

The Nebraska Department of Health and Human Services Helping People Live Better Lives



Greetings from the Chief Executive Officer

The [Department of Health and Human Services](#) provides important and, oftentimes, life-sustaining services to Nebraskans. We connect with thousands of people every day, which makes our work some of the most important in state government. In the end, the Department serves, and is accountable to, the public.

Our mission, *Helping people live better lives*, gives us the motivation to make a difference. It's what we do every day, whether we're educating and protecting people through public health efforts; assisting the elderly, the poor and those with disabilities; providing safety to abused and/or neglected children or vulnerable adults; or serving those in need of 24-hour facility care. There are challenges to meet and successes to celebrate.

My job in leading an agency of this size, with such diverse responsibilities, is to focus on the big picture, to provide a vision to move us forward as one agency and yet be able to take on specific issues when necessary. To do that, I rely on the six division directors and chief operating officer to handle the agency's day-to-day business. We meet regularly and work together closely when issues have an impact across the agency.

The six Divisions within DHHS are: [Behavioral Health](#), [Children and Family Services](#), [Developmental Disabilities](#), [Medicaid and Long-Term Care](#), [Public Health](#) and [Veterans' Homes](#). Operations supports all of these Divisions. The activities and services of the Department of Health and Human Services are provided by dedicated staff who are



committed to doing their best for people living in Nebraska. I'm very proud of their work.

Many of the Divisions' successes and challenges are highlighted throughout this report. The Division Directors at DHHS are all appointed by the Governor and approved by the Legislature. For the leadership they provided, thanks go to: Scot Adams, Behavioral Health; Todd Reckling, Children and Family Services; Jodi Fenner, Developmental Disabilities; Vivianne Chaumont, Medicaid and Long-Term Care; Dr. Joann Schaefer, Public Health; John Hilgert, Veterans' Homes; and Bob Zagozda, Chief Operating Officer.

We hope this report provides a basic understanding of our varied responsibilities and accomplishments here at DHHS for the past fiscal year 2008-09. This report is really more of an introduction to what we do. To provide more detailed information, we've embedded links to specific

pages on our Web site. Be sure to watch for those links in blue and click on them if you are interested in certain topics. Above all, I'd like to thank you for taking a few minutes to review this important information.

Kerry Winterer, CEO

When [Kerry Winterer](#) started working for the Department of Health and Human Services as Chief Executive Officer on July 13, 2009, he knew how challenging his new job would be. At the same time, though, he said he considered it a great opportunity to make a difference in the lives of Nebraskans.

When [Governor Heineman announced](#) Kerry's appointment, he said, "Kerry has the business knowledge that will be an asset in leading a successful department. He is an effective communicator, he understands the value of public-private partnerships, and he will be a good leader for the Department of Health and Human Services."

Winterer is a 1975 graduate of the Columbia University School of Law in New York, and earned his bachelor's degree in psychology from the University of Nebraska-Lincoln in 1972. He graduated from Gering High School and was born in Scottsbluff.

He served on the State Board of Education from 2007 to 2009, and has been involved in several community organizations, including United Way of the Midlands, Boy Scouts of America, and the Greater Omaha Convention and Visitors Bureau Board. Winterer has been involved with Heartland Family Service for 20 years, serving as president of the board twice.



DHHS Overview

DHHS, Nebraska's largest state agency, is nearly one-third of state government in terms of employees and the budget. Even with all of the resources we have, we still rely on others to help carry out our mission across the state.

For example, the DHHS Division of Public Health helps fund [local health departments](#), which in turn increase our surveillance and diagnostic capacities and help us better coordinate preparedness efforts. DHHS' Division of Behavioral

Health provides funding and oversees six local [Behavioral Health regions](#). Those regions contract with local programs to provide public inpatient, outpatient, and emergency services and community mental health and substance

abuse services. Foster parents and tribal governments are all more examples in a long list of dedicated partners DHHS works with to deliver services to Nebraskans.

As the nation faced tough times economically, Nebraska, though financially better off than most states, struggled as well. More and more Nebraskans had to turn to DHHS for programs and services that could help. For example, the monthly average of households that received food stamp benefits in fiscal year 2008-09 increased by almost 6%. The monthly average of Medicaid-eligible people increased by 2.5% during that same period. To help cover those increasing numbers, the federal government gave states additional funding in the form of stimulus money as a result of the American Recovery & Reinvestment Act.

Some federal stimulus funds flowed into the state for use toward existing federal programs. New money supported the [Medicaid program](#) and the [food stamp assistance program](#). DHHS also received stimulus money for [safe drinking water projects](#).

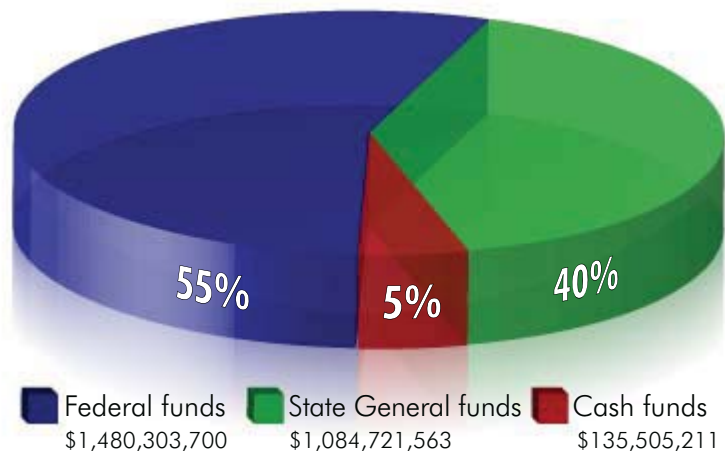
Several Web sites were developed to keep Nebraskans informed about the receipt and use of stimulus funds flowing into the state from the federal government.

The Governor's office launched [Nebraska's stimulus Web site](#) to give Nebraskans direct access to stimulus information.

DHHS launched a [stimulus funding Web site](#) for more detailed information specific to DHHS.

The [Nebraska Legislature also has a stimulus funding Web site](#).

Where Does DHHS Get its Funding?

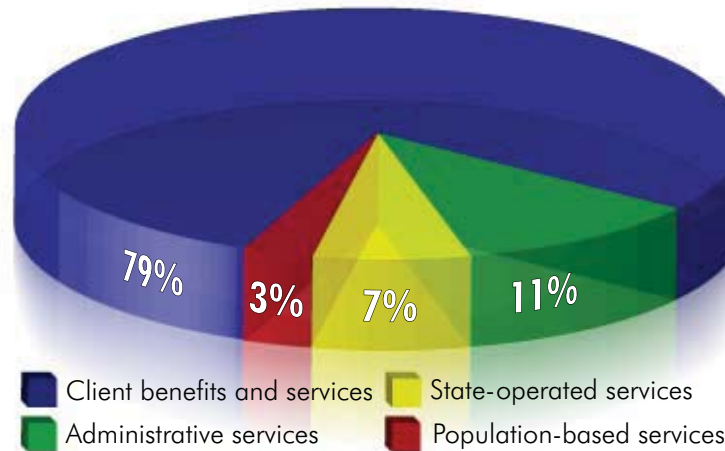


The funds to support programs and services of the Department come from three main sources: federal funds (55%), state general funds (40%), and cash funds (5%).

The two guiding principles for managing the department's budget are transparency and accountability. As a public agency, DHHS has a responsibility to use citizens' tax dollars wisely and to uphold the highest standards of fiscal integrity.

Budget requests and additional information for all state agencies can be found on the Department of Administrative Services State Budget Division's [Web page](#).

Where Does The Money Go?



More than three-fourths (79%) of DHHS expenditures are for cash benefits and services to Nebraskans. Eleven percent of DHHS expenditures goes for administrative services, including the Service Area functions of eligibility determination, protection and safety of children, and service coordination. Seven percent of expenditures is for state-operated services, such as the Veterans' Homes, Regional Centers, Youth Rehabilitation and Treatment Services, and the Beatrice State Developmental Center. The remaining 3% of expenditures goes to provide population-based services, including public health prevention and promotion activities.



PEACE OF MIND



Division of Behavioral Health

Approximately 71,000 adults in Nebraska have a serious mental illness, an often misunderstood but common health condition that causes changes in a person's thinking, mood and/or behavior. The Division of Behavioral Health provides hope for Nebraskans in need and connects them to treatment and community support systems throughout the state.



Division of Behavioral Health

Providing hope for Nebraskans in need and connecting them to treatment and community support systems throughout the state.



The [Division of Behavioral Health](#) is the behavioral health authority for the state and directs the administration and coordination of the public behavioral health system.

Responsibilities include:

- Administration and management of the Division, three Regional Centers, and other programs;
- Comprehensive statewide planning for community-based behavioral health services and continuum of care;
- Coordination and oversight of Regional Behavioral Health Authorities; and
- Promotion of activities in research and education to improve the quality of behavioral health services, recruitment and retention of behavioral health professionals and access to behavioral health programs.

Community Services

Behavioral Health's Community Services section contracted for \$72 million (fiscal year 2008-09) in funding to the six local [Behavioral Health Regions](#), which then contract with community-based mental health and substance abuse providers. The Division contracted directly with community providers for treatment

and prevention of problem gambling and other supportive services (housing, employment, advocacy) that help individuals achieve and maintain recovery in their home communities.

Regional Centers

The Division operates three [Regional Center hospitals](#). The Lincoln Regional Center provides treatment to those who are there ordered by the court, sex offenders and general psychiatric services for those committed by a Board of Mental Health who cannot be served in a community setting. The Norfolk Regional Center provides treatment to sex offenders and mentally ill patients while the Hastings Regional Center provides chemical dependency/addiction treatment to male youth who have been paroled from the Youth Rehabilitation and Treatment Center in Kearney.

Accomplishments

In 1955, the census at the three Regional Centers reached an all-time high of 4,746 people. Today, these hospitals combined serve approximately 375 people, mainly because of Nebraska's successful Behavioral Health Reform (LB 1083,

2004). In April 2008, Behavioral Health Reform concluded with the final reallocation of Regional Center operational funds to community-based services. Behavioral health reform achievements include a statewide increased capacity to serve people nearer to their home community, enhancements to existing services, an increase in community involvement and far less community dependence on the regional centers for general psychiatric treatment.

The number of individuals waiting to receive mental health services at the Lincoln Regional Center continues to decrease, as more people are provided services in their home community.

In June 2009, a historic moment was reached when the Nebraska Supreme Court ruled that names of people buried at the cemetery at the Hastings Regional Center should be released. By law, the state didn't release former patients' names in order to guard their privacy and protect confidentiality until the highest legal authority ruled

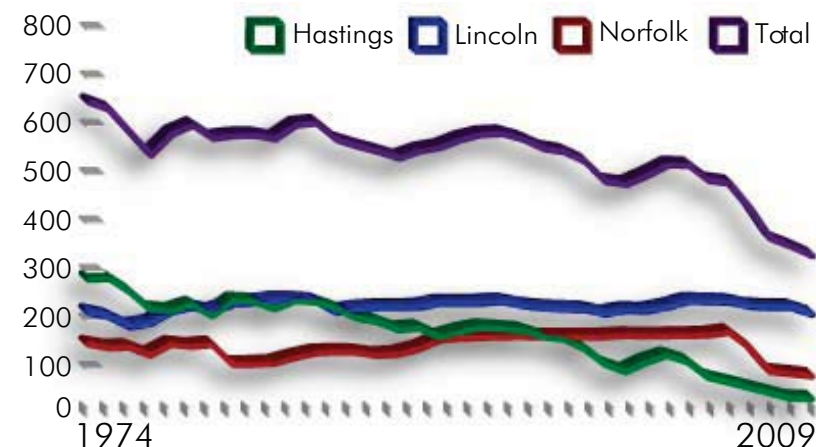
on the matter.

The Behavioral Health Oversight Commission was authorized under LB 928 (2008) to develop a strategic vision. This [strategic vision](#) will form the basis for a strategic plan, outlining the future for Nebraska's behavioral health system.

In March 2009, DHHS launched an easy-to-use Web site for people with mental illness, their caregivers and service providers. The [Network of Care Web site](#) for Behavioral Health is an Internet-based resource that lets people access information about treatment resources and diagnoses, insurance, etc. Consumers can also choose to communicate directly with others and to organize and store personal health records.

In May 2009, LB 603 authorized the creation of a Children's Behavioral Health Help Line and Family Navigator Services. These will soon be a resource to families of youth experiencing an urgent behavioral health situation.

(Below) Average daily census of all Nebraska regional centers over the last 25 years.



Did you know...

- The average gambling debt in Nebraska of \$26,722 is greater than 50% of the average income.
- In 2008, the Division of Behavioral Health provided mental health services to nearly 4,050 youth experiencing a serious emotional disturbance.
- Drug and alcohol abuse and addiction is a public health problem that affects over 45,000 adults in Nebraska. Rates of alcohol use and binge alcohol use have been consistently above the national rates.
(Substance Abuse and Mental Health Services Administration, 2005-2006 surveys).

Challenges

- Enhance consumer involvement
- Create a culture of hope and recovery
- Improve safety and health
- Assure accountability



ALL ABOARD!



Division of Children and Family Services

Providing the least disruptive services when needed, for only as long as needed, to give children the opportunity to succeed as adults, help the elderly and disabled live with dignity and respect, and help families care for themselves, resulting in healthier families and safer, more prosperous communities.



Division of Children and Family Services

Giving children the opportunity to succeed as adults.



The Division of [Children and Family Services](#)' mission is to provide the least disruptive services when needed, for only as long as needed to give children the opportunity to succeed as adults, help the elderly and disabled live with dignity and respect, and help families care for themselves resulting in healthier families and safer, more prosperous communities.

To ensure adherence to this mission, the Division offers a vast array of services to a very diverse population of children and adults through different yet collaborative program areas:

1. Economic Assistance Unit
2. Child Support Enforcement Unit
3. Child Welfare Unit
4. Office of Juvenile Services

public assistance benefits. [ACCESSNebraska](#) is an online application and self-screening tool for the delivery of Economic Assistance programs, such as the food stamp program (SNAP - Supplemental Nutrition Assistance Program), Low Income Home Energy Assistance Program, or child care subsidies, to Nebraskans. Through this program Nebraska families have the opportunity to apply for benefits anywhere there is Internet access. This was implemented in September 2008.

Economic assistance is offered in many forms. One federal program, administered by DHHS, provided assistance to many Nebraskans who suffered losses from flooding and power outages. The [disaster food stamp program](#) brought over \$11 million of federal funds into Nebraska for food purchases. Armed with experience from

Nebraska disasters, DHHS economic service workers [assisted relief efforts](#) in Louisiana as a result of Hurricane Gustav.

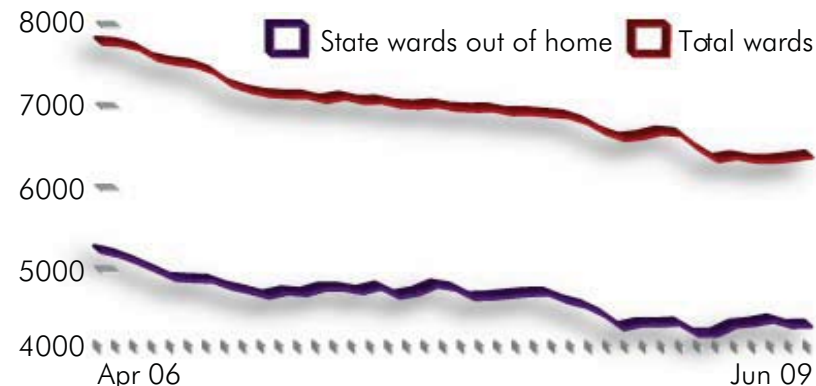
Child Support Enforcement Unit
Nebraska's [Child Support Enforcement Unit](#) continues to rank among top in the nation for collection of support. The [unit ranked 4th](#) for collection of current support orders and 11th for collection of past-due support.

Child Welfare Unit and the Office of Juvenile Services

The Child Welfare Unit and the Office of Juvenile Services prioritize safety, permanency, and well-being as the top three outcomes for children involved with their services. In regard to supporting these outcomes the Division:

- Increased the number of finalized adoptions by 92.6% (297 to 572) from 2003 to 2008
- Implemented the Nebraska Safety Intervention System, which is a comprehensive assessment to

(Below) The recent decline in the number of state wards.



- determine if a child is safe or unsafe
- Enhanced the array of safety and in-home services available to children and families
- Announced plans and are taking steps to further improve services to children, youth and their families by contracting for the full array of safety, in-home and out-of-home (non-treatment) services and service coordination from selected lead providers. More information is available under the [Out-of-Home Care Reform: Framework](#).

COMPASS

Children's Outcomes Measured in Protection and Safety Statistics ([COMPASS](#)) is a web-based program that houses "rolling year" data pertaining to federal and state data measurements for the child welfare and juvenile services system. It is interactive, so that high-level data may be broken down into more specific units (e.g., state, service area, judicial district, city, and county level data) and is available to anyone with Internet access.

Did you know...

- Over 40,000 e-applications were received between Sept. 08 and Sept. 09.
- The Youth Rehabilitation Treatment Center (YRTC) in Kearney had an average daily population of 170 boys in fiscal year 2008-09, and the YRTC in Geneva had an average daily population of 71 girls.
- Child Support Enforcement had total support collections for fiscal year 2008-09 of \$196,553,460, which reflect a 7.2% increase, the largest dollar amount of annual collections in Nebraska to date.
- There has been a 19% decrease in the number of state wards from an all time high in April 2006 of 7,803, resulting in the lowest number of children in the custody or care of CFS since Oct. 2003.

Challenges

- Improving on the federal Child and Family Services Review outcomes of safety, permanency and well being of children.
- Increasing the number of children served in-home versus out-of-home.
- Decreasing the total number of state wards to 5700 by Dec. 31, 2009.
- Implementing employee recruitment and retention strategies.
- Achieving or exceeding federal requirements for TANF (Temporary Assistance for Needy Families)/Employment First and Paternity Establishment.



BINGO!



Division of Developmental Disabilities Providing and promoting services to people with developmental disabilities that help achieve independence, realize personal goals and develop meaningful relationships in a safe and healthy environment.



Division of Developmental Disabilities

Promoting greater independence for persons with Developmental Disabilities.



(Above) BSDC staff members use water therapy to help a resident improve mobility. Photo: Bill Wiley

The Division of [Developmental Disabilities](#) contracts with and certifies 33 community-based developmental disability service providers with 73 certified programs statewide. Residential and day habilitation services are offered to eligible individuals with intellectual disabilities or related developmental disabilities who choose community living. The Division also provides technical assistance, payment and general oversight for community-based providers, and manages approximately 220 service coordinators statewide. It also operates the Beatrice State Developmental Center (BSDC), a 24-hour residential intermediate care facility, and Bridges, a 14-bed secure setting for people with challenging

behaviors that pose a significant risk to the community.

The Division:

- Administers five Home and Community-Based Services (HCBS) Medicaid Waivers.
- Serves approximately 4795 individuals total.
- Provides service coordination to 4564 persons.
- 276 children receive day and/or respite services.
- 3835 adults receive day, residential and/or respite services.
- 92 individuals now utilize the new Community Supports Program, a self-directed HCBS Waiver option.
- The Division collaborates with other agencies, providers, families and self-

advocates increasing opportunities for individuals with developmental disabilities to access the most integrated, less restrictive services and supports.

**As of June 30, 2009*

Beatrice State Developmental Center

The Beatrice State Developmental Center (BSDC) continues to work toward compliance with requirements outlined in a settlement agreement the State of Nebraska has with the U.S. Department of Justice. In addition, the legislature appropriated funds for continued improvement of the facility. Major improvements have been made, including reductions of mandatory overtime, enhancement of medical staff, improved therapy services, and increased habilitation and vocational opportunities.

BSDC has worked with community-based services to develop more residential services for people who desire to transition from BSDC. The Department signed contracts with three community providers to expand their capacity to serve people with complex medical needs. The Eastern Nebraska Community Office of Retardation (ENCOR) agreed to develop a Medical Support Unit to serve six individuals. Mosaic agreed to build six, six-bed Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) and five six-bed Centers for Developmental Disabilities (three of which will be Medical Support Units) in various locations across the state. Integrated Life Choices also agreed to develop a network of 12 extended family homes that offer nursing support via a registered nurse and two licensed practical nurses.

Community-Based Services

In an effort to support the activities at BSDC throughout the year, 41 individuals transitioned from BSDC to community-based services. In order to make those transitions go smoothly and ensure that all the support needs are addressed for each individual, the Division developed a new transition planning process to assist community-based services and BSDC. In addition to the BSDC transition efforts, 108 individuals, from Jan. 1, 2008 to Dec. 31, 2008, began receiving community-based services.

The Division recognizes that it must provide greater support to community providers of developmental disability services and started planning for a provider conference in the spring of 2010. The first step was a fall forum that took place in Nov. 2008. In addition, the Division created a steering committee to explore training opportunities for provider staff. A workgroup was also reconvened to update community-based services' regulations.

A major support to providers is the Outreach and Intensive Treatment Services (OAITs) program, run out of the BSDC campus. OAITs provides specialized services and recommendations to individuals who live in the community and experience challenging behaviors. It continues to be successful in providing support to 49 individuals. The Division is working on plans to enhance and expand the OAITs program in order to make the program even more accessible.

Did you know?

- The Division supplements state funds with approximately \$90 million in federal Medicaid funds.
- Since 1996, the Legislature has appropriated funds to provide community-based day services to all eligible Nebraska graduates.

Challenges

- Continue implementation of the settlement agreement with U.S. Department of Justice.
- Expand and improve community-based services.
- Finalize new regulations governing community-based services as well as reevaluating our Medicaid Waivers.
- Develop and deliver quality services that address the needs of people with both a developmental disability and behavioral health diagnosis.
- Continue recruiting and retaining professional staff at BSDC.



A HAND UP



Division of Medicaid & Long-Term Care

Providing health care services to eligible elderly people and individuals with disabilities and eligible low-income pregnant women, children and adults, and assisting eligible clients to access necessary and appropriate health care.



Division of Medicaid & Long-Term Care

Providing health care services to eligible people with disabilities and low-income pregnant women, children and adults.



The Division of [Medicaid & Long-Term Care](#) administers the Medicaid program, which assists eligible clients to access necessary and appropriate health care and other related services. Some preventive services, such as well-child check-ups and childhood vaccines, are also covered. The Division also administers [Home and Community Services for Aging and Persons with Disabilities](#), which allow elderly individuals and individuals with disabilities to remain independent in their own homes or a community setting. The State Unit on Aging provides funding and assistance to Area Agencies on Aging to help elderly clients with meals, care management and other services.

Current Initiatives

Children's Health Coverage: Eligibility for the [Children's Health Insurance Program](#) was expanded to cover children whose families' income does not exceed 200 percent of the

federal poverty level. This will add approximately 5,400 children to the program in fiscal year 2009-10.

New Medicaid Card

On Aug. 11, 2009, All Medicaid clients were issued a permanent wallet-sized identification card, similar to cards issued by private health insurance carriers. The cards replace the monthly mailing to clients. Providers can quickly verify eligibility through two telephone and two electronic systems. This new card is easier for the client to carry and significantly reduces the printing and mailing costs.

Preferred Drug List

The Medicaid Prescription Drug Act provides for appropriate pharmaceutical care to Medicaid recipients in a cost-effective manner through the development of a [Preferred Drug List](#). Medication costs for the State will be reduced by 1) the receipt of supplemental rebates from

drug manufacturers and 2) increased utilization of less costly medications.

Autism Service for Children

The Division plans to implement an intensive early intervention service based on behavioral principles for a limited number of children with Autism Spectrum Disorder under the age of 9. This service will be provided statewide and serve approximately 85 children annually.

Money Follows the Person

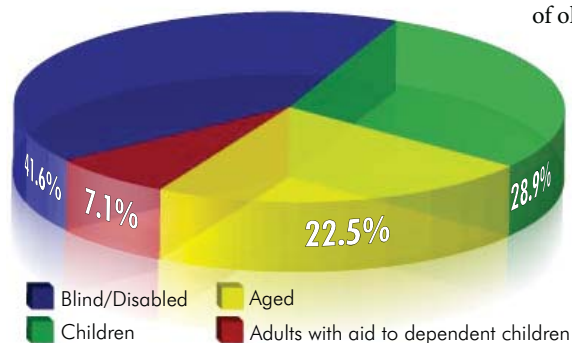
This program assists those who reside in nursing homes or intermediate care facilities to move back to their own homes or other

suitable residences. Since the project was initiated, 39 project participants have been successfully transitioned from facilities to qualified home and community-based services.

State Unit on Aging

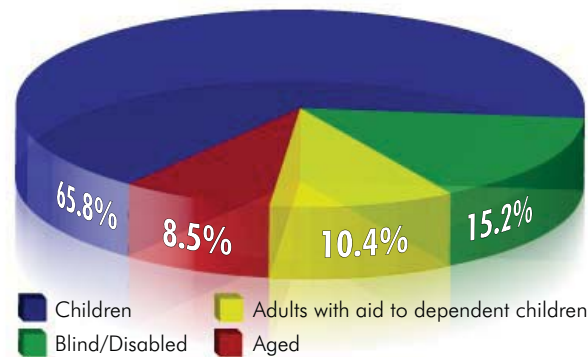
The Nebraska [State Unit on Aging](#) received \$562,321 from the American Recovery and Reinvestment Act (ARRA) for senior nutrition services. These funds provide meals to seniors in need of food, restore nutrition services that have been cut and restore positions which may have been eliminated or reduced. The State Unit on Aging received an ARRA grant of \$182,015 to increase the number of older workers served

through the Senior Community Service Employment Program. This program provides an older worker an income and skills development through part-time training at community service organizations.



(Above) Nebraska Medicaid vendor expenditures by eligibility.

(Right) Nebraska Medicaid average monthly eligible persons by category, fiscal year 2008-09.



Details about the above charts and more can be found in the Nebraska [Medicaid Reform Annual Report](#).

Did You Know..

- The Health Insurance Premium Payment Program (HIPP) currently assists over 370 Medicaid-eligible individuals maintain their health insurance coverage by assisting with payment of health insurance premiums.
- On average, Medicaid served over 207,000 eligible individuals each month during fiscal year 2008-09. (137,346 children, 7,391 in nursing facilities)

Challenges

- Continue to control spending while providing quality, necessary services to eligible clients.
- Continue to modernize technology supporting the Medicaid program, such as EFT and electronic billing.



LIVING WELL



Division of Public Health

Promoting good health and the prevention of disease. Priorities for the Division are: creating a culture of wellness; addressing health disparities; becoming the trusted source of state health data; devising a media and education plan; and providing budget transparency.



Division of Public Health

The promotion of good health and the prevention of disease.



(Above) Dr. Schaefer, Chief Medical Officer, holds a press conference for H1N1. Photo: Bill Wiley

The Division of **Public Health** is the promotion of good health and the prevention of disease. Public health is: healthy mothers and healthy babies - breast feeding - vaccinations - clean water - car seats - seat belts - prepared communities - clean air - nutrition programs - tobacco-free environments - medical research - jogging trails and bike paths - safe and clean places to play - cancer screening - healthy homes - safe health facilities - quality health professionals - limiting disease outbreaks - increasing years of healthy life - providing leadership and assistance to Nebraska's 20 county and district health departments.

Public Health Priorities

Priorities for the Division are: creating a culture of wellness; addressing health disparities; becoming the trusted source of state health data; devising a media and education plan; and providing budget transparency.

Community Health Planning and Prevention

- The Division of Public Health took the lead in Nebraska's [H1N1 influenza outbreak response](#) that involved multiple state agencies, local health departments, and federal partners. In fiscal year 2008-09, 173 cases of H1N1 were reported.
- Sixteen community-based coalitions were funded to reduce alcohol misuse.
- A cultural competency curriculum was developed to assist organizations in working with diverse populations.

Environmental Health

- The [Office of Radiological Health](#) assures that radiation is used safely by inspecting and licensing over 1,900 x-ray machines and 150 facilities that use radioactive material.
- Environmental health programs protect Nebraskans by licensing and inspecting public water systems and the asbestos, lead and radon industries.

Health Promotion

- The number of adults receiving vaccinations in public health clinics for Hepatitis B doubled in the last year.
- A report on injuries showed that falls were the leading cause of injury-related hospitalizations for adults 65 and older.
- A Heart Disease and Stroke Practitioners Institute was hosted by the Nebraska Cardiovascular Health Program to improve systems of care in rural areas.

Investigations

- Complaints are investigated on licensed, registered or certified health care professionals and on suspected welfare fraud. In fiscal year 2008-09, 1,982 investigations were completed.

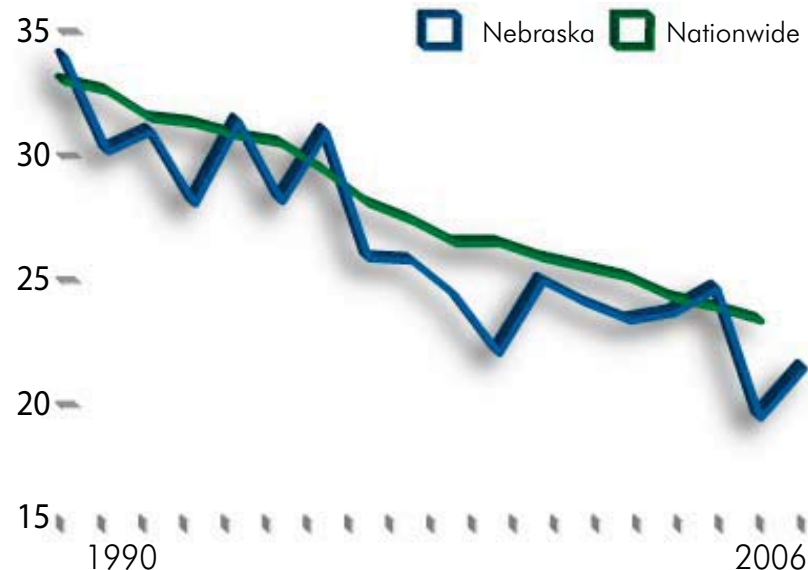
Licensure

- The public's health, safety and well-being are protected through regulation of facilities, individuals and programs.
- In fiscal year 2008-09, 82,671 new and renewal professional and occupational licenses were issued; 1,083 health care facility or child care program inspections were completed; and 629 disciplinary actions were taken.

Lifespan Health Services Unit

- In fiscal year 2008-09, 8,287 women received mammograms through the Every Woman Matters Program, and 74 breast cancers were detected.
- Nebraska was one of 13 states to receive a grant to educate young women and men about healthy lifestyles for parents.

(Below) The decline of breast cancer mortality rates, in deaths per 100,000 female population.



Did you know...

- In the last year, 99.2% of babies born in Nebraska hospitals received a hearing screening before going home.
- An outbreak of salmonella was halted when disease investigators traced it to alfalfa sprouts.
- The Nebraska Cancer Registry and the Crash Outcome Data Evaluation System received national Gold Standard certification.
- Cardiovascular disease is the leading cause of hospitalizations in Nebraska, with costs increasing 158% between 1996 and 2007.
- On June 1, 2009, Nebraska became the [16th state with a law](#) that requires workplaces, restaurants and bars to be 100% smoke-free.

Challenges

- The rate of deaths from diabetes is more than four times higher for Native Americans than for whites.
- Access to oral care is limited, with 21 Nebraska counties having no dentist. Nearly 30% of children from low-income schools have untreated dental decay.
- Nebraska has one of the highest binge drinking rates in the nation, with 13% of women and 26% of men reporting on a phone survey (during fiscal year 2008-09) that they had engaged in binge drinking in the past month.



SERVICE WITH A SMILE



Division of Veterans' Homes

Providing care and service worthy of our nation's heroes, our veterans, is top priority for the Division. Employees at all four of Nebraska's state Veterans' Homes reach out a helping hand to our member veterans every day and treat them with respect. Valuing the sacrifices made by others and showing our gratitude by providing the best care we can is both a fitting and proper way to pay tribute to our veterans.



Division of Veterans' Homes

Reaching out a helping hand to our member veterans every day, valuing the sacrifices they made and showing our gratitude by providing the best care.



(Above) A veterans' home employee (right) shares quality time with a WW II vet who served in the 10th Armored Division in Germany.

Photo: Sean Patrick

The Division of [Veterans' Homes](#) operates four state veterans' homes in Nebraska located in Bellevue, Grand Island, Norfolk and Scottsbluff.

Together the four Homes serve about 523 members with assisted living and skilled care. The Homes provide specialized services like physical therapy, plus a wide range of recreational and religious services. The Homes also enjoy a unique relationship with various veterans' organizations, whose members donate time, money and companionship to people living there.

All four homes have a proud history of serving veterans.

Accomplishments from July 1, 2008, to June 30, 2009, of the four Homes together and individually include:

For 2008/09, all Homes:

- Implemented consistent assignments and redefined their process to reflect resident center care; and
- Provided education used in the survey process, allowing the facilities to be survey-ready 24/7.
- The Division developed a customer service program that all Homes will be using this year.

Grand Island Veterans' Home

Originally known as the Nebraska Soldiers and Sailors Home, [GIVH](#) opened in 1887 and was the first Veterans' home in Nebraska. In May of 2009, the GIVH served 202 members.

- During the June 2008 Veterans' Administration survey, the GIVH Assisted Living Facility was found deficiency-free and the number of deficiencies for the Skilled Nursing

- Facility were reduced.
- New bath aide positions were created within the nursing department for member's convenience, ensuring a more comfortable and private bathing experience.

Western Nebraska Veterans' Home

Located in Scottsbluff, [WNVH](#) served 78 members in May 2009.

- For 2008-09, WNVH put a renewed focus on individualizing plans of care.
- Each of the Veterans' Homes has non-profit foundations to raise funds for special projects. The WNVH Foundation received more than \$70,000 in donations from service organizations, banks and private donors across the state to restore a favorite pond at the Home.

Eastern Nebraska Veterans' Home

Located in Bellevue, [ENVH](#) opened its doors to members in July 2007. In May 2009, the ENVH served 108 members. ENVH:

- Implemented a consistent assignment initiative for staffing in all of the residents' neighborhoods;
- Produced an eight-minute video available about life at ENVH and unveiled the Home's "Defenders of Our Freedom" art series; and
- Passed both the U.S. Department of Veterans Affairs annual survey and the State's licensing survey.

Norfolk Veterans' Home

[NVH](#) served 135 members in May 2009.

- The NVH Secure Care (Memory) unit was enhanced in order to meet more veterans' needs.
- A ten-bed advanced palliative care unit was created to provide comfort care to members and their loved ones.
- The NVH Foundation continued to raise funds for "Heroes Park," eight acres of recreation and relaxation amenities surrounded by flowers, gardens and trees.



Did you know...

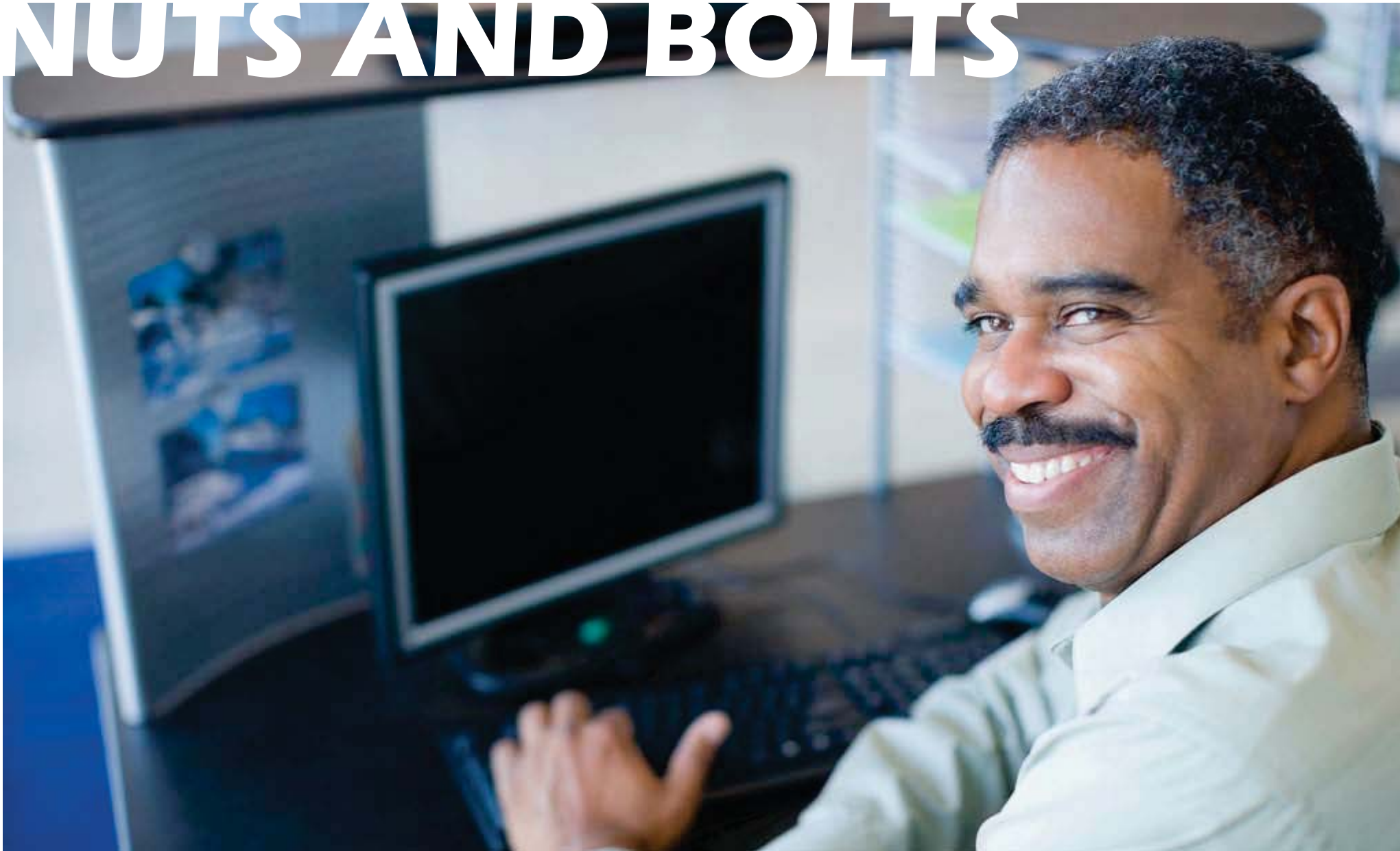
- According to a recent [survey](#) of members, nearly 90% would "recommend their veterans' home to others."
- All of the Veterans' Homes post newsletters on-line. So... If you want to know more about every day life at each of these facilities, visit our web pages.

Challenges

- Many challenges revolve around adequately staffing a 24-hour facility in an increasingly competitive job market. The Homes meet these challenges head-on by recognizing employee contributions, trying new processes to reduce turnover and mandatory overtime, increasing employees' educational training through in-service training programs and other innovative ideas. For example, ENVH established a recruitment and retention committee that helped eliminate staffing vacancies, and NVH established a Staff Governance Council comprised of employee representatives from all departments to increase communication between employees and managers.



NUTS AND BOLTS



Operations

Providing specialized expertise, innovative services and support to the Department, with administrative support, communications, financial services, human resources, legal support and information technology.



Operations

Providing overall leadership, specialized expertise, and support to the Department



Operations includes the Department's Chief Executive Officer (CEO), the Chief Operating Officer (COO), and six support areas: Communications and Legislative Services, Financial Services, Human Resources and Development, Information Systems and Technology, Legal and Regulatory Services and Support Services. Operations provides overall leadership for the Department and specialized expertise and support to the Department in the following areas:

- **Communications and Legislative Services (CLS)** handles public information and promotional efforts, and coordinates legislative activities.
- **Financial Services** provides support to the Department through budget activities, state and federal report preparation, accounting transactions, grant and contract support, claims processing, research, and financial and program analysis.

- **Human Resources and Development (HRD)** provides human resource services, including training, payroll, employee and labor relations, and recruitment. DHHS currently has approximately 6,200 full-time employees.
- **Legal and Regulatory Services** provides legal advice for the Department and represents the Department in administrative hearings and some court cases, and drafts and reviews legislation, rules and regulations, contracts, and other documents.
- **Support Services** provides technical assistance and support to the Department in purchasing, vehicle management, facility support services, records management, word processing, graphics, mail distribution, forms and supplies, Americans with Disabilities Act (ADA) compliance review and design, contracts service and procurements, and Spanish

translation.

- **Information Systems and Technology (IS&T)** provides project management, ongoing support of information systems, help desk and network/hardware support.

DHHS Web site Subscription Service

The Department offers an [e-mail subscription service](#) which allows DHHS Web site users to receive notifications by e-mail when new information is available. Web site users can tailor the notifications for content of specific interest to them. Some content can also be sent directly to a cell phone or mobile device. Both options are a free service provided by DHHS.

To subscribe to this service, click [here](#), scroll down and click on

(Below) Various Web sites recently launched by Operations in conjunction with DHHS programs.

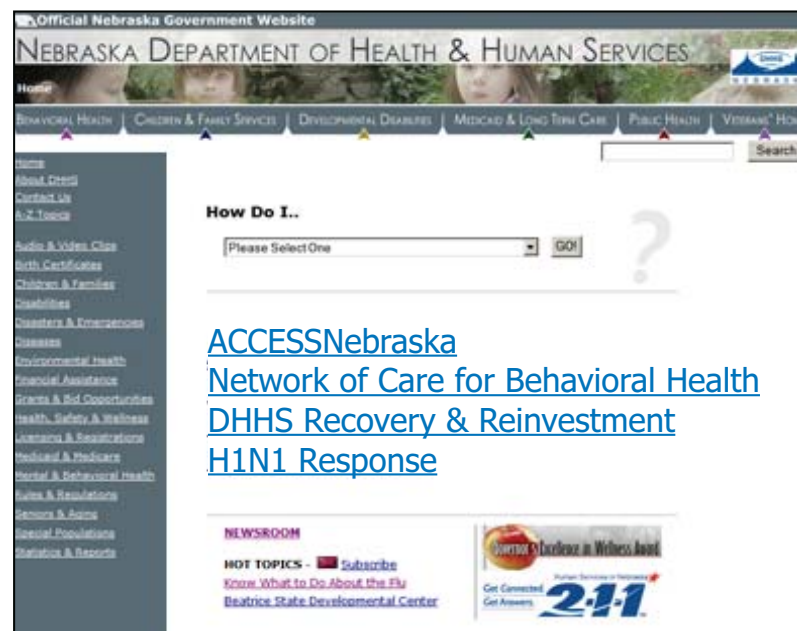
“Subscribe.” You will be prompted to provide your e-mail address and then can select from the list of subscription options.

ACCESSNebraska Behind the Scenes

The units within Operations often work behind the scenes to ensure successful implementation of DHHS projects. One example is the work Operations has done, and will continue to do, to support implementation of ACCESSNebraska - the online application process for public assistance. All six units within Operations have had a role in the implementation of ACCESSNebraska. With that support, ACCESSNebraska's online application process and self-screening feature was successfully launched in Sept. 2008.

Did you know...

- Communication & Legislative Services handled media relations/crisis management for major issues affecting the Department, including the Safe Haven law and the H1N1 virus and provided communications assistance to campaigns such as the Nebraska Clear Indoor Air Law, the Stay in the Game Colon Cancer Screening program, Wellness promotion, and the Tobacco Free Nebraska Tobacco Prevention programs.
- The System Advocate, a key component of Operations, responds to over 425 inquiries from the public each month.
- IS&T purchased and installed over 1,700 PCs as part of the DHHS hardware refresh plan. They also upgraded all DHHS employees to a different e-mail system to match others in state government.
- Human Resources & Development successfully moved 3,000 employees from a paper time-keeping system to electronic time sheets. This innovative system saves time and money by making employees more efficient with their timekeeping.



Behavioral Health

Children & Family Services

Developmental Disabilities

Medicaid & Long-Term Care

Public Health

Veterans' Homes

Operations

Map of facilities & service areas

Display different maps with the buttons below.
Also try the DHHS and community service [online locator](#).

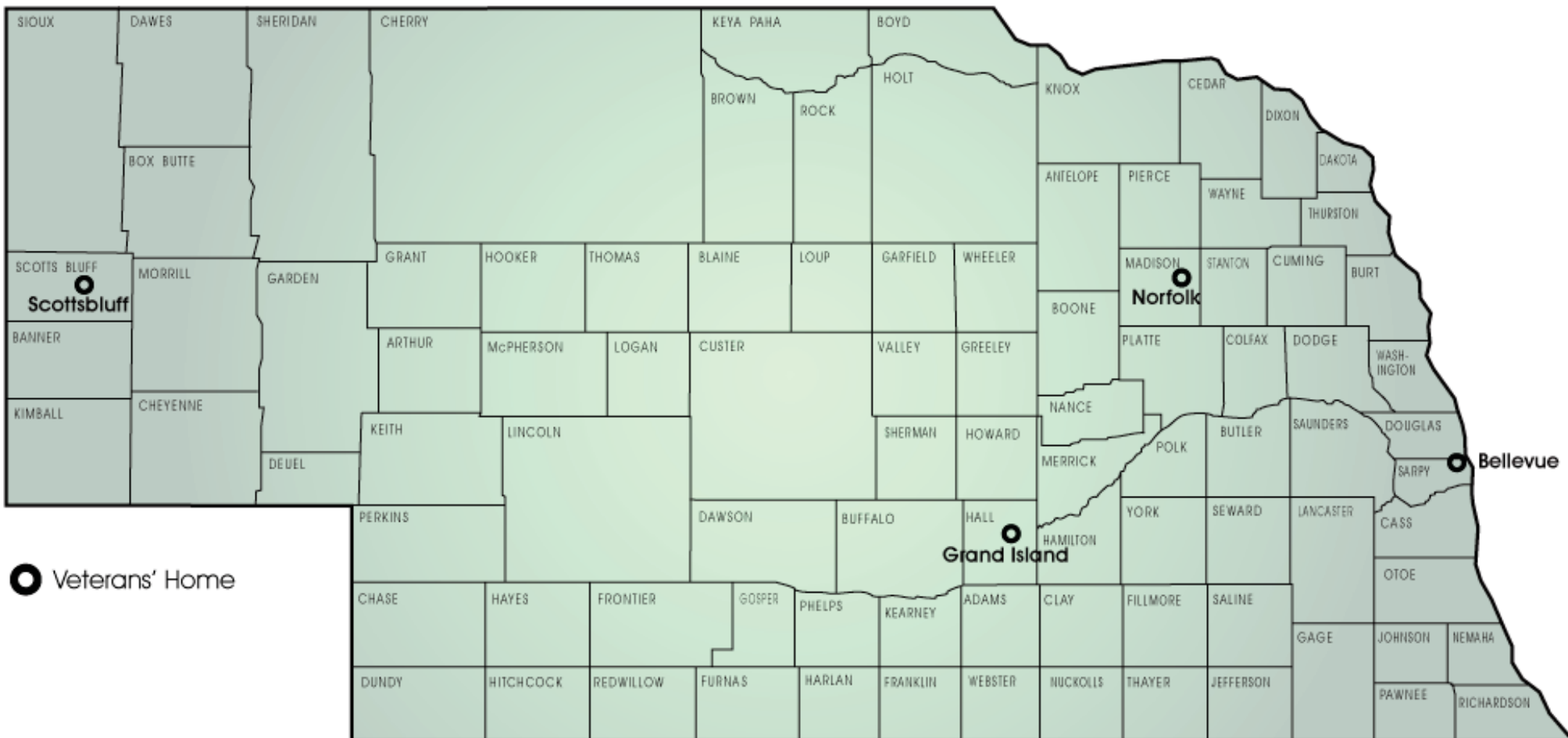
Local Offices

Regional Centers

YRTCs

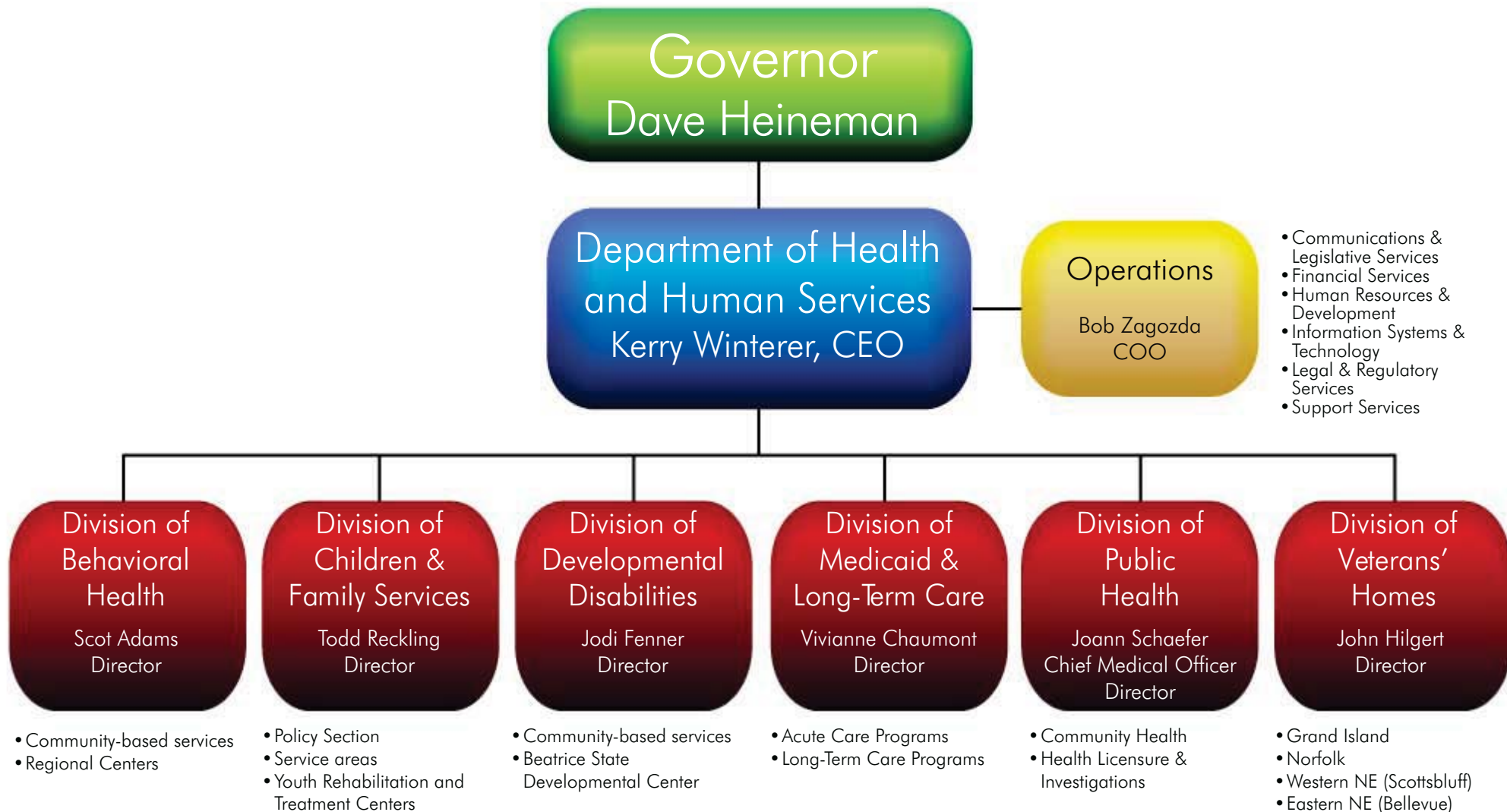
Developmental Center

Veterans' Homes



Organizational Chart

A visual overview of the internal structure of DHHS.



Contacts

General Contact Information

	<u>Phone</u>
General Information	(402) 471-3121
Central Service Area	(800) 892-7922
Eastern Service Area	(402) 595-2880
Northern Service Area	(800) 782-8844
Southeast Service Area	(402) 471-5328
Western Service Area	(800) 477-6393
Home and Community Services	(800) 358-8802
Vital Records	(402) 471-2871
Child Support Enforcement	(877) 631-9973
Licensure	(402) 471-2115
Child Care Licensing	(800) 600-1289
Medicaid (main inquiry number)	(402) 471-9147
Medicaid (provider inquiries)	(877) 255-3092
Child/Adult Abuse Hotline	(800) 652-1999
System Advocate	(800) 254-4202

For information about services in Nebraska, call 2-1-1 or visit www.211.org

To see if you are eligible for economic assistance benefits or to apply for benefits on-line go to: www.ACCESSNebraska.ne.gov

The Nebraska Department of Health and Human Services is committed to affirmative action/equal opportunity employment and does not discriminate in delivering benefits or services.



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