

# Overview of the Department of Public Institutions

## INTRODUCTION

### MISSION STATEMENT:

*The Department of Public Institutions serves persons whose problems, disabilities and lack of resources have prevented their independent and full participation in society.*

The Department has four major areas of responsibility:

- Developmental Disabilities
- Behavioral Health
  - ° Mental Health
  - ° Alcohol, Drug Abuse and Addiction
- Veterans' Homes
- Visually Impaired

Services are provided by three public psychiatric hospitals located in Lincoln, Hastings, and Norfolk; a residential and developmental center for the mentally retarded located in Beatrice; four state veterans' nursing homes located in Grand Island, Omaha, Norfolk, and Scottsbluff; a statewide network of rehabilitation services for the visually impaired; and community programs for developmental disabilities, mental health and substance abuse.

### UNDERSTANDING DPI:

- ° DPI is the Nebraska state agency with the most employees, with approximately 3,100 employees.
- ° The Department's mission is to make a positive difference in the lives of people served, based on established values and individualized outcomes.
- ° DPI employees at its eight facilities provide 24-hour hospital care to its residents, patients and members. This requires coverage of three 8-hour shifts per day, 365 days per year, of health care professionals.
- ° DPI's budget includes \$121.5 million for operations and state aid, \$85.8 million in federal funds, and \$20.9 million in cash funds (per diem, third party insurance payments, etc., and \$6.5 million in construction funds) for a total of \$234.7 million for FY96.
- ° Each of DPI's 24-hour care facilities is accredited and licensed by appropriate outside regulatory organizations like the Joint Commission on Accreditation of Health Care Organizations and the Health Care Financing Agency.

**BEHAVIORAL HEALTH SYSTEM**

**MENTAL HEALTH SERVICES**

**A. Target Population**

Mental health services are primarily designed to serve those individuals who have serious and persistent mental illnesses. Serious mental disorders such as schizophrenia can create lifetime disability and in some cases make the individual dangerous to themselves or others. These services also address persons whose lives are disrupted by dramatic or prolonged intense stress causing very acute reactions and, in some cases, life threatening events such as suicide attempts. In addition, services for children and families are provided.

Number of persons served in FY95 in both community and inpatient mental health services = 32,236

**B. Operations**

**Program Description**

The Department directly operates three public psychiatric hospitals (regional centers) that provide both short-term and extended inpatient services. The regional centers' primary mission is to serve persons who need very specialized psychiatric services. The regional centers are available to do evaluations and consultations to schools, courts, social service agencies and others. Regional centers also provide services to persons who, because of mental illness, require a highly secure treatment setting.

1995 Appropriations for Operations:

State General	\$34,973,232
Federal	\$ 4,278,432
Cash	<u>\$ 6,990,496</u>
	\$46,242,160

**Hastings Regional Center**

- \*Average Daily Census: 131
- \*Full-Time Equivalent Employees: 406
- \*Average Cost Per Day: \$272

The Hastings Regional Center also provides a specialized chemical dependency treatment unit. (See page 4 for more information on that Unit.)

\*Figures do not include the Chemical Dependency Unit.

**Norfolk Regional Center**

- Average Daily Census: 171
- Full-Time Equivalent Employees: 318
- Average Cost Per Day: \$202

## Lincoln Regional Center

Average Daily Census: 227  
Full-Time Equivalent Employees: 525  
Average Cost Per Day: \$247

Lincoln Regional Center also provides these specialized services: (1) an Adolescent and Family Services Program for severely emotionally disturbed adolescents 12-18 years of age who are dangerous to themselves or others. This program serves the entire state and has an accredited educational program; (2) Forensic Mental Health Service that provides a secure inpatient service for adult men who need maximum supervision, including those found not responsible by reason of insanity, convicted sex offenders, transfers from correctional institutions, court evaluations, and those deemed to be of danger to themselves or others.

### C. Mental Health Community Aid

#### Program Description

Community Mental Health Aid funds support a variety of specialized mental health services directed toward those persons with mental disorders and mental health problems. These services range from traditional outpatient therapy services for children, adults and families to more specialized psychosocial rehabilitation programs focused on adults with serious and persistent mental disorders. These programs include comprehensive emergency, day rehabilitation, short-term inpatient, residential, vocational support, and specialized child/adolescent services.

The Department is responsible for the management of state and federal funds, planning and regulation. The Department contracts with regional governing boards (made up of county commissioners) to provide these services. The regional governing boards, in turn, directly deliver services and/or contract with local service providers within their respective six regions.

State Aid FY96 Appropriation:	State General	\$14,014,237
	Federal	<u>1,650,690</u>
		\$15,664,927

## SUBSTANCE ABUSE AND ADDICTION SERVICES

### A. Target Population

The substance abuser or compulsive gambler who is the target of these services is using or is at risk of using drugs or alcohol in a manner which seriously impairs his/her ability to function in society or is experiencing difficulties as a result of gambling. The young substance abuser is often disruptive at home and at school, may be involved in drunken driving or other crimes, and is at high risk for suicide. The adult substance abuser has major failures in his or her work, family, or societal responsibilities and also may be a child or spouse abuser, a criminal, and at high risk for suicide.

Number of persons served in FY95 in both community and inpatient services = 33,600.

Nebraska's strategy on alcohol and drug abuse is a coordinated response that focuses on law enforcement, treatment, and education/prevention. All three are needed as we combat the damage to our youth and society. The Department of Public Institutions coordinates Nebraska's treatment and education/prevention services.

**B. Operations**

DPI's Hastings Regional Center operates an Alcohol Treatment Unit (ATU) which provides two programs (a basic program and one for recidivists) of 24-hour hospital-based alcoholism and drug abuse treatment.

Average Daily ATU Census: 48  
Full-Time Equivalent Employees: 48  
Average Cost Per Day: \$244  
ATU 1996 Appropriation: State General \$3,605,523  
Cash Funds 324,533  
Federal 344,790  
\$4,274,846

**C. Substance Abuse and Addiction Services Community Aid**

**Program Description**

Community Substance Abuse and Addiction Services Aid funds support early identification and prevention of substance abuse among youth in conjunction with multiple state agencies; intensive residential programs for both youth and adults that provide anywhere from 21 days to a number of months of 24-hour treatment for persons addicted to alcohol or other drugs; day treatment and partial hospitalization programs for both youth and adults where the focus is providing more structured alternatives to traditional outpatient programs; outpatient services for individuals and their families. Many areas of the State also have emergency detoxification services.

The Department is responsible for the management of state, cash, and federal funds, planning and regulation to ensure that services meet minimum standards of quality. The Department contracts with regional governing boards to provide prevention, intervention, treatment, and aftercare services. The regional governing boards, in turn, allocate these funds to service providers within their respective six regions.

DPI's Division of Alcoholism, Drug Abuse and Addiction Services is also responsible for certification of alcohol and drug abuse counselors. The certification process is designed to ensure that competent and experienced staff are available to serve Nebraska citizens.

State Aid 1996 Appropriation: State General \$ 5,069,939  
Cash 396,138  
Federal 5,918,154  
\$11,384,231

#### IV. DEVELOPMENTAL DISABILITY SERVICES

##### A. Target Population

Since children with mental retardation are primarily the responsibility of the education system, the Department of Public Institutions' specialized services focus on adults with mental retardation who are handicapped to such an extent that they cannot function in society without special, and often extensive, assistance.

Many persons with mental retardation are more severely involved because they have additional handicaps such as medical disorders, other developmental disabilities (e.g., cerebral palsy, epilepsy, autism) and mental illness (e.g., schizophrenia, personality disorder). These multiply handicapped persons frequently need intense medical or psychiatric interventions in addition to services designed to instruct them in basic living and working skills.

Number of persons served in FY95 in community-based services = 3,032.

##### B. Operations

###### Program Description:

The Beatrice State Developmental Center is a 24-hour residential facility licensed as an ICF-MR (Intermediate Care Facility for the Mentally Retarded). It provides residential, habilitative, and medical services in the least restrictive manner. The Center provides training in basic living skills such as eating, toileting, mobility, communication, and personal care. Vocational programming includes eye-hand coordination, interpersonal skills, job seeking skills, and specific work skills.

Average Daily Census: 418

Full-Time Equivalent Employees: 916

Average Cost Per Day: \$210

1996 Appropriation for Operations:	State General	\$12,209,371
	Federal	\$18,175,168
	Cash Fund	<u>\$ 2,876,866</u>
		\$33,261,405

##### C. Developmental Disability Community Aid

###### Program Description

Community-based developmental disability programs provide residential, day and case management services. There are a number of residential support options from group homes to supervised apartment living. Residential services provide habilitation programs designed to teach various aspects of independent living. Day services include prevocational and vocational sheltered workshops, work-stations-in-industries, and other forms of

sheltered supported employment. In addition, everyone receiving residential or day services also receives case management. Other specialized services such as mental health services, speech therapy, and physical therapy can also be provided.

The Department has Client Service Contracts with each agency for the provision of services. The State Aid appropriation is set by the Legislature. The Department is responsible for planning, quality assurance, and providing an annual budget recommendation.

Number of Persons Served: 3,032 (Community-based mental  
retardation services only)

State Aid 1996 Appropriation: State General	\$28,922,109
Federal	38,110,409
Cash	<u>1,700,000</u>
	\$68,732,518

**REHABILITATION SERVICES FOR THE VISUALLY IMPAIRED**

**A. Target Population**

The target population is defined by the Federal Rehabilitation Act of 1973. Two conditions must be met to receive services: (1) a physical handicap which constitutes or results in a substantial handicap to employment; and (2) a reasonable expectation of employment. The majority of the clients served are employable adults who have become blind as a result of disease such as diabetes. The onset of the physical disability is often sudden and dramatic, imposing a severe impairment to managing self-care activities and engaging in employment.

**B. Program Description**

The Division on Rehabilitation Services for the Visually Impaired (RSVI) provides services which enable blind and visually impaired individuals find remunerative employment and eliminate dependence on public support. RSVI services support each blind person's personal goals for rehabilitation and maximize consumer choice, confidence and empowerment. The programs of vocational rehabilitation and independent living include communication skills (braille, typing, etc.); mobility skills (using a cane to travel independently); developing skills for alternative employment choices (including access to employment and educational opportunities involving computer technology); or equipment, aids, or appliances.

Number Served: 1,415  
Full-Time Equivalent Employees: 47

State Aid 1996 Appropriation: State General	\$ 69,147
Federal	324,800
Cash Fund	<u>20,000</u>
	\$413,947

## VETERANS' HOMES

### A. Target Population

The target population for services is primarily geriatric veterans and/or their eligible spouses or parents who are or have been a Nebraska resident for at least two years; are disabled due to service, old age, or an inability to earn a livelihood; are dependent wholly or partially upon public charities for support; or require a type of care available only at a state institution. A 1986 DPI study projected a near doubling in demand for services by the year 2000, as the largest number of eligible veterans in history (WW II/Korea) reach 65+. At the same time, as the average age of WW II/Korean War applicants increases, the degree of infirmity and level of care required will also increase.

The Board of Inquiry and Review, a separate, independent entity, decides on a case-by-case basis who is admitted to or discharged from the four Veterans' Homes. The Board is composed of the Department Commander of each of the recognized veterans' organization in Nebraska, the Director of the Department of Veterans' Affairs of Nebraska, and the immediate past Department Commander of each of the recognized veterans' organizations in Nebraska. The Board also determines co-payment assessments (called "maintenance fees") for those members who do not meet the Boards' established means criteria for fully paid service.

### B. Program Description

The Nebraska Veterans' Homes operates four facilities located in Grand Island, Omaha, Norfolk, and Scottsbluff. Members receive the following levels of nursing home care: (1) Domiciliary care for people who are able to provide self-care with minimal assistance; (2) Two levels of nursing care: Intermediate Nursing Care, for those who need assistance with activities of daily living or who require medications and nursing care; Skilled Nursing Care, for the chronically ill who require skilled nursing care and rehabilitation services.

DPI's capacity to add beds is limited by the federal Department of Veterans Affairs' limit on the number of beds authorized per state, and because of scarcity and cost of skilled nursing staff and other health care professionals. Nebraska is currently at the maximum number of beds allowed.

The Homes have physicians, nurses, dentists, pharmacists and physical therapists on staff and/or under contract. Acute care services are arranged for veteran members through the federal Veterans Affairs Medical Center serving the Home's VA district. For spouses and parents not authorized for VAMC care, each Home makes special arrangements with local providers. The Homes also provide either directly or through contract, occupational therapy, speech therapy, social worker and a wide range of recreational and religious services. Volunteer support from local veterans organizations in the form of recreational activities, patriotic events,

financial and material donations, and one-on-one companionship provides a unique vital link between the members and the greater Nebraska veterans community.

Average Daily Census: 649  
Full-Time Equivalent Employees: 774  
Average Cost Per Day: \$122  
1996 Appropriation for Operations: State General \$ 8,815,472  
Federal 112,384  
Cash Funds 16,040,667  
\$24,968,523

**SUMMARY**

In summary, the Department of Public Institutions:

1. As the State Authority in Behavioral Health (Substance Abuse and Mental Health) and Developmental Disabilities provides leadership and coordination through comprehensive planning, budgeting, technical assistance, and training.
2. Through the management of state aid funds, supports and provides quality assurance for a statewide network of community-based services for persons with:
  - Developmental Disabilities (Community-Based Developmental Disability Programs).
  - Behavioral Health Problems (Community-Based Mental Health Centers and Substance Abuse Programs).
3. Directly provides 24-hour direct care treatment and habilitation for seriously ill and disabled persons:
  - The seriously, chronically, and/or dangerously mentally ill (Regional Centers).
  - The developmentally disabled and multiply handicapped (Beatrice State Developmental Center).
  - Veterans and their dependents in need of long-term care. (Veterans' Homes)
4. Directly operates a statewide network of rehabilitation services for the blind and visually impaired (Rehabilitation Services for the Visually Impaired).