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SCREENING MENU & REFERRAL GUIDE

Promoting Mental Well-Being
For All Children and Youth



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NEP-MAP Project Director:

Jennifer Severe-Oforah, MCRP

NEP-MAP Project Manager:

Jessica Seberger, MA

Document Revision lead:

Gabriella Hernandez, BSHS

Members of NEP-MAP Document Revision Workgroup:

Dusk Junker

Candi Koenig

Christian Klepper, PsyD

Lindsey Ondrak, LMHP, LPC, IMH-E

Sarah Hanify, LCSW, MPA

Dejun Su, PhD

Jewel Schifferns, LCSW

Paige Tuttle, LICSW

Sarah Swanson, MPH

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Introduction

The Nebraska Partnership for Mental Health Care Access in Pediatrics (NEP-MAP) promotes comprehensive screening of all children, youth, young adults, and their caregivers for mental and behavioral health issues at recommended intervals using valid tools accurately and appropriately for age, language, and culture. Screening of parent and caregiver needs is recommended due to the significant relationship between Parent/Caregiver and Child well-being.

This guide aims to support professionals working with families of children with possible developmental and behavioral health concerns. This guide is intended to provide a non-exhaustive list of validated screening tools and Nebraska-specific community referrals that can assist healthcare and other community-based professionals in addressing the unique needs of the families they work with. It is important to recognize that every family's circumstances are different, and tailored care based on local and culturally appropriate resources should be provided accordingly. This guide serves as a resource for suggestions and recommendations, and it should be adapted to the specific requirements of each case.

History of the Guide: The Screening and Referral Guide was developed by the partners working as NEP-MAP Technical Workgroup #1 in 2019-2020. The Guide was created and updated for providers with minimal mental and behavioral health training to access. NEP-MAP gratefully acknowledges that this work builds on a strong foundation of collaborative work in Nebraska by many partners, seeking to improve early childhood and family outcomes for all families in the areas of mental and behavioral health. Information is up to date as of July 2024.

The Technical Workgroup welcomes feedback on the Screening and Referral Guide at the following email address: DHHS.MCASHFeedback@nebraska.gov.

The Purposes of the Screening and Referral Guide are to:

- Provide evidence-based tools for a variety of psycho-social needs including referral to treatment and utilization of appropriate treatment. (The Screening Menu is not intended to be all-inclusive of validated instruments).
- Present best practices in screening as involving an array of instruments, validated and normed for age, culture, and a life-course approach.
- Provide an accessible framework for community and behavioral health referral resources statewide.
- Provide a structure to assess current and future levels of screening in community and clinical settings.

Screening resources containing evidence-based tools for screenings can be found on page 5.

Referral resources used to help families connect with treatment options are found on page 11.

Access this material online via this QR Code:



National Best Practice Recommendations for Screening in Primary Care

The [American Academy of Pediatrics](#) recommends routine periodic preventive screening of infants, children, youth, and maternal caregivers including Developmental Screening; Autism Spectrum Disorder Screening; Developmental Surveillance; Psychosocial/Behavioral Assessment; Tobacco, Alcohol, or Drug Use Assessment; Depression Screening; Maternal Depression Screening; and Lead.

[American Academy of Pediatrics – Bright Futures National Center](#) Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents – 4th Edition Bright Futures is a set of principles, strategies, and tools that are theory-based, evidence-driven, and systems oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

The [American Congress of Obstetricians and Gynecologists](#) recommends that all obstetrician-gynecologists and other obstetric care providers complete a full assessment of mood and emotional well-being (including screening for postpartum depression and anxiety with a validated instrument) during the comprehensive postpartum visit for each patient. If a patient is screened for depression and anxiety during pregnancy, additional screening should then occur during the comprehensive postpartum visit. There is evidence that screening alone can have clinical benefits, although initiation of treatment or referral to mental health care providers offers maximum benefit.

American Congress of Obstetricians and Gynecologists (ACOG), in line with the **U.S. United States Department of Health and Human Services (HHS)** and **Institute of Medicine (IOM)**, recommends that [Interpersonal violence \(IPV\)](#) screening and counseling should be a core part of women's preventive health visits and at periodic intervals, including obstetric care (at first prenatal visit, at least once per trimester, and at the postpartum checkup, as disclosure may not occur at the first attempt). Providers should also offer ongoing support; and review available prevention and referral options.

The **Centers for Disease Control and Prevention** has [guidance](#) for blood lead screening. A child who meets any one of the following criteria should receive a blood lead screening test:

- Live or spend time in a house or building built before 1978.
- Are from low-income households.
- Are immigrants, refugees, or recently adopted from less developed countries.
- Live or spend time with someone who works with lead.
- Live or spend time with someone has hobbies that expose them to lead.

The national evidence-based [Maternal Infant Early Childhood Home Visiting program \(MIECHV\)](#) requires screening of all families using the ASQ, ASQ-SE, the UNCOPE, the three question STaT screening for interpersonal violence, and the CES-D. Social determinants of health screening are woven into family assessment. Maternal Depression screening is performed using an adapted Edinburgh screener.

The National Institute on Alcohol Abuse and Alcoholism, in collaboration with the American Academy of Pediatrics, recommends all practitioners serving youth ages 9-18 years screen for alcohol and substance use. See the [Alcohol Screening and Brief Intervention For Youth: A Practitioner's Guide](#) for more information.

The [National Child Traumatic Stress Network](#) recommends trauma screening and assessment to help providers identify family needs early and to tailor services to meet those needs. Trauma screening can assess trauma exposure to understand the content of a child's trauma history and symptom profile. Trauma-informed screenings and assessments assess whether a child is developmentally on target in the social, emotional, and behavioral domains. Clinicians use both trauma screenings and assessments to inform case conceptualization, drive treatment planning, and to monitor progress over time.

Screening Menu

Screening tools may be listed under multiple topics

ADHD

- Vanderbilt ADHD Diagnostic Parent Rating Scale (ages 6-12 years)

Anxiety

- Preschool Anxiety Scale (PAS) (ages 2.5-6.5)
- Screen for Child Anxiety Related Disorders (SCARED) (ages 8-17)
- Spence Children's Anxiety Scale (SCAS) (ages 7-14)
- Acute Stress Checklist (ASC-Kids)
- Generalized Anxiety Disorder Assessment (GAD-7) (ages 13+)

Autism

- Modified Checklist for Autism in Toddlers (MCHAT) (ages 2-5)
- Ages and Stages (ASQ3) (ages 1-66 months)

Depression

- Patient Health Questionnaire-Adolescents (PHQ-A) (PHQ-9 Modified for Adolescents)
- Center for Epidemiological Studies for Depression Scale for Children (CES-DC) (ages 6-17)
- The Columbia Protocol (C-SSRS)- Full Lifetime/ Recent Scale for Very Young Children and Cognitively Impaired (ages 4-5)
- UNCOPE Screening for Substance Abuse
- Edinburgh Postnatal Depression Scale (EPDS)
- Center for Epidemiological Studies for Depression Scale – Revised (CESD-R) (adult version)

Eating Attitudes

- Eating Attitudes Test (EAT-26) (ages 13+)

Interpersonal Violence and Trauma

- Survey of Well-being of the Young Child (SWYC) (ages 2 – 60 months)
- The Pediatric ACEs and Related Life-Events Screener (PEARLS) (ages birth to 19)
- Slapped, Threatened, and Throw (STaT): Three question screener for Interpersonal Violence
- Confidentiality, Universal, Education, and Empowerment Support (CUES)

Lead Exposure

- Blood Lead Test (Capillary & Venous)

Parental/Caregiver Distress

- Antenatal Risk Questionnaire (ANRQ) (ages 17+)

Social Needs Screening

- American Academy of Family Physicians Social Needs Screening Tool – the Everyone Project
- National Association of Community Health Centers PRAPARE (Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences)
- Centers for Medicare and Medicaid Services: The Accountable Health Communities Health-Related Social Needs Screening Tool

Social and Emotional Development

- Survey of Well-being of the Young Child (SWYC) (ages 2 – 60 months)
- Ages and Stages – Social Emotional (ASQ-SE2) (ages 1-5.5)
- Ages and Stages (ASQ3) (ages 1-66 months)
- Pediatric Symptom Checklist (PSC) (ages 4-16)


Substance Use


- UNCOPE Screening for Substance Abuse
- Screening to Brief Intervention (S2BI) (ages 13-18)
- Brief Screener for Alcohol, Tobacco, and Other Drugs (BSTAD) (ages 13-18)
- CRAFFT (ages 12-21)
- Drug Abuse Screen Test (DAST-10) (adult version)
- Drug Abuse Screen Test (DAST-20) (adolescent version)
- Tobacco, Alcohol, Prescription Medication, and Other Substance Use Tool (TAPS) (ages 19+)

Suicide

- Ask Suicide-Screening Questions (ASQ) (ages 6+)
- The Columbia Protocol: Columbia Suicide Severity Rating Scale (C-SSRS) (ages 6+)
- Suicide Behavior Questionnaire-Revised (SBQ-R) (ages 13-18)

Screening Instrument Details

Notes:  Screening for adolescents and adults

 Screening for children and adolescents

Literacy level assessed using:
<https://www.webfx.com/tools/read-able/check.php>

Screening Topic	Name and URL	Cost	Languages	Who Administers	Literacy Level	Approx. Time to Admin.
ADHD	Vanderbilt ADHD Diagnostic Parent Rating Scale	None	English	Parent/Teacher	3rd grade level	10 min.
Anxiety	Preschool Anxiety Scale (PAS) (ages 2.5-6.5)	None	Multiple languages	Parent	3rd grade level	5 min.
	Screen for Child Anxiety Related Disorders (SCARED) (ages 8-17)	None	English	Child and Parent	3rd grade level	8 min.
	Spence Children's Anxiety Scale (SCAS) (ages 7-14)	None	Multiple languages	Patient	3rd grade level	5-10 min.
	Acute Stress Checklist (ASC-Kids)	Registration required (free)	Multiple languages	Provider	5th grade level	5 min.
	Generalized Anxiety Disorder Assessment (GAD-7) (ages 13+)	None	English and Spanish	Patient	3rd grade level	5 min.
Autism	Modified Checklist for Autism in Toddlers (MCHAT) (ages 2-5)	None	English	Parent	3rd grade level	5 min.
	Ages and Stages Questionnaire (ASQ3)	\$295 starter kit with reproducible materials	Multiple languages	Parent	4th-6th grade level	10-15 min.
Depression	Patient Health Questionnaire – Adolescents (PHQ-A) (PHQ-9 Modified for Adolescents)	None	English	Patient	6th grade level	5 min.
	Center for Epidemiological Studies for Depression Scale for Children (CES-DC) (ages 6-17)	None	English	Patient	3rd grade level	3 min.
	UNCOPE Screening for Substance Abuse	None	English	Clinician	4th grade level	10 min.
	Edinburgh Postnatal Depression Scale (EPDS)	None	English and Spanish	Patient	3rd grade level	5-10 min.
	Center for Epidemiological Studies for Depression Scale – Revised (CES-D)	None	Multiple Languages	Patient	3rd grade level	3 min.
Eating Attitudes	Eating Attitudes Test (EAT-26) (ages 13+)	None	English	Patient	3rd grade level	5 min.
Interpersonal Violence and Trauma	Survey of Well-Being of the Young Child (SWYC) (ages 2 – 60 months)	None	Multiple languages	Parent	4th grade level	10 min.
	The Pediatric ACEs and Related Life-Events Screener (PEARLS) (ages birth to 19)	None	Multiple languages	Provider	4th grade level	5 min.
	Slapped, Threatened, and Throw (STaT): Three Question Screener for Interpersonal Violence	None	English	Provider	7th grade level	5 min.
	Confidentiality, Universal, Education, and Empowerment Support (CUES)	For Safety Cards purchase here	English	Provider	9th grade level	5 min.

Lead Exposure	Blood Lead Test (Capillary & Venous) All children should be screened with a blood lead test at ages 12 and 24 months or at ages 36–72 months if they have not previously been screened.	Lab Fee Likely	Not Applicable	Clinician	Not Applicable	Not Applicable
Parental/ Caregiver Distress	Antenatal Risk Questionnaire (ANRQ) (ages 17+)	None	English	Patient	4th grade level	10 min.
Social Needs Screening	American Academy of Family Physicians Social Needs Screening Tool – the Everyone Project	None	English	Patient	1st grade level	10 min.
	National Association of Community Health Centers PRAPARE (Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences)	None	Multiple languages	Patient	5th grade level	10 min.
	Centers for Medicare and Medicaid Services: The Accountable Health Communities Health-Related Social Needs Screening Tool	None	Multiple languages	Patient or Parent	6th grade level	10 min.
Social and Emotional Development	Survey of Well-Being of the Young Child (SWYC) (ages 2 – 60 months)	None	Multiple languages	Parent	4th grade level	10 min.
	Ages and Stages – Social Questionnaire (ASQ-SE2) (ages 1-5.5)	\$295 starter kit with reproducible materials	Multiple languages	Parent	6th grade level	10-15 min.
	Ages and Stages Questionnaire (ASQ3) (ages 1-66 months)	\$295 starter kit with reproducible materials	Multiple languages	Parent	4th-6th grade level	10-15 min.
	Pediatric Symptom Checklist (PSC) (ages 4-16) Multiple versions are available on the website.	None	Multiple languages	Patient or Provider	4th-6th grade level	5 min.
Substance Use	UNCOPE Screening for Substance Abuse	None	English	Clinician	4th grade level	10 min.
	Screening to Brief Intervention (S2BI) (ages 13-18)	None	English	Patient or Provider	4th grade level	5 min.
	Brief Screener for Alcohol, Tobacco, and Other Drugs (BSTAD) (ages 13-18)	None	English	Patient or Provider	4th grade level	5 min.
	CRAFFT (ages 12-21)	Refer to link	Multiple languages	Patient or Provider	Refer to link	1-2 min.
	Drug Abuse Screen Test (DAST-10) (adult version)	Refer to link	English	Refer to link	Refer to link	Refer to link
	Drug Abuse Screen Test (DAST-20) (adolescent version)	Refer to link	English	Refer to link	Refer to link	Refer to link
	Tobacco, Alcohol, Prescription Medication, and Other Substance Use Tool (TAPS) (ages 19+)	None	English	Patient or Provider	4th grade level	5 min.
Suicide	Ask Suicide-Screening Questions (ASQ) (ages 6+)	None	Multiple languages	Provider	1st grade level	20 seconds
	The Columbia Protocol: Columbia Suicide Severity Rating Scale (C-SSRS) (ages 6+) Full document provided for ages 4-5 here .	None	Multiple languages	Anyone	5th grade level	3 min.
	Suicide Behavior Questionnaire-Revised (SBQ-R) (ages 13-18)	None	English	Anyone	3rd grade level	5 min.

Suggestions for Having Hard Conversations with Families

See also: Tips for Talking with Parents about Developmental Concerns (Spanish)

The following conversation tips are shared by NEP-MAP partners, including family members, providers, and advocates. Constructive conversations between service providers and families about children's development and behavior can be tricky for all concerned. There must be respectful, two-way dialogue in order to act in a child's best interests.

- Be seated at the same level as the family members (i.e., not standing); this conveys that you are truly interested in the family's needs and are not just waiting to leave the room. Sitting on the same level also reduces the power differential between professional and client, increasing the likelihood that the client will share more sensitive information. Build rapport and trust. Engage in eye contact and demonstrate respectful listening behavior.
- Recognize that parents and caregiving family members are not only the decision makers but the experts about their children. Screening and referral services are intended to benefit child and family.
- Let families know that screening is an important part of healthy development. To screen does not mean something is "wrong." Routine screening is best practice in healthy development. Providers can and should say, "I ask everyone these questions."
- Screening does not mean diagnosis, or confirmation of a disorder.
- If concerns arise, families need time to process the information they are given. The prospect of a mental health diagnosis can seem overwhelming at first. Culture and language may influence how a family responds, the time they need, the barriers they face.





Provider Ask: “Do you have concerns about your child’s behavior or development?”

Parent: “I have concerns about my child.”

- How is your child’s sleep?
- How is your child’s energy level?
- Any recent changes?
- Any changes in (or concerns about) eating habits?
- How does your child spend unstructured time?
- What concerns do you hear from school or childcare?
- What worries or stresses you about your child?

Provider: “Families make important decisions about a child’s health and behavior.”

Parent: “I need support and information to make the best decisions I can for my child and family.”

- How have you responded to behavior concerns so far?
- What are your thoughts about screening and possible treatment?
- Do you think we should take a closer look?
- Are you wondering about any specific condition, such as autism? If so, why?
- What concerns or questions do you have for me?
- If a situation gets worse or a crisis were to occur, what are some options to know about?
- What supports are available to help?

Resources and Referral Centers

This is a compiled list of state-wide resources, referral centers, and national resources. This list is not comprehensive, and any organization listed here has not been endorsed by NEP-MAP. Any information provided on the guide may change without prior notice but was current as of 8/6/24.

Referral Centers		
Phone Based Resource	<u>Nebraska Family Helpline</u>	The Nebraska Family Helpline makes it easier for families to obtain assistance by providing a single contact point 24 hours a day, seven days a week.
List of Local Organizations	<u>Community Collaboratives</u>	Community Collaboratives are local organizations that help families in need to keep children safe, support strong parents, and help families address life's challenges before they become a crisis. Each Collaborative is connected statewide but serves families in their part of Nebraska.
Phone and Web Based Resource	<u>United Way 211</u>	211 is a free, community resource hotline that is available to the public with multilingual access. It can be accessed via website or by calling 211.
Web Based Resource List	<u>Community Relay/Find Help</u>	Find Help is a search engine that enables community, healthcare, business, and non-profit organizations to easily manage, provide, and coordinate care. This platform allows users to track referrals made and completed within the system.
	<u>Behavioral Health Network of Care</u>	This searchable site allows users to find behavioral health service providers by zip code, county, and/or behavioral health region in Nebraska.
	<u>Nebraska Resource and Referral System</u>	The NRRS is a statewide resource created with input from Nebraska families, service providers, and organizations. This platform allows users and providers to track referrals within the system.
	<u>Behavioral Health Resources for Schools</u>	This resource is curated by the Nebraska Department of Health & Human Services and updated annually. The resource describes selected behavioral health topics to assist educators and school staff working with these students.
Self-Identified Mental Health Professionals in Nebraska	<u>Nebraska Mental Health</u>	Nebraska Mental Health provides centralized access to mental health provider information, resources about mental health treatment options, and descriptions of types of evaluations providers might use in a single location. Users can search for Child-Parent Psychotherapy or Parent-Child Interaction Therapy providers here too.
	<u>Psychology Today</u>	Psychology Today provides a detailed listing of mental health professionals throughout Nebraska. Users can also search for support groups and treatment centers.

Resources by Topic	
Topic	Organization Information
Care Coordination and Navigation	Medicaid: Nebraska Total Care: Practice Improvement Resource Center This link has an extended list of manuals, information, and physical and behavioral health forms that a provider may need to ensure their patient has the proper care and coverage needed.
	Medicaid: Molina: Behavioral Health Toolkit for Primary Care Providers This link is a toolkit for providers to offer guidance regarding mental and behavioral health concerns. The toolkit includes suggested assessments, patient management tips, and education about mental health topics.
	Medicaid: Molina: Culturally and Linguistically Appropriate Resources Molina has resources about interpreter services for members. Molina also has information about Culturally Competent Healthcare via provider trainings, tools, and education.
	Medicaid: United Health Care (UHC) This link has an extended list of what UHC covers. Information on interpreting services, care management, and member service advocates is also provided.
	PTI Nebraska: Family to Family Health Information Center PTI (Parent Training and Information) is a statewide resource for families of children with disabilities and special health care needs.
	UNMC MMI: Family Care Enhancement Project The Family Care Enhancement Project helps families connect with EDN services and offers statewide support to help families who have children with disabilities or complex health care needs access services.
Depression	National Maternal Mental Health Hotline Call or Text: 1-833-852-6262 (1-833-TLC-MAMA) This hotline is available for pregnant women and those who just had a baby. The hotline is free and confidential. Professional counselors answer the calls/texts; they listen to the concerns, can refer the caller to local support groups and organizations, as well as referral to other health care professionals if needed.
	Crisis Text Line Text HOME to 741741 Crisis Text Line provides free, 24/7, high-quality text-based mental health support and crisis intervention by empowering a community of trained volunteers to support people in their moments of need.
Early Childhood Social and Emotional Development	Nebraska Early Development Network (EDN) Nebraska EDN will assess a child when there is concern about a developmental delay. To make an EDN referral call 1-888-806-6287 or visit their website.
	Help Me Grow Nebraska Help Me Grow acts as a connection point in early childhood so young children ages 0-8 can thrive. Providers can submit a referral for their patients that may have developmental delays. Help Me Grow compliments EDN.
	Nebraska Resource Project for Vulnerable Children: Understanding & Screening for Trauma in Young Children This list helps identify signs and symptoms for trauma in young children and guides readers on next steps.
	Center for Autism Spectrum Disorders at University of Nebraska Medical Center iCASD provides comprehensive and effective treatment services for children with autism spectrum disorder (ASD) and related disorders.

Interpersonal Violence	Nebraska's Network of Domestic Violence/Sexual Assault Programs Nebraska's Network of Domestic Violence and Sexual Assault programs ensure that a safety net of services is available across our state 24-hours a day. Visit the website to connect to local support.
	Nebraska Child/Adult Abuse and Neglect Central Hotline Call: (800) 652-1999 Online reporting Everyone has a responsibility to report child abuse or neglect. State law requires anyone who has a reason to believe that a child has been abused or neglected to report their concerns.
Substance Use	Addiction Treatment Centers in Nebraska American Addiction Centers created a directory of Addiction Treatment Centers throughout the country. The link specifies centers based in Nebraska.
	Substance Use Treatment Facilities FindTreatment.gov is a confidential and anonymous resource for people seeking treatment for mental and substance use disorders in the United States and its territories.
	Tobacco Free Nebraska Tobacco Free Nebraska is the state's comprehensive tobacco prevention program (referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian communities).
	Nebraska Department of Education Youth Tobacco Prevention No Limits Nebraska educates and empowers Nebraska youth in 7th-12th grades on why to prevent and how to stop tobacco use.
Suicide Prevention	National Suicide Prevention Lifeline and Crisis Text Line Call or text: 988 The 988 Lifeline provides 24/7 free and confidential support for people in distress, prevention, and crisis resources for users. They have best practices for professionals in the United States. (Use to be 1-800-273-TALK)
	Nebraska Suicide Prevention Coalition This site is a collaborative venture intended as a gateway to information about suicide prevention in Nebraska. Visit the site to find out what Nebraska is doing to prevent suicide.
	Nebraska Youth Suicide Prevention The Nebraska Youth Suicide Prevention Initiative is working to decrease the suicide rate among young people in Nebraska. The site provides list of resources for families, youth, and providers.
	The Kim Foundation This Nebraska-based organization raises awareness through education, outreach, and advocacy.
	Suicide Prevention Resource Center "We All Have a Role to Play – Together We Can Save Lives" This site has many resources and information on trainings and effective preventions, including a library about suicide prevention.
	Nebraska Local Outreach to Suicide Loss Survivors (LOSS) Nebraska Local Outreach to Suicide Loss Survivors (LOSS) is made up of volunteer LOSS Teams. These teams are made up of trained clinicians and survivors of suicide loss that offer meaningful support, resources, and sources of hope to those that have lost a loved one to suicide.
	The TREVOR Project The Trevor Project is the leading suicide prevention and crisis intervention nonprofit organization for LGBTQI+ young people, providing information and support 24/7.

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