nuckolls	Chandra Essex 402-461-8418 navigator@unitedwayscene.org	Brady Rhodes 402-461-8418 coordinator@unitedwayscene.org	833-383-0280	Adams, Clay, Nuckolls, Webster
Southeast Nebraska Collaborative	Collena Laschanzky 402-729-6510 claschanzky@bvca.net	Collena Laschanzky 402-729-6510 claschanzky@bvca.net	833-383-0280	Butler, Cass, Fillmore, Gage, Jefferson, Otoe, Polk, Saline, Seward, Thayer, York
Valentine Children and Families Coalition	Vacant	Sonia Coates 402-252-9030 valentinefcf@gmail.com	833-383-0280	Cherry
York County Health Coalition	Britney Watson 402-363-9946 yhcbritley@gmail.com	Jake Owens 402-350-6401 yhcjake@gmail.com	833-383-0280	York
Tribal Community Response				
Omaha Tribe of Nebraska	Joseph Fleming 402-837-5331 joseph.fleming@nebraska.gov		833-383-0280	Omaha Tribe of Nebraska
Panhandle	Rebekah Barber bekahb6@hotmail.com and bbarber@societyofcare.org Edison Red Nest III erednest@societyofcare.org		833-383-0280	Panhandle/Western NE Native American outreach
Santee-Sioux Nation	Carrie Rouillard 402-857-2300 crouillard@societyofcare.org	Yvonne Bickerstaff 402-857-2300 ybickerstaff@societyofcare.org	833-383-0280	Santee-Sioux Tribe of Nebraska
Winnebago Tribe of Nebraska	Angie Walker 402-878-2379 angie.walker@winnebago-tribe.com	Michelle Parker mparker@hccdc.org	833-383-0280	Winnebago Tribe of Nebraska

Supporting Child and Family Wellbeing

We all have a collective responsibility to make sure kids are healthy, safe, and thriving – especially during challenging times. Parents and other caregivers are children’s most important protectors and may need extra support from time to time. We encourage you to check in with caregivers and children you interact with to ask how they’re doing and what they need. Lending an ear and helping families access available supports can go a long way to keeping families well. Thank you for doing your part to support Nebraska’s children and families!

Check In with Families in Your Community to See How You Can Help

It is important to remind caregivers and children that you are there to help, not judge them. Use plenty of empathy statements to show your concern and find opportunities to compliment the caregiver to empower and support them. If a child raises a concern, consider if you can safely follow-up with their caregiver. Validate that this is a difficult time, everyone is struggling, and that support is still available. See page two for a list of resources you can connect families with based on their needs.

Questions You Might Ask Parents/Caregivers



- Is now a good time to talk? If not, ask what a better time would be.
- How are you doing overall? Are you okay and safe? Is there anything you need?
- We all need support right now. Do you have supports that you can connect with? If yes, who are the supports in your life? Are you able to connect with them right now? If not, how can we help you get connected to others?
- Has anything changed for your family? Are there certain things that have been more of a struggle? What worries or needs are you facing?
- Is everyone in your family able to get what they need to get by? (For example, you can ask the family about food, housing, income/ employment, safety, education, health, heat, internet, etc.)
- What do you do to take care of yourself?

Questions You Might Ask Children

- How is virtual learning working for you? How is it affecting you? Your family? Do you need help with anything?
- How are things going at home for you and your family? Are you feeling okay? Are you worried about anything?
- What do you like most about staying at home? What do you like least? Why?
- What was the best part of your day? What was the hardest part of your day?
- What family activities do you participate in?
- Do you get outside? Do you get exercise?

Additional Questions You Might Ask Children if there are Potential Risks in the Home

- Who is taking care of you? What are they doing? Who makes sure you have everything you need?
- Who do you feel safe talking to about needs or worries? Do you have a way to talk to that person right now?
- If you were stranded on a desert island, what would you need? Are those things in your house right now?
- What did you eat for breakfast today? Yesterday?
- What are the rules in your house? What happens when someone breaks a rule? (Sibling, pet, mom, dad?)
- How is everyone getting along? Is anyone having a hard time? Are you worried about anyone? Why?
- Ask the child to describe a typical day – what they eat, who makes the food, where do they play, who comes into or leaves the house and when?
- *To follow up, ask open-ended questions:* Tell me more about that. . . What happened next? What is happening right now?

Common Resources That May Be Needed

General Support <i>(When in doubt start here!)</i>	<ul style="list-style-type: none"> ◆ Nebraska Family Helpline: The Nebraska Family Helpline is available 24/7 to parents and families. Any problem, any time: 1-888-866-8660. ◆ 2-1-1: Directs to all information and supports available. Call 2-1-1 or visit https://www.ne211.org ◆ Central Navigators: Central Navigation is designed to assure families have access to needed supports and services in an effective and timely manner through collaborative partnerships and community based services and supports. https://www.nebraskachildren.org/what-we-do/community-prevention-systems/community-contacts.html ◆ Medicaid members can access care coordination by calling the number on the back of their Medicaid card.
Financial & Other Assistance	<ul style="list-style-type: none"> ◆ Cash and Other Assistance: For TANF and other state assistance, visit www.accessnebraska.ne.gov or call (800) 383-4278. ◆ Internet and cell phone bills: Call your carrier to see what assistance they offer. Or visit https://www.lifelinesupport.org/ or call Nebraska's Telephone Assistance Program at (800)526-0017.
Food & Nutrition	<ul style="list-style-type: none"> ◆ To find Nebraska Food Pantry locations, please call the Food Bank at 1-855-444-5556. ◆ WIC: Nutrition support for pregnant women, new mothers, children 0-5 (WIC). Telephone at (800) 942-1171 or at: http://signupwic.com/. ◆ Food Stamps (SNAP): Visit www.accessnebraska.ne.gov or call (800) 383-4278.
Housing	<ul style="list-style-type: none"> ◆ Metro Area Continuum of Care for the Homeless (Douglas/Sarpy/Pottawattamie, IA): 402-980-8394 www.endhomelessnesstoday.org ◆ Lincoln – http://go.unl.edu/8myp ◆ Rest of the state – http://go.unl.edu/8myp ◆ Legal Services: https://www.legallaidofnebraska.org/how-we-help/resources/covid-19-coronavirus/housingcorona/tenants/#TO
Domestic Violence	<ul style="list-style-type: none"> ◆ Nebraska's network of domestic violence and sexual assault programs ensure that a safety net of services are available across our state 24-hours a day. http://www.nebraskacoalition.org/get_help/ ◆ National Domestic Violence Hotline: 1-800-799-SAFE (7233)
Substance Use	<ul style="list-style-type: none"> ◆ Nebraska Family Helpline: The Nebraska Family Helpline is available 24/7 to parents and families. Any problem, any time: 1-888-866-8660.
Child Care	<ul style="list-style-type: none"> ◆ Nebraska Childcare Referral Network: https://www.nechildcarereferral.org/

Look Out for Children's and Families' Safety

- **Experiencing a behavioral health crisis: Call, Text or Chat to 988 - Suicide & Crisis Lifeline**
- **If you have any concerns that a child or caregiver is in immediate danger, call 911.**
- **If you suspect that a child is being abused or neglected, you must call the Nebraska Adult and Child Abuse and Neglect Hotline (24 hours a day, 7 days a week) at 1-800-652-1999 (TTY 1-800-833-7352).** This hotline can determine whether DHHS Division of Children and Family Services involvement is warranted, or if other community supports are more appropriate.

Examples of when you might call the hotline with a concern include:

- Anything the caregiver or child told you that raised concerns for the child's safety.
- The child OR caregiver has concerning injuries or unexplained bruises, welts, or cuts.
- The caregiver appears to be under the influence to the extent they could not care for their child.
- You observe evidence of illicit substance use in the home (e.g., drug paraphernalia) or other hazards that could lead to child injury/illness (e.g., weapons in reach, extremely unsanitary conditions).
- The child looks or behaves significantly differently than is typical for them or would be reasonably expected.
- The child is frequently missing school (and the school has exhausted every reasonable effort to support the family and address barriers to learning (e.g. helping with internet access, calling emergency contacts or neighbors).
- You are repeatedly unable to get in touch with the family (unrelated to barriers like internet, phone access) AND are seriously worried for their safety (e.g. prior safety concerns due to domestic violence or substance use).

