LANCASTER COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE 2017-18

Chip Priority: Behavioral Health
Behavioral Health

2018 Updates

CHIP Participants. The following members reported progress and helped update and revise Behavioral Health goals and objectives:

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Introduction: The Impact of the NE Behavioral Health Services Act in Lancaster County

The Nebraska Behavioral Health Services Act was passed in April 2004. One aim of the legislation was to increase behavioral health services at the local level and avoid, whenever possible, institutionalization in the state’s regional centers. General fund transfers from the state’s regional centers to community-based services began in fiscal year 2005-2006. By July 2008, over $31 million was transferred to the six Behavioral Health Regions. Lancaster County is within Behavioral Health Region V.

The following information highlights some of the successes realized on the local level and identifies some new challenges. For example, while new partnerships between behavioral health providers and law enforcement officers have de-escalated crises resulting in a decrease in the incidence of Emergency Protective Custody orders, Lancaster County is also experiencing an increase in wait times for people who need a higher level of care in a regional center.

Priority #1: Preparation for Change/Innovation

*Overall Goal:* The community’s system of behavioral health care must be able to adjust quickly and effectively to changes in the national, regional, state and local systems of care and must be responsive to the changes in our population and among our provider community.

*Objective 1:* Prevent the criminalization of people with behavioral health issues.

**Update:** Several efforts to prevent nonviolent offenders with behavioral health issues from entering the criminal justice system have been successful since 2015. Behavioral Health Diversion is offered by Lancaster County Community Corrections. The aim of the program is to divert individuals with a serious and persistent mental illness or a co-occurring substance abuse disorder, who are in jail for nonviolent, misdemeanor crimes or who have had multiple law enforcement contacts in the community, to local behavioral health services. The goal is to stop the “revolving door” in and out of the criminal justice system and for the individual to become engaged in needed treatment services, to improve their safety and quality of life. Jail diversion allows law enforcement additional time to investigate more serious crime, assures more appropriate use of the beds in jail, and invests tax dollars in solutions.

In June 2018, Lancaster County Community Corrections hosted a Sequential Intercept Mapping Workshop facilitated by SAMHSA’s (Substance Abuse and Mental Health Services Administration) GAINS Center (Gathering Information, Assessing What Works, Interpreting the Facts, Networking, & Stimulating Change). The workshop was designed to bring together key stakeholders to develop a “map” that illustrates how people with behavioral and substance use disorders come in contact with and flow through the local criminal justice system and opportunities to divert them to appropriate services. A final report is forthcoming.
Statewide, the Nebraska Mental Health Court committee is working to develop a Mental Health Court system in district courts. It is comprised of staff members from Probation, County Prosecutors, Public Defenders, behavioral health providers, and academia.

**Objective 2:** Share information easily and quickly among behavioral health providers in order to improve the coordination of care.

**Update:** When this objective was created in 2013, eBHIN, a behavioral health clinical information sharing system, was envisioned as the means to accomplish it. The Board of Directors of eBHIN made the decision to dissolve the corporation in 2016. The technology involved needed broader community participation to reach the scale needed within the timeframe of seed funding.

**2018 Revised Objective:** On a biennial basis, evaluate the readiness of behavioral health providers, practicing in Lancaster County, to share patient data electronically. The evaluation would include the prevalence of business agreements between practices.

**Objective 3:** Increase the use of trauma-informed care among behavioral health providers, law enforcement, judicial and corrections personnel.

**Update:** Trauma-informed care has been an area of emphasis among behavioral health providers within Region V Systems. There continues to be a Trauma-Informed Workgroup comprised of consumers, network providers, Region V Staff and other community stakeholders. The workgroup is responsible for planning, developing, marketing, implementing, and evaluating strategies to increase awareness and promote a trauma-informed care service delivery system. In FY 2016-17, the Trauma-Informed Workgroup focused on increasing evidence-based, trauma-specific treatment services by sponsoring trainings during the year which included Eye Movement Desensitization & Reprocessing, Dialectical Behavioral Therapy, and an annual Behavioral Threat Assessment Training (BETA). One goal of BETA training is to increase the understanding of trauma and increase trauma sensitivity among law enforcement officers.

Annually, random sampling of consumers served through providers in the Region V Systems network are surveyed and asked if “the program was sensitive to any experienced or witnessed trauma in my life.” These results are compared to statewide performance. Every 2 years, network providers administer the Fallot & Harris Trauma-informed Care Self-Assessment Tool. The results of Region V Systems’ Provider Network average, compared to the statewide average of the COMPASS-EZ assessment by fiscal year, are illustrated in the following graph. Region V Systems’ provider network average continues to improve in all areas identified in the COMPASS EZ.
**Objective 4:** Increase the use of the recovery model among behavioral health providers.

**Update:** Wellness Recovery Action Plans (W.R.A.P.) are recognized by SAMHSA as an evidence-based practice. W.R.A.P. engages individuals in an understanding that they have personal resources they can use to direct their own wellness. W.R.A.P. also helps friends and family support the individual in times of crisis. Bryan Medical Center Behavioral Health Services provide W.R.A.P. to individuals in the community at no cost. W.R.A.P. groups are led by trained Peer Specialists (individuals with lived behavioral health experience). Groups are available for adults and youth and meet on a weekly basis.

All programs of the Mental Health Association of Nebraska (M.H.A.) are developed and implemented based on the recovery model. All staff are Peer Specialists in recovery and trained in the recovery model. In 2018, M.H.A. employed 38 Peer Specialists. Since the beginning of M.H.A. programs, over 800 participants in peer-run respite have been served, 2,000 people have been referred to their law enforcement referral program, and over 1,000 participants have been served in their reentry program.
**Objective 5:** Expand the number of providers of behavioral health services such as Peer Specialists, advanced practice registered nurses (APRNs), physician assistants (PAs), Licensed Mental Health Practitioners, and psychiatrists.

**Update:** The Statistical Brief of Behavioral Health Providers in Nebraska 2010-2016 for Region V, published by the Behavioral Health Education Center of Nebraska in October 2017, shows that with the exception of psychiatrists, the number of behavioral health providers per 100,000 population was higher in Region V compared to the state average. From 2014 to 2016, the number of psychiatric prescribers increased slightly from 70 to 76 and the number of behavioral health non-prescribing professionals (e.g. psychologists, Licensed Mental Health Practitioners, Licensed Alcohol and Drug Counselors) also increased slightly from 654 to 663. Even though this news is encouraging, 57% of psychiatrists and 56% of Licensed Alcohol and Drug Counselors who are currently practicing in Region V, are 56 years of age or older.

There are less racial/ethnic diversity, language skills, and young child specialists among behavioral health providers in Region V. Of behavioral health providers who prescribe medicine, 64% self-identify as white, 9% as Asian and 4% as African American. Behavioral health providers who do not prescribe medication, self-identify as white (79%), African American (1%) and American Indian and Asian (0.5%). Thirty one prescribers and 290 non-prescribers reported serving people who spoke languages other than English. The most commonly served age group among prescribers and non-prescribers was 19-65+ with less prescribers and non-prescribers serving patients ages 0-12.

Replacing retiring providers is imperative for Lancaster County, however recruitment efforts should also focus on expanding access to a racial/ethnic diverse pool of providers, providers with language skills reflective of the languages most commonly spoken in our community, and child behavioral health providers.
Priority #2: Pre-Crisis Care

**Overall Goal:** Lincoln will have an accessible and responsive behavioral health pre-crisis system in order to reduce higher levels of care to treat the needs of the patient.

**Objective 6:** Support and expand voluntary, drop-in, un-locked pre-crisis care centers with warm line services, which are staffed 24 hours per day with behavioral health professionals including Peer Specialists to provide assessment, support, connection to care, referral & safety.

**Update:** Behavioral health crisis management is complex and challenging. Accessible community services which help identify and intervene in “pre-crisis” lowers emergency service utilization, including the use of emergency rooms and law enforcement. One measure of successful pre-crisis intervention, was the lowering of the number of emergency protective custody orders or E.P.C.s. In fiscal year 2016-17, there were 656 E.P.C. admissions in Region V. Of those admissions, 99 were repeat admissions. Of all mobile crisis team calls from law enforcement, 88% were diverted from E.P.C. As demonstrated in the following chart, the overall number of E.P.C.s in Region V, has decreased 23% from its peak in FY 2004-2005 (or 854 E.P.C.s to 656 E.P.C.s).
CenterPointe’s Crisis Response services consist of a 24 hour hotline for youth, adults and families, walk-in crisis services and in-the-field support for youth and families encountering the Lincoln Police Department. CenterPointe staff answered a total of 2,445 calls from May 2017 - April 2018. In that time period, 95% of the total calls were made by adults (2,322) and 5% were made by youth (123). Of those calls; a) 87.8% of the callers engaged with staff, b) 25.7% of the callers asked for crisis assistance, c) 63.6% of the callers were crisis aversion, d) 22.3% of the callers needed information or a referral, and e) 1.9% of callers needed follow-up to a previous call on the line. The overwhelming majority, 84.4% of callers, reported that their experience with the Crisis Hotline was positive. Walk-in crisis staff at CenterPointe responded to 369 people from March 2017 – April 2018. This number nearly doubled from the 2015 Behavioral Health CHIP update in which 196 walk-ins were served. Of the 369 people walking in for assistance, 96% were adults and 4% were youth. Crisis Therapists engaged in 31 situations involving youth and families in the field with the Lincoln Police Department in the same year.

M.H.A.’s Honu Home and Keya House are open every day from 7 AM until 11 PM for individuals wishing to speak with a Peer Specialist. If space is available, they can check-in and stay the night. These services are completely voluntary, however, a guest must call first to ensure availability and the confidentiality of other guests. M.H.A. has two 24/7 warm lines that are answered by a trained Peer Specialist. On average, M.H.A. receives 300-400 calls per month.

T.A.S.C. (Targeted Adult Service Coordination) services of Blue Valley Behavioral Health (B.V.B.H.) are primarily rurally based. On-call behavioral health counselors work with rural law enforcement (Police and/or Sheriff) and some rural hospitals in responding to adults who are in a behavioral health crisis and may be a threat to themselves or others.
The goal is to reduce the crisis so it’s more manageable, avoiding hospitalization or being placed under Emergency Protective Custody. This service has about an 80% diversion rate. If needed, the person in crisis may be paired with an Emergency Community Support Worker for a 90 day period. Overall the program serves approximately 250 people in 15 rural counties.

CEDARS Youth Services opened the Youth Opportunity Center in February 2017. Located at 318 S. 13th Street, the Youth Opportunity Center provides a safe place for runaway, homeless, and at-risk youth to drop-in for a hot meal, laundry, personal hygiene items, computer access, behavioral health support, access to emergency shelter, help with housing or job applications, and group programs. 138 youth have received intensive outreach and support services through the Youth Opportunity Center in the last year (June 1, 2017 – May 30, 2018).

Priority #3: Health Care Reform

**Overall Goal:** Lincoln will be prepared for the Affordable Care Act and Nebraska’s behavioral health reform for persons eligible for Medicaid.

**Objective 7:** Connect people in need of behavioral health services to health insurance whenever possible, effectively and efficiently.

**Update:** Since 2013, in-person assisters are available to help individuals enroll in the Health Insurance Marketplace and Nebraska Medicaid at Bluestem Health, Community Action Partnership of Lancaster & Saunders Counties, the Ponca Tribe, and the Lincoln-Lancaster County Health Department. Despite a 50% decrease in the time to enroll in 2017, more referrals for assistance were received by local in-person assisters. The number of uninsured Lancaster County adults, ages 18 to 64 decreased by 24% from 2012 (35,707) to 2016 (27,097).

SSI/SSDI Outreach, Access, and Recovery (S.O.A.R.) Lincoln is a program offered by CenterPointe to homeless and near homeless people living with behavioral health disorders. Program staff provide technical assistance to help the client complete SSI/SSDI applications. Persons eligible for S.O.A.R. services are: street/shelter homeless or at imminent risk of homelessness, have a mental illness, medical impairment, and/or co-occurring substance use disorder. Successful applicants are approved for cash income benefits and NE Medicaid and Medicare benefits. CenterPointe employs two S.O.A.R. workers. The Social Security Administration reports that SSI and SSDI applications submitted through the S.O.A.R. process were approved at much higher rates than other applications. S.O.A.R. participants were approved for SSI or SSDI at the initial application at almost double the rate for all homeless applicants—50% compared with 28%—and at a substantially higher rate than applicants who were not homeless (35%) (An Evaluation of SOAR: Implementation and Outcomes of an Effort to Improve Access to SSI and SSDI, Kauff, Clary, Lupfer & Fischer, published online: May 2016,
From May 2017 to April 2018, S.O.A.R. Lincoln has achieved a 54% approval rating on initial applications submitted with an average of 110 days to decision.

The Aging and Disability Resource Center (A.D.R.C.) is a program established by the Nebraska Legislature under LB 320 in 2015 and LB 793 in 2018. This effort is coordinated by Nebraska’s Department of Health and Human Services’ State Unit on Aging, through local Area Agencies on Aging, and in partnership with disability organizations throughout Nebraska. The A.D.R.C. serves older Nebraskans (age 60 and older), people with disabilities of all ages, family members, caregivers, and advocates. Local A.D.R.C.s provide information, referral, and assistance for accessing community services and long-term care options. Aging Partners provides A.D.R.C. services throughout their 8 county service area, which includes Lancaster County.

M.H.A.’s H.O.P.E. Program (Higher Opportunities through the Power of Employment) is a peer-run supported employment program. H.O.P.E. follows the Supported Employment Evidence Based Practice model which assures that anyone who lives with a behavioral health issue and has the desire to work qualifies. The goal is to find competitive employment with a livable wage, based on the person’s preference. This is an employment-first model in which there is no “job ready requirement” and no one can be turned down for being too sick or not sober. Individuals learn wellness tools on the job to help them deal with behavioral health issues at work and harm reduction strategies if they are not completely sober so they can obtain and maintain employment. Using the H.O.P.E. model in M.H.A.’s Department of Corrections work over the past 2 years, 73% of 251 individuals served were successful in finding employment.

Priority #4: Integrated Service Delivery

**Overall Goal:** Lincoln will have an integrated behavioral health safety-net, free of silos and turf battles for improved coordination of care.

**Objective 8:** Encourage behavioral health providers to co-locate & contract with primary care.

**Update:** In early 2015, Health 360, a clinic integrating primary care and behavioral health services, began serving patients. Health 360 is a partnership between Lutheran Family Services of Nebraska (a behavioral health provider) and Bluestem Health (a primary care provider and a Federally Qualified Health Center). Service delivery includes both medical care as well as behavioral health services at the same time and in the same physical location, using one electronic health record. This comprehensive service delivery model also includes an on-site pharmacy. While Health 360 provides services to anyone needing a medical home, many of their patients are diagnosed with serious and persistent mental illness. In 2016, Health 360 moved to their current location and expanded to 3 primary care providers. Lutheran Family Services and Bluestem Health
have expanded their partnership and added two behavioral health consultants to Bluestem’s main office location. During the past year, all staff completed formal training provided by Cherokee Health Systems on integrated care. In 2017, Lutheran Family Services created a new position, Integrated Services Manager, to oversee behavioral health in integrated care.

Priority #5: The Underserved

**Overall Goal:** Lincoln will expand access to behavioral health providers who serve the poor, uninsured, and Medicaid-eligible populations.

**Objective 9:** Increase the number of general health providers knowledgeable in behavioral health issues to assure coordinated care to people without a serious & persistent behavioral health issue.

**Update:** Bryan Medical Center has been working to enhance integrated Health Psychology in Lincoln. Bryan Medical Center Behavioral Health Services has trained Health Psychologists on staff. These psychologists provide care in the Counseling Center and also provide outpatient behavioral health services at all of the Bryan Medical Center Physician Network Offices including the Crete Area Medical Center. The Counseling Center Psychologists also work with the Bariatric Surgeons to provide Psychological Assessments to surgical patients. Health Psychologists at the Counseling Center provide pain management services and assessments for those undergoing Spinal Cord Stimulator implants. In October of 2018, Bryan Medical Center delivered a provider training in Lincoln on the topic of Integrated Medicine. Dr. Miers at Bryan Medical Center writes a monthly blog that is advertised which educates the public and providers about behavioral illness and services available at Bryan Medical Center. Bryan Medical Center Behavioral Health also collaborated with the Local Suicide Prevention Coalition and provided training to local physician clinics on the implementation of the Physician Office Toolkit for suicide prevention. Bryan Medical Center collaborated with the behavioral health program in June of 2018 to provide Bryan Medical Center’s first ever Facebook Live event on a topic related to behavioral illness.

CHI Health St. Elizabeth, working in conjunction with others in our community as members of a behavioral health coalition, recognized the need to find a tool that addresses the dynamics of the patient that has both medical and behavioral health diagnosis. Working together, S.A.M.H.S.A.‘s Whole Health Action Management (W.H.A.M.) was identified as an evidence-based program that could prove useful in assisting providers with these types of patients. CHI Health organized and sponsored a W.H.A.M. training session held in Lincoln, NE in April 2018. 30 providers were trained and are testing how W.H.A.M. can be implemented in our community. CHI Health will be working with this group over the next 12 months to track the effectiveness of W.H.A.M.
2018 Revised Objective: Increase the number of general health providers knowledgeable of local behavioral health providers and other community resources that may help their patients progress in their recovery and avert crisis whenever possible.

Objective 10: Increase the use of Peer Specialists. Invest in training, educational support, & innovative projects regarding this concept.

Update: Peer Specialists are on staff at Bryan Medical Center and work in the Behavioral Health Emergency Department where they help individuals understand the Emergency Room assessment process and also work with providers and patients on the behavioral health inpatient units in addition to providing the community W.R.A.P. groups.

Peer Specialists are also employed by M.H.A. All M.H.A. programs are peer-run including Keya House, Honu Home, R.E.A.L., H.O.P.E. and Home B.A.S.E. Since the 2015 CHIP update, several M.H.A. programs were initiated or expanded. M.H.A. currently employs 38 Peer Specialists.

2018 Revised Objective: Continue to expand the use of Peer Specialists in behavioral health programs in Lancaster County, including the expansion of peer-run services. Encourage the use of health coaches and nurses who work with chronic health patients with mental health diagnoses.

Priority #6: Addressing Gaps/Special Populations

Overall Goal: Lincoln’s Behavioral Health System is prepared to serve special populations who otherwise are underserved, unfunded and unconnected.

Objective 11: Invest in screening and prevention strategies for youth and aging populations to identify behavioral health needs as early as possible.

Update: B.V.B.H. Crisis Counselors are contracted to work with Lincoln Public Schools to help youth who may be in an acute emotional crisis. Crises are assessed and the student is referred to the appropriate resources. B.V.B.H. provides similar services to the Lancaster County Juvenile Detention Center and rural law enforcement/Probation for youth in crisis. B.V.B.H. also provides emergency based services to St. Elizabeth Hospital, most often adults. In 2017-2018, B.V.B.H. Crisis Counselors in Lancaster County served approximately 80 people.

Bryan Medical Center worked with Lincoln Public Schools District to develop a protocol for referral and administration of the Suicide Behavior Questionnaire-Revised (S.B.Q.-R.) screening tool. The tool was implemented in all Lincoln Public elementary, middle, and
high schools in 2017. During the 2017-18 school year, approximately 900 youth were referred and screened. A training was held for local clinicians about the S.B.Q.-R., so they understood the tool because youth are referred for outpatient services often and it is important for local clinicians to know students may be referred and bring a copy of their screening. Bryan Medical Center oriented their staff and Psychiatrists on the tool so they would be able to utilize this data as a part of their overall assessment of a student. Bryan Medical Center also provides online behavioral health screenings at no cost to the community. In 2018, the screenings made available were enhanced with the addition of a Psychosis Screen.

The Harvest Project provides community support services to individuals, age 55 and older, who have a severe and persistent behavioral health diagnosis. This is a collaborative program, with Region V, Lutheran Family Services, and Aging Partners working together to address complicated and significant needs of a vulnerable population. The U.S. Census Bureau Estimated Statistics for 2007 estimated that 9.2%, or 2,294 of Lancaster County residents, age 65 or older, have a mental disability.

**Objective 12:** Address the challenge of youth in the foster care system “aging out” of the behavioral health system.

**Update:** The Lincoln Connected Youth Collaborative has a Central Access Navigator to help young people in the Lancaster County, who have or had experience in foster care and are between the ages of 16-24, navigate the system of available resources to help them transition successfully into adulthood. The HUB’s Central Navigator helps young people determine what services they want and need, access those services, and ensure they’re working together to provide a customized system of support. In 2017, 115 referrals were received and young people were connected with appropriate services and supports.

CEDARS Youth Services operates the Bridges Transitional Living Program to provide community-based housing (scattered site apartments) and support services for Probation and state ward youth ages 17 to 19 who are working toward independent living and/or aging out of the system. In the last year (June 1, 2017 – May 30, 2018), 42 youth have been served through the Bridges Transitional Living Program, and in that time, 9 youth were discharged to “successful independent living.” For state ward youth who remain in foster family homes through the age of 18, CEDARS Foster Care Family Resource Partners work closely with youth aging out of the system to assist them in developing independent living skills and access necessary support services in the community.
M.H.A. provides W.R.A.P. in five high schools and at Waverly High. This is provided by their Home B.A.S.E. program (Bullying and Suicide Eliminated) funded by the Community Health Endowment. The average attendance is 8-12 youth per group.

Spotlight: Suicide Prevention and Postvention in Lincoln Nebraska, 2018

Suicide is currently the 2nd leading cause of death for youth ages 15-24 in the Lancaster County and 10th leading cause of death for all ages groups combined in the previous 3 years (2014-16). Suicide ideation (at least once in the past 12 months) among high school students was 17.5% in 2015 and 14% of all high school students attempted suicide at least once in the previous 12 months in 2015, in Lancaster County.

The City of Lincoln and Lancaster County has been involved in various suicide prevention efforts. Some of these efforts have been done on a state level, which have impacted the local level, and other prevention efforts have been done on a local level as well.

The Nebraska State Suicide Prevention Coalition was formed in 1999 to focus on suicide prevention. This is a volunteer group working as the decision-making body for suicide prevention efforts in the state of Nebraska. In 2018, the Nebraska State Suicide Prevention Coalition filed for 501(c) (3) non-profit status to work towards sustainment of suicide prevention efforts in the state. The state coalition worked in collaboration with other entities and Senator McGill on LB 923 that went into effect in 2015. This bill requires annual one-hour training on suicide awareness and prevention for all school personnel in the state of Nebraska. The state coalition, working with the Nebraska Department of Health and Human Services, was awarded a 5 year, 3.5 million-dollar Garrett Lee Smith S.A.M.H.S.A. grant focused on youth suicide prevention. This grant, which ends in 2019, has helped provide several activities including the following: the training required in LB 923 for the first 5 years, gatekeeper training called Question, Persuade, and Refer (Q.P.R.) for the general public, training for clinicians on interventions for suicide, and awareness of suicide prevention and postvention. Each behavioral health region in the state is connected to the grant to coordinate suicide prevention efforts in their respective regions including Region V which covers Lincoln and Lancaster County.

Postvention efforts supported by the grant include the expansion of the Local Outreach to Suicide Survivors (L.O.S.S.) Teams across the state to have one in each of the six behavioral health regions by the end of the 5-year grant. This effort is being modeled after the first Nebraska L.O.S.S. team that became operational in Lincoln in the summer of 2009. In 2018, L.O.S.S. teams exist in Lincoln, Omaha, Kearney, Norfolk, and Chadron with several others in development. L.O.S.S. teams are comprised of two individuals who have lost someone in their lives to suicide (suicide survivor) and a behavioral health clinician. The team of 3 respond to families who have lost someone to suicide in Lincoln and Lancaster County. The Lincoln Police Department has a Standard Operating Procedure where the Chaplain or an Officer informs the family about the L.O.S.S. team. If the family is interested in connecting, then the Chaplain or Officer makes the call to the L.O.S.S. team coordinator who dispatches a team to meet with the family. In Lancaster County, the County Sheriff makes this connection. The L.O.S.S. team
provides resources to families on support groups and suicide survivor information. Postvention is prevention because suicide survivors are at a higher risk for suicide. Research conducted on L.O.S.S. teams indicate that families who do not have contact with a suicide survivor wait 4.5 years before seeking supportive services. Those who have contact with another survivor, such as a L.O.S.S. team, wait only 39 days on average before reaching out for support.

In December of 2014, a local suicide prevention coalition was started in Lincoln and meets every other month. The local coalition is comprised of individuals from public and private schools, agencies, business leaders, hospital representatives, colleges, and many others. The local coalition worked with Region V to host an evidenced-based training at Bryan Medical Center where a select group of Lincoln leaders were brought together for two days of planning focused on suicide prevention in Lincoln. The local coalition formed subgroups that focused on the goals developed from training targeting youth suicide prevention in Lincoln. These subgroups have made significant progress towards goals and have accomplished many of them, such as; developed and started a marketing campaign aimed at Youth Suicide Prevention in Lincoln called HOPELNK.ORG, obtained city approval to install suicide prevention signage, in all downtown Lincoln parking structures and several local colleges, implemented the S.B.Q.-R. in all Lincoln Public Schools in 2017, collaborated with the Lincoln Police Department to host Gun Amnesty Days, worked with local Gun Shops on Means Restriction, and worked with several groups to host suicide prevention awareness events.