



# Nebraska Statewide Suicide Prevention Plan

**2022**  
**2025**

This plan provides a framework to help Nebraskans work together to prevent suicide. It outlines shared strategies for suicide prevention and sets the stage for action plans created by communities, agencies and organizations across the state.





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01

# Introduction and Background

**“Efforts are present, but they can always be strengthened.”**

— Nebraska resident, 2022

# Introduction and Background

**In preparing for this statewide suicide prevention plan, we conducted focus groups, distributed surveys, reviewed history and leveraged partners' expertise.**

We were challenged with creating this plan, and we did so with the intent to have every Nebraskan's voice heard who wanted to participate. We believe that was accomplished. Typically, we focus on what can be done directly in the behavioral health field. While this is integral to successful behavioral health care and suicide prevention, efforts need to go beyond that field to the general community to make a measurable difference.

This plan is a comprehensive document that can serve as a roadmap for Nebraska through 2025 in all aspects of suicide prevention. We chose not to develop the plan as a scholarly article or research model; instead, it was developed in a manner that every Nebraskan can access it, find the information they are looking for and implement it in their lives or community.

Most of these strategies and recommendations will require implementation and funding from the state and/or other partners, but many sections are relevant to anyone looking for information. Everyone can take part in saving lives from suicide, and by utilizing this plan, we hope that all Nebraskans will have the right tools to do so.

Suicide remains a significant public health problem in Nebraska (visit the "[Data Snapshot](#)" section for more information). However, we know suicide is preventable. Often, concern for suicide and behavioral health is not relevant to someone until it directly impacts them or a loved one. This is too late. This plan centers the belief that suicide is everyone's responsibility, and by utilizing a proactive approach, each of us can play a role in saving lives from suicide. We know that losing one Nebraskan to suicide is one too many, but through the implementation of this plan, we believe that we can significantly reduce the number of suicide deaths in our state.



*Please note: The term behavioral health is used throughout this plan as the broader term for mental health and substance use.*

The [previous state plan](#) did an incredible job laying out the need to prevent suicide through an ecological approach to promote sustainable change. The last plan states, “The ecological approach assumes that risk and protective factors can be viewed from and are influenced by intersection at many different levels.” These levels include the individual level, which could consist of biological, historical or situational factors; relationships that influence the individual’s behavior; the community where relationships occur; and societal factors like culture, inequalities — such as health and access disparities — and policies that create the climate for the community.

We know that each of these levels can greatly impact suicide prevention and behavioral health. We believe that it is going to take a statewide, all-encompassing public health approach to change the trajectory of behavioral health and suicide in Nebraska. It’s clear that a systemic shift is necessary, but the State cannot be the only entity expected to create this shift. Empowering the individual and families is at the core of this work — and where we must start — while simultaneously building up the behavioral health workforce to serve the needs of all Nebraskans.

Throughout our 2022 focus groups and surveys, numerous themes arose, but the most resounding was the extended wait times Nebraskans are experiencing when trying to seek help. We also heard from participants of all ages that they don’t know where to turn or how to access services, especially when in crisis. The desire to empower people with knowledge and hope, while doing better as a state to provide adequate and equitable behavioral health and crisis resources, drives most of the strategies and recommendations throughout this plan.

## Acknowledgments

The Kim Foundation would like to thank everyone who contributed to this plan. When we began this process, we hoped that it would be a true reflection of everyone in Nebraska, and we could not have accomplished this without all those who participated in focus groups, captured history and data, and provided their expertise and knowledge. We thank the Behavioral Health Regions, school districts, Department of Education, Educational Service Units, behavioral health providers, Nebraska State Suicide Prevention Coalition, Nebraska LOSS Teams, and all community partners who either helped recruit focus group participants or contributed their knowledge to this plan.

We would also like to thank our partners at DHHS Division of Behavioral Health and their commitment to the great people of Nebraska by providing the resources and support for the implementation of this plan.



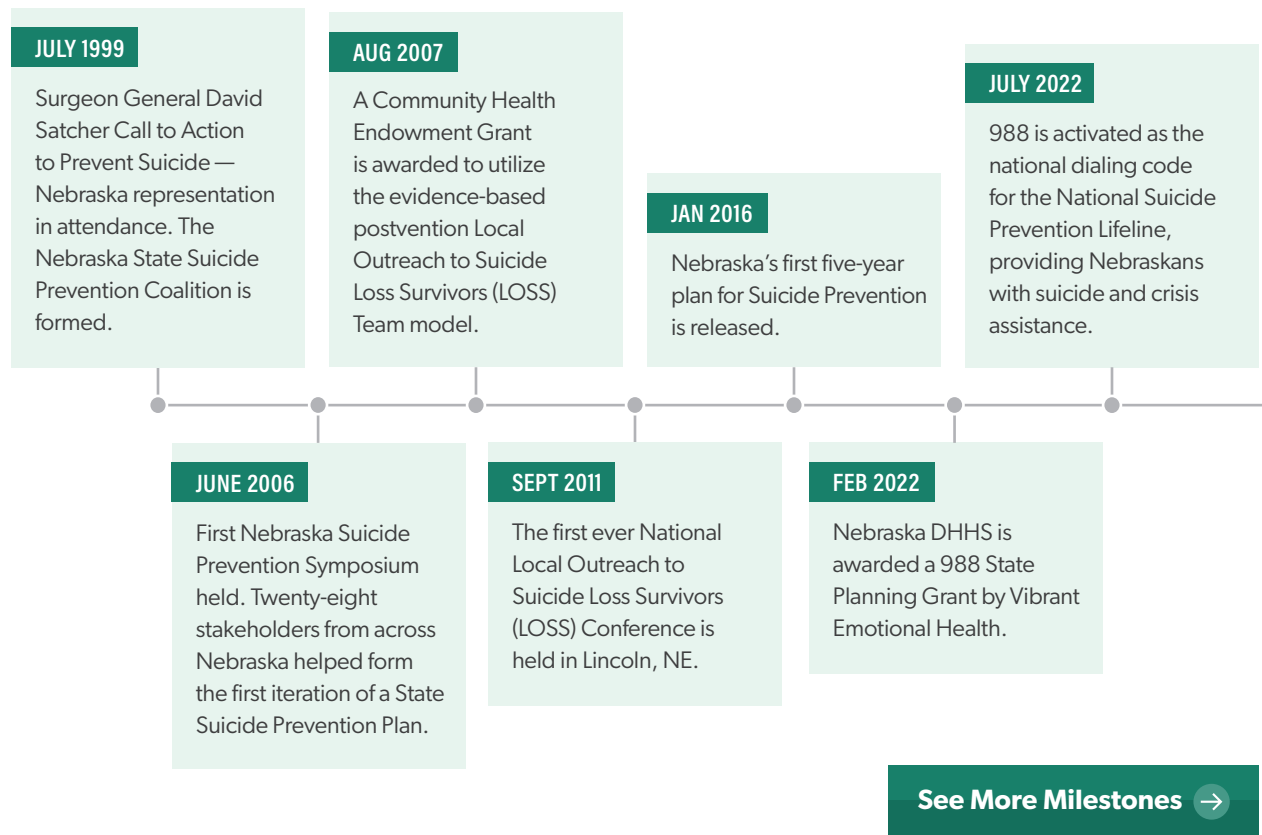
**“Suicide is preventable. But no one person or organization can do it alone. Suicide prevention requires a coordinated, comprehensive national response that engages every sector of society to do its part.”**

— [LETHAL MEANS & SUICIDE PREVENTION:  
A GUIDE FOR COMMUNITY & INDUSTRY LEADERS](#)

### SPECIAL THANKS TO:

- + Quinn Lewandoski and the rest of the staff, especially Denise Bulling, at the University of Nebraska–Lincoln Public Policy Center for their assistance, expertise and commitment to this work for many years.
- + Dr. Dave Miers and Dr. Don Belau for their decades of commitment and dedication to prioritizing suicide prevention and postvention in Nebraska, and who paved the way for much of this work included in this plan.
- + The Kim Foundation team who worked tirelessly to bring this plan together.
- + Emspace + Lovgren for their public outreach, design and editing assistance.

## Suicide Prevention in Nebraska: A History of Important Milestones



# Data Snapshot

Suicide continues to be a public health problem in Nebraska. Since the last Statewide Suicide Prevention Plan for 2016-2020, the overall rate of suicide from 2014 to 2019 has increased.<sup>1</sup>

## NEBRASKA STATISTICS

In 2020, Nebraska's suicide rate was slightly higher than the national average with 283 deaths.<sup>2</sup> Suicide among youth is also a concern.



**NEBRASKA SUICIDE RATE:**  
14.9 per 100,000 people<sup>2</sup>

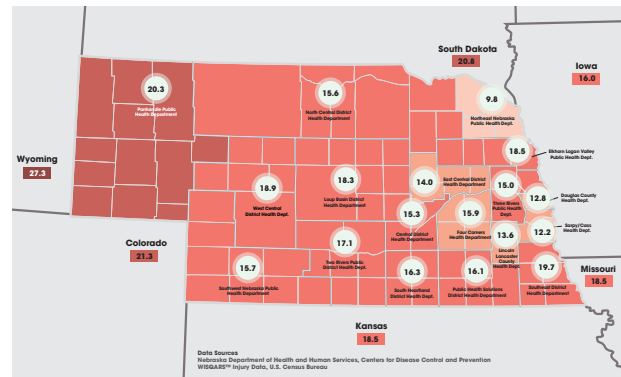
**#2 LEADING CAUSE OF DEATH**  
for 10- to 24-year-old Nebraskans<sup>2</sup>

**#2 LEADING CAUSE OF DEATH**  
for 25- to 34-year-old Nebraskans<sup>2</sup>

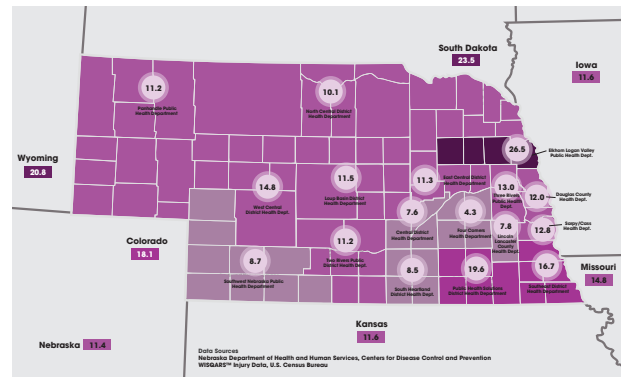
**A NEBRASKAN IS LOST TO SUICIDE**  
every 32 hours<sup>2</sup>

**RANKED 28TH IN THE NATION**  
for suicide deaths<sup>2</sup>

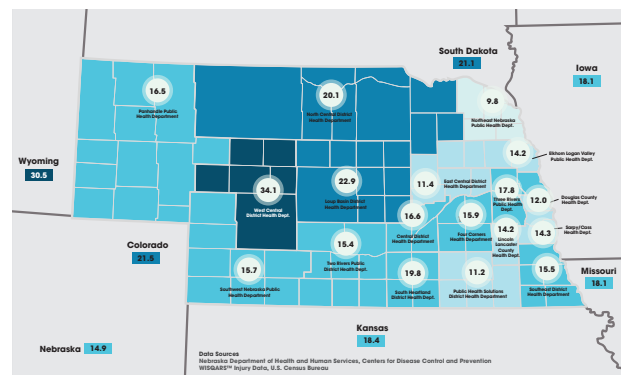
**2016-2020 5-YEAR AVERAGE NEBRASKA SUICIDE RATES**  
per 100,000 individuals (all ages)



**2016-2020 5-YEAR AVERAGE NEBRASKA SUICIDE RATES**  
per 100,000 individuals (ages 10-24)



**2020 NEBRASKA SUICIDE RATES**  
per 100,000 individuals (all ages)

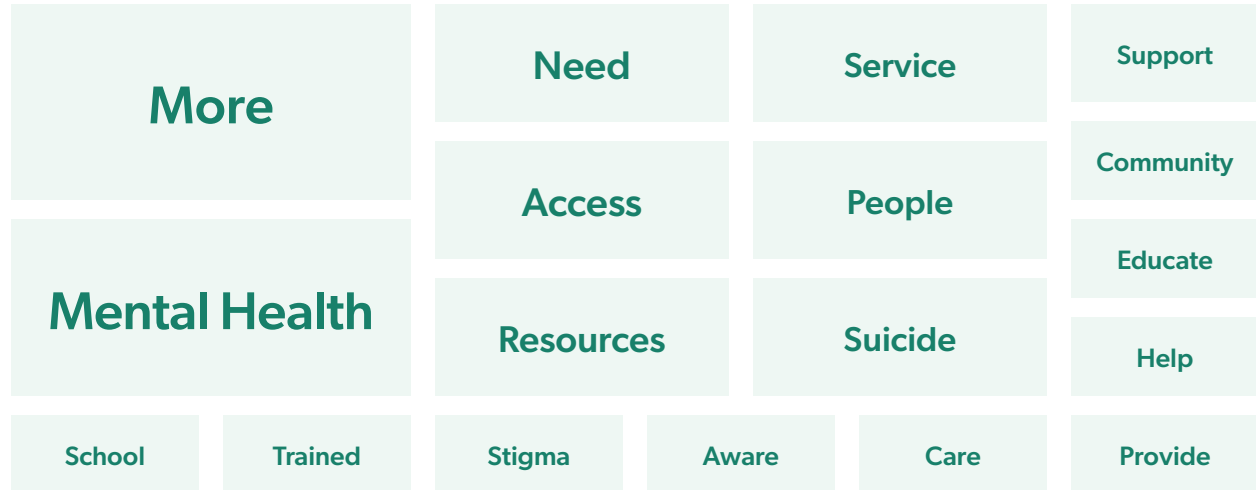


<sup>1</sup>2020 Nebraska State Epidemiological Profile (Nebraska Department of Health and Human Services)

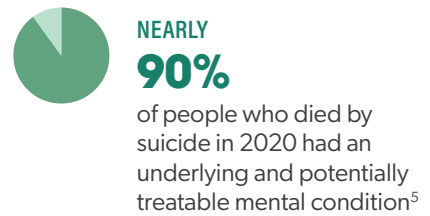
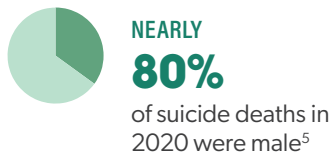
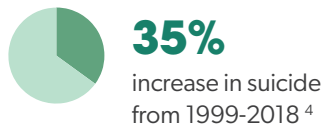
<sup>2</sup>Nebraska State Facts (American Foundation for Suicide Prevention)

### REDUCING RISK

Our online survey engaged residents across Nebraska. The words below represent responses to an open-ended question — “What is needed in your community to reduce the risk of suicide for people who live there?”<sup>3</sup>



### National statistics:



<sup>3</sup> 2021 Nebraska State Suicide Prevention Survey Report (The Kim Foundation)

<sup>4</sup> Increase in Suicide Mortality in the United States, 1999-2018 (CDC)

<sup>5</sup> Suicide Statistics (American Foundation for Suicide Prevention) (The Kim Foundation)



# Participating Populations

To create this plan, we made great efforts to include any interested Nebraskan who wanted to share their thoughts and experiences.

Reaching far beyond the behavioral health sphere ensured Nebraskans who are impacted by behavioral health and suicide every day could be included, as well as those who may not have been impacted yet but understand the importance of sharing their knowledge and experiences to help shape the plan.

National, state and local data were evaluated to identify demographic groups who have experienced higher rates of suicides in recent years, were at higher risk based on research or were interacting with others who may be at a higher risk.

In total, 501 individuals participated in the data collection process. Of those who participated, 178 individuals joined focus groups and 323 completed an online survey with questions that aligned with the talking points used in the focus group facilitation. Focus group and survey participants were instructed to select the group that they most closely identified with personally. There was representation from each of the six Behavioral Health Regions.

## Identified communities

- + Agricultural
- + Black
- + General community
- + Hispanic/Latino
- + Individuals with lived experience
- + LGBTQIA+
- + Middle-aged men
- + Military or first responders
- + Parents of youth ages 12-19
- + School personnel
- + Suicide survivors
- + Tribal
- + Youth ages 12-19

### Participant recap by audience\*

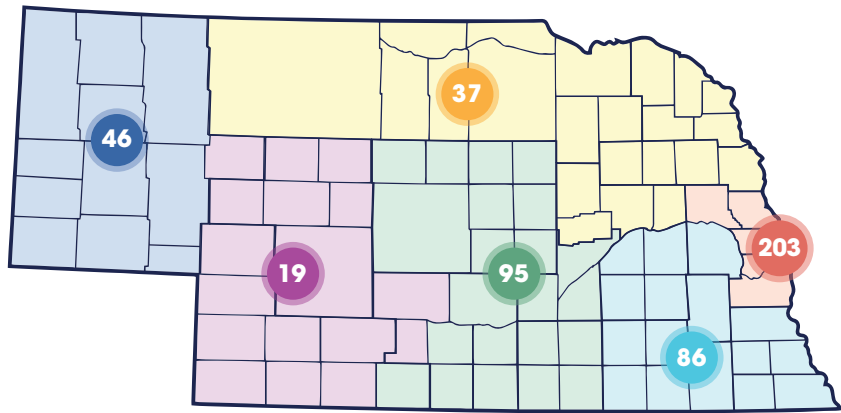


- General community: **154**
- Agricultural: **83**
- Black: **30**
- Individuals with lived experience: **152**
- Parents of youth ages 12-19: **64**
- Youth ages 12-19: **21**
- School personnel: **146**
- Middle-aged men: **43**
- Military or first responders: **18**
- Suicide survivors: **86**
- LGBTQIA+: **34**
- Tribal: **10**
- Hispanic/Latino: **31**

\*Total exceeds the number of participants, as many self identified in multiple categories.

### Regional breakdown

- Region 1: **46**
- Region 2: **19**
- Region 3: **95**
- Region 4: **37**
- Region 5: **86**
- Region 6: **203**



Fifteen participants opted not to disclose their region of residence.

### QUESTIONS

For any questions regarding further participant demographic information, please contact The Kim Foundation at 402-891-6911 or [info@thekimfoundation.org](mailto:info@thekimfoundation.org).



02

# 988 Connection and Implementation

**“One barrier is being vulnerable enough to open up and share your experiences to get help.”**

— Nebraska resident, 2022

# 988 Connection and Implementation

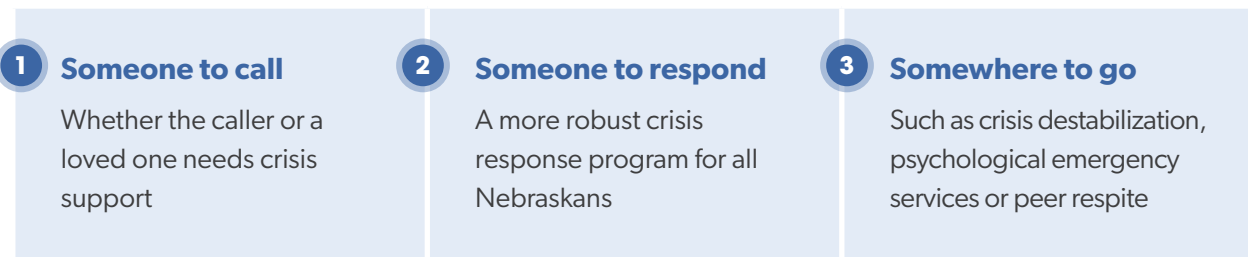
In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline.



Beginning on July 16, 2022, 988 became the new three-digit dialing code connecting people to the existing Lifeline, where compassionate, accessible care and support is available for anyone experiencing behavioral health-related distress — whether it’s thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.<sup>10</sup>

The creation of 988 is the first step in creating a crisis care continuum that mirrors 911 for physical emergencies. Nebraska is fortunate to have one of more than 200 existing local, independent and state-funded call centers that houses the Lifeline, ensuring a smooth transition to 988. Our call center is housed on the Boys Town campus and is staffed 24/7 by trained crisis counselors who can assist Nebraskans in need.

## 988 IS SET UP IN A THREE-PILLAR MODEL TO BETTER ADDRESS CRISIS SITUATIONS:



There are also text and chat features available through 988. When someone reaches out to 988, they will reach a trained crisis counselor who can work to de-escalate the caller, assess the severity of the situation, assist the caller in creating a safety plan or connect them with additional resources if needed.

The rollout of 988 so closely timed to the implementation of this statewide plan provides a unique opportunity to build upon its momentum and resources. Nebraska is positioned to have an in-depth, 988-specific marketing and communications plan in place that can be leveraged to increase awareness and break down the stigma around suicide prevention as we work to normalize the conversation about behavioral health and suicide.

<sup>10</sup>988 Frequently Asked Questions (SAMHSA)

**Recommendation 1:** Utilize the statewide 988 marketing and communications plan to increase awareness of 988 and suicide prevention.

**Recommendation 2:** Designate a portion of 988 communication funds to develop and place quality, hopeful messaging that reaches every pocket of the state in both Spanish and English through radio, social media boosted posts, printed materials, promotional items for communities to order, local communication avenues, newspapers, billboards and other relevant communication outlets.

**Recommendation 3:** Create a 988 messaging toolkit that lives on the DHHS website for any Nebraskan to access for branded messaging, promotional items and other relevant communication items.

**Recommendation 4:** Create a grassroots effort to increase awareness of 988 with Nebraskans, while sharing warning signs, protective factors and lethal means safety information. This grassroots effort should stretch far beyond the behavioral health sphere and include statewide organizations and associations, chambers of commerce, athletic clubs, civic groups, professional groups, corporations, schools, faith communities, movie theaters, youth organizations, mentoring organizations and any existing group that is willing to offer their communication tools and networks to broaden the reach of 988 messages.

**More information on 988:**

[988 Suicide and Crisis Lifeline | SAMHSA](#)

**Nebraska-specific 988 information:**

[Planning Information for 988 and the National Suicide Prevention Lifeline](#)

**988 English Fact Sheet**



**988 Spanish Fact Sheet**





03

# National Strategies Description and Incorporation

**“I don’t think we recognize the extent to which  
all systems affect behavioral health.”**

— Nebraska resident, 2022

# National Strategies Description and Incorporation

In creating this plan, we wanted to ensure that the identified strategies, information and recommendations were relevant for all Nebraskans while strongly aligning with existing national strategies.

The National Action Alliance for Suicide Prevention (Action Alliance) is the leading national agency that represents both public/private partners to increase sound, data-driven prevention strategies across the United States. Along with the U.S. Surgeon General, they released the National Strategy for Suicide Prevention, which serves as a call to action intended to guide the nation's suicide prevention efforts.<sup>6</sup> While we won't delve into all 13 goals and 60 objectives in this plan, we encourage you to review the information provided at a deeper level.

The document identifies three priorities that they believe will have the greatest impact on reducing suicides across the United States: transforming health systems, transforming communities and changing the conversation about suicide. All three resonated with our research and focus group findings as significant priorities for Nebraskans. Action Alliance also has areas of ongoing focus that were echoed in our conversations with participating population groups, such as research and data-driven initiatives, lethal means safety awareness and including the voice of those with lived experience in all we do.

## THE NATIONAL STRATEGY FOR SUICIDE PREVENTION STRATEGIC DIRECTIONS<sup>7</sup> INCLUDE:



<sup>6</sup> Suicide Prevention Reports and Publications (U.S. Department of Health and Human Services)

<sup>7</sup> Goals and Objectives (National Action Alliance for Suicide Prevention)

You will find that our strategies and recommendations throughout this document directly correlate with these strategic directions and priorities so that Nebraska is aligned with national efforts and best practices. We also believe that Nebraska can set an example of collaborative, cohesive suicide prevention efforts for the rest of the country.

**The report also laid out the following 13 goals based on conclusions from their findings. These goals are intended to assist in better implementation and effectiveness.**

1. Integrate and coordinate suicide prevention activities across multiple sectors and settings
2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors
3. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery
4. Promote responsible media reporting of suicide, encourage accurate portrayals of suicide and mental illness in the entertainment industry and foster the safety of online content related to suicide
5. Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors
6. Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk
7. Provide training to community and clinical service providers on the prevention of suicide and related behaviors
8. Promote suicide prevention as a core component of health care services
9. Promote and implement effective clinical and professional practices for assessing and treating those identifies as being at risk for suicidal behaviors
10. Provide care and support to individuals affected by suicide deaths and attempt to promote healing and implement community strategies to help prevent further suicides
11. Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action
12. Promote and support research on suicide prevention
13. Evaluate the impact of and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings



# Healthy and Empowered Individuals, Families and Communities

Suicide and behavioral health are usually topics we don't educate ourselves on until they have already impacted our lives.

This reactive approach takes power and confidence away from individuals and families when they are in desperate need of both. Suicide is a preventable public health problem, and if we adopt and promote a statewide philosophy of mental wellness for all that emphasizes the crucial point that we all can play a role in saving lives from suicide, we can address it in a more productive way. Working to empower individuals, families and communities by teaching how to build up protective factors around those we care about, how to identify warning signs, where to connect for help if/when those signs are identified, and how to support someone in need will result in fewer suicides in our state and healthier Nebraskans overall. A crucial first step in achieving these is to normalize the conversation for all around behavioral health and suicide so that more feel comfortable seeking help.

Promoting healthy lifestyles that embrace behavioral health at the same level as physical health and increasing community connections and education will bring us closer to the goal of not losing another Nebraskan to suicide. All Nebraskans should feel comfortable seeking behavioral health care. It is imperative that we empower them to stay healthy and well in all aspects of their lives.

**STRATEGY 1:**

**Create and/or enhance suicide prevention coalitions in all communities or geographical regions.**

**Recommendation 1.1:** Implement targeted communications from DHHS/DBH and other partners on the importance of these coalitions in the community — not just to those in the behavioral health community, but beyond into the broader population.

**Recommendation 1.2:** Provide a framework from Nebraska State Suicide Prevention Coalition (NSSPC) for interested communities on how to create a coalition. This could include necessary funding, meeting structure templates, a list of both public/private entities that should be at the table, training options, event ideas and a sustainability plan. If a community has an existing coalition that needs to be reenergized, NSSPC can provide the same resources.

**Recommendation 1.3:** Identify a member of each local coalition to serve on NSSPC and encourage regular attendance of meetings so that the state cohesion and direction can continue in regard to statewide suicide prevention efforts.

Strategic Direction 1: Healthy and Empowered Individuals, Families and Communities

**STRATEGY 2: Increase Nebraskans’ knowledge of factors promoting wellness and recovery in regard to suicide prevention.**

**Recommendation 2.1:** Create a statewide public awareness campaign that takes a more hopeful approach to mental wellness and suicide prevention, while incorporating public health components like campaigns for safe driving, physical activity, domestic violence prevention, drug-free lifestyles, etc.

**Recommendation 2.2:** Promote this professionally branded campaign as a public/private partnership initiative — not just state/DHHS driven. This professional campaign should be branded as a public/private partnership initiative, promoting the well-being of self and others while empowering all to join the movement of suicide prevention.

**Recommendation 2.3:** Create a campaign toolkit available to the public so that local communities can select what will be impactful and feasible in their community.

**Recommendation 2.4:** Prioritize a multi-faceted campaign approach to reach everyone throughout Nebraska. The messaging on all platforms should promote improving knowledge and self-efficacy, reducing the stigma of suicide and behavioral health and learning action steps to assist individuals who may be in crisis.

**Recommendation 2.5:** Promote the understanding that recovery from behavioral health and substance use disorders is real and possible for everyone.<sup>7</sup>



**“We need to develop an action plan for families so they can seek professional help.”**

— NEBRASKA RESIDENT, 2022

<sup>7</sup> [Goals and Objectives](#) (National Action Alliance for Suicide Prevention)

## Strategic Direction 1: Healthy and Empowered Individuals, Families and Communities

**STRATEGY 3:**

**Work with the physical health community to empower all medical professionals to have conversations with patients about behavioral health, while creating a safe space for patients to address any concerns at regular appointments.**

*We know that individuals and families usually go to their general practitioner, internist or family medicine provider when they are feeling unhealthy in any way. These providers are easier to access and typically have availability much sooner than a behavioral health professional. They are trusted by their patients and already have a rapport built. We must make them part of the movement to save lives from suicide in our state.*

**Recommendation 3.1:** Encourage the Medical Association, Hospital Association and any other relevant medical associations that have a statewide reach to partner on the public awareness campaign.

**Recommendation 3.2:** Create posters and pamphlets to be placed in medical offices with a link to suicide prevention resources that share the previously recommended campaign's brand.

**Recommendation 3.3:** Release a statement from DHHS requesting support from all medical professionals statewide.

**Recommendation 3.4:** Utilize digital geofencing capabilities to target digital campaign messaging about suicide prevention to health clinics and offices across the state.

**Recommendation 3.5:** Publicize and provide suicide prevention trainings to all medical professionals statewide.

**Recommendation 3.6:** Promote suicide prevention as a core component of all health care services.

# Clinical and Community Prevention Services

Focusing on “upstream” prevention services can result in reaching individuals early so that they can likely lead a more healthy, productive life with the information and resources they need. Across the nation, behavioral health prevention and promotion services and supports are not generally funded by payers. We believe Nebraska should prioritize prevention services in their funding streams to result in a healthier Nebraska.

## STRATEGY 1:

### Integrate evidence-informed, culturally and population-specific suicide prevention strategies in all systems that serve Nebraskans.

**Recommendation 1.1:** Identify all diverse populations that exist statewide to paint a clearer picture of suicide risk and needs across our state. This could include all races and ethnicities, LGBTQIA+ community members, age groups, rural and urban communities, agricultural, tribal communities, first responders, service members and veterans, faith communities and others.

**Recommendation 1.2:** Utilize the 988 system infrastructure to maintain an accurate, up-to-date listing of all services available in all communities so that a provider can refer their client or patient to relevant services.

**Recommendation 1.3:** Expand culturally and population-specific suicide prevention training for any organization, agency or entity that receives funding.

**Recommendation 1.4:** Create a library of approved suicide prevention trainings.

**Recommendation 1.5:** Explore a statewide implementation of the utilization of “[Man Therapy](#)” to reach middle-aged men with evidence-based suicide prevention and behavioral health resources targeted to this at-risk population.

**Recommendation 1.6:** Identify and implement public/private partnership funding strategies to school-based behavioral health services throughout the state.

**Recommendation 1.7:** Enhance family and/or support navigator programs for those in need.

Strategic Direction 2: Clinical and Community Prevention Services

**STRATEGY 2: Increase local and regional collaborations addressing health promotion and early prevention.**

**Recommendation 2.1:** Identify a suicide prevention coordination lead.

**Recommendation 2.2:** Ensure statewide dissemination of consistent suicide prevention messaging and content using the previously mentioned campaign, from a centralized source.

**Recommendation 2.3:** Include prevention information on substance use and its potential connection to suicide.

**STRATEGY 3: Implement suicide prevention messaging through multiple sectors and settings where Nebraskans are.**

**Recommendation 3.1:** Promote mental wellness and suicide prevention training and education in corporate and business settings, as we know that the great majority of suicides occur in the working-aged demographic. Provide training options per Region to these entities.

**Recommendation 3.2:** Utilize existing community resources that have built rapport and trust with Nebraskans they serve and that specialize in specific cultures and faiths, such as barber shops, community centers, churches, restaurants or cultural centers.

**Recommendation 3.3:** Provide resources to any interested organization, school, church or company to increase knowledge and change attitudes and behaviors of all Nebraskans toward suicide prevention and behavioral health.



**“Our community has gotten better about talking about behavioral health, but it’s still important to train people about how to talk to others about it.”**

— NEBRASKA RESIDENT, 2022

## Strategic Direction 2: Clinical and Community Prevention Services

## STRATEGY 4:

**Expand mental wellness and suicide prevention education for all students attending state-funded schools.**

**Recommendation 4.1:** Explore a public/private partnership to expand Hope Squads in schools.

**Recommendation 4.2:** Assist and collaborate with the Department of Education in promoting and disseminating its school-focused suicide prevention toolkit.

**Recommendation 4.3:** Identify public/private partnership opportunities to host an annual Youth Summit. The summit is intended to bring youth from the community together for a day of hope-filled education on mental wellness, social media and other topics so that youth are empowered to advocate for themselves and others.

**Recommendation 4.4:** Increase the focus on teaching children how to identify, cope with and manage emotions at schools.

## STRATEGY 5:

**Create and support more peer-based support groups for both youth and adults.**

# Treatment and Support Services

If someone is experiencing a behavioral health diagnosis, treatment and/or support services will most likely be needed.

Through our research and preparation to create this plan, we continually heard from residents that they must be able to access services when they or their family member needs them, no matter the Nebraska community they live in.

We know that there is a shortage in the behavioral health workforce in Nebraska and that some steps have already been taken to combat this issue, but we cannot emphasize enough the immediacy for services to be ready for individuals when they need them and accessible from where they are.

**STRATEGY 1:**

**Enhance the continuum of care for Nebraskans in need of behavioral health care.**

**Recommendation 1.1:** Leverage the rollout of 988 to increase crisis response services statewide.

**Recommendation 1.2:** Create and expand the continuum of prevention, treatment and recovery community-based services for all Nebraskans, while increasing access to those existing services.

**Recommendation 1.3:** Enhance existing, peer-based respite care centers and assist in creating new ones through public/private partners.

**Recommendation 1.4:** Evaluate psychological emergency service care options for all Nebraskans, especially those in rural areas.

**Recommendation 1.5:** Identify technology solutions that improve coordination for youth transitioning from behavioral health services back to school. Information will be exchanged according to parent/caregiver consent.

**Recommendation 1.6:** Create and/or expand public/private partnerships that support early intervention and prevention programming and resources to help avoid the need for a higher level of care down the road. There are several options that are evidence based or promising practices; a sample of these can be found [here](#).

**Strategic Direction 3: Treatment and Support Services**

**Recommendation 1.7:** Allow for and encourage providers to engage in more timely follow-up with clients after discharge. Research shows that following up with a patient who has been discharged after suicidal attempts or ideation promptly can significantly decrease future attempts and increase follow-through on their treatment plan.<sup>8</sup> We recommend 24-48 hours when possible.

**Recommendation 1.8:** Create and promote guidelines for professionals to engage families and close connections as defined by the client, when appropriate, through care and discharge planning.

**Recommendation 1.9:** Acknowledge the overlap between substance use and mental health crisis and ensure cohesive care for both when relevant for clients.

**STRATEGY 2:**

**Work closely with the Behavioral Health Education Center of Nebraska (BHECN) to develop workforce shortage solutions.**

**Recommendation 2.1:** Create and/or expand public/private partnerships that support wellness programs for all behavioral health professionals and organizations to avoid burnout.

**Recommendation 2.2:** Identify and implement behavioral workforce strategies supported through public/private partnerships to sustain and grow access to services.

**Recommendation 2.3:** Prioritize recruitment and retention of diverse behavioral health professionals so that this workforce truly represents all Nebraska communities.

**Recommendation 2.4:** Prioritize timely reimbursement for all behavioral health services — including private pay, Region funded, Medicaid and Medicare so that organizations can pay their staff fairly and avoid turnover.

**STRATEGY 3:**

**Increase availability of crisis management services across the state, with specific attention to the rural areas of western Nebraska.**

**Recommendation 3.1:** Ensure all relevant payers provide reimbursement and/or funding for crisis response providers for necessary travel, the entirety of time serving the client/family and any technological advances needed to serve all Nebraska communities adequately.

**Recommendation 3.2:** Identify public/private partner funding for Crisis Response Training (or BETA) to all law enforcement agencies throughout Nebraska so that if a behavioral health professional isn't available or cannot make it promptly, appropriate crisis response can occur without causing additional trauma to the individual and/or family.

**Recommendation 3.3:** Implement 988 Crisis Services Committee's recommendations through the 988 planning process.

<sup>8</sup> Follow-Up Matters (Zero Suicide Institute)



**Strategic Direction 3: Treatment and Support Services**

**Recommendation 3.4:** Develop standardized policies and protocols for emergency room settings based on the presentation of the patient, which will allow for more differentiated responses based on risk profiles and assessed clinical needs.<sup>7</sup>

**Recommendation 3.5:** Enhance drop-in and/or urgent care behavioral health services for both youth and adults.

**STRATEGY 4: Build equitable access to behavioral health care services statewide.**

**Recommendation 4.1:** Address transportation concerns for those in need of services by providing transportation at no cost in all communities, from all payers.

**Recommendation 4.2:** Enhance technology capabilities in western Nebraska to ensure telehealth remains an option for residents.

**Recommendation 4.3:** Ensure funds are available from public/private partners for those in need of behavioral health who cannot afford them or live in low-income areas.

**Recommendation 4.4:** Increase the number of therapists statewide who specialize in trauma and grief after a suicide loss.

**STRATEGY 5: Partner closely with law enforcement, as they are a valuable partner, but lead the way on decriminalizing mental illness.**

**Recommendation 5.1:** Promote crisis response programs that don't involve law enforcement when not needed for safety purposes.

**Recommendation 5.2:** Include messaging in the previously recommended statewide awareness campaign that garners greater collaboration and communication between law enforcement and those with lived experience.



**“I shouldn’t have to decide between putting food on my table, keeping the lights on or making sure my child gets the behavioral health care they need.”**

– NEBRASKA RESIDENT, 2022

<sup>7</sup> [Goals and Objectives](#) (National Action Alliance for Suicide Prevention)

# Surveillance, Research and Evaluation

We cannot truly reach our goal of losing zero Nebraskans to suicide, or know how we will get there, if we don't have an accurate picture of where we stand today as a state. Statewide data has been provided and can be found in the "[Data Snapshot](#)" section. However, we feel it is imperative to develop an even more timely data system and utilize that data to evaluate where we are and our progress toward our goal.

## STRATEGY 1:

### Create a unified, consistent data collection process for the six Behavioral Health Regions on suicide deaths and attempts.

**Recommendation 1.1:** Identify the most universal, timely method of data collection resource that we have statewide.

**Recommendation 1.2:** Develop memorandums of understanding (MOU) with this resource through all statewide agencies that establish a method of reporting, data to be collected and provided, timeliness of reports and other useful information that may assist in this process.

**Recommendation 1.3:** Identify an organization or data collection point per geographical state region that the public/private partners support for serving as the central data collection point. More information on this strategy and recommendations can be found in the "[Statewide Resources](#)" section.

## STRATEGY 2:

### Utilize existing death review committees' reports and information to direct our prevention efforts.

**Recommendation 2.1:** Identify which death review committees exist and who the main point of contact is for each.

**Recommendation 2.2:** Develop MOUs with the committees to provide information to state and local coalitions.

**Recommendation 2.3:** Explore implementation of statewide psychological autopsy programs in each Region.

## Strategic Direction 4: Surveillance, Research and Evaluation

**STRATEGY 3:**

**Rely on the previously recommended State Suicide Prevention Coordinator to gather statewide data, evaluate it for trends, and provide the outcomes to state and local coalitions in a timely manner so that trends driving prevention efforts remain relevant.**

**Recommendation 3.1:** Ensure this role is supported to have the tools and information needed to fulfill this strategy.

**STRATEGY 4:**

**Utilize data collected from the previously recommended public awareness campaign to determine how many Nebraskans are reached through the various messaging efforts and platforms to best determine continuous updates to the campaign.**

**Recommendation 4.1:** Develop coordination and dissemination of public/private partner data to monitor and evaluate the data and identify relevant themes to state and local coalitions so they can implement more targeted efforts in their communities based on the data.



04

# Strategies for Lethal Means Safety and Risk Reduction

**“The issue requires constant reinforcement.”**

— Nebraska resident, 2022

# Strategies for Lethal Means Safety and Risk Reduction

There are several strategies we can implement to reduce the risk of suicide for individuals.

We know that suicide is preventable, and by minimizing existing risks and enhancing lethal means safety practices and knowledge, we can save more Nebraskan lives from suicide.

Putting time and distance between lethal means, such as firearms, medicines or illegal drugs, and individuals who may be at risk for suicide can help prevent suicide and save lives.<sup>9</sup>

Other risks exist that we can work to reduce or eliminate by promoting connectedness, strong problem-solving skills, taking care of oneself, healthy coping strategies and having access to treatment. Many of the strategies and recommendations in this section reference the National Action Alliance for Suicide Prevention’s “Lethal Means & Suicide Prevention: A Guide for Community & Industry Leaders.”

## STRATEGY 1:

**Implement a wellness and safety plan requirement policy for organizations to adhere to with each client where it doesn’t already exist.**

**Recommendation 1.1:** Create an online library of approved sample wellness or safety plans and make it accessible to all providers.

**Recommendation 1.2:** Through the previously recommended public awareness campaign, include targeted messaging to the public about the value of creating a wellness plan when they are feeling well and healthy, not when/if they are in crisis.

**Recommendation 1.3:** Create a video training and/or tutorial on how to use safety or wellness plans for individuals, as well as how to help someone else create one.

<sup>9</sup>Lethal Means & Suicide Prevention: A Guide for Community & Industry Leaders (National Action Alliance for Suicide Prevention)

**STRATEGY 2: Promote the importance of connectedness throughout the state.**

**Recommendation 2.1:** Through the public awareness campaign, promote messages that illustrate what connectedness means and can look like. People may think it means that they must have a large circle of support, but in fact, a small circle of trusted contacts is sufficient.

**Recommendation 2.2:** Create more peer-based services for both adults and youth so that they feel connected to someone they relate to.

**STRATEGY 3: Implement statewide suicide and behavioral health screening to early identify individuals who may be at risk.**

**Recommendation 3.1:** Create a list of up to five approved screening tools and make it available to health providers and schools.

**Recommendation 3.2:** Work with public/private partners to coordinate behavioral health contact in schools coordinating the screening process of students, and making follow-up connections with community resources for any student who is identified through the screening process.

**Recommendation 3.3:** Partner with the Medical Association and the Hospital Association to provide feedback on the implementation of screeners in health care settings and make recommendations based on that feedback.

**Recommendation 3.4:** Encourage providers who serve patients and clients that identify as at risk for suicide to routinely assess their access to lethal means.

**STRATEGY 4: Promote messaging and education on lethal means safety and safe gun ownership, empowering individuals to learn how to safeguard their homes.**

**Recommendation 4.1:** Through the recommended public awareness campaign, include messaging about the power of lethal means safety.

**Recommendation 4.2:** Create a targeted, statewide awareness communication that prescription lock boxes and gun safety locks are available at no cost through residents' Behavioral Health Region.

**Recommendation 4.3:** Provide all 93 counties with bridge and parking lot HOPE signs that were previously created featuring the 988 crisis line. Place in parking structures, bridges, ballparks, community parks, etc.

**Recommendation 4.4:** Partner with local gun ranges and dealers to provide safe, effective suicide prevention and gun safety information to their customers.

**Recommendation 4.5:** Provide free suicide prevention training to all gun range and dealer staff throughout the state.

**Recommendation 4.6:** Partner with pharmacies statewide to provide materials for distribution that promote the safe disposal of unused prescriptions.

**Recommendation 4.7:** Provide free suicide prevention and prescription disposal information and resources to all pharmacy staff statewide. Partnering with a Pharmacy Association for this would be useful for disbursement.



05

# Governor's Challenge to Prevent Suicide Among Service Members, Veterans and Their Families

**“The important thing to know is  
that there is help.”**

— Nebraska resident, 2022



# Governor's Challenge to Prevent Suicide Among Service Members, Veterans and Their Families

It is widely known that veteran and military suicides continue to be high throughout our country, and this is true for Nebraska as well.

According to the 2021 National Veteran's Suicide Prevention Annual Report produced by Veteran's Affairs (VA), veterans accounted for 6,262 suicide deaths of the 45,861 overall suicides in our country in 2019.<sup>11</sup> To put it further into perspective, United Service Organizations cites that military suicide death rates are four times higher than deaths that occur during military operations.<sup>12</sup> These are staggering statistics.

In March of 2022, Nebraska Governor Pete Ricketts confirmed Nebraska's participation in the national Governor's Challenge, which is a call to action asking state military and civilian interagency teams to embark on a process of collaborating, planning and implementing suicide prevention best practices and policies for Service Members, Veterans and their Families (SMVF) statewide.

## THIS CHALLENGE FOCUSES ON THE FOLLOWING FIVE CRITICAL COMPONENTS:



The Nebraska team for the Governor's Challenge is comprised of veterans, government agencies, those with lived experience, advocates and community resources. At the time of this statewide plan's creation, this group is working to finalize Nebraska's path forward to save lives of service members, veterans and their families. We will ensure the Governor's Challenge plan aligns and is woven into our statewide plan.

<sup>11</sup> 2021 National Veteran Suicide Prevention Annual Report (U.S. Department of Veterans Affairs)

<sup>12</sup> Military Suicide Rates Are at an All-Time High; Here's How We're Trying to Help (United Service Organizations)

**The goals developed, at the time of this statewide plan's publishing, for Nebraska's Governor's Challenge plan include the following:**

**Priority 1: Identifying SMVF and screening for suicide risk**

- + Implement ATQ (Ask the Question) screening
- + Implement gatekeeper training

**Priority 2: Promoting connectedness and improving care transition**

- + Work with tribal Veterans Service Office and tribal chairman to coordinate the execution of a memorandum of understanding (MOU) with hospitals serving tribal community members
- + Increase the knowledge of emergency room staff when treating veterans

**Priority 3: Increasing lethal means safety and safety planning**

- + Implement a messaging campaign on safe firearm storage practices and safe handling, especially in rural areas

**Updates for Nebraska's Governor's Challenge will be shared through statewide communication networks as they become available.**

**Recommendation 1:** Align Governor's Challenge finalized work plan focusing on these three priorities with the statewide plan.

**Recommendation 2:** Create a targeted suicide prevention effort for service members, veterans and their families to work toward lowering death rates in this population who have bravely served our country and now need help in healing invisible wounds. These efforts must align with the priorities in this document.



06

# Suicide Prevention Toolkits

**“I want to see our community working on prevention efforts all the time, not just when something happens.”**

— Nebraska resident, 2022

# Suicide Prevention Toolkits

## Nebraska School Suicide Resource Guide

**The Nebraska Department of Education created this resource guide to provide schools across the state with tools and information to help:**

- + Assess their ability to prevent and respond to suicidal behavior
- + Understand and implement strategies to help students who are at risk for suicide
- + Understand how to respond to the suicide of a student
- + Identify effective suicide prevention programs and respond to the needs and cultures of each school's students
- + Integrate suicide prevention into activities that fulfill other aspects of the school's mission

[See the Full Guide →](#)

## Suicide Prevention Community Toolkit

The Kim Foundation and numerous community partners gathered useful resources to equip others with hopeful, helpful education to save lives from suicide. The intention is for these tools to blanket Nebraska and be shared statewide with colleagues, students, clients, family, supporters, friends and beyond.

**The toolkit contains assets for print and digital use, including:**

- + Crisis resource cards in English and Spanish
- + Sample social media posts
- + Files for posters, magnets, stickers and other swag items
- + Resources on the 988 Suicide & Crisis Lifeline

[Access the Toolkit →](#)



07

# Suicide Postvention

**“Hope has to come first.”**

— Nebraska resident, 2022



# Suicide Postvention

Local Outreach to Suicide Loss Survivors (LOSS) is an evidence-based, active postvention model that exists in Nebraska.

This model involves two or more trained volunteers, called a LOSS Team, proactively providing immediate support to those left behind after a suicide death. These trained volunteers can be suicide loss survivors or trained behavioral health professionals. The suicide loss survivors have lost a loved one to suicide, sought help and have come to a place with their grief that they want to help the newly bereaved in their time of need by providing support and hope.

LOSS Teams participate in a “call-out” only with the agreement of the family. The team is activated by local law enforcement, 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 call-out is to provide a clear message of hope that the survivors can move through this time of shock and despair by providing information and resources available in the community.

One of the central components to the success of LOSS is a strong relationship with local law enforcement agencies. The information they provide allows the teams to reach out to the families in a prompt manner, and it also assists in obtaining a timely, accurate snapshot of the number of suicide deaths in our communities.

The Metro Area LOSS Team has an agreement with the Omaha Police Department, Sarpy County Sheriff’s Department and Douglas County Sheriff’s Department to provide The Kim Foundation with all relevant information from the suicide death report so that the team can not only respond to the family but create more targeted prevention messaging throughout the area. Data that is tracked from these reports include gender, age, zip code and means of death. This data is inputted by The Kim Foundation and monitored for trends in suicide death within the community. The area’s suicide prevention awareness campaign, More Tomorrows, is then directed by the trends that are shown through this data.

With a more statewide focus on law enforcement’s involvement and data sharing, Nebraska can uniquely provide accurate, timely data on suicide deaths to enhance our statewide prevention efforts.

**POSTVENTION RECOMMENDATIONS:**

<b>Recommendation 1:</b> Have a public/private partner, statewide initiative to educate law enforcement on building and maintaining strong relationships with local LOSS Teams.
<b>Recommendation 2:</b> Identify one data collection and evaluation source per Behavioral Health Region.
<b>Recommendation 3:</b> Encourage law enforcement through a state-led, statewide initiative to enter memorandums of understanding with local LOSS Teams or Behavioral Health Regions where necessary for data sharing.
<b>Recommendation 4:</b> Enhance and support data collection from law enforcement through a public/private partner, statewide initiative around suicide-related deaths to improve action planning and implementation strategies that save lives.
<b>Recommendation 5:</b> Create a statewide data collection system where data can be inputted consistently by any identified data collection source.
<b>Recommendation 6:</b> Designate \$25,000 - \$40,000 per year from DBH for LOSS Team development, training and education.

**Nebraska is fortunate to have several LOSS Teams throughout the state.****The current, active teams are:****BLUE RIVER LOSS TEAM**

402-806-5551

**FOUR CORNERS LOSS TEAM**

402-710-2161

**NORFOLK AREA LOSS TEAM**

402-750-8148

**CENTRAL NEBRASKA LOSS TEAM**

308-217-0354

**LINCOLN/LANCASTER LOSS TEAM**

402-440-1633

**SOUTHWEST NEBRASKA LOSS TEAM**

308-221-0143

**CHADRON AREA LOSS TEAM**

308-225-3861

**METRO AREA LOSS TEAM**[loss@thekimfoundation.org](mailto:loss@thekimfoundation.org)

402-891-6911

**COLUMBUS AREA LOSS TEAM**

402-360-5004



# Resources

**“Resources need to be easy to access, and there needs to be an online platform that can provide more education.”**

— Nebraska resident, 2022



# Statewide Resources

**Please note that this list is a sample of resources available in Nebraska.**

*If you need additional resources, please contact the Nebraska Family Helpline at 888-866-8660.*

## Statewide

### 988 SUICIDE & CRISIS LIFELINE

988  
[988lifeline.org](https://988lifeline.org)

### AFSP NEBRASKA

[afsp.org/chapter/nebraska](https://afsp.org/chapter/nebraska)

### BOYS TOWN NATIONAL HOTLINE

1-800-448-3000  
(TTY 1-800-448-1833)  
[boystown.org/hotline](https://boystown.org/hotline)

### CRISIS TEXT LINE

Text HOME to 741741

### LASTING HOPE RECOVERY CENTER

402-717-4673 (HOPE)  
[chihealth.com/lasting\\_hope\\_recovery\\_center](https://chihealth.com/lasting_hope_recovery_center)

### MORE TOMORROWS

[MoreTomorrowsNE.org](https://MoreTomorrowsNE.org)

### NAMI NEBRASKA

402-345-8101  
[naminebraska.org](https://naminebraska.org)

### NEBRASKA FAMILY HELPLINE

1-888-866-8660

### NEBRASKA MENTAL HEALTH

[nebraskamentalhealth.com](https://nebraskamentalhealth.com)

### NEBRASKA STATE SUICIDE PREVENTION COALITION

Main - Nebraska State Suicide Prevention Coalition  
[nsspc.org](https://nsspc.org)

### SAFE HARBOR WARM LINE

402-715-4226

### THE KIM FOUNDATION

402-891-6911  
[thekimfoundation.org](https://thekimfoundation.org)

### VETERANS AFFAIRS

402-346-8800  
[mentalhealth.va.gov](https://mentalhealth.va.gov)

## Region 1

### BEHAVIORAL HEALTH CLINIC - CHADRON MEDICAL CLINIC

300 Shelton Street  
Chadron, Nebraska 69337  
308-432-4441

### BEHAVIORAL HEALTH CLINIC - GORDON MEDICAL CLINIC

807 North Ash Street  
Gordon, Nebraska 69343  
308-282-1442

### BEHAVIORAL HEALTH CLINIC - LEGEND BUTTES HEALTH CENTER

11 Paddock Street  
Crawford, Nebraska 69339  
308-665-1771

### BEHAVIORAL HEALTH CLINIC - RUSHVILLE MEDICAL CLINIC

308 West 3rd Street  
Rushville, Nebraska 69360  
308-327-2757

### BOX BUTTE GENERAL HOSPITAL

2101 Box Butte Avenue  
Alliance, Nebraska 69301-0810  
308-762-6660  
[bbgh.org](https://bbgh.org)

### CROSSROADS RESOURCES, LLC

651 West 4th Street  
Chadron, Nebraska 69337  
308-432-3920  
308-430-4610  
[crossroadsresourcesllc.com/services](https://crossroadsresourcesllc.com/services)

### HUMAN SERVICES, INC.

419 West 25th Street  
Alliance, Nebraska 69301  
308-762-7177 (24-hour crisis line)  
[hsinc.org](https://hsinc.org)

### REGION 1 BEHAVIORAL HEALTH AUTHORITY

18 West 16th Street  
Scottsbluff, Nebraska 69361  
308-635-3173  
[region1bhs.net](https://region1bhs.net)

### REGIONAL WEST MEDICAL CENTER

4021 Avenue B  
Scottsbluff, Nebraska 69361  
308-635-3711  
[rwhs.org](https://rwhs.org)

**WESTERN COMMUNITY HEALTH RESOURCES - ALLIANCE OFFICE**  
 619 Box Butte Avenue  
 Alliance, Nebraska 69301  
 308-762-3696  
[wchr.net](http://wchr.net)

**WESTERN COMMUNITY HEALTH RESOURCES - GORDON OFFICE**  
 106 North Main Street  
 Gordon, Nebraska 69343  
 308-282-2611  
[wchr.net](http://wchr.net)

**WESTERN COMMUNITY HEALTH RESOURCES - RUSHVILLE OFFICE**  
 206 Loofborrow Street  
 Rushville, Nebraska 69360  
 308-327-2871  
[wchr.net](http://wchr.net)

## Region 2

**LUTHERAN FAMILY SERVICES OF NEBRASKA - MCCOOK**  
 802 West B St, Suite 105  
 McCook, Nebraska 69001  
 308-345-7914  
[lfsneb.org](http://lfsneb.org)

**LUTHERAN FAMILY SERVICES OF NEBRASKA - NORTH PLATTE**  
 120 East 12th Street  
 North Platte, Nebraska 69101  
 308-532-0587  
[lfsneb.org](http://lfsneb.org)

**REGION 2: 24-HOUR REGIONAL EMERGENCY COORDINATION/EMERGENCY SUPPORT PROGRAM**  
 308-324-7200  
 877-269-2079

**REGION 2 HUMAN SERVICES: HEARTLAND COUNSELING & CONSULTING CLINIC - LEXINGTON**  
 307 East 5th Street  
 Lexington, Nebraska 68850  
 308-324-6754  
 877-709-3351 (24-hour crisis line)  
[r2hs.com](http://r2hs.com)

**REGION 2 HUMAN SERVICES: HEARTLAND COUNSELING & CONSULTING CLINIC - MCCOOK**  
 1012 West Third Street  
 McCook, Nebraska 69001  
 308-345-2770  
 877-709-3351 (24-hour crisis line)  
[r2hs.com](http://r2hs.com)

**REGION 2 HUMAN SERVICES: HEARTLAND COUNSELING & CONSULTING CLINIC - NORTH PLATTE**  
 110 North Bailey Street  
 North Platte, Nebraska 69103  
 308-534-6029  
 877-709-3351 (24-hour crisis line)  
[r2hs.com](http://r2hs.com)

**REGION 2 HUMAN SERVICES: HEARTLAND COUNSELING & CONSULTING CLINIC - OGALLALA/IMPERIAL**  
 401 West 1st Street  
 Ogallala, Nebraska 69153  
 308-284-6767  
 877-709-3351 (24-hour crisis line)  
[r2hs.com](http://r2hs.com)

## Region 3

**CENTER FOR PSYCHOLOGICAL SERVICES, P.C.**  
 4111 4th Avenue, Suite 32  
 Kearney, Nebraska 68845  
 308-234-6029  
 800-325-1111 (24-hour crisis line)  
[carf.org/providerProfile.aspx?cid=305666](http://carf.org/providerProfile.aspx?cid=305666)

**MARY LANNING HEALTHCARE**  
 715 North St. Joseph Avenue  
 Hastings, Nebraska 68901  
 402-463-4521  
[marylanning.org/medical-clinics/behavioral-services/lanning-center](http://marylanning.org/medical-clinics/behavioral-services/lanning-center)

**RICHARD YOUNG OUTPATIENT CLINIC**  
 1755 Prairie View Place  
 Kearney, Nebraska 68845  
 308-865-2249  
[chihealth.com/en/services/behavioral-care/levels/outpatient/richard-young-outpatient](http://chihealth.com/en/services/behavioral-care/levels/outpatient/richard-young-outpatient)

**VETERANS ADMINISTRATION MEDICAL CENTER**  
 2201 North Broadwell  
 Grand Island, Nebraska 68803  
 308-382-3660  
[nebraska.va.gov/locations/Grand\\_Island](http://nebraska.va.gov/locations/Grand_Island)

## Region 4

**CARE LINE: CRISIS CARE AND REFERRAL EXPERTS**  
 1-888-370-7003  
[4bhs.org](http://4bhs.org)

**COLUMBUS COMMUNITY HOSPITAL**  
 4600 38th Street  
 Columbus, Nebraska 68602  
 402-564-7118  
[columbushosp.org](http://columbushosp.org)

## Region 5

### BLUE VALLEY BEHAVIORAL HEALTH

1123 North 9th Street  
Beatrice, Nebraska 68310  
402-228-3386  
877-409-6600 (24-hour crisis line)  
[bvbh.net](http://bvbh.net)

### BRYAN COUNSELING CENTER

2300 South 16th Street  
Lincoln, Nebraska 68502  
402-481-5991  
[bryanhealth.com/services/mental-health](http://bryanhealth.com/services/mental-health)

### BRYAN MEDICAL CENTER

402-481-5991  
[bryanhealth.com/services/counseling-mental-health](http://bryanhealth.com/services/counseling-mental-health)

### CENTERPOINTE CRISIS RESPONSE

2633 P Street  
Lincoln, Nebraska 68508  
402-475-6695 (24-hour crisis line)  
[crisistalk.org](http://crisistalk.org)

Free, walk-in crisis services:  
1000 S 13th St, Lincoln NE  
8 a.m. - 5 p.m.

### CRETE AREA MEDICAL CENTER

2910 Betten Drive  
Crete, Nebraska 68333  
402-826-2102  
[bryanhealth.com/locations](http://bryanhealth.com/locations)

### LINCOLN BEHAVIORAL HEALTH CLINIC

3201 Pioneers Blvd., Suite 202  
Lincoln, Nebraska 68502  
402-489-9959  
[lbhc.biz](http://lbhc.biz)

### REGION 5 SYSTEMS

1645 N Street  
Lincoln, Nebraska 68508  
402-441-4343  
[region5systems.net](http://region5systems.net)

## Region 6

### CENTERPOINTE CAMPUS FOR HOPE

1490 North 16th Street  
Omaha, Nebraska 68102  
402-827-0570  
[centerpointe.org/programs/campus-for-hope.html](http://centerpointe.org/programs/campus-for-hope.html)

### CHARLES DREW HEALTH MAIN CLINIC

2915 Grant Street  
Omaha, Nebraska 68111  
402-451-3553  
[charlesdrew.com](http://charlesdrew.com)

### CHI HEALTH - LASTING HOPE RECOVERY CENTER

415 S 25th Ave  
Omaha, Nebraska 68131  
402-717-4673 (24-hour crisis line)  
800-523-7294  
[chihealth.com](http://chihealth.com)

### CHI HEALTH - IMMANUEL

6901 N 72nd Street  
Omaha, NE 68122  
402-572-2121  
[chihealth.com](http://chihealth.com)

### CHILDREN'S HOSPITAL

8200 Dodge Street  
Omaha, Nebraska 68114  
402-955-5400  
[childrensomaha.org](http://childrensomaha.org)

### COMMUNITY ALLIANCE - FREMONT

1900 E Military Ave, Suite 278  
Fremont, Nebraska 68025  
402-721-8225  
[community-alliance.org](http://community-alliance.org)

### COMMUNITY ALLIANCE - OMAHA

4001 Leavenworth Street  
Omaha, Nebraska 68105  
402-341-5128  
[community-alliance.org](http://community-alliance.org)

### DOUGLAS COUNTY COMMUNITY MENTAL HEALTH CENTER

4102 Woolworth Avenue  
Omaha, Nebraska 68105  
402-444-7449  
[cmhc.douglascounty-ne.gov](http://cmhc.douglascounty-ne.gov)

### HEARTLAND FAMILY SERVICE

2101 South 42nd Street  
Omaha, Nebraska 68105  
402-553-3000  
[heartlandfamilyservice.org](http://heartlandfamilyservice.org)

### LUTHERAN FAMILY SERVICES OF NEBRASKA - BELLEVUE

730 Fort Crook Road North  
Bellevue, Nebraska 68005  
402-292-9105  
[lfsneb.org](http://lfsneb.org)

### ONEWORLD - MAIN

Livestock Exchange Building  
4920 South 30th Street  
Omaha, Nebraska 68107  
402-734-4110  
[oneworldomaha.org](http://oneworldomaha.org)

### REGION 6 BEHAVIORAL HEALTH AUTHORITY

4715 S. 132nd Street  
Omaha, Nebraska 68137  
402-444-6573  
[regionsix.com](http://regionsix.com)

# National Resources

Please note that this list is a variety of resources available across the country; however, this is not an exhaustive list. For additional information, please contact The Kim Foundation at [info@thekimfoundation.org](mailto:info@thekimfoundation.org) or 402-891-6911.

## **988 SUICIDE & CRISIS LIFELINE**

988  
[988lifeline.org](https://www.988lifeline.org)

## **AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY**

[aacap.org](https://www.aacap.org)

## **AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY**

[aagponline.org](https://www.aagponline.org)

## **AMERICAN ASSOCIATION OF SUICIDOLOGY**

[suicidology.org](https://www.suicidology.org)

## **AMERICAN FOUNDATION FOR SUICIDE PREVENTION**

[afsp.org](https://www.afsp.org)

## **AMERICAN PSYCHIATRIC ASSOCIATION**

[psychiatry.org](https://www.psychiatry.org)

## **AMERICAN PSYCHOLOGICAL ASSOCIATION HELP CENTER**

[apa.org/topics/crisis-hotlines](https://www.apa.org/topics/crisis-hotlines)

## **BOYS TOWN NATIONAL HOTLINE**

1-800-448-3000  
(TTY 1-800-448-1833)  
[boystown.org/hotline](https://www.boystown.org/hotline)

## **CRISIS TEXT LINE**

Text HOME to 741741

## **MAN THERAPY**

[mantherapy.org](https://www.mantherapy.org)

## **MENTAL HEALTH AMERICA**

1-800-969-6642  
[mhanational.org/finding-help](https://www.mhanational.org/finding-help)

## **NAMI**

1-800-950-NAMI  
[nami.org/Home](https://www.nami.org/Home)

## **NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION**

[theactionalliance.org](https://www.theactionalliance.org)

## **NOW MATTERS NOW**

[nowmattersnow.org](https://www.nowmattersnow.org)

## **SAMHSA'S NATIONAL HELPLINE**

1-800-662-4357  
[samhsa.gov/find-help/national-helpline](https://www.samhsa.gov/find-help/national-helpline)

## **SUICIDE.ORG**

[suicide.org](https://www.suicide.org)

## **SUICIDE AWARENESS VOICES OF EDUCATION (SAVE)**

952-946-7998  
[save.org](https://www.save.org)

## **SUICIDE PREVENTION RESOURCE CENTER**

[sprc.org](https://www.sprc.org)

## **THE JASON FOUNDATION**

615-264-2323  
[jasonfoundation.com](https://www.jasonfoundation.com)

## **THE JED FOUNDATION**

212-647-7544  
[jedfoundation.org](https://www.jedfoundation.org)

## **THE KIM FOUNDATION**

402-891-6911  
[thekimfoundation.org](https://www.thekimfoundation.org)

## **THE MAYO CLINIC**

[mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968](https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968)

## **THE TREVOR PROJECT**

1-866-488-7386  
[thetrevorproject.org](https://www.thetrevorproject.org)

## **VETERANS CRISIS TEXT LINE**

Text 838255  
[veteranscrisisline.net](https://www.veteranscrisisline.net)



# Conclusion

**“Everyone should know about it,  
talk about it and be prepared to do  
something about it.”**

— Nebraska resident, 2022



# Ways to Get Involved

We believe that each of us can play a role in saving a life from suicide.

Too often, suicide prevention and mental wellness is a matter we don't familiarize ourselves with until it has impacted us directly. Through the statewide implementation of this plan, we hope every Nebraskan is spurred to action and proactively learns more about behavioral health, just as they do physical health.

## **Learn the warning signs**

The first and easiest step to get involved in saving lives from suicide is to learn the warning signs someone may show when struggling. We hope that you will never experience this, but statistically, someone you know will. By learning how to recognize the warning signs and what to do next, you may just save their life.

To learn the warning signs, visit the [More Tomorrows website](#). This site also outlines steps to take if you are concerned about someone who is struggling, but know that you can call 988 at any time if you or someone you know is having a difficult time or is in crisis.

## **Join a suicide prevention coalition**

If you are passionate about saving lives from suicide, we encourage you to find the suicide prevention coalition nearest your community on the [Nebraska State Suicide Coalition's website](#). Joining the coalition is a great way to get more involved in statewide suicide prevention initiatives and help shape the path forward for Nebraska to save more lives.

## **Participate or host a training**

You can also participate in a training or host a training in your school, church, business or other groups. The following are a few evidence-based trainings that anyone can complete to better understand suicide prevention.

- + [QPR Institute](#) offers suicide prevention training for individuals, organizations and professionals.
- + [Mental Health First Aid](#) is a skills-based training course that teaches participants about mental health and substance-use issues.

Nebraska is fortunate to have many individuals certified to offer these trainings. [Visit your local Behavioral Health Region's website](#) to learn more about trainings near you.

## Attend local events

You can also join an [event](#) in or near your community. Each year, the Nebraska Chapter of the American Foundation for Suicide Prevention hosts Out of the Darkness walks in communities throughout Nebraska, and they are a great way to show your support for suicide survivors (those who have lost a loved one to suicide) and those who may be currently struggling.

## Talk about it

Suicide and behavioral health can be difficult to prioritize or talk about because it hasn't been our societal norm to do so. It can be uncomfortable and difficult at first — but changing norms starts with us.

All of us can ask someone how they are, check in on a loved one, or be a support to someone who is struggling. You don't need to know exactly what to do or what to say, you simply need to be kind, compassionate and empathetic, letting them know they are not alone.

## Change your language

Another step that each of us can take is to simply [change our language](#). "Committed suicide" used to be, and still is, a common phrase, but it's more appropriate to say someone "died by suicide." Shifting how we discuss suicide and behavioral health takes effort, but it's a change we can start making now as we each do our part in addressing death accurately, breaking down the stigma that's existed around suicide for centuries, and eliminating shame for surviving family members.

**We know each person's interest and level of involvement in this work will vary, but we can all make a difference with a few small acts!**

For more information on how to take action in your community, contact The Kim Foundation at 402-891-6911 or [visit our website](#).



# Contact Information

For more information on the Nebraska Statewide Suicide Prevention Plan or current initiatives in this area, please contact:

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402-471-7750





# References

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- + **2020 Nebraska State Epidemiological Profile**  
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- + **Nebraska State Facts**  
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- + **2021 Nebraska State Suicide Prevention Survey Report**  
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- + **Suicide Statistics**  
American Foundation for Suicide Prevention, The Kim Foundation
- + **Suicide Prevention Reports and Publications**  
U.S. Department of Health and Human Services
- + **Goals and Objectives**  
National Action Alliance for Suicide Prevention
- + **Follow-Up Matters**  
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National Action Alliance for Suicide Prevention
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