

Nebraska Statewide Suicide Prevention Plan  
FY 2026

**NEBRASKA**

Good Life. Great Mission.

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**DEPT. OF HEALTH AND HUMAN SERVICES**



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# I. Introduction

This document represents a working draft of Nebraska’s updated Statewide Suicide Prevention Plan. It is intended to serve as both a framework and a call-to-action, guiding efforts to reduce suicide attempts and deaths, improve behavioral health outcomes, and promote mental wellness in every community across the state.

Suicide remains a serious public and behavioral health issue in Nebraska. It is the leading cause of death for some age groups and affects individuals from all walks of life. Yet, suicide is also preventable. With coordinated efforts, timely intervention, and strong partnerships, we can save lives and promote healing across the state.

This updated plan builds on the foundation of the 2022-2025 strategy, while addressing new priorities and emerging needs. Key areas of focus include:

- Expanding awareness and understanding of the 988 Suicide & Crisis Lifeline and ensuring that individuals across Nebraska know how and when to use it.
- Increasing behavioral health screening in healthcare and community settings, with an emphasis on early identification and connections to care.
- Enhancing and continuing the use of postvention support, including expansion of the LOSS teams and follow-up care for individuals and families affected by suicide.
- Improving lethal means safety, including education and distribution of firearm lockboxes and medication safety tools.
- Promoting effective messaging and communication strategies that reduce stigma and increase engagement in care.
- Maintaining clear, accessible language throughout the plan so that individuals, families, providers, and community leaders can all use it effectively.

Informed by past surveys, focus groups, and summit findings, this plan centers the needs of those most impacted by suicide. Concerning areas in Nebraska include:

- Midlife Males, particularly in rural areas.
- Youth
- Veterans and military service members.
- Older adults are facing isolation or health challenges.

Barriers to care continue to challenge suicide prevention in Nebraska. Long wait times, gaps in the behavioral health workforce, confusion about how to access services, and persistent stigma all prevent individuals from getting the help they need. These barriers

cannot be addressed by any one organization. Success will depend on collaboration among state and local agencies, behavioral health regions, crisis providers, advocacy groups, schools, and community members.

As updated data becomes available and new insights emerge in the field, this document will evolve. Nebraska Suicide Prevention Coalition, UNL Public Policy Center, and Nebraska DHHS Division of Behavioral Health continuously update the plan to ensure it remains both relevant and effective.

By strengthening Nebraska’s behavioral health systems and investing in upstream support, we can create a future where fewer lives are lost to suicide, and every Nebraskan knows where to turn for help.

## II. Summary Progress

Since the publication of the 2022-2025 Nebraska Statewide Suicide Prevention Plan, Nebraska has made substantial strides toward reducing suicide deaths, improving behavioral health outcomes, and expanding crisis response capacity. The following highlights reflect the achievements and the areas that still require expansion or focused attention:

### Major Progress and Achievements:

- **988 Launch and Implementation:** Nebraska successfully transitioned to the 988 Suicide and Crisis lifeline in July 2022, capitalizing on Boy’s Town’s established infrastructure. Awareness campaigns, training, and partnerships with the Nebraska Family Helpline have positioned 988 as the state’s primary behavioral-health crisis line. In FY25 alone, **11,981** calls involving suicidal ideation or higher risk were answered, with **90%** resolved through collaborative safety planning and fewer than **1%** requiring law-enforcement involvement. Average wait time was just 12 seconds, and the call-answer rate remained above **99%**<sup>1</sup>.

Since implementation, only one call has resulted in a death despite all best-practice interventions. In that case the individual remained uncooperative and declined to engage with the counselor; the team reviewed the incident carefully and confirmed that all protocols were followed and no additional actions could have altered their outcome. While heartbreaking, this shows the continued diligence of the system and the perseverance of the 988 operators and staff.

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<sup>1</sup> "J:\EMERGENCY\_SYSTEM\Boys Town-988-Family Helpline\FY26\988 QR\Fy25\988 NE FY25 Q4 FINAL.docx"

- Growth of Suicide Prevention Coalitions: The Nebraska State Suicide Prevention Coalition (NSSPC) has expanded local coalitions across all regions, including initiatives that focus on midlife males and youth. These coalitions have strengthened collaboration with schools, healthcare providers, and local community leaders, aligning local efforts with national best practice and the Zero Suicide Framework.<sup>2</sup>
- LOSS Team Expansion: Multiple LOSS (Local Outreach to Suicide Survivor) Teams have formed or expanded their reach since 2022. New memoranda of understanding with law enforcement in key counties (e.g., Douglas, Sarpy, Omaha metro) ensure survivors receive immediate, compassionate support and consistent follow-up to lead to favorable outcomes.<sup>3</sup>
- Data-Driven Safety Planning: Updated statewide safety-assessment protocols now emphasize measurable risk reduction and early intervention. FY25 data showed steady rise in proactive safety plans—from **8,131** in **FY 2023** to **10,662** in **FY 2025**—reflecting stronger front-end crisis de-escalation and consistent use of evidence-based planning tools.<sup>4</sup>

## Ongoing Gaps and Areas Needing Focus:

Many of these areas draw directly from the Kim Foundation’s Nebraska Statewide Suicide Prevention Plan (2022-2025), which remains the foundational reference for statewide strategies and data. The following items highlight both persistent and newly emerging needs identified in that plan and through current FY25-FY26 data review.

- **Awareness of 988 and Trust**: Despite statewide campaigns, public awareness remains uneven, especially in rural/frontier areas and among men in midlife. Common concerns include confidentiality, potential law-enforcement involvement, and uncertainty about when to call.
- **Healthcare Integration**: Suicide prevention screening and mental health conversations remain a standard component of behavioral health within medical care.
- **Access in Rural**: Long wait times, transportation issues, and workforce shortages persist, particularly in western and rural Nebraska.

<sup>2</sup> "J:\CONTRACTS&CRAs\Contracts&Vendors\Kim Foundation\FY22\FY22 Contract\6297-22 TKF Statewide Suicide Prevention Plan (8-16 Updates).pdf"

<sup>3</sup> "J:\CONTRACTS&CRAs\Contracts&Vendors\Kim Foundation\FY22\FY22 Contract\6297-22 TKF Statewide Suicide Prevention Plan (8-16 Updates).pdf"

<sup>4</sup> "J:\EMERGENCY\_SYSTEM\Boys Town-988-Family Helpline\FY26\988 QR\Fy25\988 NE FY25 Q4 FINAL.docx"

- **Postvention and Follow-Up:** While LOSS is expanding, systematized postvention support and timely follow-up after crises are not yet standard across all regions.
- **Timely Data:** Delays in death-certificate and hospital-reporting processes slow the identification of emerging suicide trends and hinder rapid response.

### III. Data Snapshot

#### Overview

Suicide remains a significant public-health challenge in Nebraska. The state’s five-year average suicide rate is **14.9 deaths per 100,000 residents**, higher than the national average, and suicide is the second leading cause of death among Nebraskans aged **10-34**. Every thirty-two hours on average, a Nebraska family loses someone to suicide. Although the overall rate. Although the overall rate has risen roughly **35%** since 1999, the period since 2022 has also brought important progress. Nebraska’s 988 Suicide & Crisis lifeline, launched July 2022 and operated by Boys Town, has created an accessible statewide response system that fields thousands of calls every year with a **99%** answer rate and an average wait time of only **13** seconds.

In **FY 2025** alone, the 988 centers handled **11,891** contacts involving suicidal ideation or high risk, roughly **90%** resolved through collaborative safety planning, **324** mobile crisis responses activated, and **905** emergency interventions provided.<sup>5</sup> This underscores the effectiveness, and inherent difficulty in preventing tragedy. Together, this data demonstrates that while suicide remains an urgent and preventable cause of death, Nebraska’s coordinated crisis services and community prevention efforts are saving lives and must be sustained.

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<sup>5</sup> "J:\EMERGENCY\_SYSTEM\Boys Town-988-Family Helpline\FY26\988 Data\Data requests\FY2023 - FY2025 988 NE Data Request.docx"

## Key Snapshots:

### Core Suicide Trends

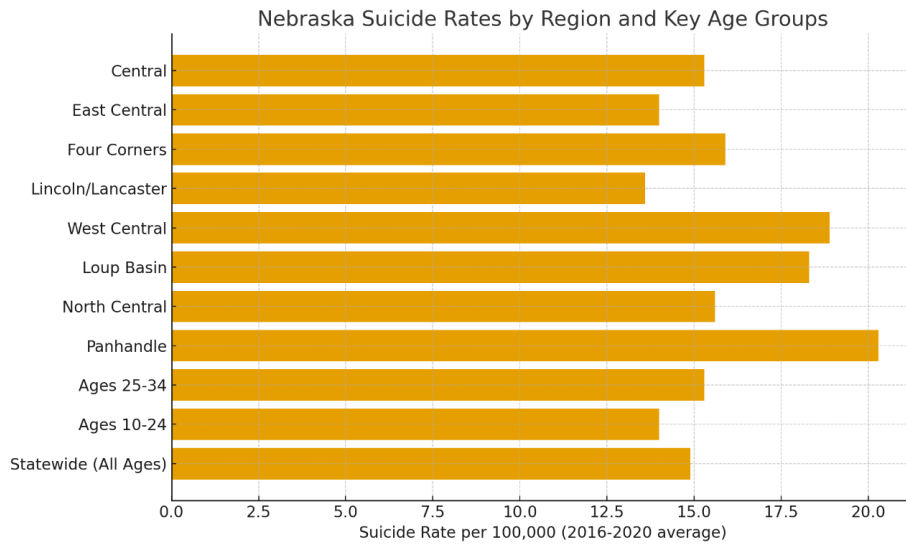


Fig. 1.1.1: Nebraska Suicide Rates by Region and Key Age Groups

Data pulled from TKF Statewide Suicide Prevention Manual<sup>6</sup>

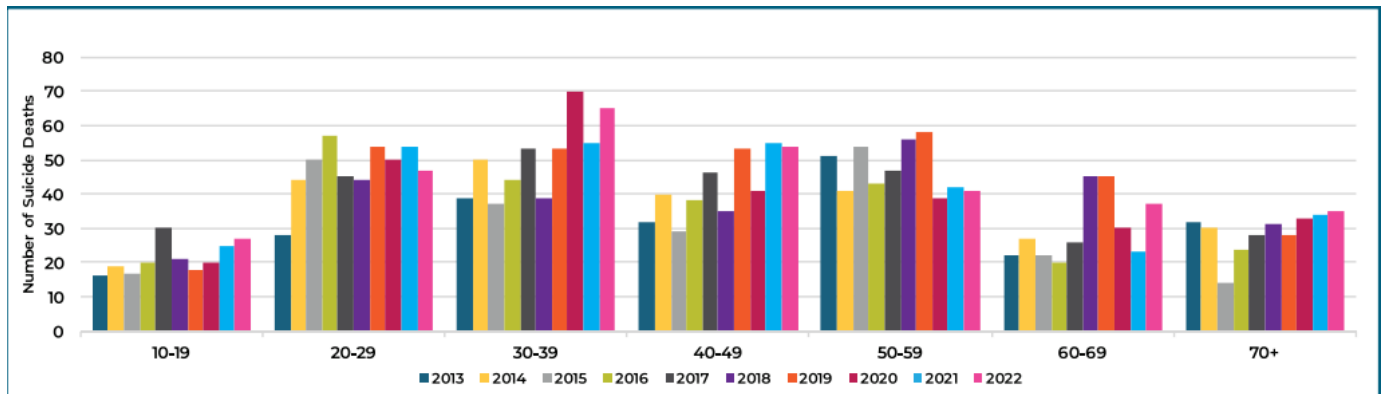
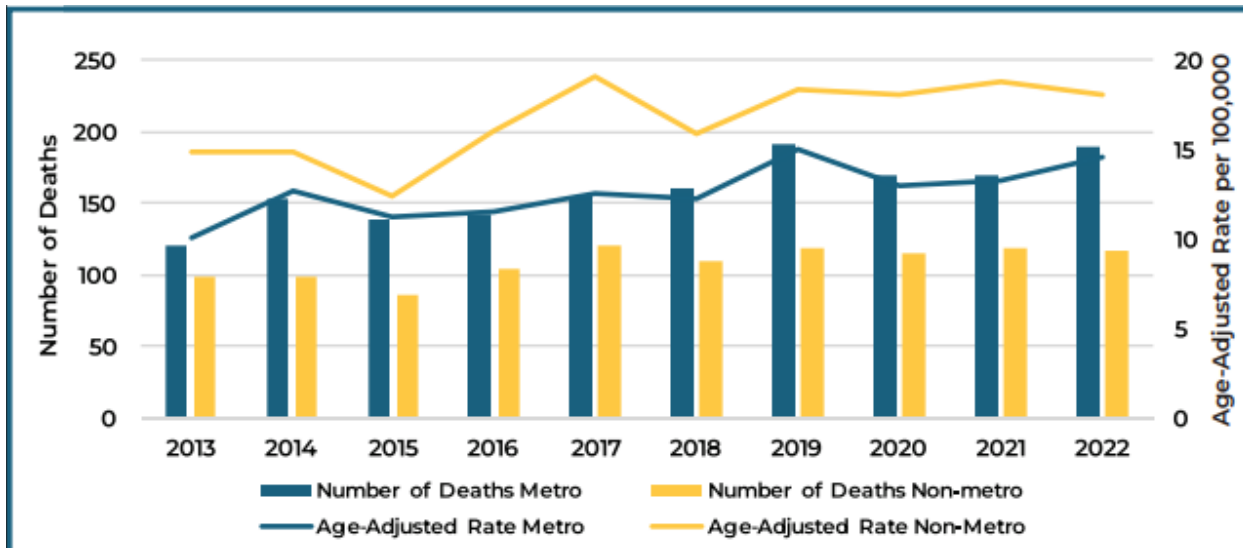


Fig. 1.1.2: Number of Suicides by Age Group and Year in Nebraska 2013 to 2022

2013-2022-Nebraska Suicide Fact-Sheet<sup>7</sup>

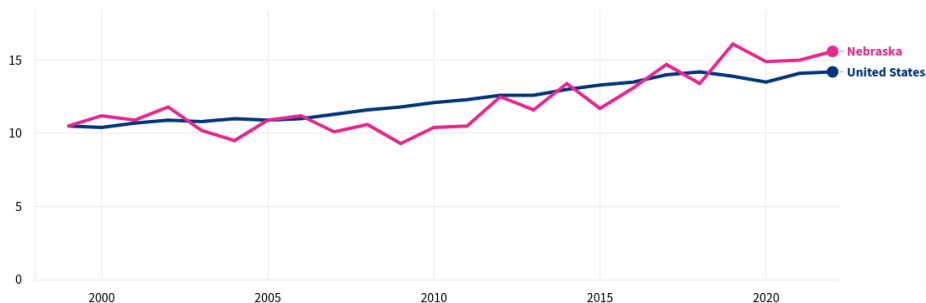
<sup>6</sup> J:\CONTRACTS&CRAS\Contracts&Vendors\Kim Foundation\FY22\FY22 Contract\6297-22 TKF Statewide Suicide Prevention Plan (8-16 Updates).pdf

<sup>7</sup> <https://dhhs.ne.gov/Documents/2013-2022-Nebraska-Suicide-Fact-Sheet.pdf>



**The suicide rate in Nebraska has increased by 32.2% over the past 20 years.**

Age-adjusted deaths per 100,000 people



Source: National Center for Health Statistics

USA FACTS

*Fig. 1.2: Nebraska Suicide Rate from 1999 to 2022*

Data pulled from [usafacts.org](https://usafacts.org), compiled from [Centers for Disease Control and Prevention](https://www.cdc.gov)

Together these figures illustrate both the geographic variation and the long-term upward trend in Nebraska’s suicide rate, underscoring the need for sustained prevention and crisis response.

### 988 Data Snapshot

Year	Suicidal Ideation or Higher Safety Risk	Resolved (safety planned)	Mobile Crisis Response	Emergency Intervention

FY23	9,003	8,141	155	707
FY24	10,901	9,787	327	787
FY25	11,891	10,662	324	905

Table 2.1: Suicidal Ideation – Safety Planning Outcomes<sup>8</sup>

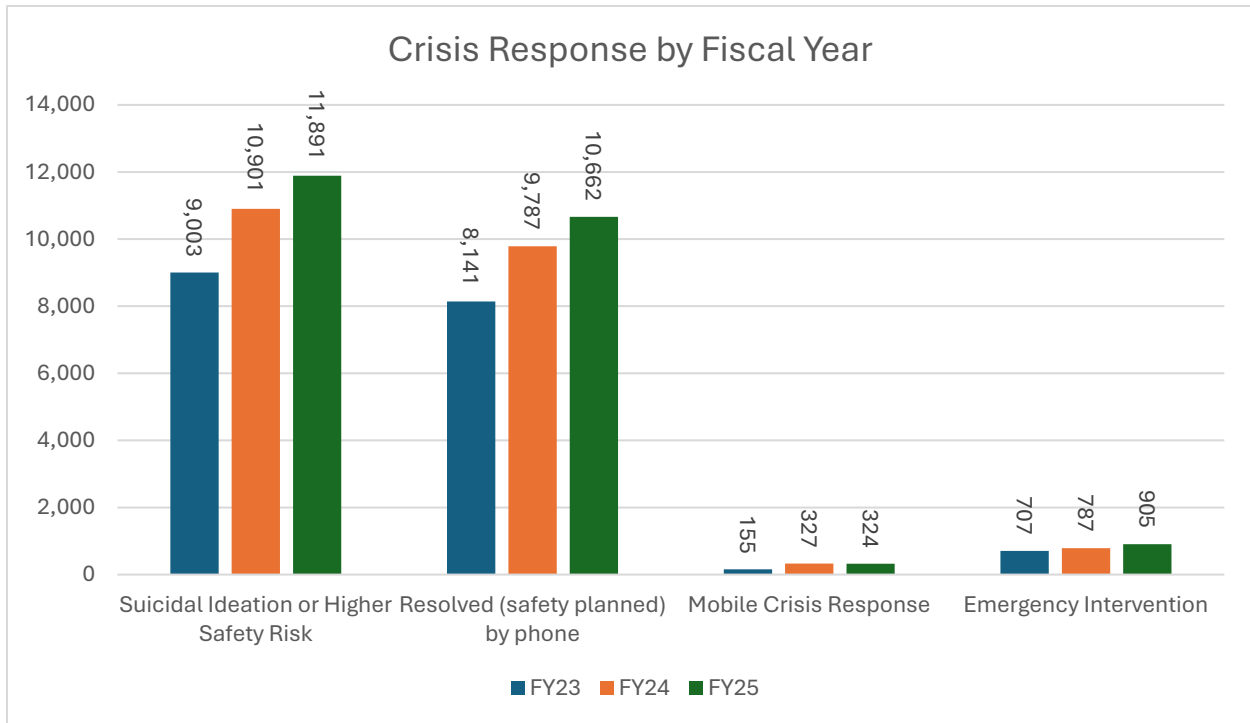


Fig. 2.1: Crisis response by Fiscal year

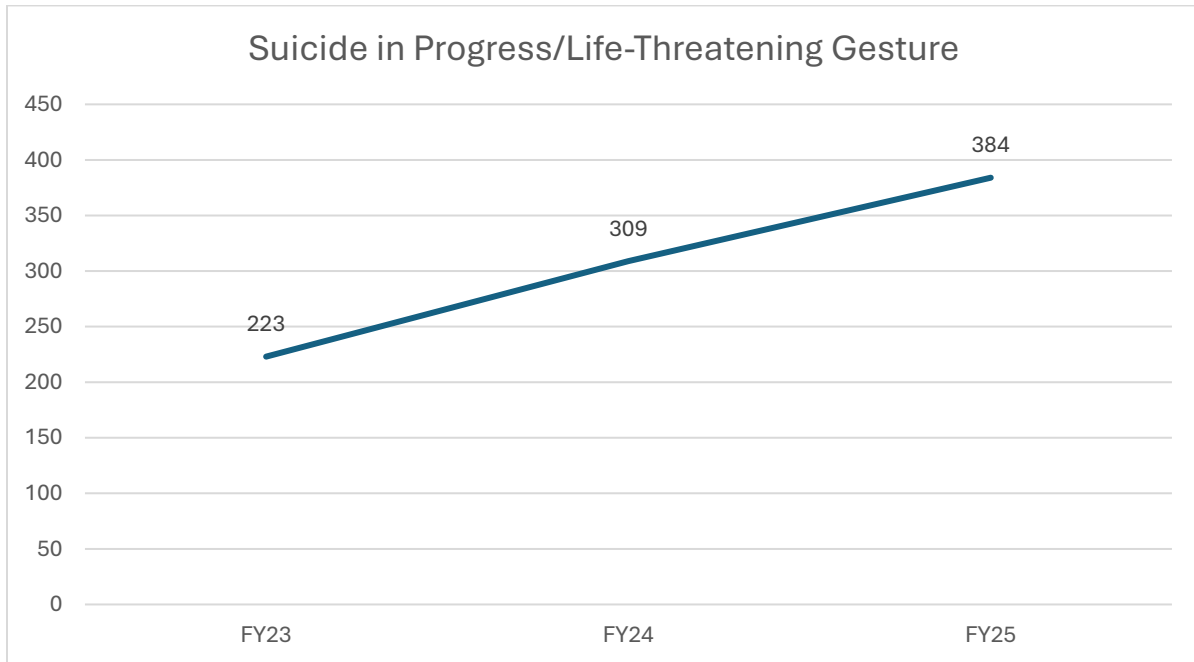
Nebraska’s 988 Suicide & Crisis Lifeline, operated by Boys Town, has become the cornerstone of the state’s behavioral-health crisis response. From FY23 to FY25, call volume grew from **9,003** to **11,891** high-risk contacts. Roughly **90%** of these calls were resolved with collaborative safety planning, and Mobile Crisis Teams were activated **324** times in FY25.

Year	Suicide in Progress/Life-Threatening Gesture
FY23	223

<sup>8</sup> "J:\EMERGENCY\_SYSTEM\Boys Town-988-Family Helpline\FY26\988 Data\Data requests\FY2023 - FY2025 988 NE Data Request.docx"

FY24	309
FY25	384

*Table 2.1: Number of Suicide in Progress/Life-Threatening Gestures Encountered by Operators per Fiscal year*



*Fig 2.2: Line Graph for Number of Suicide in Progress/Life-Threatening Gestures Encountered by Operators per Fiscal Year <sup>9</sup>*

As Fig 2.2 illustrates, the number of callers experiencing an active suicide attempt or life-threatening gesture increased by more than 70% between FY23 and FY25. During that same period, Nebraska’s 988 counselors and mobile crisis team successfully de-escalated all incidents through immediate counseling, collaborative safety planning, and rapid deployment of on-scene responders when needed. Only one call in the history of the program in Nebraska has resulted in death, despite the full adherence to best-practice protocols, underscoring both the system’s diligence and the reality that not every tragedy can be prevented. The data highlighted two urgent factors:

**1. 988 is indispensable.**

With a 99% call-answer rate and an average wait time of 13 seconds, the Nebraska 988 Suicide & Crisis Lifeline ensures that people at the very highest risk are connected to help

<sup>9</sup> "J:\EMERGENCY\_SYSTEM\Boys Town-988-Family Helpline\FY26\988 Data\Data requests\FY2023 - FY2025 988 NE Data Request.docx"

almost instantly. Each of the 916 successfully managed suicide-in-progress calls represents a life preserved and a family spared immeasurable loss.

## **2. Resources must keep pace with demand.**

Rising numbers of acute crises require sustained investment in staffing, training, and mobile crisis capacity, as well as in continued public education to encourage early help-seeking. From **FY23** through **FY25**, Nebraska's 988 system directly interrupted 916 suicide attempts or life-threatening gestures, demonstrating that continued investment in 988 and the broader crisis-care continuum is essential to saving lives across the state.

Together, this data confirms that Nebraska's suicide burden remains significant, but also demonstrates measurable, life-saving progress through 988 and coordinated crisis response—underscoring the need for continued investment and cross-system collaboration.

## **IV. Areas of Concern**

Consistent with findings from the 2022-2025 plan and recent 988 call data, there remains an elevated risk for individuals who lack access to lethal means, have limited behavioral health resources, and a lower likelihood of help-seeking. Targeted community-informed strategies are necessary to reduce deaths and support recovery in these groups.

### *Midlife Males*

Midlife males have some of the highest rates of suicide, according to recent data. According to reports and the previous state plan, both flagged midlife males (ages 35-64) as having the highest rate of suicide deaths in Nebraska. This group is known nationally and locally to be the least likely to seek help and most likely to use lethal means.

### *Veterans and Service Members*

Veterans are consistently highlighted in suicide prevention materials as well as in national reports from SAMHSA and the VA. While 988 Nebraska does not specifically categorize callers as veterans, it does track insurance status; in FY25 Q4, approximately 17% of callers were uninsured or using Medicaid, which may include veterans outside of the VA system. In addition, veterans have been identified as a priority population in LOSS team outreach and postvention planning.

### *Youth Ages 10-24*

According to 988 Nebraska data, youth and young adults account for approximately 15% of callers. Suicide remains the second leading cause of death for this age group in Nebraska. Youth are more likely to access 988 services through digital platforms and benefit from school-based supports such as Hope Squads, along with family engagement strategies that strengthen protective factors.

### *Individuals with Lived Experience*

The 2025 Suicide Prevention Summit and current plan both emphasize the importance of incorporating qualitative data into prevention planning, training, and postvention supports such as LOSS Teams. Individuals with lived experience are frequently engaged in advisory processes and actively integrated into coalition efforts.

### *Rural and Frontier Communities*

Nebraska's rural and frontier regions experience higher suicide rates than the statewide average, with areas such as the Panhandle and West Central reporting some of the highest five-year averages. Geographic isolation limited behavioral-health providers, and long travel distances create barriers to timely care and crisis intervention. Stigma around mental health services and economic pressures, such as agricultural stress, further contribute to risk.

## **V. Strategic Priority Areas**

These strategic areas guide Nebraska's efforts to reduce suicide risk, strengthen crisis response, and expand behavioral health supports statewide. Each priority is grounded in data, community input, and stakeholder recommendations, and reflects an ongoing commitment to improving access, increasing awareness, and enhancing postvention care. These priorities are informed by extensive stakeholder input and align with the 2025 National Strategy mentioned for Suicide Prevention. By integrating proven approaches—ranging from upstream education and lethal-means safety to real-time data and postvention—Nebraska aims to reduce suicide risk, strengthen crisis response, and support individuals, families, and communities statewide.

## 988 Awareness & Implementation

Since its launch in July 2022, the 988 Suicide and Crisis Lifeline has become a critical component of Nebraska’s behavioral health crisis response system. Awareness and understanding of 988 remain uneven across regions and populations. This priority area focuses on increasing public awareness, enhancing provider knowledge, and expanding system-wide integration of 988 as the primary entry point for behavioral health crisis support.

### *Key Goals*

- Ensure all Nebraskans know when and how to access 988.
- Build on existing outreach campaigns to deliver clear, consistent, and stigma-free messaging across social media, print, and other public materials.
- Develop and promote training for schools, employers, first responders, and healthcare systems on when and how to refer individuals of any demographic to 988.
- Support local providers and coalitions in integrating 988 awareness into community events, prevention trainings, and crisis planning.
- Coordination with the ongoing 911-988 diversion pilot to streamline emergency communications and reduce unnecessary law enforcement involvement.
- Analyze and publicize 988 contract data to ensure transparency and reinforce system effectiveness in preventing suicide and connecting individuals to care.

## 5.1 Prevention & Upstream Interventions

Nebraska continues to invest in upstream approaches that address suicide risk before a crisis occurs, focusing on education, skill-building, and community-wide engagement. Efforts emphasize accessible, evidence-based programs and partnerships that reach youth, families, and communities statewide.

### Key Prevention and early intervention strategies include:

- **Gatekeeper Training:** Expand access to Question, Persuade, Refer (QPR), Mental Health First Aid, and other evidence-based training to equip community members, educators, and professionals with the skills to recognize warning signs, engage in supportive conversations, and connect individuals to appropriate resources.
- **School and Youth-Based Programs:** Expand implementation of Hope Squads and other peer-led initiatives to promote connectedness, resilience, and early help-seeking among youth.

- **Stigma Reduction Efforts:** This strategy focuses on advancing targeted campaigns that normalize conversations about mental health, encourage help-seeking behaviors, and dispel myths about suicide.
- **Mental Wellness Campaigns:** Leverage public and private partnerships to promote positive mental health by messaging statewide, highlighting protective factors, coping skills, and community support.

## 5.2 Screen & Zero Suicide Framework

Nebraska is committed to advancing systematic suicide prevention through the adoption of the *Zero Suicide* framework and the integration of suicide risk screening across healthcare and community settings. This ensures that suicide prevention is embedded as a core component of care, with a focus on early identification, timely intervention, and continuity of support.

### Key Strategies Include:

- **Integrating Screening into Primary Care:** Expanding the use of standardized suicide risk assessment tools within primary care clinics, behavioral health providers, and other community-based services to ensure routine screening for individuals of all ages.
- **Promoting Follow-Up After Discharge:** Strengthening care transition protocols to ensure that individuals discharged from inpatient units, emergency departments, or crisis services receive proactive follow-up contacts, safety planning, and linkage to outpatient care.
- **Partnering with Hospital Systems and Providers:** Collaborating with hospital systems, regional health networks, and provider organizations to promote the Zero Suicide principles, offer workforce training, and develop shared protocols for suicide prevention, assessment, and treatment.

These are supported through partnerships with healthcare associations, the Behavioral Health Education Center of Nebraska (BHECN), and regional behavioral health authorities to address workforce needs, standardize best practices, and ensure distribution across all of Nebraska.

## 5.3 Lethal Means Security

Nebraska prioritizes reducing access to lethal means as a key suicide prevention strategy, with an emphasis on practical approaches that respect individual rights while protecting

lives. Efforts focus on firearm and medication safety, provider training, and consistent public messaging across settings.

## Key Strategies

- **Lockbox distribution:** Expanding access to firearm and medication lockboxes, cable locks, and safe disposal kits through healthcare settings, community partners, and outreach events.
- **CALM training:** increasing availability of Counseling on Access to Lethal Means training for healthcare providers, crisis counselors, educators, and other community partners.
- **Safe Messaging:** Partnering with firearm retailers, ranges, pharmacies, and other trusted community venues to promote non-stigmatizing, consistent safe storage messaging statewide.

### 5.4 Postvention

Nebraska recognizes postvention as an essential component of suicide prevention, aimed at supporting those impacted by suicide loss, reducing the risk of further harm, and strengthening community resilience. Efforts focus on coordinated, compassionate response and sustainable support systems for survivors and communities.

## Key Strategies:

- **LOSS Team Expansion and Standardization:** Expand and align Local Outreach to Suicide Loss Survivors (LOSS) teams across all regions, ensuring consistent training, protocols, and access to resources.
- **Grief Support for Survivors:** Increase availability of peer-led and professional grief support groups, counseling, and survivor-focused resources for Nebraskans.
- **Law Enforcement MOU Guidance:** Develop model Memorandums of Understanding to guide collaboration among law enforcement, LOSS teams, and crisis response providers during postvention efforts.
- **Community Response Protocols:** Establish and disseminate clear frameworks for schools, workplaces, and civic organizations to support healing and prevent contagion following suicide.

## 5.5 Surveillance, Research, & Evaluation

Reliable, timely, and coordinated data collection is essential to guide Nebraska’s suicide prevention efforts. Strengthening surveillance systems ensures interventions are data-driven, responsive to emerging trends, and tailored to community needs.

### Key Strategies:

- **Better Statewide Data Systems:** Enhance integration and accessibility of suicide-related data from multiple sources, including death records, hospitalizations, crisis line usage, and law enforcement reports.
- **Regional Data Coordination:** Support collaboration among Behavioral Health regions, local coalitions, and state agencies to standardize data collection and reporting, enabling more accurate comparisons and targeted interventions.
- **Time-limited Evaluation and Updates to the Plan:** Conduct regular reviews of statewide and regional data to identify trends, assess the effectiveness of current strategies, and update the prevention plan accordingly to maintain relevance and impact.

## VI. Media and Messaging

Effective communication is essential for raising awareness, reducing stigma, and connecting Nebraskans to life-saving resources. Nebraska uses multiple platforms—social media, radio, print, and local networks—to share clear, hopeful, and messages about suicide prevention, crisis services, and mental wellness. Nebraska’s media strategy aligns with the updated National Strategy for Suicide Prevention, ensuring public messaging reinforces national goals for stigma reduction and crisis-line awareness.

### Key Strategies:

- **Overview of Effective Campaigns:** Continue and expand proven efforts, such as the More Tomorrow’s campaign, which uses informed, positive messaging to promote hope and resilience.
- **Language Guidance:** Promote the use of safe, person-centered language (e.g., “died by suicide” rather than stigmatizing terms) across public materials, partner communications, and media engagements.
- **988 and Nebraska Family Helpline Promotions:** Integrate 988 Suicide and Crisis Lifeline awareness with Nebraska Family Helpline messaging to create a unified crisis communications approach. Ensure outreach materials clearly explain when and how to use these services, particularly for families and youth.

- **Community Partner Engagement:** Equip coalitions, schools, healthcare providers, and faith-based organizations with ready-to-use media toolkits, including templates, branding, and messaging guidance, to ensure consistent statewide communication.

## 6.1 Campaign Overview and Strategy

Nebraska’s suicide prevention media and messaging efforts aim to increase public awareness, reduce stigma, and connect individuals to life-saving resources such as 988 and the Nebraska Family Helpline. Campaigns combine broad public outreach with messaging that ensures statewide coverage. Current statewide initiatives include the More Tomorrow’s campaign, the University of Nebraska Public Policy Center’s ongoing campaigns, and youth-focused messaging through the Nebraska Youth Suicide Prevention program. These campaigns are designed to be adaptable and are regularly updated to address emerging needs, seasonal risk factors, and feedback from local coalitions and partners. Integration with broader behavioral health initiatives ensures that all messaging reinforces Nebraska’s crisis care continuum and promotes coordinated access to support services.

## 6.2 Messaging Framing and Language Guidance

All suicide prevention messaging in Nebraska follows evidence-based best practices for safe and effective communication. Materials avoid harmful and stigmatizing language, using terms such as “died by suicide” or “lost their life to suicide” instead of “committed suicide.” Messaging emphasizes hope, recovery, and the importance of seeking help early. Language is tailored to reach as many individuals in Nebraska as possible across age groups and backgrounds. Visuals, tone, and narratives are carefully selected to reflect the lived experiences of Nebraskans, helping to normalize conversations about mental health and suicide prevention.

## 6.3 Calls to Action (CTAs)

Each campaign element includes a clear, direct call to action (CTA), so individuals know the next step to take after engaging with the message. CTAs are tailored to the audience and medium, and might include things like:

- “Call, text or chat 988 if you or someone you know is in crisis.”
- “Visit [nsspc.org](https://nsspc.org) to connect with suicide prevention resources in your community.”
- “Request training for your organization at [nsspc.org](https://nsspc.org)”.
- “Join your local LOSS team. Visit [Nebraskaloss.org](https://Nebraskaloss.org) to get involved.”

CTAs should be designed to be action-oriented, easy to remember, and prominently displayed in campaign materials. They are consistently paired with recognizable brands to increase public trust and recognition over time.

## 6.4 Media Channels and Distribution

Nebraska employs a multi-channel approach to reach residents across rural and urban areas, recognizing that different communities access information in different ways.

Messaging should be distributed through:

- Social Media platforms such as Facebook, Instagram, and TikTok for youth and general audiences.
- Rural radio and agricultural publications for farming and ranching communities.
- Local television and statewide news outlets.
- Billboards, posters, and flyers in public spaces such as schools, libraries, and community centers.
- Partnerships with businesses, faith communities, athletic organizations, and civic groups.
- Event-based outreach at state fairs, sporting events, and community festivals. The University of Nebraska Public Policy Center maintains online platforms for campaigns, enabling rapid updates and the distribution of new materials to partners.
- Local LOSS teams and suicide-prevention coalitions play a central role in distributing materials and adapting messaging for community events.

## 6.5 Evaluation and Continuous Improvement

Media and messaging efforts are evaluated continuously to ensure they remain effective, relevant, and reach intended audiences. Evaluation methods include tracking 988 Nebraska and Family Helpline call volumes, website analytics, social media engagement, and feedback from coalition partners. Data from the Nebraska Violent Death Reporting System (NVDRS) and other surveillance tools inform adjustments to campaign strategies. Creative materials are periodically refreshed to maintain public engagement, update language or imagery based on audience feedback, and respond to emerging trends or needs. This process ensures that Nebraska's media campaigns remain evidence-based, appropriate and impactful in reducing suicide risk statewide. Trends in suicide-in-progress calls and safety-plan completions are analyzed alongside media impressions to help assess the direct impact of outreach on help-seeking behavior.

## VII. Implementation & Sustainability

Nebraska's suicide prevention plan relies on coordinated action among state agencies, local partners, and community-based organizations to ensure that strategies are implemented effectively and sustained over time. Implementation is aligned with the updated National Strategy for Suicide Prevention, ensuring that Nebraska's statewide actions reinforce national goals and evidence-based practices.

### Key Implementation:

- **Nebraska Department of Health and Human Services – Division of Behavioral Health (DBH):** Provides statewide leadership, manages funding streams, oversees program evaluation, and coordinates the integration of 988, prevention, intervention, and postvention efforts. Securing a reliable state appropriation for 988 operations is critical to maintain 24/7 staffing levels, rapid answer times, and continued integration with the Nebraska Family helpline.
- **Nebraska State Suicide Prevention Coalition (NSSPC):** Serves as the primary statewide coordinating body, aligning regional and community efforts with the state plan and ensuring resources are available to local coalitions.
- **Regional Behavioral Authorities:** Implement localized strategies based on regional needs, maintain relationships with community coalitions, and coordinate training, outreach, and crisis services in their areas. Regional Behavioral Health Authorities not only implement localized strategies but also manage mobile crisis teams and coordinate lethal-means safety campaigns tailored to rural and frontier communities.
- **Educational Systems:** The Nebraska Department of Education, educational service units, and individual school districts implement school-based prevention programs, student support services, and postvention protocols.
- **University and Research Partners:** Entities such as the University of Nebraska Public Policy Center (UNL PPC) provide evaluation support, data analysis, and campaign development.

### Funding considerations

Sustainability relies on a combination of federal grants (e.g., Garrett Lee Smith Youth Suicide Prevention, Project AWARE), state appropriations, and private or philanthropic support. Leveraging braided funding enables Nebraska to maintain core services while piloting innovative approaches. Long-term sustainability planning includes identifying stable funding sources for 988 operations, LOSS Team activities, coalition support, and statewide awareness campaigns.

## Policy Recommendations

The plan encourages continued alignment with best practices in suicide prevention policy, including:

- Support legislation that strengthens crisis response infrastructure and workforce capacity.
- Encourage integration of suicide prevention training into licensure requirements for healthcare and education professionals.
- Promoting policies that expand access to behavioral health services, with particular emphasis on rural and frontier regions.

## VIII. Resources

Nebraska’s suicide prevention work is supported by a robust network of local, state, and national resources that provide crisis support, prevention education, training, and postvention assistance. This directory highlights key points of contact for individuals, families, providers, and community partners seeking support or information in addition, these resources ensure that every Nebraskan—from individuals and families to providers and educators—has immediate access to crisis care, prevention education, and postvention support.

### Nebraska-Based Resources

- **988 Suicide and Crisis Lifeline – Nebraska:** Call or text 988 or use webchat via <https://988lifeline.org/> for free, 24/7 confidential support from trained crisis counselors.
- **Nebraska Family Helpline:** Call 1-888-866-8660 (24/7) for immediate assistance with children’s behavioral health concerns, crisis intervention, and connection to local services.
- **Nebraska State Suicide Prevention Coalition (NSSPC):** [www.nsspc.org](http://www.nsspc.org) – Coordinates statewide suicide prevention activities, resources, and coalition support.
- **Nebraska Youth Suicide Prevention:** [youthsuicideprevention.nebraska.edu](http://youthsuicideprevention.nebraska.edu) – Youth-focused prevention programs, school-based resources, and parent education.
- **Nebraska LOSS (Local Outreach to Suicide Survivors) Teams:** [nebraskaloss.org](http://nebraskaloss.org) – Postvention support teams offering immediate, peer-based assistance to suicide loss survivors.
- **Nebraska Men’s Suicide Prevention Campaign:** [suicideprevention.unl.edu/home](http://suicideprevention.unl.edu/home) – Resources and outreach tailored to mid-life men, emphasizing connectedness and resilience.

- **Nebraska Department of Health and Human Services – Division of Behavioral Health:** [dhhs.ne.gov](https://dhhs.ne.gov) – State-level leadership, programs, and grant information for behavioral health initiatives.
- **Nebraska Department of Veterans’ Affairs:** <https://veterans.nebraska.gov/veteran-suicide-prevention-resources> - Military and veteran related information related to identifying and responding to suicide.
- **Regional Behavioral Health Authorities:** Six regional entities that coordinate local crisis response, prevention programs, and provider training.
  - **R1:** <https://www.region1bhs.net/>
  - **R2:** <https://r2hs.com/>
  - **R3:** <https://region3.net/>
  - **R4:** <https://region4bhs.org/>
  - **R5:** <https://region5systems.net/>
  - **R6:** <https://www.regionsix.com/>

## National Hotlines and Online Tools

- **988 Suicide and Crisis Lifeline (National):** [988lifeline.org](https://988lifeline.org) – Phone, text, and chat support, plus educational resources.
- **SAMHSA 988 Partner Toolkit:** <https://www.samhsa.gov/mental-health/988> - Outreach materials and messaging guidance for communities and providers.
- **Crisis Text Line:** Text “HOME” to 741741 – 24/7 crisis support via text messaging.
- **Veterans Crisis Line:** Call 988 and press 1, text 838255, or visit [veteranscrisisline.net](https://veteranscrisisline.net) for confidential support for service members, veterans, and their families.
- **The Trevor Project:** [www.thetrevorproject.org](https://www.thetrevorproject.org) – Crisis intervention and suicide prevention for youth, available 24/7 via phone, text, and chat.
- **SAMHSA Behavioral Health Treatment Services Locator:** [findtreatment.gov](https://findtreatment.gov) – Searchable directory of substance use and mental health services.
- **American Foundation for Suicide Prevention (AFSP):** [afsp.org](https://afsp.org) – National advocacy, prevention education, and support for suicide loss survivors.
- **Nebraska DHHS Public Data Dashboards:** <https://dhhs.ne.gov/Pages/Public-Data-Dashboards.aspx>

## Coalition Contact Information

For assistance or partnership opportunities, contact your Regional Behavioral Health Authority or the Nebraska State Suicide Prevention Coalition to connect with local coalitions, LOSS Teams, and training providers.

## IX. Ways to get Involved

Implementation and sustainability rely on broad community participation. The following opportunities invite every Nebraskan to help reduce suicide risk and promote mental wellness. Suicide prevention in Nebraska is a community-wide effort. Every individual, organization, and community group have a role in building connections, reducing stigmas, and supporting those at risk. The following opportunities are available for Nebraskans who want to get involved:

### 9.1 Trainings

- **Question, Persuade, Refer (QPR):** Learn how to recognize warning signs of suicide, offer hope, and connect individuals to help.
- **Mental Health First Aid:** Learn skills to support someone experiencing mental health or substance use challenge until professional help is available.
- **CALM (Counseling on Access to Lethal Means):** Training providers on strategies to reduce access to lethal means for individuals at risk.
- **Zero Suicide Workforce Training:** Education for healthcare and behavioral health staff on integrating suicide prevention into all aspects of care.

### 9.2 Events

- **Out of the Darkness Community Walks:** Annual events held across Nebraska to raise awareness and funds for suicide prevention.
- **More Tomorrow's Campaign Activities:** Local events that promote hope, connection, and resources.
- **Loss Survivor Day:** A day of healing and remembrance for those impacted by suicide loss.
- **Regional and Statewide Suicide Prevention Conferences:** Opportunities to learn, network, and share strategies.

### 9.3 Local Coalitions

- Individuals should join their Regional Behavioral Health Authority's suicide prevention coalition or the Nebraska State Suicide Prevention Coalition (NSSPC) to participate in planning, outreach, and advocacy.
- Partners with schools, faith communities, civic organizations, or local nonprofits to host prevention events or training.

## Toolkit Downloads

- **988 Messaging Toolkit:** Ready-to-use flyers, posters, and social media graphics promoting the 988 Suicide and Crisis Lifeline - <https://www.samhsa.gov/mental-health/988/partner-toolkit>
- **Safe Messaging Guidelines:** Recommendations for language and framing when discussing suicide - <https://sprc.org/keys-to-success/safe-and-effective-messaging-and-reporting/>
- **Postvention Protocols:** Step-by-step guidance for communities responding to a suicide loss - <https://zerosuicide.edc.org/toolkit-taxonomy/postvention>
- **Hope Squad and School-based Program Resources:** Implementation guides and resources for suicide prevention in schools - <https://www.education.ne.gov/safety/suicide-prevention-response/>

## X. Closing Statement

Nebraska’s FY 2026 Statewide Suicide Prevention Plan represents more than a document; it is a shared commitment to saving lives and strengthening communities. Guided by comprehensive data, the latest research, and the lived experience of survivors and frontline providers, this plan builds on the progress made since 1999 and charts a path forward for the next year. Through focused strategies—expanding 988 awareness and access, advancing upstream prevention, embedding suicide screening and Zero Suicide principles across the healthcare, promoting lethal-means safety, supporting survivors through postvention, and improving data surveillance—Nebraska continues to transform its crisis system.

Yet suicide prevention is not the work of agencies and coalitions alone. It is the work of families, neighbors, faith communities, educators, healthcare professionals, and every Nebraskan who reaches out with compassion and concern. Each connection made, each safe conversation started, and each person trained to recognize warning signs strengthens the protective web that saves lives.

The goals laid out in this plan call for steadfast investment and collaboration. They also call for hope, rooted in evidence that prevention work, that recovery is possible, and that together we can create a culture where seeking help is a sign of strength. By sustaining this commitment, Nebraska will continue to reduce suicide, foster resilience, and ensure that every person in every community knows they are valued and never alone.

