Nebraska Commission for the Deaf and Hard of Hearing (NCDHH)
Mental Health Advisory Committee Meeting
Approved 08.27.2026

Date: Thursday, February 26, 2026
Time: 2:00 PM to 4:00 PM CST
Location: Barbara Weitz Community Engagement Center
6400 South University Dr Rd North, Room 118. Omaha

Interpreters: Meghann Cassidy and Abby Giambattista
CART: Don Rombach (via Zoom)

Voting Members Present: Diedra Shaw, Scott Loder (arrived after call to order)
Members Absent: Cody McEvoy
Technical Advisors Present: Sara Petersen, Paulissa Kipp, Ronda Rankin, Derek Moore (in place of Erica Ziemann)
Technical Advisors Absent: Diane Meyer, Erica Ziemann
NCDHH Staff Present: Kim Davis (Interim Executive Director), Sakura Yodogawa-Campbell

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I. Meeting Call to Order

Ms. Sakura Yodogawa-Campbell called the meeting to order at 2:04 PM.

Ms. Yodogawa-Campbell announced that notice of the meeting was duly given, posted, published, and tendered in compliance with the Open Meetings Act. Committee members received notice simultaneously by email. The agenda was kept current and available at the Commission's office and on the NCDHH website. A copy of the Open Meetings Act and meeting materials were made available to the public.

Roll call was conducted. A quorum was initially not present but was achieved upon Mr. Scott Loder's arrival.

II. Public Comment Period

No formal public comments were made during this time. Discussion was deferred to later agenda items as needed.

III. Approval of the Agenda

In accordance with the Open Meetings Act, the agenda could not be altered within 24 hours of the meeting except for emergency items.

A motion to adopt the agenda as presented was made by Ms. Diedra Shaw and seconded by Mr. Scott Loder. With no further discussion, the motion passed.

IV. Approval of Prior Meeting Minutes

Due to the unavailability of prior meeting minutes and the absence of a November meeting, there were no minutes available for approval.

Discussion occurred regarding previously posted "draft" minutes from earlier meetings and the need to ensure proper approval is reflected on the record. Ms. Yodogawa-Campbell stated she would review Open Meetings Act requirements and consult regarding next steps to ensure compliance. The possibility of locating recordings or transcripts from prior meetings was discussed.

No action was taken.

V. NCDHH Agency Updates

Interim Executive Director Report – Kim Davis

Ms. Kim Davis introduced herself as Interim Executive Director, appointed by the NCDHH Board until a permanent director is hired. She affirmed that agency services will continue without interruption during the transition.

Ms. Davis emphasized the importance of:

- Direct communication access and accessible technology
- Respecting individual communication preferences and modalities
- Educating providers on telehealth accessibility, including Video Remote Interpreting (VRI)
- Ensuring qualified interpreters are utilized
- Recognizing Deaf culture and cultural differences in behavioral health settings
- Continuing statewide stakeholder partnerships

Ms. Davis announced the upcoming **Accessing Communication Leadership Summit** on March 11, 2026, at the Nebraska State Capitol. The event will include a morning resource fair and a panel discussion featuring Deaf, DeafBlind, and Hard of Hearing panelists. Senators and stakeholders have been invited to attend.

Behavioral Health Liaison Report – Sakura Yodogawa-Campbell

Ms. Yodogawa-Campbell reported on ongoing behavioral health initiatives, including:

- Collaboration with Omaha Police Department and Douglas County Sheriff's Office to provide ASL-based training videos for sworn officers on communicating with Deaf, DeafBlind, and Hard of Hearing individuals.
- Outreach to Nebraska State Patrol and the Nebraska Law Enforcement Training Center to expand training statewide.
- Updates to the NCDHH website to provide clearer guidance on how to locate and request licensed sign language interpreters.
- Participation in community coalitions, including the Metro Area Suicide Prevention Coalition and Project Extra Mile.
- Recruitment efforts to fill current MHAC vacancies.

VI. New Business

Future of MHAC

Ms. Yodogawa-Campbell stated that previously discussed structural changes to MHAC remain on hold pending the hiring of a new Executive Director. In the interim, the committee will continue operating in its current structure.

Mr. Cody McEvoy's term is set to expire in March; however, he has agreed to remain temporarily to help maintain quorum until additional members are appointed.

Discussion focused on strengthening statewide behavioral health resources for Deaf, DeafBlind, and Hard of Hearing individuals. Key discussion themes included:

- The limited number of ASL-fluent therapists in Nebraska.
- Delays in implementation of the interstate licensure compact, limiting access to out-of-state telehealth providers.

- The importance of centralizing behavioral health resource links on the NCDHH website.
- Chronic homelessness and systemic access barriers affecting mental health outcomes.
- Shifting language from “accommodations” to “accessibility” to emphasize equity rather than exception.
- Educating front desk staff and intake personnel, not just administrators, on communication access.
- Developing possible recognition initiatives for businesses that demonstrate accessibility leadership.
- Exploring models such as Recovery Friendly Workplace and the Bell Seal for Workplace Mental Health.

Committee members shared personal and professional experiences related to accessibility barriers, telehealth captioning challenges, interpreter access, and mental health stigma.

Ronda Rankin emphasized the specialized nature of mental health interpreting and the need for certified training (e.g., Qualified Mental Health Interpreter certification). Discussion highlighted interpreter burnout and the distinction between ASL fluency and mental health interpreting competency.

Additional discussion included:

- Potential incentives or grant models for therapists to pursue ASL training.
- Integration of ASL-fluent providers into crisis intervention teams.
- Opportunities to collaborate with university training programs.

No formal motions were made.

VII. Committee Member Updates

Committee members and technical advisors shared updates from their respective roles and organizations, including:

- A technical advisor shared that they are no longer employed with Children’s Nebraska (resigned in October) but remain interested in continuing to serve on the

committee as a technical advisor, potentially in a sign language interpreter capacity. They reported they are currently coordinating interpreting services at Metro Community College and also interpreting there.

- An update was provided on Deaf-Centric Hospital, supported through a nonprofit organization focused on communication access in healthcare. The program is conducted annually through UNMC and uses mock scenarios to educate healthcare staff. Discussions have taken place with Nebraska Medicine and CHI regarding expanding this program into healthcare systems. The importance of addressing communication breakdowns at the front desk was emphasized. The group discussed offering CME/CEU credit to encourage participation, and that NCDHH sponsorship may be considered by the full Board in March. Due to budget constraints, Deaf-Centric Hospital is anticipated to occur in Fall 2026 rather than Spring.
- Members noted that Children's Nebraska opened a 34-bed inpatient behavioral health facility in January and shared this update for committee awareness.
- A member shared that they are currently experiencing changes in their role and do not yet have a full update, but noted recent internal discussions related to video relay services and communication access challenges. They expressed optimism that new internal support may help advance accessibility efforts.
- A member shared that they reached out to a network of private practice therapists regarding ASL accessibility and received minimal response. They discussed the limited availability of ASL-fluent therapists and expressed willingness to support outreach and education efforts. They also shared a new role with Blue Valley's targeted adult community outreach program, which involves collaboration with sheriffs and follow-up supports for individuals experiencing suicidal ideation or mental health crises, with potential opportunities to incorporate communication access considerations into trainings and response efforts.
- The committee discussed potential strategies to incentivize providers to build ASL capacity, including engaging counseling program directors and training programs, identifying continuing education opportunities, and considering sustainability requirements for any funded training.
- A member shared they manage/maintain a same-day access list and have access to systems-level data that may help identify provider ASL capacity. They also noted that Certified Community Behavioral Health Clinics (CCBHCs) have requirements to

provide interpreter services, including ASL, and offered to share additional information with the committee.

- The committee discussed the importance of recognizing that mental/behavioral health interpreting is a specialized skill area requiring significant training and competency. It was emphasized that ASL fluency alone does not replace the need for qualified interpreters in mental health settings, and that interpreter burnout in this specialty area can be significant. The group discussed specialized training pathways and certification in mental health interpreting.
- A member shared that they recently participated as a panelist on a presentation related to setting and maintaining boundaries for Nebraskans with lived experience, and noted that the recording and slides would be shared when available.
- Members shared updates related to rural behavioral health initiatives, including rural health transformation funding, crisis intervention training partnerships with law enforcement, telehealth expansion efforts (including potential use of tablets for crisis response), and strategies to strengthen services in rural regions to reduce travel burden for clients. A provider located in Wyoming serving Nebraska communities was also mentioned as an example of regional problem-solving.
- An update was shared regarding Nebraska Regional Programs, including a staff transition due to an upcoming retirement and the hiring of a replacement with experience in community and educational interpreting and Deaf education services. Members also noted awaiting state budget decisions and future resource allocation.
- Brief discussion occurred regarding grant-writing capacity at NCDHH and how accessibility-related costs (e.g., interpreting and captioning) may be incorporated into grant requests. It was clarified that grant writing is handled internally, including by staff with relevant responsibilities.
- A short update was requested regarding prior “Recovery Champions” efforts. It was shared that recruitment efforts for a panel were unsuccessful, and that additional changes in equipment/workflow have contributed to delays. Continued outreach and follow-up were encouraged.

VIII. Next Meeting Date

The next meeting date will be determined following the March NCDHH Board Meeting.

IX. Meeting Adjournment

With no further business, the meeting adjourned at 3:49 PM.