

Department of Health and Human Services
Division of Behavioral Health

There Is No Health Without Behavioral Health!

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

Reaching and engaging students with diverse needs can be challenging. **Behavioral Health Resources for Schools** is a compendium of selected behavioral health topics to assist educators and school staff working with these students.

The Department of Health and Human Services and the Division of Behavioral Health works closely with schools across the state in providing services to students and families as well as resources to educators and school staff. It is through this partnership that we can together ensure students are healthy, safe and thriving.



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Quick Connect

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



CRISIS RESPONSE

SUICIDE PREVENTION HELPLINE





Behavioral Health Regions

BEHAVIORAL HEALTH REGIONS

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

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



Division of Behavioral Health

There Is No Health Without Behavioral Health

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

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

The map below shows Nebraska's Behavioral Health Regions followed by a table that provides contact information for each Region. Schools are encouraged to engage with their Region to learn about behavioral health resources and programs for children, youth and families.

Behavioral Health Regions



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



Network of Care

The Network of Care is an internet-based shared community resource website funded by the Department of Health and Human Services. The website provides a broad array of behavioral health information online and allows persons to access the information at their fingertips and to become connected to others within their respective community. The website is not a treatment referral source and cannot make specific recommendations or endorsements regarding individual treatment facilities or types of treatment.

Tailored to address the needs and unique characteristics in each of Nebraska's 6 Behavioral Health regions, consumers can access information on behavioral health as well as a variety of other topics including:

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



The Network of Care is operationalized through each Region. Access the web site and interactive map for contact information and to learn about behavioral health and other resources in each region.



Behavioral Health Education Center of Nebraska (BHECN)

Established in 2009 by the University of Nebraska College of Medicine, Department of Psychiatry, "The Behavioral Health Education Center of Nebraska (BHECN) recruits & educates students in behavioral health fields and trains & retains professionals already in the workforce."

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

- For Teachers
- For Nurses
- On-line training modules. (Useful behavioral health topics for school professionals)

BHECN is a valuable partner in providing training and resources for **Nebraska's System of Care (NeSOC)**. Visit the BHECN/SOC <u>website</u> to access training and resources:

- Youth and Family Partnerships
- SOC integrated system
- Culturally appropriate
- Community-based

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

Behavioral Health Education Center of Nebraska, Web site, home page, 2018.

Behavioral Health Regions Family Organizations Community Collaboratives².



Region 1 Behavioral Health Authority: (308) 635-3173 / https://region1bhs.net/ Panhandle Partnership: (308) 633-3818 / https://panhandlepartnership.com/

Region 4 Behavioral Health System: (402) 370-3100 /

https://www.region4bhs.org/

Dakota County Connections: (402) 494-3337 ext: 22 /

http://dakotacountyconnections.com/ Zero 2 Eight Collaborative: (402) 562-5661

Norfolk Family Coalition: (402) 640-2409 / http://norfolkfamilycoalition.org/ Parent to Parent Network: 1-877-379-9926 /

http://parent-parent.org/

Region 2 Human Services: (308) 534-0440 /

https://www.r2hs.com/

Families 1st Partnership: (308) 520-3743

Families CARE: (308) 237-1102 / https://familiescare.org/

Region 5 Systems: (402) 441-4343 /

http://region5systems.net/

United Way of Lincoln and Lancaster County: (402) 441-

7774 / http://www.unitedwaylincoln.org/

Families Inspiring Families: 1-888-441-4369 /

http://familiesinspiringfamilies.org/

Region 3 Behavioral Health Services: 1-800-321-4981 /

http://www.region3.net/

Hall County Community Collaborative: (308) 385-5125 /

http://www.h3cne.org/

Families CARE: (308) 237-1102 / https://familiescare.org/

Region 6 Behavioral Healthcare: (402) 444-6573 /

http://www.regionsix.com/

Fremont Family Coalition: (402) 402-721-4158 /

http://www.fremontunitedway.org/fremont_family_coa

lition.html

Douglas County Collaborative: Lift Up Sarpy: (402) 292-2961 /

http://liftupsarpycounty.org/ Nebraska Family Support Network:

1-800-245-6081 / https://nefamilysupportnetwork.org/

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



Continuing Education for School Nurses

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

Continuing Education Resources

UNMC

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

Nebraska Nurses Association

Q&A about CEs/Contact Hours http://www.nebraskanurses.org/education/





National Association of School Nurses

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

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

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

"Helping People Live Better Lives"

National Association of School Nurses



Nebraska School Nurse Association:

Annual school health conference and other news and announcements: https://nebraskaschoolnurses.nursingnetwork.com

DHHS School Health Program

Guidelines for Nebraska School Nurses, statutes and regulations and more:



School Health Program
Guidelines for Nebraska Schools (a work in progress)

http://dhhs.ne.gov/publichealth/Pages/schoolhealth.aspx



Evidence-Based Practices

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

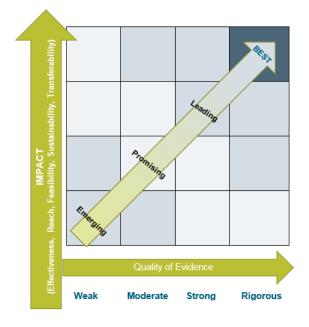
- Is shown that it is supported by data, not just based on theory.
- Has been repeatedly tested and shown to be more effective than standard care.
- Can be reproduced in other settings.

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

Resources

SAMHSA Evidence-Based Practices Resource Center (Sort by topic, population and target audience)

https://www.samhsa.gov/ebp-resource-center



Mental Health Treatment Evidence-Based Practices (EBP) https://www.samhsa.gov/ebp-web-guide/mental-health-treatment

University of Maryland School of Medicine: Evidence-Based Practice Center (EBPC) http://trainingcenter.umaryland.edu/Pages/The-Evidence-Based-Practice-Center.aspx

Child Trends: What Works! (Searchable register of over 700 programs) https://www.childtrends.org/what-works

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



Evidence-Based Practice: Child-Parent Psychotherapy (CPP)

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



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

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

Training: NRPVYC conducts CPP training for those wishing to become a CPP provider. It begins with a three-day training. Upon completion of the initial training, trainees participate in two consultation calls each month for 18 months and receive two CPP Intensive Sessions (2 days each) at 6 and 12 months. Applications will open September 5, 2018 to apply for the 2019 CPP training cohort. If selected, initial training is January 30 through February 1, 2019. To apply, go to: https://www.nebraskababies.com/process-become-cpp-provider

National Child Traumatic Stress Network

² Nebraska Resource Project For Vulnerable Young Children



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

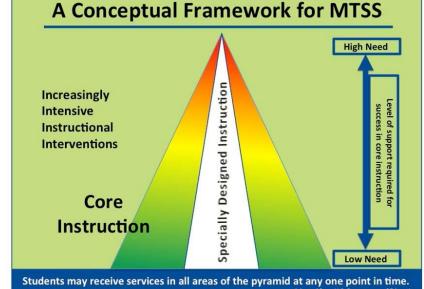
MTSS is defined as an instructional system based on the concept that ALL students require early and powerful academic and behavioral core instruction with the potential for high-quality interventions of increasing intensity.

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

Rtl is an integral part of MTSS but MTSS is more cohesive and comprehensive in the

goal of meeting the needs of all learners. Some of the ways that MTSS differs from RtI include:

- MTSS encompasses Rtl and then some.
- MTSS addresses academic as well as the social, emotional, and behavioral development of children from early childhood to graduation.
- MTSS provides multiple levels of support for all learners (struggling through advanced).



- MTSS aligns resources and support for students receiving instruction AND for teachers and other support staff who are delivering the instruction.
- MTSS framework is an educational systems change paradigm continuously focused on overall school improvement that is sustainable.

Benefits of MTSS:

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



In Nebraska every district's and even school's implementation of MTSS will differ based on the students, needs, and resources available. MTSS implementation is supported by the Department of Education (NDE) and a team that is housed within the

Nebraska Center for Research on Children, Youth, Families & Schools (CYFS) .

The collaborative efforts between NDE and CYFS;

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

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



Evidence-Based Practice: First Episode Psychosis (FEP)

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

Mental health treatment practitioners have, over the years, observed that most individuals who have a serious mental illness (such as bipolar disorder, major depression, and schizophrenia) typically experience the first signs of illness during

adolescence or early adulthood. Yet there are often long intervals between the onset of symptoms and diagnosis, referral, and treatment.

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



- Hearing, seeing, tasting or believing things that others don't
- · Suspiciousness or extreme uneasiness
- Strong and inappropriate emotions or no

- Withdrawing from family or friends
 A sudden decline in self-care
 Trouble thinking clearly or concentrating

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

Research supports a variety of treatments for **First Episode Psychosis**, especially

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

On-Track of the Heartland: Region 6, Omaha 402-552-7003

On-Track Central Nebraska: Region 3, Kearney 308-237-5113

coordinated specialty care (CSC)¹ which provides:

- Individual or group psychotherapy
- Family support and education
- Medications (also called pharmacotherapy)
- Supported Employment/Education
- Case management

¹ National Institute of Mental Health



Evidence-Based Practice: Multisystemic Therapy (MST)

Multisystemic Therapy (MST) is an intensive, family- and community-based intervention for serious juvenile offenders in which therapists meet youth offenders and their families weekly at home or school for three to five months. The intervention focuses on individual, family, peer, school, and community risk factors that contribute to juvenile antisocial behaviors. MST requires concrete, measurable effort from both youth and families, and builds on strengths in youths' lives while altering problematic interactions with family and peers (Henggeler 2016, McCart 2016). Adaptations of MST have been applied to child health and psychiatric problems, youth substance abuse, problem sexual behavior, and child abuse and neglect ¹.



There is strong evidence that MST reduces the likelihood of recidivism and incarceration for serious juvenile offenders more than treatment as usual. MST can also reduce delinquent or antisocial behavior and alcohol and drug use among juvenile offenders. MST can improve

participating youths' functioning at school, work, and increase positive peer relationships. MST may also improve family functioning and reduce out-of-home placements¹.

In Nebraska there is now a total of 7 teams and 22 therapists providing MST in counties as indicated by the shaded area on the map.

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

- Mid-Plains Center: Serving Central Nebraska and Lincoln Area (308)385-5250
- **Good Life Counseling**: Serving the Northeastern Region. (402) 371-3044/Norfolk; (402) 562-0400/Columbus
- Paradigm, Inc. (402) 991-8093 and Boys Town: 800-448-3000 Serving the Eastern Regions

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

[&]quot;Helping People Live Better Lives"



Evidence-Based Practice: Parent Child Interaction Therapy (PCIT)

Parent-child interaction therapy (PCIT) is a behavior-based, family-oriented therapy designed to help improve the parent-child relationship through interaction. PCIT facilitates the development of effective parenting techniques and reduces child behavior issues. The PCIT approach is often effective with children who are at risk, who have experienced abuse and/or who have conduct issues or other behavioral concerns.¹

There are two phases to Parent Child Interaction Therapy:²

- Child Directed Interaction (CDI)
 - Parents learn how to strengthen their attachment to their child through being warm, responsive, and sensitive to their child's behavior.
- Parent Directed Interaction (PDI)
 - Parents learn how to be strong authority figures with their child through giving directions in age-appropriate, positive ways; setting consistent limits; and learning how to appropriately implement consequences, such as time-out.

PCIT is a Medicaid covered service and is recognized by SAMHSA as an evidence-based practice. To learn more about PCIT visit:

https://www.samhsa.gov/ebpresource-center



¹ Goodtherapy.org

² Evidence-based Practices Kit, Knowledge Informing Transformation, SAMHSA

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

- Dakota County (Dakota County Connections)* 712-222-6383
- Dodge County(Fremont Family Coalition)* 402-721-4157
- Platte-Colfax Counties (Zero2Eight)*
 402-564-4497
- Lincoln County (Families 1st Partnership) * 308-520-3743
- Madison County (Norfolk Family Coalition)* 402-540-2409
- York County (York County Health Coalition)* 515-729-2130
- Saline-Jefferson Counties (Rooted in Relationships)* 402-826-3880
- Panhandle Partnership (Serving 10 counties) 308-765-31366
- Lincoln and Omaha area
 https://pcit.lab.uiowa.edu/providers/parent-child-interaction-therapy-providers-nebraska

*Supported by the **Nebraska Child Abuse Prevention Fund Board** and **Nebraska**





Children and Families Foundation.

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



What's wrong

happened to

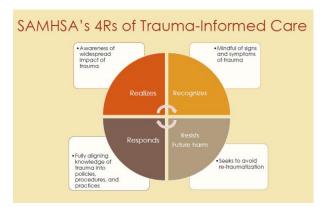
Informed

Behavioral Health Resources For Schools

Trauma-Informed Care

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

Trauma-Informed Care changes the fundamental question from "What's wrong with you?" to "What's happened to you?" SAMHSA defines the 4 Rs of Trauma-Informed care:



- Realizes
- Recognizes
- Resists future harm
- Responds

See more about SAMHSA'S trauma-informed approach including the six principles and trauma-specific interventions at:

https://www.samhsa.gov/nctic/trauma-interventions

The **Behavioral Health Education Center of Nebraska (BHECN)** offers resources and on-line training for schools, teachers and nurses on trauma and trauma-informed care. See listings under training and System of Care at https://www.unmc.edu/bhecn/.

Additional Resources

- THRIVE System of Care http://www.thriveinitiative.org
- National Child Traumatic Stress Network http://www.nctsn.org

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

² NASMHPD, 2006

[&]quot;Helping People Live Better Lives"



Scientific

Gaps

Behavioral Health Resources For Schools

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can have

negative, lasting effects on health and well-being.

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

Adverse Childhood Experiences have been linked to

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

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

The ACEs survey includes 10 questions around the topics of abuse, neglect and household dysfunction (see survey). ACEs are linked HOUSEHOLD DYSFUNCTION NEGLECT ABUSE to behavioral and physical health outcomes including: Suicide attempts.

- Lifetime depressive episodes.
 - High-risk sexual behaviors.

 - Negative physical health outcomes.

Death

Whole Life Perspective

Conception

Poor dental health.



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

https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioralhealth/adverse-childhood-experiences

https://www.cdc.gov/violenceprevention/acestudy/index.html



Nebraska Family Helpline

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

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

- Assess immediate safety needs,
- Identify the potential level of a behavioral health crisis,
- Make recommendations or referrals to appropriate resources, and



• Help callers connect to emergency resources or providers.

Any Problem. Any Time.

1-888-866-8660

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

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



Mental Health First Aid



Mental Health First Aid USA (SAMHSA)

- > An 8-hour public education program.
- Introduces participants to risk factors and warning signs of mental illness.
- > Builds understanding of the impact of risk factors and provides overview of common supports.
- ➤ Like CPR, Mental Health First Aid prepares participants to interact with a person in crisis and connect the person with help.

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



System of Care

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

In 2016 Nebraska's SOC efforts were helped through a four-year federal grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Although the grant targets a specific population and services are specific, the award has been instrumental in taking the System of Care statewide.



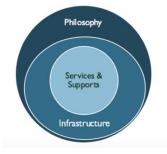
For a comprehensive introduction to Nebraska's System of Care, access the training video offered by the Behavioral Health Education Center of Nebraska (BHECN) at: https://www.unmc.edu/bhecn/education/nebraska-system-of-care/training.html



NeSOC looks different in different areas:

Each Region hosts a local systems of care Each has different, individualized goals and priorities, but across the state NeSOC shares common philosophies in the

approach to care.



Behavioral Health Education Center of Nebraska

At the State level, NeSOC is directed by a **Leadership Board and Implementation Committee** comprised of representatives from foundational and collaborative partners:

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

Five (5) topic-specific **work teams** carry out the work directed by the Leadership Board and Implementation Committee:

- Continuous Quality Improvement (CQI)
- Cross-system Services and Supports
- Financial Investment
- Social Marketing and Communication
- Training

(For more information on each team see "Work Teams")

Family and youth involvement is a critical piece of NeSOC. As partners they lend their voice at all levels of NeSOC planning and development. Family and Youth Advisory Councils are convened regularly to provide input to the Leadership Board and Implementation Committee on NeSOC activities and implementation.





Participation on a work team or advisory council is welcomed.

Contact: dhhs.soc@nebraska.gov



Children and Youth Services System: About Our Partners

The <u>Department of Health and Human Services</u> contributes to the lives and health of children and youth every day. Services and supports are found across all of the Department's five divisions. Together these divisions form a children and youth services system that is foundational to the **Behavioral Health System of Care** for children, youth and their families. Each division makes unique contributions to the System of Care.

Division of Developmental Disabilities:

http://dhhs.ne.gov/developmental_disabilities

The Division of Developmental Disabilities provides funding and oversight for **community-based services** for consumers with developmental disabilities. This includes: determining eligibility for developmental disabilities (DD) services, providing service coordination for eligible individuals, determining eligibility for DD Medicaid waivers, and monitoring and paying DD providers.

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

To be **eligible**, consumers must:

- · Have a developmental disability as diagnosed by a licensed psychologist
- OR a medical diagnosis of a developmental disability such as cerebral palsy, spina bifida, or certain genetic disorders
- AND substantial limitations in each of the 3 areas:
 - Conceptual skills, including language, literacy, money, time, number concepts, and self-direction;
 - Social skills, including interpersonal skills, social responsibility, self-esteem, gullibility, wariness, social problem-solving, and the ability to follow laws and rules and to avoid being victimized; and
 - Practical skills, including activities of daily living, personal care, occupational skills, healthcare, mobility, and the capacity for independent living.

Division of Children and Family Services:

http://dhhs.ne.gov/children_family_services/Pages/children_family_services.aspx

The Division of Children and Family Services (DCFS) includes child welfare, adult protective services, economic support programs and the youth rehabilitation and treatment

centers. Five Service Areas are aligned with the Judicial Districts as set forth by the Supreme Court.



Child Welfare and Adult Protective and Safety services include prevention activities and coordination, child and adult protective

services, foster care and independent living, adoption, domestic violence, safety and treatment services, and educational initiatives.

The Department of Health and Human Services administers and manages eligibility for Medicaid and Economic Assistance programs through ACCESSNebraska. **Anyone can apply for benefits and handle their Medicaid and Economic Assistance needs on the ACCESSNebraska website.**



Economic Assistance Call (800) 383-4278 Lincoln: (402) 323-3900 Omaha: (402) 595-1258 Contact Us 8:00 am - 5:00 pm Monday thru Friday

Medicaid Eligibility Call (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178 TTDD:(402) 471-7256

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

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

Division of Medicaid and Long Term Care: http://dhhs.ne.gov/medicaid

The Division of Medicaid and Long-Term Care encompasses the Medicaid Program, Home and Community Services for Aging and Persons with Disabilities and the State Unit on Aging. Medicaid provides health care services to eligible elderly and disabled individuals and eligible low-income pregnant women, **children**, and parents. Medicaid provides health care for more than 1 in every 10 Nebraskans. It administers non-institutional home and community-based services for individuals who qualify for Medicaid waivers, the aged, adults, and children with disabilities, and infants and toddlers with special needs.

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

101-476), A complete guide to **Medicaid in Schools** can be accessed at: http://dhhs.ne.gov/medicaid/Documents/SBS%20Guide.pdf

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

Heritage Health is a new health care delivery system that combines Nebraska's physical health, behavioral health, and pharmacy programs into a single comprehensive and



coordinated system for Nebraska's Medicaid and CHIP clients. There are three Heritage Health plans to choose from.







Go to **ACCESSNebraska** to:

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

Division of Public Health

http://dhhs.ne.gov/publichealth

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

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

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

- Adolescent Health
- School Health (School Nurses)
- Health Disparities and Health Equity



Nebraska System of Care (NeSOC): NeSOC Work Teams and Councils

Standing **Work Teams**, inclusive of system, family and youth partners from state, regional, and local areas, help with developing and implementing strategies as identified in the NeSOC Strategic Plan. The Standing Work Teams duties include, but are not limited to:

- (a) research, development of activities, and implementation of the NeSOC Strategic Plan as approved by the Leadership Board and Implementation Committee; and,
- (b) identify barriers to strategy implementation and work with the Implementation Committee to address/remove barriers. Each of the teams will have a designated lead. The Standing Work Teams meet on a bi-monthly basis



The following describes each of the Standing Work Teams.

- Continuous Quality Improvement (CQI): works with the Evaluator to design a statewide CQI program and monitor statewide evaluation efforts.
- Cross-system Services and Supports: works to develop and implement systemic changes needed to develop and expand a broad array of home and community based services and supports that are individualized, coordinated, family driven, youth guided, and culturally and linguistically competent.
- **Financial Investment:** works to create and improve financing mechanisms and develop strategies to use cross-system funding sources more strategically to support the infrastructure and services comprising NeSOC.
- **Social Marketing and Communications:** works to generate support among high-level decision makers at state and local levels, families, youth, providers, managed care organizations, and other key leaders through strategic communications to support expansion of the system of care approach.

• **Training:** works to implement workforce development mechanisms to provide ongoing training, technical assistance, and coaching to ensure that providers and system partners are prepared and skilled to provide effective services and supports consistent with the SOC philosophy and approach.

The **Youth and Family Advisory Councils** assist the Implementation Committee in dissemination and implementation of the NeSOC Strategic Plan. The two separate Councils consists of families and youth who have experience with Nebraska's child-serving systems. The Councils' duties include, but are not limited to:

- a) review activities and implementation of the NeSOC Strategic Plan and
- b) provide input to the Implementation Committee on the activities and implementation of the NeSOC Strategic Plan.



Join the effort!

If would like to offer your counsel and expertise/ or participate on a work team or council contact: dhhs.soc@nebraska.gov



System of Care: Local NeSOC Teams

Each region has different, individualized goals and priorities based on the needs and demographics of their coverage area. Local Teams meet regularly to assess, plan and strategize the delivery of system of care services specific to their area. Teams are comprised of representatives from:

- Local Behavioral Health Authority
- Child Welfare (DHHS Children and Family Services)
- Administrative Office of Probation (Probation)
- DHHS Divisions of Developmental Disabilities and Public Health.
- Courts/legal representatives
- Law enforcement
- Schools and Educational Service Units (ESU)
- Local providers
- Family organizations
- Community collaboratives
- Local health and behavioral health programs



Region 1	Scottsbluff
Region 2	North Platte, Lexington, Ogallala and McCook
Region 3	Kearney
Region 4	Norfolk, Columbus, O'Neill and South Sioux City
Region 5	Lincoln
Region 6	Omaha, Douglas County, Cass/Sarpy County, Washington
Region 6	County, Dodge County

See the table on the **ACCESSING SERVICES** page of this document for who to contact.





Family Organizations and Community Collaboratives

Nebraska's 4 family-run organizations are staffed by family members with lived experiences who provide a unique service to youth and their families and a valuable voice to Nebraska's System of Care initiative. Family organizations are another resource for schools working with families of students with emotional, behavioral or mental health challenges. Schools can refer families to these organizations for family/youth peer support and other services including the Family Navigator program. These organizations include:

- **NE Family Support Network**: 3568 Dodge St., Suite 2, Omaha, NE 68131, 402-345-0791
- Families Inspiring Families: 1645 N Street Ste A, Lincoln, NE 68508. 402-441-4369
- Families Care: 4111 4th Ave., Suite 2, Kearney, NE 68845 308-237-1102
- Parent to Parent Network: 328 West Norfolk Ave, Norfolk, NE 68701, 402 379-226

In addition to providing direct family/youth support, the Family Organizations, in partnership with Nebraska Children and Families Foundation and the *Bring up*

Nebraska initiative, **Community Collaboratives** work with the family organizations to enhance and expand opportunities for youth and families including:



- Parent leadership group
- Parent and youth focus groups
- Youth and family educational opportunities
- Special events for families/youth
- Children's Mental Health Awareness events (local events in each region, and final event in Lincoln.)

For a complete list and location of the community collaboratives see the map and contact information on the **next**





Parent to Parent Network



SUPPORTIVE COMMUNITIES A THRIVING FAMILIES

Family Organizations and Community Collaboratives¹



Region 1 Behavioral Health Authority: (308) 635-3173 / https://region1bhs.net/ Panhandle Partnership: (308) 633-3818 / https://panhandlepartnership.com/

Region 4 Behavioral Health System: (402) 370-3100 /

https://www.region4bhs.org/

Dakota County Connections: (402) 494-3337 ext: 22 /

http://dakotacountyconnections.com/ Zero 2 Eight Collaborative: (402) 562-5661

Norfolk Family Coalition: (402) 640-2409 / http://norfolkfamilycoalition.org/

Parent to Parent Network: 1-877-379-9926 /

http://parent-parent.org/

Region 2 Human Services: (308) 534-0440 /

https://www.r2hs.com/

Families 1st Partnership: (308) 520-3743

Families CARE: (308) 237-1102 / https://familiescare.org/

Region 5 Systems: (402) 441-4343 /

http://region5systems.net/

United Way of Lincoln and Lancaster County: (402) 441-

7774 / http://www.unitedwaylincoln.org/

Families Inspiring Families: 1-888-441-4369 /

http://familiesinspiringfamilies.org/

Region 3 Behavioral Health Services: 1-800-321-4981 /

http://www.region3.net/

Hall County Community Collaborative: (308) 385-5125 /

http://www.h3cne.org/

Families CARE: (308) 237-1102 / https://familiescare.org/

Region 6 Behavioral Healthcare: (402) 444-6573 /

http://www.regionsix.com/

Fremont Family Coalition: (402) 402-721-4158 /

http://www.fremontunitedway.org/fremont_family_coa

lition.html

Douglas County Collaborative: Lift Up Sarpy: (402) 292-2961 /

http://liftupsarpycounty.org/

Nebraska Family Support Network:

1-800-245-6081 / https://nefamilysupportnetwork.org/

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



System of Care: Services

Prevention Is Effective! Treatment Works! People Recover!

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

- Care coordination
- Child and Parent Psychotherapy
- Crisis Response (Statewide)
- Intensive Outpatient Therapy
- Mental health services in schools
- Multi-systemic Therapy (MST)

- Parent Child Interaction Therapy
- Parents and Children Together (Region 6)
- Therapeutic consultation
- Youth and family peer support

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

Behavioral Health Regions



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



System of Care: Crisis Response

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

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

- Operational statewide
- A free resource for parents and educators who have any type of question regarding a child's behavior,
- Provides a single contact point 24 hours a day, 7 days a week.



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



Any Problem. Any Time.

1-888-866-8660

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

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



System of Care: Accessing Services

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

Nebraska Family Helpline, (888) 866-8660, for resources and referral. A free, resource for parents and educators who have any type of question regarding a child's

behavior. Trained Helpline operators are available 24 hours a day, 7 days a week to assess immediate safety needs, identify the potential level of a behavioral health crisis, make recommendations or referrals to appropriate resources, and help callers connect to emergency resources or providers in their area.

Regional Behavioral Health Authorities, referred to as "regions" offer services based on the needs and demographics of each Region's service area. Each Region has an administrative office.

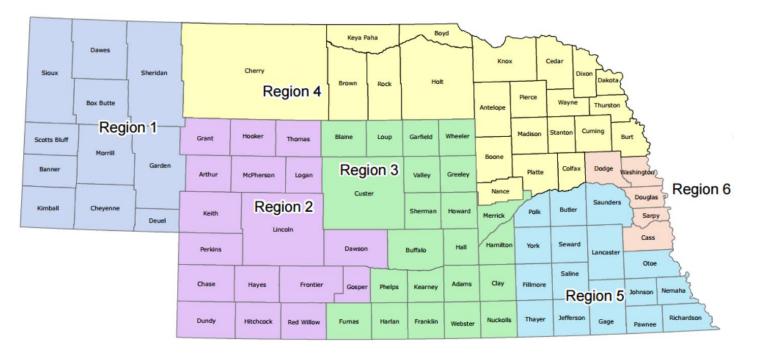
The Family Run Organizations and Community Collaborations work together around common issues and concerns affecting families serving each of the state's six Regions with a strong focus on emotional, behavioral and mental health challenges. Members have personal experience with disability and the child serving agencies and use their knowledge and experience to help other families.

Medicaid covers a wide array of services to eligible children and families. Accessing these services is made through one of the 3 organizations within the managed care program known as **Heritage Health.** For assistance accessing available services, contact the managed care organization assigned.

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

[&]quot;Helping People Live Better Lives"

Behavioral Health Regions Family Organizations Community Collaboratives¹.



Region 1 Behavioral Health Authority: (308) 635-3173 / https://region1bhs.net/ Panhandle Partnership: (308) 633-3818 / https://panhandlepartnership.com/

Region 4 Behavioral Health System: (402) 370-3100 / https://www.region4bhs.org/

Dakota County Connections: (402) 494-3337 ext: 22 / http://dakotacountyconnections.com/

Zero 2 Eight Collaborative: (402) 562-5661 Norfolk Family Coalition: (402) 640-2409 / http://norfolkfamilycoalition.org/ Parent to Parent Network: 1-877-379-9926 /

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Region 2 Human Services: (308) 534-0440 /

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Families 1st Partnership: (308) 520-3743

Families CARE: (308) 237-1102 / https://familiescare.org/

Region 5 Systems: (402) 441-4343 /

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Region 6 Behavioral Healthcare: (402) 444-6573 /

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Fremont Family Coalition: (402) 402-721-4158 /

http://www.fremontunitedway.org/fremont_family_coa

Douglas County Collaborative: Lift Up Sarpy: (402) 292-2961 /

http://liftupsarpycounty.org/ Nebraska Family Support Network:

1-800-245-6081 / https://nefamilysupportnetwork.org/

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



Opioid Misuse and the State Targeted Response (STR) to Opioid Addiction

While the misuse of prescription opioids and the use of heroin have reached epidemic proportions in other areas of the United States, Nebraska is not experiencing the same crisis that other states are with these drugs. This places Nebraska in a position to focus on prevention and workforce capacity to safeguard against a significant increase in opioid use disorders, opioid overdoses, and opioid-related deaths. **Schools provide** an important link in these prevention efforts.

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

Risk Factors

- Acute and chronic pain,
- Physical health problems or a history of mental illness (such as depression).
- Other substance use or misuse.
- Youth who have witnessed a family member overdose, or
- Have a large number of friends who misuse prescription drugs.

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

Protective Factors

Individuals at lower risk include those who:

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



"Helping People Live Better Lives"



What is the role of schools?²

- School leaders, teachers and staff can create safe environments and positive cultures for students.
- Schools can educate students and families about the dangers of drug use and about how to prevent opioid misuse and addiction.
- Many evidence-based prevention programs can be delivered in a school setting.





- Schools can be prepared if an opioid overdose occurs on school grounds.
- Schools and school districts can support students in recovery and students whose family members are suffering from addiction.

Resources²

- <u>Opioids.gov</u> illustrates the magnitude of the opioid crisis and actions the Trump Administration is taking to address it.
- Data on youth drug use is available at the National Institute on Drug Abuse,
 Opioid page.
- CDC's opioid overdose page provides comprehensive information about opioids and their risks, as well as information about how to protect against opioid misuse, addiction and overdose.

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

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

² U.S. Department of Education





Nebraska School Mental Health Forum

The Kim Foundation, in partnership with Educational Service Unit (ESU) 3 is leading the Nebraska school mental health initiative in Nebraska. Part of this effort includes hosting the Nebraska School Mental Health Forum in June 2019. The Forum will bring together key stakeholders to address¹:

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

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

SAVE THE DATE

Nebraska School Mental Health Forum 2019

June 11-12, 2019

Kearney, NE



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





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



School Community Intervention and Prevention (SCIP)



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

- Referral to a school SCIP team.
- Assessing need.

- Coordinating intervention.
- Developing plan.
- Providing on-going support.

How do schools benefit from the implementation of SCIP?

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

How do schools participate in SCIP?

SCIP currently partners with 128 schools throughout Nebraska who have implemented the SCIP program. School SCIP Teams are typically comprised of school representatives such as teachers, administrators, counselors, nurses or social workers. Each year, **SCIP** offers a 4-day comprehensive training for school staff members who will serve as active **SCIP** team members at their schools. Participants at this annual training are trained in SCIP's four components¹:

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

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



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



Screening Tools:

School Health Assessment and Performance Evaluation System (SHAPE)

The SHAPE System is hosted by the national **Center for School Mental Health (CSMH)** at the University of Maryland
School of Medicine. The Center promotes the importance of



providing mental health services to children, adolescents, and families directly in schools and communities.

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

Register to Improve Your School Mental Health System









Custom Reports

Team Assessment &

Resources

Be Counted

Schools and school districts can use SHAPE to:

- Be counted in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state and local grant funding.
- Access free, targeted resources to help advance your school mental health quality and sustainability.
- Advance a data-drive mental health team process for your school or district¹.

For more information or to register go to: https://theshapesystem.com/



¹ The SHAPE System



Suicide Prevention







The Division of Behavioral Health received a 5-year award from SAMHSA to address youth

suicide prevention. The University of Nebraska Public Policy Center, Nebraska State Suicide Prevention Coalition, Nebraska Department of Health and Human Services Division of Behavioral Health, Nebraska Department of Education, Regional Behavioral Health Authorities, and Interchurch Ministries of Nebraska are partnering to carry out activities that address suicide prevention.

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

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

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

Community-based suicide prevention coalitions are located across the state and schools will find them a valuable partner in suicide prevention. Visit the following website to locate a coalition in your area: http://www.suicideprevention.nebraska.edu

Suicide Prevention Resource Center

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

State:

 NE Department of Education: http://www.youthsuicideprevention.nebraska.edu, or

https://www.education.ne.gov/safety/suicide-prevention/

- Nebraska State Suicide Prevention Coalition http://www.suicideprevention.nebraska.edu

National:

http://www.sprc.org/



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

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

More about QPR:

https://qprinstitute.com/about-qpr





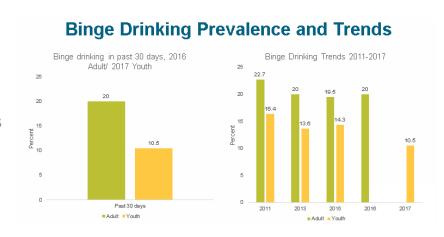


3 Simple steps anyone can learn to help save a life from suicide



Underage and Binge Drinking

Underage drinking has serious health consequences, it's unsafe, and it's against the law. Binge drinking in particular is a dangerous drinking pattern that is associated with a number of health and social consequences. Both nationally and in Nebraska, binge rates have changed little in the last seven years.



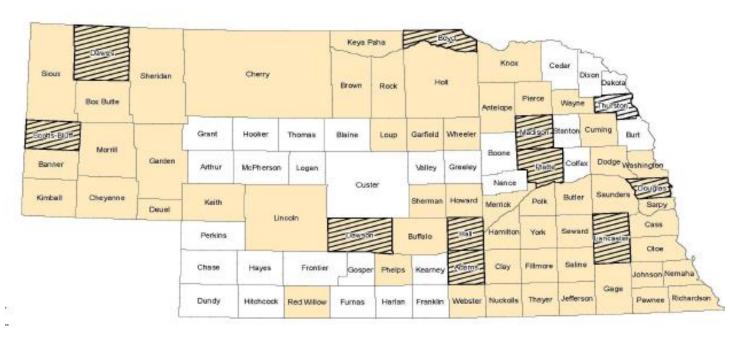
Schools play an important role in preventing underage alcohol use and should be included in all comprehensive, community-based efforts to reduce teen drinking. There is a wide range of activities that schools can undertake to prevent underage drinking, including teaching students alcohol refusal skills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



The Division of Behavioral Health continues to reach parents statewide via its "Take Timeout to Talk about Underage Drinking" campaign. Ads are played during radio and television broadcasts of a number of Husker sporting events.

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

Prevention Coalitions



Prevention Coalitions



Counties of high need

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

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