HCAR
Meeting Minutes – Session 1

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HCAR Meeting Minutes

Central Health Care Advisory Region — Session 1: Who We Are & What We're Here to Do

Public meeting held under the Nebraska Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414

Project Name:	HCAR		
Date of Meeting:	06/17/2026 (Wednesday)	**Time:**	1:00–4:00 p.m. Central
Region & Location:	Central — Home Federal Bank, 3311 W Stolley Park Rd, Grand Island, NE 68803		
Facilitator:	Charity Adams, Facilitate Co (contracted by NE DHHS)	**Prepared by:**	Charity Adams, Facilitate Co

Meeting Purpose

Convene the first meeting of the Central Health Care Advisory Region (HCAR) to orient participants to the HCAR's advisory, non-decision-making role within the Rural Health Transformation Program (RHTP); establish group norms; review the NE DHHS-drafted bylaws; introduce the regional input process, the focus question, and the six-meeting arc; and begin gathering regional input for consideration by NE DHHS and the Rural Health Advisory Commission (RHAC).

1. Call to Order & Welcome

The meeting was called to order at 1:00 p.m. Central by Charity Adams, the contracted facilitator, as this was the region's initial organizational meeting and no officers had yet been elected. The facilitator welcomed participants and members of the public. Quorum was met: 11 of the region's 12 voting members were present (bylaws Art. IX §1 sets quorum at a majority of voting members; 15 of 16 appointed members attended overall).

2. Roll Call & Attendance

Name	Title / Organization	Role	Present?
Arlan Johnson	CEO, Howard County Medical Center	Chair	Yes
Chase Francl	President/CEO, Mid-Plains Center	Vice Chair	Yes
Jeremy Eschliman	Health Director/CEO, Two Rivers Public Health Dept.	Member	Yes
Lisa Nielson	Vice President, Ray Brown & Assoc. / Stone Hearth Estates	Member	Yes
Heather Ockinga	Owner, Village / Franklin / Blue Hill Drug	Member	Yes
Bob Shueey	South Central	Member	Yes
Tami Smith	CEO, Heartland Health Center	Member	Yes
Treg Vyzourek	CEO/Clinic Admin, Brodstone Family Medical Center	Member	Yes
Dr. Todd Pankratz	Senior Partner, Obstetrician & Gynecologists, PC	Member	Yes
Mike Hansen	President/CEO, Columbus Community	Member	Yes
Justin Wolf	CEO, Memorial Community (Aurora)	Member	Yes
Dr. Sydney Grint	Dentist, Radian Modern Dentistry	Member	Yes
Marcie Kemnitz	Central Community College	Member	Yes

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Haley Malone	Captain, Clay Center Ambulance	Member	Yes
Scott Rhinehart	Paramedic/FTO/Instructor, Good Samaritan Hospital EMS	Member	Yes
Mark Scroczynski	COO, Emerald Health Care (Cozad)	Member	No (absent)
Charity Adams	Facilitate Co	Facilitator	Yes
Ryan Daly	NE DHHS	Presenter	Yes

Roster completed from the HCAR master membership spreadsheet (Central region: 16 appointed members). 15 attended; Mark Scroczynski was absent. The Ancillary seat is vacant (Elizabeth Jones resigned). "Ryan D." on the sign-in is Ryan Daly, the NE DHHS representative (presenter). Voting vs. non-voting status follows the DHHS eligibility legend (published on the DHHS HCAR page): Central has 12 voting members, of whom 11 were present — quorum met. Note: Tami Smith holds an FQHC seat in both Central and Mid-Plains and attended both regions' meetings.

3. Review of the Agenda

The agenda for Session 1 was reviewed and the meeting proceeded as outlined.

The HCAR is an advisory body: it gathers regional input and data for NE DHHS and the Rural Health Advisory Commission (RHAC) and takes no binding action. Consistent with that role, the HCAR did not vote to approve the agenda (approval of the agenda is not required by the Open Meetings Act or the bylaws). The only formal actions taken at Session 1 were the election of officers and the adoption of the bylaws (Sections 5–6). The minutes record the substance of all matters discussed, as required by the Open Meetings Act (§ 84-1413(1)).

4. Overview of the Rural Health Transformation Program

Ryan Daly (NE DHHS) presented an overview of the RHTP and its seven initiatives, the role of the HCAR within the program's governance structure, and the relationship to NE DHHS and the RHAC.

5. Review and Adoption of NE DHHS Bylaws & Establishing Group Norms

The group reviewed the NE DHHS-drafted bylaws and clarified the HCAR's advisory, non-decision-making role. Following the election of officers (Section 6), the HCAR adopted the bylaws as a whole — including the public comment procedures below (Appendix A) — by unanimous voice vote of the voting members present, with no nays.

Group Norms (Central Conversational Guidelines)

Participants established the following conversational guidelines (group norms):

- Profound respect
- Inclusive participation
- Crockpot – Insta Pot
- Transparency
- Shared decision making
- Willingness to reach consensus
- Understanding
- Realizing we are diverse — but one goal is rural healthcare
- Respect others' opinions
- Ability to be heard
- Solution focused

Public Comment Procedures Established

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

The following procedures for public comment were established (corresponding to Appendix A of the bylaws):

- Public comment is limited to 3 minutes per person.
- Total public comment is limited to the time specified in the agenda, not to exceed 15 minutes.
- To be recognized during public comment, a person must raise their hand and provide their name and address.
- Meetings may be held virtually or in person.

These public comment procedures were adopted as part of the bylaws (Appendix A) by the voice vote recorded in Section 5. Name and address apply to those who choose to speak, not as a condition of attending.

6. Election of Officers (Action Taken)

The HCAR elected officers from among its voting members (bylaws Art. VI). The Chair and Vice Chair were elected first, by two separate voice votes; the bylaws were then adopted as a whole (Section 5).

- Chair: Arlan Johnson
- Vice Chair: Chase Francl

The offices were filled by members who volunteered to serve; there was no formal nomination or second. Each office was decided by a separate voice vote: Arlan Johnson was affirmed as Chair by unanimous voice vote of the voting members present, with no nays; Chase Francl was then affirmed as Vice Chair by a separate unanimous voice vote, with no nays. All 11 voting members present voted Aye on each office.

The second office is titled "Vice Chair," consistent with the bylaws (Art. VI).

7. The Regional Input Process

The facilitator reviewed how the region's input is captured, synthesized, and carried forward to NE DHHS and the RHAC for consideration.

8. Focus Question & the Six-Meeting Arc

The facilitator introduced the focus question anchoring the year and the six-meeting arc. Responding to the prompt "Where are we starting to see connections to support our region?" and the question of which initiative, if the group put its time, talents, and energy behind it, would create the most transformation for the region, participants identified the following transformative opportunities:

- Food as medicine
- Access & navigation / share records
- EMS regionalization
- Community Health Workers
- Workforce (recruitment / retention)
- Maternity care deserts
- Retention — what other ways
- Dental outside ER
- Maternity care training
- Assisted living don't bill Medicaid
- Long-term care closures
- Medicaid — can we keep our numbers

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- Retraining workforce grant

9. Public Comment

The facilitator opened the floor for public comment in accordance with the procedures above.

One member of the public offered comment. Nell Rhinehart, an EMS Education Specialist, spoke on education as a theme that cuts across the RHTP initiatives, noting the interdependence of health domains (for example, oral health and overall health) and of Nebraska's regions. She referenced initiatives 2.1 and 2.2 (community medicine, Mobile Integrated Health, and perinatal care and access) and initiative 3.2 (augmented and virtual reality and manikin-based hands-on education intended to be statewide and self-sustaining by the end of the program's five-year scope), and described the educational work of the Office of Emergency Health Systems supporting out-of-hospital and facility-based providers, including investments in perinatal and trauma simulation and AR/VR training. She commended the Board's commitment to learning about disparities beyond members' own fields, and recommended that a virtual participation option be offered for HCAR meetings — as other DHHS boards and task forces do — to improve access for volunteer EMS personnel and others who may be unable to attend in person. As an advisory body, the HCAR took no action on the comment.

10. Group Reflection & Synthesis — Questions to Be Answered

In reflection, participants surfaced the questions the group would need answered before it could develop recommendations for the region:

- Process of making a recommendation? Voting?
- How much weight do our recommendations hold higher up?
- Will we be collaborating with the other regions?
- How do we define the scope of the advisory committee? (Can we refine the established initiatives?)
- What are the time constraints to effective action?
- Can we prioritize certain initiatives over others?
- Is our role to advise on sustainability?
- How do we determine priority?
- How will our region's recommendations impact the existing initiatives?
- Will other regions' recommendations take priority, and how will those priorities be determined?
- What is negotiable?
- How much modification is allowed?
- What happens if funding decreases?
- We hear from AHA, NHA, etc. on the federal vs. state dollar purpose.
- End-of-program frustration because no one applied.
- Disconnect between understanding of one-time vs. ongoing costs.

11. Preview of Session 2 & Next Steps

Next meeting (Session 2: What's True in Our Region): Tuesday, July 21, 2026, 1:00–4:00 p.m. Central, in Grand Island, NE. NE DHHS will issue public notice.

12. Adjournment

There being no further business, the meeting adjourned at 4:00 p.m. Central.

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HCAR Meeting Minutes

Metro Health Care Advisory Region — Session 1: Who We Are & What We're Here to Do

Public meeting held under the Nebraska Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414

Project Name:	HCAR		
Date of Meeting:	06/26/2026 (Friday)	**Time:**	1:00–4:00 p.m. Central
Region & Location:	Metro — Health Park Plaza, 450 E 23rd St, Fremont, NE 68025		
Facilitator:	Charity Adams, Facilitate Co (contracted by NE DHHS)	**Prepared by:**	Charity Adams, Facilitate Co

Meeting Purpose

Convene the first meeting of the Metro Health Care Advisory Region (HCAR) to orient participants to the HCAR's advisory, non-decision-making role within the Rural Health Transformation Program (RHTP); establish group norms; review the NE DHHS-drafted bylaws; introduce the regional input process, the focus question, and the six-meeting arc; and begin gathering regional input for consideration by NE DHHS and the Rural Health Advisory Commission (RHAC).

1. Call to Order & Welcome

The meeting was called to order at 1:00 p.m. Central by Charity Adams, the contracted facilitator, as this was the region's initial organizational meeting and no officers had yet been elected. The facilitator welcomed participants and members of the public. Attendance: 9 of the region's 16 appointed members were present. A quorum of voting members was NOT present: of Metro's 11 voting members, 5 attended (bylaws Art. IX §1 requires a majority of voting members — 6 — for a quorum). See the note in Sections 5–6 regarding actions that require a quorum.

2. Roll Call & Attendance

Name	Title / Organization	Role	Present?
Manny Banner	President & CEO, Memorial Community (Blair)	Chair	[confirm]
Bill Vobejda	President & CEO, Methodist Fremont	Vice Chair	Yes
Terra Uhing	Executive Director, Three Rivers Public Health Dept.	Member	Yes
Jennifer Hopkins	Administrator, Keystone Ridge	Member	Yes
Allison Beachler	Director of Pharmacy Operations, Nebraska Medicine	Member	Yes
Aileen Brady	President & CEO, Community Alliance	Member	Yes
Jonathan Holland	CEO, Good Neighbor Community Health Center	Member	Yes
Tammy Green	Exec. Dir. of Statewide Workforce Initiatives, Metro CC	Member	Yes
Jodi Kozol	Paramedic / Shift Coordinator, Children's Nebraska	Member	Yes
Kristin A. Reed	Optometrist / Practice Owner, ModernEyes Eyecare	Member	Yes

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Kristin Harris	COO, Nye Health Services (Fremont)	Member	No (not on list)
Ashley Brown	President, NE Operations (KVC)	Member	No (not on list)
Dr. Stacy Blum	Site Director, CHI/CUMC Family & Community Med.	Member	No (not on list)
Dr. Sarosh Rana	OB/GYN Chair, UNMC	Member	No (not on list)
Dr. Brock Lewis	Dentist, Family Dental Center of Blair	Member	No (not on list)
Kellie Heiman	Market Director of Operations, CHI Health at Home	Member	No (not on list)
Charity Adams	Facilitate Co	Facilitator	Yes
Dr. Thomas Janousek	NE DHHS	Presenter	Yes

Roster completed from the HCAR master membership spreadsheet (Metro region: 16 appointed seats). Both Chair Manny Banner and Vice Chair Bill Vobejda were present. Voting vs. non-voting status follows the DHHS eligibility legend: Metro has 11 voting members, of whom 5 were present (Manny Banner, Bill Vobejda, Jennifer Hopkins, Jonathan Holland, Jodi Kozol). A majority of the 11 voting members (6) is required for a quorum; a voting quorum was therefore NOT present at Session 1. The members who attended were weighted toward non-voting seats (LHD, Pharmacy, CCBHC, Community College, Ancillary).

3. Review of the Agenda

The agenda for Session 1 was reviewed and the meeting proceeded as outlined.

The HCAR is an advisory body: it gathers regional input and data for NE DHHS and the Rural Health Advisory Commission (RHAC) and takes no binding action. A quorum of voting members was not present at Session 1 (5 of 11 voting members; a majority of 6 is required), so no binding action was taken. The officer selection and the bylaws review recorded below are informal; both will be conducted as action items at Session 2 with a voting quorum present. The minutes record the substance of all matters discussed, as required by the Open Meetings Act (§ 84-1413(1)).

4. Overview of the Rural Health Transformation Program

Dr. Thomas Janousek (NE DHHS) presented an overview of the RHTP and its seven initiatives, the role of the HCAR within the program's governance structure, and the relationship to NE DHHS and the RHAC.

5. Review of NE DHHS Bylaws & Establishing Group Norms

The group reviewed the NE DHHS-drafted bylaws and clarified the HCAR's advisory, non-decision-making role. Because a voting quorum was not present, the bylaws were NOT adopted at Session 1; adoption is scheduled as a noticed action item at Session 2. The public comment procedures below reflect the standard Appendix A procedures and will take effect upon adoption.

Group Norms (Metro Conversational Guidelines)

Participants established the following conversational guidelines (group norms):

- Profound respect
- Inclusive participation
- Crock pot, Insta pot
- Judgement-free zone

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- Understanding the stigma and barriers in rural communities
- Understand different organizations
- Mutual understanding / open-minded
- Solution-based conversations
- Solid active listening
- Be open and listen
- Be respectful
- Be engaged

Public Comment Procedures

The following procedures for public comment were established (the standard procedures used across all six regions; corresponding to Appendix A of the bylaws):

- Public comment is limited to 3 minutes per person.
- Total public comment is limited to the time specified in the agenda, not to exceed 15 minutes.
- To be recognized during public comment, a person must raise their hand and provide their name and address.
- Meetings may be held virtually or in person.

These procedures reflect the standard Appendix A procedures used across the regions. Because the bylaws were not adopted at Session 1 (no voting quorum), they will take formal effect upon adoption at Session 2.

6. Election of Officers (Action Taken)

Consistent with Article VI of the bylaws, the HCAR seated officers from among its voting members:

- Chair: Manny Banner
- Vice Chair: Bill Vobejda

Manny Banner and Bill Vobejda are both voting members. The group indicated its selection of Manny Banner as Chair and Bill Vobejda as Vice Chair by voice vote with no nays. Because a quorum of voting members was not present, this selection is recorded as informal and was not a binding election; a formally noticed Election of Officers will be held at Session 2 once a voting quorum is confirmed. The second office is titled "Vice Chair," consistent with the bylaws (Art. VI).

7. The Regional Input Process

The facilitator reviewed how the region's input is captured, synthesized, and carried forward to NE DHHS and the RHAC for consideration.

8. Focus Question & the Six-Meeting Arc

The facilitator introduced the focus question anchoring the year and the six-meeting arc. Considering which initiative would be most transformative for the region, participants identified the following transformative opportunities (synthesized from the breakout-group flip charts; the group tagged ideas to specific RHTP initiative numbers):

- Food as Medicine (Initiative 1) — food pantry / schools; education-driven
- Access & navigation (Initiative 2) — health hubs and community health workers (CHW)
- Workforce (Initiative 3) — address shortages and recruiting; sustainability; "how-to" training
- e-Health & mobile (Initiative 4) — connectivity; bringing specialized services from metro to rural; facilities' ability for 1:1
- Behavioral health (Initiative 5) — integrated primary care; clinic technical assistance; crisis response; connected to workforce

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- Assisted living / facilities (Initiative 6) — staffing; providers and communication
- Technology
- Noted concern: people and staffing tend to concentrate in big cities
- Overarching frame named by the group: "Building a Healthy Community" (linking Food as Medicine, Workforce, and Behavioral Health)

9. Public Comment

The facilitator opened the floor for public comment in accordance with the adopted procedures.

No members of the public offered comment. As an advisory body, the HCAR takes no action on public comment.

10. Group Reflection & Synthesis — Questions for DHHS

Participants surfaced the following questions for NE DHHS (recorded below the dashed line on the flip charts):

- Is there a way to better define goals and outcomes?
- Year 1 money — what is left?
- What is the timeline for the HCAR — how does what we do now affect Years 2–5?
- When is Year 1 over?
- Will there be grading rubrics for future grants?
- Can we see the whole picture before applying?
- What did we learn in Year 1 that we can bring forward?
- Can DHHS provide a roadmap and a one-year timeline?
- How will feedback and information sharing work?
- What are the other regions thinking / focusing on?
- Can we get a "highlight reel" of the 200-page plan — what is already started?
- When do we need concrete action?
- What is the urban region's role in supporting rural?
- What is happening around the state?
- When are we getting community-level feedback?
- Do we really understand expectations — what does DHHS want? (We need clear information.)
- What is DHHS's priority (e.g., a dashboard, or infrastructure)?
- What funding ranges are prioritized for each initiative?
- Are we bringing forward a full proposal or high-level input?

11. Preview of Session 2 & Next Steps

Next meeting (Session 2: What's True in Our Region): Wednesday, August 26, 2026, 1:00–4:00 p.m. Central, at Health Park Plaza, Fremont, NE. NE DHHS will issue public notice.

12. Adjournment

There being no further business, the meeting adjourned at 4:00 p.m. Central.

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HCAR Meeting Minutes

Mid-Plains Health Care Advisory Region — Session 1: Who We Are & What We're Here to Do

Public meeting held under the Nebraska Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414

Project Name:	HCAR		
Date of Meeting:	06/22/2026 (Monday)	**Time:**	1:30–4:30 p.m. Central
Region & Location:	Mid-Plains — Great Plains Health, 601 W Leota St, North Platte, NE 69101		
Facilitator:	Charity Adams, Facilitate Co (contracted by NE DHHS)	**Prepared by:**	Charity Adams, Facilitate Co

Meeting Purpose

Convene the first meeting of the Mid-Plains Health Care Advisory Region (HCAR) to orient participants to the HCAR's advisory, non-decision-making role within the Rural Health Transformation Program (RHTP); establish group norms; review the NE DHHS-drafted bylaws; introduce the regional input process, the focus question, and the six-meeting arc; and begin gathering regional input for consideration by NE DHHS and the Rural Health Advisory Commission (RHAC).

1. Call to Order & Welcome

The meeting was called to order at 1:30 p.m. Central by Charity Adams, the contracted facilitator, as this was the region's initial organizational meeting and no officers had yet been elected. The facilitator welcomed participants and members of the public. Quorum was met: 11 of the region's 12 voting members were present (bylaws Art. IX §1 sets quorum at a majority of voting members; 15 of 17 appointed members attended overall).

2. Roll Call & Attendance

Name	Title / Organization	Role	Present?
Dr. Benjamin Lashley	Dentist, Maple Park Dental Associates	Chair	Yes
Shirley Terry	Chief Program Officer, Lutheran Family Services	Vice Chair	Yes
Cassie Penn	COO, Callaway District Hospital	Member	Yes
Meghan Trevino	Executive Director, West Central District Public Health Dept.	Member	Yes
Judy McCune	Executive Director (AL), Kinship Pointe McCook	Member	Yes
Kristin Arrowsmith	Regional Director, Accura Health Care (North Platte)	Member	Yes
Jesica Vickers	LIMHP/LPC/NCC, Livewell	Member	Yes
Ivan Mitchell	CEO, Great Plains Health	Member	Yes
Kyle Kellum	CEO, Melham Medical Center	Member	Yes
Tami Smith	CEO, Heartland Health Center	Member	Yes
Jim Bargen	CEO, Cherry County Hospital & Clinic	Member	Yes
Dr. Jason Blomstedt	Family Physician/Partner, McCook Family Medicine	Member	Yes

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Tyson Gould	Administrator, Brookestone Home Health & Hospice	Member	Yes
Clint Reading	Mid-Plains Community College	Member	Yes
Marc Harpham	Fire Chief/NRP, McCook City & Volunteer Fire Dept.	Member	Yes
Brett Eggleston	CEO, Callaway District Hospital	Member	No
Brian Wilson	Owner, U-Save Pharmacy Ogallala	Member	No
Charity Adams	Facilitate Co	Facilitator	Yes
John Meals	NE DHHS	Presenter	Yes

Roster from the HCAR master membership spreadsheet (Mid-Plains region: 17 appointed members). 15 attended; 2 were absent (Brett Eggleston, Brian Wilson). John Meals was the NE DHHS representative (presenter). Voting vs. non-voting status follows the DHHS eligibility legend (published on the DHHS HCAR page): Mid-Plains has 12 voting members, of whom 11 were present — quorum met. Note: Tami Smith holds an FQHC seat in both Mid-Plains and Central and attended both regions' meetings.

3. Review of the Agenda

The agenda for Session 1 was reviewed and the meeting proceeded as outlined.

The HCAR is an advisory body: it gathers regional input and data for NE DHHS and the Rural Health Advisory Commission (RHAC) and takes no binding action. Consistent with that role, the HCAR did not vote to approve the agenda (agenda approval is not required by the Open Meetings Act or the bylaws). The only formal actions taken at Session 1 were the election of officers and the adoption of the bylaws (Sections 5–6). The minutes record the substance of all matters discussed, as required by the Open Meetings Act (§ 84-1413(1)).

4. Overview of the Rural Health Transformation Program

John Meals (NE DHHS) presented an overview of the RHTP and its seven initiatives, the role of the HCAR within the program's governance structure, and the relationship to NE DHHS and the RHAC.

5. Review of NE DHHS Bylaws & Establishing Group Norms

The group reviewed the NE DHHS-drafted bylaws and clarified the HCAR's advisory, non-decision-making role. Following the election of officers (Section 6), the HCAR adopted the bylaws as a whole — including the public comment procedures below (Appendix A) — by unanimous voice vote of the voting members present, with no nays.

Group Norms (Mid-Plains Conversational Guidelines)

Participants established the following conversational guidelines (group norms):

- Profound respect
- Inclusive participation
- Crockpot – Insta Pot
- Open dialogue — listen to learn
- Honesty & transparency
- Clear understanding — mission
- Feel actual influence
- Perspective — without judgement
- Ability to think outside the box

Public Comment Procedures

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

The following procedures for public comment were established (the standard procedures used across all six regions; corresponding to Appendix A of the bylaws):

- Public comment is limited to 3 minutes per person.
- Total public comment is limited to the time specified in the agenda, not to exceed 15 minutes.
- To be recognized during public comment, a person must raise their hand and provide their name and address.
- Meetings may be held virtually or in person.

These public comment procedures were adopted as part of the bylaws (Appendix A) by the voice vote recorded in Section 5.

6. Election of Officers (Action Taken)

Consistent with Article VI of the bylaws, the HCAR seated officers from among its voting members:

- Chair: Dr. Benjamin Lashley
- Vice Chair: Shirley Terry

The offices were filled by members who volunteered to serve; there was no formal nomination or second. Each office was decided by a separate voice vote: Dr. Benjamin Lashley was affirmed as Chair by unanimous voice vote of the voting members present, with no nays; Shirley Terry was then affirmed as Vice Chair by a separate unanimous voice vote, with no nays.

7. The Regional Input Process

The facilitator reviewed how the region's input is captured, synthesized, and carried forward to NE DHHS and the RHAC for consideration.

8. Focus Question & the Six-Meeting Arc

The facilitator introduced the focus question anchoring the year and the six-meeting arc. Considering which initiative would be most transformative for the region, participants identified the following transformative opportunities (synthesized from the breakout-group flip charts; recurring themes such as workforce, technology, and oral health were raised by more than one group):

- Farm to school
- Behavioral Health Crisis Center
- Regionalization of EMS
- Workforce (including education west of Kearney, education pipelines, and workforce pipeline)
- Food for Medicine — seniors
- Oral health (more input requested)
- Technology — increasing access to care; assisted living; home health
- Chronic Disease Management
- Regional Centers vs. mobile

9. Public Comment

The facilitator opened the floor for public comment in accordance with the adopted procedures.

No members of the public offered comment. As an advisory body, the HCAR takes no action on public comment.

10. Group Reflection & Synthesis — Questions for DHHS

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

Participants surfaced the following questions for NE DHHS (recorded below the dashed line on the flip charts):

- Can there be more than one recommendation for each initiative? ("No one size fits all per region.")
- What process will DHHS follow to respond to the initiative papers?
- Do we have input on all the initiatives, or just certain ones?
- Will the state entertain facility applications?
- Do the initiatives apply to the region?
- How do we test?
- Will there be representation from the regions during DHHS decision-making?
- Will there be stakeholder representation at regional meetings?
- How do we choose key initiatives?
- Will or can we develop initiatives?
- Are there existing initiatives we could quickly address?

11. Preview of Session 2 & Next Steps

Next meeting (Session 2: What's True in Our Region): Thursday, July 23, 2026, 1:00–4:00 p.m. Central, at Great Plains Health, North Platte, NE. NE DHHS will issue public notice.

12. Adjournment

There being no further business, the meeting adjourned at 4:30 p.m. Central.

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HCAR Meeting Minutes

Northeast Health Care Advisory Region — Session 1: Who We Are & What We're Here to Do

Public meeting held under the Nebraska Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414

Project Name:	HCAR		
Date of Meeting:	06/25/2026 (Thursday)	**Time:**	1:00–4:00 p.m. Central
Region & Location:	Northeast — Faith Health, South Medical Office Building, 2701 W Norfolk Avenue, Norfolk, NE		
Facilitator:	Charity Adams, Facilitate Co (contracted by NE DHHS)	**Prepared by:**	Charity Adams, Facilitate Co

Meeting Purpose

Convene the first meeting of the Northeast Health Care Advisory Region (HCAR) to orient participants to the HCAR's advisory, non-decision-making role within the Rural Health Transformation Program (RHTP); establish group norms; review the NE DHHS-drafted bylaws; introduce the regional input process, the focus question, and the six-meeting arc; and begin gathering regional input for consideration by NE DHHS and the Rural Health Advisory Commission (RHAC).

1. Call to Order & Welcome

The meeting was called to order at 1:00 p.m. Central by Charity Adams, the contracted facilitator, as this was the region's initial organizational meeting and no officers had yet been elected. The facilitator welcomed participants and members of the public. Quorum was met: 9 of the region's 12 voting members were present (bylaws Art. IX §1 sets quorum at a majority of voting members; 12 of 17 appointed members attended overall).

2. Roll Call & Attendance

Name	Title / Organization	Role	Present?
Caleb Poore	President & CEO, Boone County	Chair	Yes
Brian Blecher	COO, Faith Regional	Vice Chair	Yes
Traci Haglund	Administrator, Wakefield Care Center	Member	Yes
Jayne Prince	Administrator, The Willows Assisted Living (Neligh)	Member	Yes
Kimberly R. Lueders	Pharmacy Director, Providence Medical Center	Member	Yes
Donny Larson	Executive Director, The Well	Member	Yes
Kathy Nordby	CEO, Midtown Health Center	Member	Yes
Laura Gamble	Rural Health Clinic CEO, Pender Community Hospital	Member	Yes
Tyler Toline	Medical Clinic CEO, Franciscan Health Care	Member	Yes
John Kozyra	President & CEO, Avera St. Anthony's Hospital	Member	Yes
Dr. Lydia Stigsell	Dentist, Midtown Health Center	Member	Yes
Charlene Widener	Northeast Community College	Member	Yes

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Gina Uhing	Health Director, Elkhorn Logan Valley Public Health Dept.	Member	No
Jennifer Jackson	Heartland Counseling Services	Member	No
Devin M. Wanke	Critical Care Paramedic, Providence Medical Center	Member	No
Ann Fiala	EMT/President, Brown County Ambulance Association	Member	No
Joshua Hopkins	Owner/Optometrist, Evolving Eyecare	Member	No
Charity Adams	Facilitate Co	Facilitator	Yes
Megan McGuffy	NE DHHS	Presenter	Yes

Roster from the HCAR master membership spreadsheet (Northeast region: 17 appointed members). 12 attended; 5 were absent. Megan McGuffy was the NE DHHS representative (presenter). The member recorded in the spreadsheet as Tracy Haglund corrected her name to Traci Haglund at the meeting. Voting vs. non-voting status follows the DHHS eligibility legend: Northeast has 12 voting members, of whom 9 were present — quorum met.

3. Review of the Agenda

The agenda for Session 1 was reviewed and the meeting proceeded as outlined.

The HCAR is an advisory body: it gathers regional input and data for NE DHHS and the Rural Health Advisory Commission (RHAC) and takes no binding action. Consistent with that role, the HCAR did not vote to approve the agenda (agenda approval is not required by the Open Meetings Act or the bylaws). The HCAR elected officers at Session 1 (Section 6); it reviewed the NE DHHS-drafted bylaws but did not adopt them at Session 1 — adoption is scheduled for Session 2. The minutes record the substance of all matters discussed, as required by the Open Meetings Act (§ 84-1413(1)).

4. Overview of the Rural Health Transformation Program

Megan McGuffy (NE DHHS) presented an overview of the RHTP and its seven initiatives, the role of the HCAR within the program's governance structure, and the relationship to NE DHHS and the RHAC.

5. Review of NE DHHS Bylaws & Establishing Group Norms

The group reviewed the NE DHHS-drafted bylaws and clarified the HCAR's advisory, non-decision-making role. The HCAR did not adopt the bylaws at Session 1; adoption is scheduled as a noticed action item at Session 2. Northeast is the only region that has not yet adopted its bylaws. The public comment procedures below reflect the standard Appendix A procedures used across the regions and will take effect upon adoption.

Group Norms (Northeast Conversational Guidelines)

Participants established the following conversational guidelines (group norms):

- Profound respect
- Inclusive participation
- Crock Pot – Insta Pot
- Be open to others' perceptions
- Be present
- Acceptance — change management
- Frank, open discussion
- Safe

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- Clear group goals
- Decrease use of health jargon
- The feedback we share is heard
- More problem solving

Public Comment Procedures

The following procedures for public comment were established (the standard procedures used across all six regions; corresponding to Appendix A of the bylaws):

- Public comment is limited to 3 minutes per person.
- Total public comment is limited to the time specified in the agenda, not to exceed 15 minutes.
- To be recognized during public comment, a person must raise their hand and provide their name and address.
- Meetings may be held virtually or in person.

These procedures reflect the standard Appendix A procedures used across the regions. Because Northeast has not yet adopted its bylaws, they will take formal effect upon adoption at Session 2.

6. Election of Officers (Action Taken)

Consistent with Article VI of the bylaws, the HCAR seated officers from among its voting members:

- Chair: Caleb Poore
- Vice Chair: Brian Blecher

The offices were filled by members who volunteered to serve; there was no formal nomination or second. Each office was decided by a separate voice vote: Caleb Poore was affirmed as Chair by unanimous voice vote of the voting members present, with no nays; Brian Blecher was then affirmed as Vice Chair by a separate unanimous voice vote, with no nays. Note: the officers were elected before the bylaws were adopted; because Northeast has not yet adopted its bylaws, a formally noticed Election of Officers will also be held at Session 2, following bylaws adoption.

7. The Regional Input Process

The facilitator reviewed how the region's input is captured, synthesized, and carried forward to NE DHHS and the RHAC for consideration.

8. Focus Question & the Six-Meeting Arc

The facilitator introduced the focus question anchoring the year and the six-meeting arc. Considering which initiative would be most transformative for the region, participants identified the following transformative opportunities (synthesized from the breakout-group flip charts; one group used a companion sheet to capture its questions):

- Oral health / oral care (noted as a "good program") — rural workforce, new grads, Medicaid percentage
- EMS — stability and regionalization ("something needs to be done")
- Mobile maternal
- Chronic disease management — smaller hubs and community/clinic models; dialysis and family/telehealth
- Technology Catalyst
- Case management — grow these services; model in the state; infrastructure
- Crisis centers — reorganization; use the funds better

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- Workforce — recruitment (CNA → RN), rural VR and skills, scholarships for rural-health commitment, and allocating funds to hospitals; "great potential if done right"; medical/Medicaid requirements
- CHW infrastructure — long-term concern tied to reimbursement
- Memory care — expand codes
- Access to VA PDMP
- Provide funds to expand access to existing services
- Clarify what Initiative 7 is

Several items on the flip charts were tagged to specific RHTP initiative numbers (e.g., 4.2 Oral Health, 3.1 Recruitment, #2 EMS, #7). These reference numbers were omitted here for a consistent bullet list — they can be restored if the region wants each idea mapped to its initiative.

9. Public Comment

The facilitator opened the floor for public comment in accordance with the adopted procedures.

One member of the public offered comment. As an advisory body, the HCAR took no action on the comment.

10. Group Reflection & Synthesis — Questions for DHHS

Participants surfaced the following questions for NE DHHS (recorded below the dashed line on the flip charts):

- What are the constraints on what can change and what has to stay static?
- Who will receive and review our recommendations? (Which organizations and disciplines?)
- Will there be any public input or knowledge of our recommendations?
- What would help strengthen our recommendations — e.g., letters of support, statistics, public health, senators, medical groups?
- Can we update the bylaws?
- Does it need to be consensus or a vote?
- How do we ensure the recommendations represent the entire group?
- What is the structural function intended from the bylaws?
- How are we the same as, or different from, the Rural Health Advisory Committee?
- Can we reconsider the cadence of these meetings?
- Is the public health center set in stone for overseeing the oral health program?
- Who manages accountability for the funds distributed?
- Which initiatives aren't modifiable?
- Can the distribution of funds be reallocated?
- What input or leverage does this committee actually have?
- What is the current process? (The group wants a clear understanding of it.)
- What has already been decided (which funds are not modifiable)?
- What are the ideas that have been dismissed?
- If leadership does not like the HCAR's recommendations, will they come back to the group with feedback to achieve common ground?
- What specific criteria are used when awarding funds per initiative? (Is there an algorithm or rubric for approving applications?)

11. Preview of Session 2 & Next Steps

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Next meeting (Session 2: What's True in Our Region): Tuesday, August 25, 2026, 1:00–4:00 p.m. Central, at the same location — Faith Health, South Medical Office Building, 2701 W Norfolk Avenue, Norfolk, NE. NE DHHS will issue public notice.

12. Adjournment

There being no further business, the meeting adjourned at 4:00 p.m. Central.

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HCAR Meeting Minutes

Southeast Health Care Advisory Region — Session 1: Who We Are & What We're Here to Do

Public meeting held under the Nebraska Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414

Project Name:	HCAR		
Date of Meeting:	06/18/2026 (Thursday)	**Time:**	1:00–4:00 p.m. Central
Region & Location:	Southeast — Goldenrod Room, NE Dept. of Health & Human Services, 301 Centennial Mall S, Lincoln, NE 68508		
Facilitator:	Charity Adams, Facilitate Co (contracted by NE DHHS)	**Prepared by:**	Charity Adams, Facilitate Co

Meeting Purpose

Convene the first meeting of the Southeast Health Care Advisory Region (HCAR) to orient participants to the HCAR's advisory, non-decision-making role within the Rural Health Transformation Program (RHTP); establish group norms; review the NE DHHS-drafted bylaws; introduce the regional input process, the focus question, and the six-meeting arc; and begin gathering regional input for consideration by NE DHHS and the Rural Health Advisory Commission (RHAC).

1. Call to Order & Welcome

The meeting was called to order at 1:00 p.m. Central by Charity Adams, the contracted facilitator, as this was the region's initial organizational meeting and no officers had yet been elected. The facilitator welcomed participants and members of the public. Quorum was met: 8 of the region's 13 voting members were present (bylaws Art. IX §1 sets quorum at a majority of voting members; 11 of 18 appointed members attended overall).

2. Roll Call & Attendance

Name	Title / Organization	Role	Present?
Brad Meyer	CEO, Bluestem Health	Chair	Yes
Tami Lewis-Ahrendt	CEO, CenterPoint	Vice Chair	Yes
Laura McDougall	Executive Director, Four Corners Health Dept.	Member	Yes
Shannon Buckminster	CIO, Ambassador Health (Nebraska City)	Member	Yes
Rex Moore	Regional Director, Auburn Good Sam	Member	Yes
Jon Day	Executive Director, Blue Valley Behavioral Health	Member	Yes
Roger Reamer	CEO, Memorial (Seward)	Member	Yes
Jill Sand	Southeast Community College	Member	Yes
Erik W. Peterson	Clinical Staff Pharmacist, York General Hospital	Member	Yes
Brian Quick	Captain/Paramedic, York Fire Department	Member	Yes
Jan Marie Bresnahan	Director/Clinical Manager, York General Home Health	Member	Yes
Julie Rezac	Medical Clinic CEO, Saunders Medical Clinic	Member	No
Dr. Brandon Webb	Physician/Owner, Primary Care Partners	Member	No

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Chris Nichols	CEO, Fillmore County	Member	No
Daniel DeFreece	President, CHI Health St. Mary's	Member	No
Dr. Emily Willett	Orthodontist, Lincoln Orthodontics	Member	No
Jacob Smith	EMS Director, Johnson County Hospital	Member	No
Russell Crotty	Optometrist/Owner, Lifetime Vision Center	Member	No
Charity Adams	Facilitate Co	Facilitator	Yes
Sarah Morgan	NE DHHS	Presenter	Yes
Maddie Wiseman	NE DHHS	DHHS assistant	Yes

Roster from the HCAR master membership spreadsheet (Southeast region: 18 confirmed appointed members). 11 attended; 7 were absent. Sarah Morgan was the NE DHHS representative (presenter) and Maddie Wiseman attended as a DHHS assistant. The attendee listed as "ann" is Jan Marie Bresnahan (York General Home Health). Voting vs. non-voting status follows the DHHS eligibility legend: Southeast has 13 voting members, of whom 8 were present — quorum met. (The Pharm seat is held by Erik Peterson; an earlier applicant, Ally Dering Anderson, was not accepted.)

3. Review of the Agenda

The agenda for Session 1 was reviewed and the meeting proceeded as outlined.

The HCAR is an advisory body: it gathers regional input and data for NE DHHS and the Rural Health Advisory Commission (RHAC) and takes no binding action. Consistent with that role, the HCAR did not vote to approve the agenda (agenda approval is not required by the Open Meetings Act or the bylaws). The only formal actions taken at Session 1 were the election of officers and the adoption of the bylaws (Sections 5–6). The minutes record the substance of all matters discussed, as required by the Open Meetings Act (§ 84-1413(1)).

4. Overview of the Rural Health Transformation Program

Sarah Morgan (NE DHHS) presented an overview of the RHTP and its seven initiatives, the role of the HCAR within the program's governance structure, and the relationship to NE DHHS and the RHAC. Maddie Wiseman attended as a DHHS assistant.

5. Review of NE DHHS Bylaws & Establishing Group Norms

The group reviewed the NE DHHS-drafted bylaws and clarified the HCAR's advisory, non-decision-making role. Following the election of officers (Section 6), the HCAR adopted the bylaws as a whole — including the public comment procedures below (Appendix A) — by unanimous voice vote of the voting members present, with no nays.

Group Norms (Southeast Conversational Guidelines)

Participants established the following conversational guidelines (group norms):

- Profound respect
- Inclusive participation
- Crockpot + Insta pots
- Open communication + honesty
- Look at the big picture
- Others' perspectives / angles / experiences
- Take your professional hat off — be the community
- General principle applied to a specific community
- Listen to my peers

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- Be prepared for the goal
- Be a great listener
- Stories
- Expertise
- Presence
- Feeling like we contributed
- This outlives us

Public Comment Procedures Established

The following procedures for public comment were established (the same procedures adopted in the Central region; corresponding to Appendix A of the bylaws):

- Public comment is limited to 3 minutes per person.
- Total public comment is limited to the time specified in the agenda, not to exceed 15 minutes.
- To be recognized during public comment, a person must raise their hand and provide their name and address.
- Meetings may be held virtually or in person.

These public comment procedures were adopted as part of the bylaws (Appendix A) by the voice vote recorded in Section 5. Name and address apply to those who choose to speak, not as a condition of attending.

6. Election of Officers (Action Taken)

Consistent with Article VI of the bylaws, the HCAR elected officers from among its voting members:

- Chair: Brad Meyer
- Vice Chair: Tami Lewis-Ahrendt

The offices were filled by members who volunteered to serve; there was no formal nomination or second. Each office was decided by a separate voice vote: Brad Meyer was affirmed as Chair by unanimous voice vote of the voting members present, with no nays; Tami Lewis-Ahrendt was then affirmed as Vice Chair by a separate unanimous voice vote, with no nays.

The second office is titled "Vice Chair," consistent with the bylaws (Art. VI).

7. The Regional Input Process

The facilitator reviewed how the region's input is captured, synthesized, and carried forward to NE DHHS and the RHAC for consideration.

8. Focus Question & the Six-Meeting Arc

The facilitator introduced the focus question anchoring the year and the six-meeting arc. Responding to the prompt "What would be a game changer?", participants identified the following transformative opportunities for the region:

- CHW + chronic disease + education + monitoring
- EMS regionalism
- BH access + integration
- Food as medicine = public support
- Access to health — all NE
- Workforce
- Assisted living
- Behavioral Health

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- VA coordination — care across lifespan
- BH — problem ID ⇒ solutions; referrals & communication

9. Public Comment

The facilitator opened the floor for public comment in accordance with the adopted procedures.

No members of the public offered comment. As an advisory body, the HCAR takes no action on public comment.

10. Group Reflection & Synthesis — Questions to Be Answered

In reflection, participants surfaced the questions the group would need answered before it could develop recommendations for the region:

- How is the money being disbursed? Per region? Per initiative?
- Are we expected to come up with a recommendation for each initiative?
- How important is sustainability?
- Can DHHS supply examples of current initiatives or pilot programs related to the seven initiatives?
- Is this group responsible for making recommendations on sustainability?
- What does sustainability look like?
- Workforce data, shortages, and information.
- Workforce: licensed professionals vs. open position data.
- Any access data for behavioral health in the region — also EMS in the region.
- How will the workforce grants be awarded? (The group wants to learn the program's processes.)
- Possible data on standardization of EMS training.
- How does the award process work? (captured on the norms sheet)

11. Preview of Session 2 & Next Steps

Next meeting (Session 2): Thursday, August 27, 2026, 1:00–4:00 p.m. Central, at Holthus Convention Center, 3130 Holen Ave, York, NE 68467. NE DHHS will issue public notice.

12. Adjournment

There being no further business, the meeting adjourned at 4:00 p.m. Central.

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HCAR Meeting Minutes

Western Health Care Advisory Region — Session 1: Who We Are & What We're Here to Do

Public meeting held under the Nebraska Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414

Project Name:	HCAR		
Date of Meeting:	06/23/2026 (Tuesday)	**Time:**	1:00–4:00 p.m. CT (12:00–3:00 p.m. MT)
Region & Location:	Western — Prairie Winds Community Center, 428 N Main St, Bridgeport, NE 69336 (Mountain Time Zone)		
Facilitator:	Charity Adams, Facilitate Co (contracted by NE DHHS)	**Prepared by:**	Charity Adams, Facilitate Co

Meeting Purpose

Convene the first meeting of the Western Health Care Advisory Region (HCAR) to orient participants to the HCAR's advisory, non-decision-making role within the Rural Health Transformation Program (RHTP); establish group norms; review the NE DHHS-drafted bylaws; introduce the regional input process, the focus question, and the six-meeting arc; and begin gathering regional input for consideration by NE DHHS and the Rural Health Advisory Commission (RHAC).

1. Call to Order & Welcome

The meeting was called to order at 1:00 p.m. Central (12:00 p.m. Mountain) by Charity Adams, the contracted facilitator, as this was the region's initial organizational meeting and no officers had yet been elected. The facilitator welcomed participants and members of the public. Quorum was met: 12 of the region's 13 voting members were present (bylaws Art. IX §1 sets quorum at a majority of voting members; 15 of 18 appointed members attended overall).

2. Roll Call & Attendance

Name	Title / Organization	Role	Present?
Diana Lecher	Administrator & Director of Home Health, Chadron Hospital	Chair	Yes
Judy Fredricks	Administrator, Pole Creek Estates (Sidney Regional)	Vice Chair	Yes
Jessica Davies	Director, Panhandle Public Health District	Member	Yes
Alice Smith	Administrator, Highland Park Assisted Living (Vetter)	Member	Yes
Kristen Rose	LPC/LIMHP, Sidney Regional Medical Center	Member	Yes
Jennifer "Nickie" Kroon	Therapist IV, Lutheran Family Services	Member	Yes
Betsy Vidlak	CEO, Community Action Health Center	Member	Yes
Jason Petik	Medical Center CEO, Sidney Regional Medical Clinic	Member	Yes
Dr. Brian Shelmadine	Interim CEO/CMO/Physician, Box Butte General Hospital	Member	Yes
John Reiners	CEO, Chadron Hospital	Member	Yes

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Sam Pennington	CEO, Garden County Health Services	Member	Yes
Dr. Sami Webb	Orthodontist, Webb Orthodontics	Member	Yes
Shannon Odiet	Director of EMS, SRMC EMS	Member	Yes
Cody William Rohrig	EMT-B, Gordon Volunteer Rescue Squad	Member	Yes
Creston M. Myers, OD	Optometrist/Owner, Family Vision Clinic of Alliance	Member	Yes
Ned Resch	President & CEO, Regional West	Member	No
Jason Reed	Pharmacy Technician, Stockmen's Drug	Member	No
Allisha Weeden Weitzel	Western Nebraska Community College	Member	No
Charity Adams	Facilitate Co	Facilitator	Yes
Tresa Hunt	NE DHHS	Presenter	Yes

Roster from the HCAR master membership spreadsheet (Western region: 18 appointed members). 15 attended; 3 were absent (Ned Resch, Jason Reed, Allisha Weeden Weitzel). Tresa Hunt was the NE DHHS representative (presenter). The attendee list included both "Jason Petik" and "Jason Petrik" — these are the same member, Jason Petik (Clinic seat), counted once. Voting vs. non-voting status follows the DHHS eligibility legend: Western has 13 voting members, of whom 12 were present — quorum met.

3. Review of the Agenda

The agenda for Session 1 was reviewed and the meeting proceeded as outlined.

The HCAR is an advisory body: it gathers regional input and data for NE DHHS and the Rural Health Advisory Commission (RHAC) and takes no binding action. Consistent with that role, the HCAR did not vote to approve the agenda (agenda approval is not required by the Open Meetings Act or the bylaws). The only formal actions taken at Session 1 were the election of officers and the adoption of the bylaws (Sections 5–6). The minutes record the substance of all matters discussed, as required by the Open Meetings Act (§ 84-1413(1)).

4. Overview of the Rural Health Transformation Program

Tresa Hunt (NE DHHS) presented an overview of the RHTP and its seven initiatives, the role of the HCAR within the program's governance structure, and the relationship to NE DHHS and the RHAC.

5. Review of NE DHHS Bylaws & Establishing Group Norms

The group reviewed the NE DHHS-drafted bylaws and clarified the HCAR's advisory, non-decision-making role. Following the election of officers (Section 6), the HCAR adopted the bylaws as a whole — including the public comment procedures below (Appendix A) — by unanimous voice vote of the voting members present, with no nays.

Group Norms (Western Conversational Guidelines)

Participants established the following conversational guidelines (group norms):

- Profound respect
- Inclusive participation
- Crock pots, Insta pots
- Topics
- Specific question
- Everyone has a chance to speak
- Valued

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Public Comment Procedures

The following procedures for public comment were established (the standard procedures used across all six regions; corresponding to Appendix A of the bylaws):

- Public comment is limited to 3 minutes per person.
- Total public comment is limited to the time specified in the agenda, not to exceed 15 minutes.
- To be recognized during public comment, a person must raise their hand and provide their name and address.
- Meetings may be held virtually or in person.

These public comment procedures were adopted as part of the bylaws (Appendix A) by the voice vote recorded in Section 5. Name and address apply to those who choose to speak, not as a condition of attending.

6. Election of Officers (Action Taken)

Consistent with Article VI of the bylaws, the HCAR seated officers from among its voting members:

- Chair: Diana Lecher
- Vice Chair: Judy Fredricks

The offices were filled by members who volunteered to serve; there was no formal nomination or second. Each office was decided by a separate voice vote: Diana Lecher was affirmed as Chair by unanimous voice vote of the voting members present, with no nays; Judy Fredricks was then affirmed as Vice Chair by a separate unanimous voice vote, with no nays.

7. The Regional Input Process

The facilitator reviewed how the region's input is captured, synthesized, and carried forward to NE DHHS and the RHAC for consideration.

8. Focus Question & the Six-Meeting Arc

The facilitator introduced the focus question anchoring the year and the six-meeting arc. Considering which initiative would be most transformative for the region, participants identified the following transformative opportunities (synthesized from the breakout-group flip charts):

- Utilizing what we already have
- Veteran EHR coordination
- EMS regionalization
- Access to care
- Paramedicine (noted as not sustainable; does not replace hospice or home health; people falling through the cracks due to lack of services tied to reimbursement)
- Training & education (adding skills to fill gaps with no reimbursement; burnout)
- Workforce — provider shortage (student loan cap); pharmacists recognized as providers; access to training/certifications (e.g., dental assistants); technology (equipment/software)
- Maternal & family mobile unit
- Jurisdictional stockpile
- CHW infrastructure
- Rural access

Flip-chart pages 1, 2, 3, and 5 were captured; page 4 was not provided. Reference numbers written beside three page-1 items (1.2, 2.4, 2.1) were omitted for consistency — restore them if they referenced specific RHTP initiatives.

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9. Public Comment

The facilitator opened the floor for public comment in accordance with the adopted procedures.

No members of the public offered comment. As an advisory body, the HCAR takes no action on public comment.

10. Group Reflection & Synthesis — Questions for DHHS

Participants surfaced the following questions for NE DHHS (recorded below the dashed line on the flip charts):

- What is the plan to enforce parity of access (i.e., a program to fit needs across all demographics)?
- How do we increase public participation?
- How much of the Year 1 money that is allocated carries over into years 2–5?
- How are current allocations to the region accessed? Is there a master list of allocations for Year 1?
- This seems fragmented — will it actually accomplish the intended good, as opposed to one big pot directed to a specific area?
- How do we access the funds for programs enacted? Is it just going to nonprofits/organizations? What about us "little guys"?
- Are we supposed to come up with individual recommendations, or collectively create a few?
- What is the state's plan when there is no more funding, or it is less than previous years?
- How do we impact this if the initiatives are already decided?
- What dollars or strategy areas have been obligated, and to which orgs/partners?
- How do innovative reimbursement models impact health outcomes meaningfully?

Participants noted these questions are meant to help give direction for future initiative asks.

11. Preview of Session 2 & Next Steps

Next meeting (Session 2: What's True in Our Region): Wednesday, July 22, 2026, 1:00–4:00 p.m. Central (12:00–3:00 p.m. Mountain), at Prairie Winds Community Center, Bridgeport, NE. NE DHHS will issue public notice.

12. Adjournment

There being no further business, the meeting adjourned at 4:00 p.m. Central (3:00 p.m. Mountain).

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