



NEPSAC 305 FOCH ST. GORDON, NE 69343

Region 1 August 2019 Newsletter

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Provider Spotlight

by Lisa Simmons

North East Panhandle Substance Abuse Center (NEPSAC) was established in 2009 by Jane Morgan with help from the Nebraska Department of Behavioral Health, Region 1, City of Gordon, and the Nebraska Indian Commission. At that time NEPSAC provided Outpatient Counseling and Short Term Residential (6 beds) and served Native Americans from the Pine Ridge Reservation and the entire panhandle for Region 1. NEPSAC has been serving Native American and Region 1 clients for over 28 years. When NEPSAC began providing services our original facility license was good for 5 years. Wow, how things have changed. Jane Morgan retired in 2015 after committing 25 years of her life building quality services at NEPSAC. Her accomplishment included; expanding NEPSAC to a 9 bed facility which included 7

treatment beds, 2 Detox/EPC beds, became CARF Accredited in 2000 and are currently accredited through 2021, serving on several Nebraska Behavior Health Board which she and others helped to implement licensure standards and policies for the Regions throughout the State. Many of which are still being used today. Jane and others in our Region (PMHC, HSI and Region 1), were the pioneers that started implementing quality of care in Region 1 and thought the State of Nebraska. In 2015, Victor Gehrig was appointed Executive Clinical Director at NEPSAC after serving as Clinical Director for 8 years. He began working at NEPSAC in 2007 and is grateful for all the help he received from Jane, Region 1 and all the providers in our Region. Victor feels it has been a privilege to work at NEPSAC for

over twelve years. NEPSAC is currently contracted with Region 1 to provide; Short Term Residential Treatment, Outpatient, and Evaluations services in Chadron and Gordon. NEPSAC also contracts directly with the Division of Behavioral Health to provide Native American Short Term Residential Treatment for Native Americans throughout the State of Nebraska and the reservations in South Dakota and Nebraska. NEPSAC continues to stay committed to providing quality care to our clients. If you wish to tour NEPSAC or have questions about the services, we provide please contact us at 308-282-1101 or visit our website at www.nepsacgordon.org.



Prevention Spotlight: Ward Wacker

by Jessica Haebe

Ward Wacker is the Community Organizer for the Sheridan Community Prevention Team, covering the Rushville, Gordon, and Hay Springs area. Ward has been in this role for a little over a year and has been directly working with this coalition for two years, and has been actively working in Prevention within the schools since 2004.

Ward grew up in rural Wayne, Nebraska, and moved to the Panhandle in 1991. In his day job, Ward is directly involved with youth and Prevention, as he currently serves as the Activities Director as well as a coach of many sports, including wrestling, for the Gordon-Rushville Public Schools. Ward has been an avid supporter and pioneer of the Human Performance Project, which focuses on the overall

mental and chemical health of youth who participate in activities within the school district. In addition to implementing this with the kids, he also promotes the 40 Developmental Assets and has had great support from the kids, the parents, and the school district. Ward uses the 40 Developmental Assets and the Human Performance Project as a framework for all school activities and programs, and the students assist in the development and deployment for these programs for the surrounding communities.

The Sheridan Community Prevention Team is the recipient of the Substance Abuse Prevention Block Grant as well as the Partnership for Success (PFS) Grant. The PFS is working with 4 Panhandle coalitions; Sheridan, Dawes/Sioux, Box Butte, a Scotts Bluff, to turn the Human Performance Project into an Evidence Based Practice, which would allow it to be offered in more schools in the state of Nebraska. Ward brings years of experience and anecdotal evidence of how this works and not only helps students excel, but helps schools compete at a higher level.

Ward is a wonderful educator and community organizer, and is passionate about changing the lives of the youth in the Panhandle, with his goal being the creation and sustainability of stronger and healthier communities for generations to come.



Among advanced countries, the US has a unique problem with mass violence-defined as crimes in which four or more people are killed in an event or related series of events. A substantial majority occurs by shooting. Both the rate at which mass shooting occur and the number of people killed are increasing. Frequently in the wake of such tragedies, policymakers and the public raise the specter of mental illness as a major contributing factor.

The National Council for Behavioral Health Medical Director Institute convened an expert panel to analyze the root cause of mass violence, its contributing factors, the characteristics of perpetrators and the impacts on victims and society.

The panel specifically examined the extent to which mental illness is or is not a contributing factor to this social pathology and developed recommendations for a broad range of stakeholders. A summary of their deliberations and conclusions follow.

Mass Violence is a Rare Event

Despite the fear and public scrutiny, they evoke, mass shootings are statistically rare events. Mass shootings accounted for less than two-tenths of 1 percent of homicides in the US between 2000-2016. Even school shootings, the most tragic of such events, are infrequent. People are more likely to intentionally kill themselves with a gun than to be killed by a gun in a mass shooting or other type of homicide.

Medical Director Institute Releases new report on Mass Violence

By: Chuck Ingoglia

Perpetrators Share Certain Characteristics

While perpetrators of mass violence can be categorized with respect to motivation, the characteristics of individual perpetrators cut across demographic, sociologic, cultural and occupational groups. The characteristics that most frequently occur are males, often hopeless and harboring grievances that are frequently related to work, school, finances or interpersonal relationships; feeling victimized and sympathizing with other who they perceive to be similarly mistreated; indifference to life; often subsequently dying by suicide. They frequently plan and prepare for their attack and often share information about the attack with others, though often not the intended victims.

Mental Illness Plays an Important but Limited Role in Mass Violence

Incidents of mass violence-especially

those that appear to be senseless, random acts directed at strangers in public places-are so terrifying and traumatic that the community responds defensively and demands an explanation. After such events, political leaders often invoke mental illness as the reason for the mass violence, a narrative that resonates with the widespread public belief that mentally ill individuals in general pose a danger to others. Since it is difficult to imagine that a mentally healthy person would deliberately kill multiple strangers, it is commonly assumed that all perpetrators of mass violence must be mentally ill.

The American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, (DMS-5), provides a catalog of diverse brain related health conditions that impair a

person's normal ability to reason and perceive reality, regulate mood, formulate and carry out plans and decisions, adapt to stress, behave and relate to others in socially appropriate ways, experience empathy, modulate consumption and refrain from self-injury. While a subset of people perpetrating mass violence has one or more severe mental illnesses or personality disorders many do not. Lumping all mental illness together, and then assuming that acts that seem incomprehensible to the average person are due to mental illness, results in millions of harmless, nonviolent individuals recovering from treatable mental illness being subjected to stigma, rejection, discrimination and even unwarranted legal restrictions and social control.

Simplistic conclusions ignore the fact that mass violence is caused by many social and psychological factors that interact in complex ways; and that

the large majority of people with diagnosable mental illnesses are not violent towards others.

While there is a modest link between mental illness and violence, there is no basis for the public's generalized fear of people with mental illness. Having a psychiatric diagnosis is neither necessary nor sufficient as a risk factor for committing an act of mass violence with a link to mental illness.

While there is increasing demand to identify potential perpetrators of violence and develop preventative measures, there has been insufficient research on the root cause of the problem or resources to

UPCOMING TRAININGS

Region 1 Behavioral Health Authority Presents:

Psychological First Aid

Presenter: Kate Speck, PhD, MAC, LADC

When: Tuesday, September 10th, 2019

Where: Region 1 **Time:** 8:30am-5pm

Psychological First Aid (PFA) is supportive behavioral intervention for use in the immediate aftermath of disasters and other traumatic events, and is an evidence-informed approach to assist individuals with in the immediate aftermath of disaster and terrorism. PFA is designed to reduce the initial distress caused by traumatic events and to foster short-and long term adaptive functioning and coping. The PFA is based on research evidence, and is practical in field settings. Populations that would benefit from this training include healthcare workers, law enforcement officers, firefighters, emergency medical service professionals, and other first responders and disaster relief workers.

This course is provided free of charge and sponsored by the University of Lincoln Public Policy Center.

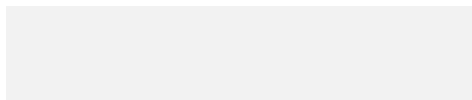
Please Register at:

https://unl.az1.qualtrics.com/jfe/form/SV_bQ2ebDwf1cjXBM9

FOR MORE INFORMATION

Please contact Michelle Fries at

mfries@region1bhs.net



De-escalation, Engagement and Support-Network Partnership Training

Presented by: Panhandle Public Health District and Hazelden Betty Ford Foundation

Training 1

When: Tuesday, September 10th, 2019

Where: Box Butte General Hospital
2101 Box Butte Ave
Alliance, NE 69301

Time: 8:30am-12pm

Training 2

When: Tuesday, September 10th, 2019

Where: Chadron Community Hospital
825 Centennial Drive
Chadron, NE 69337

Time: 1:30pm-5pm

This training is designed to provide basic skills in evidence based approaches to de-escalation, engagement, and cultivation of support networks for individuals seeking services in non-specialty settings.

Specific attention will be paid to understanding interventions for opioid use disorder and co-morbid mental health conditions. Training through techniques for identification of substance use and mental health disorders along with practical skills training used to engage a person and their support network while in crisis provides service positions with capability for enhancing clinic milieu, initiation of follow up appointments, and increased rates of retention in treatment. This training includes a pocket guide with points of reference to assist in the continuation of the use of skills when participants return to their various settings.

This training is intended for community partners such as social services, Law Enforcement, First Responders, Nurses, Emergency department staff.

For more information, contact: Melody Leisy, Panhandle Public Health District at 308-262-2217 or mleisy@pph.org



JIM COWSER, MSSW,

LCSW, MCAP

Master Trainer and

Consultant



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Check us out at: www.region1bhs.net

Fiscal Director: Jennifer Kriha
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Resources for Western Nebraska:

24/7 Mental Health line: 308-635-5766
 24/7 Substance Abuse line: 308-762-7177
 Suicide Prevention Lifeline: 1-800-273-8255
 24/7 Crisis Text line; text REG 1 to: 741-741
 24/7 Nebraska Family Helpline: 1-888-866-8660

Office Manager/Disaster Coordinator: Michelle Fries
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Disaster Distress Helpline: 1-800-985-5990
 Text 'TalkWithUs' 66746
 Rural Response Hotline: 1-800-0258

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