

Bringing Nebraska Department of Health and Human Services employees closer together

CEO Courtney Phillips Honored at Event

DHHS Question: *What was the leading cause of death for Nebraskan women from 2011-2015? If you said heart disease, you're correct. In that time span, the disease was the second leading cause of death among African-American, Native-American, and Hispanic women, the third leading cause among Asian women, and the leading cause among Caucasian women.*

The University of Nebraska-Lincoln Psi Chi Omega chapter of Alpha Kappa Alpha Sorority, Inc. hosted its "Pink Goes Red" brunch Feb. 17 at The Nebraska Club to raise awareness of this issue.

DHHS CEO **Courtney Phillips** was honored at the event for the work of DHHS related to heart disease. In addition, **Dr. Robert Percell**, a Lincoln-area cardiologist and the 2017 Pink Goes Red Honoree, and **Vaughn Robertson**, director of Educational Talent Search at UNL, spoke at the event on the issue of heart disease. [\(article continued on page 8\)](#)



CEO Courtney Phillips



A computer rendering of the three new buildings that will soon grace the Hastings Regional Center site show them to be completely unlike the buildings to be demolished.

Demolition Precedes Construction at HRC

Building 3 at the Hastings Regional Center, currently housing the Juvenile Chemical Dependency Program, is coming down, to be replaced by three modern, single-story buildings.

The old building, the former psychiatric hospital, currently houses 24 youth between the ages of 13 and 18. The program they are a part of takes up a little less than half of the sprawling H-shaped, three-story building, said **Fred Zarate**, an architect in the Building Division of the Department of Administrative Services. [\(article continued on page 2\)](#)

Project ECHO Uses Telehealth Strategies

By Tamara Gavin

According to the U.S. Health Resources and Services Administration, 88 of 93 Nebraska counties are designated workforce shortage areas for behavioral health providers. The Division of Behavioral Health is committed to improving workforce access within the behavioral health system. However, relying solely on recruiting and retaining behavioral health professionals will not resolve our workforce challenges. Instead, we must be committed to identifying and investing in innovative workforce expansion strategies in order to ensure the needs of vulnerable Nebraska citizens are met. [\(article continued on page 2\)](#)

The project will raze most of the 18 buildings on the campus, sparing the chapel, which is currently being used as a gym, and the administration building. Heating to building three is still provided through a tunnel from a centralized utilities building, which is among the buildings to come down eventually. Removing the older buildings at HRC will decrease the DAS lease and result in significant savings.

A plan discussed in 2012 had called for the renovation of Building 3. The plan was scrapped when the bid for the project came in \$2 million higher than the funds allotted, Zarate said.

The current budget sets aside \$2.6 million for demolition of existing buildings and \$5.1 million for construction of one program building and two dormitory buildings. The 12,500-square-foot operations building will include an administration space as well as an intake area, visitation areas, four classrooms, a kitchen and a cafeteria, as well as a vocational skills

training area.

The dorm buildings will be identical -- 3,700 square feet each. Each will have two wings with six bedrooms per wing and a core area with recreational space, exercise room and a small outdoor area for physical activities. Two additional dorm buildings could be added in the future.

Designed by **Alley Poyner Machietto** Architects of Omaha, the new Youth Treatment Facility is expected to take a year to be built with an anticipated opening in the summer of 2019. Bids are expected to go out in March.

Zarate said the majority of the design decisions have been made.

"Plans are probably 90 percent complete, but things could change," he said. "If they do, the changes could be making this bathroom a little smaller and that one a little bigger, if that gives you an idea. We in this office don't design much unless it's a small project. What we do is project management and owner representation."

While the new buildings will each have their own heating system, the new buildings will be tied into Hastings municipal water supply. Hastings Regional Center had used its own well for domestic water service.

The buildings are designed to use the super-efficient, low maintenance variable refrigerant flow (VRF) system. In use since 1982 in Japan and in other parts of the world, they are relatively new to the United States. They offer design flexibility, since they can be recessed into the ceiling, mounted on the wall or anchored to the floor. Their small size provides installation advances, and the fact that each unit can be controlled independently means they offer a high degree of comfort.

Finally, all lighting in the complex will utilize LED fixtures, which are very efficient and long-lasting.

Fred (Fernando) Zarate has worked for the state for 38 years and in the building division for 22.

Project Echo *(article continued from page 1)*



Pain & Substance Use Disorder ECHO

One such approach is through the use of telehealth service delivery. While telehealth aids in expanding access to direct patient care, it relies on an assumption that specialists across the state have the capacity to take on new patients. This may not always be the case. Therefore, additional or alternative methods of expanding the specialty care knowledge base should be considered—for example, providing additional training and consultation to general practitioners, so that they may be able to personally treat patients with complex needs. This allows patients to be treated in their home communities and exponentially increases workforce capacity. This is where Project ECHO comes in to play.

Project ECHO, which stands for Extension to Community Healthcare Outcomes, is a model that was developed during a Hepatitis C crisis in New Mexico. **Dr. Sanjeev Arora**, one of only a few Hepatitis C experts

in the state and the founder of Project ECHO, realized that if he could build a telementoring model that could provide education and consultation to practitioners across the state, they could develop the necessary competencies to adequately treat patients with the disease and only those with the most complex needs would need referred to specialists.

Project ECHO utilizes standard video conferencing technology to deliver training and consultation activities to practitioners who are interested in developing specialty care knowledge—participants are known as the “spoke” team. It leverages the knowledge of an identified team of expert clinicians that are known as the “hub” team. This team develops and provides short educational sessions during each ECHO session to build knowledge within the spoke team. Additionally, spoke team members can submit real patient cases to the hub team for consultation during the ECHO

sessions.

This two-fold approach offers education and the ability to apply knowledge to active patient cases. Patient identifying information is kept confidential during ECHO sessions.

Since its inception, Project ECHO has been used across the globe to address a variety of clinical conditions. In Nebraska, the Division of Behavioral Health, in partnership with the University of Nebraska Medical Center, was proud to launch the state's first ECHO clinic: Pain and Substance Use Disorder ECHO. This Project ECHO went live on Feb. 2 and is in response to the national opioid crisis. Clinics run on the 1st and 3rd Friday of the month and the 5th Friday in March from noon to 1:15 p.m. Physicians, nurses, behavioral health providers, and any professional who is interested in developing competencies in the assessment and treatment of pain and substance use disorders may register at [this link](#).

Lincoln Regional Center Keeps its Patients Safe

Social workers at Lincoln Regional Center (LRC) are part of a large team whose priority is keeping their patients safe and discharging them back into integrated community living.

That's the day-to-day job, but according to **Jennifer Jennings**, LRC social worker supervisor, what really makes an impact are those moments when a patient takes a major, perhaps unexpected, step forward.

She's seen a few since she became a social worker at the LRC in October 2007.

"One of my fondest memories – not just at work, but in my life -- is of a road trip I and some other staff members took with a patient to Omaha," she said, adding that the trip was to look at a residential facility he might be moved to as his recovery progressed.

"He was just so happy to be out. He was able to stop and buy chewing gum and we were rocking out to the radio. I will never forget it."

But that sort of outing is near the end of a patient's stay, which usually begins with a Psychosocial Assessment performed by a social worker. The assessment occurs at a meeting that usually involves the core team – the social worker, as well as a psychiatrist, psychologist, and a nurse representative. Each member of the core team is completing an assessment of their own at that initial meeting, Jennings explained.

The Psychosocial Assessment acts as kind of a patient record covering "every part of that person's life," to be used by people unfamiliar with the patient's background. It's updated yearly based on monthly progress notes, which in turn are built of regular interactions with the social worker.

The philosophy of the assessment is "Person in Environment," which also informs the daily work of social workers: Rather than looking for a therapeutic diagnosis, their work is largely pragmatic: answering questions, finding them a liaison

for release, and helping a patient visualize how the community might be able to meet their needs for health and safety again.

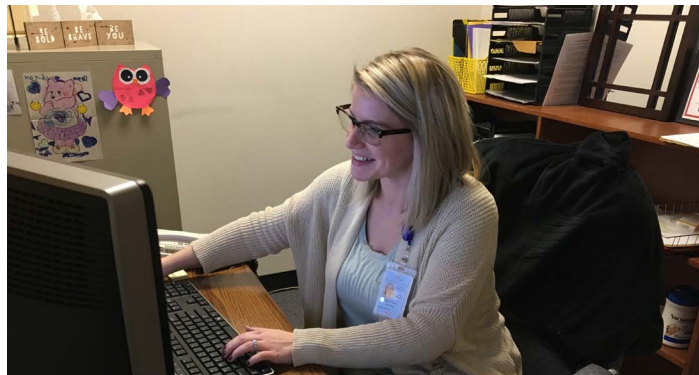
During the first eight weeks, patients have at least weekly contact with social workers, although Jennings explained that it often works out to be daily contact. The regulations thereafter require at least monthly contact.

"Those initial meetings often start right away with talking about discharge," she said. "That's what we are focused on, too. It's great to see people dramatically improve and walk out the door. Often it's a matter of the right medication."

Jennings, who supervises 11 of the 14 social-worker positions on the LRC campus since starting in her supervisory role in 2012, said social workers approach their jobs based on their particular skillset and also on the type of patients they see.

In addition to her supervisory role, Jennings also has a caseload which varies depending on LRC needs. She works with patients in building 10, which is home to 37 men who were primarily committed against their will by mental health boards across the state of Nebraska. Some patients were committed to the LRC by county and district courts for forensic issues related to competency and/or a potential sanity defense.

Jennings typically prefers to meet with patients in the living areas of the wards they inhabit. Most of the interaction with patients occurs in the afternoons, because mornings are consumed with meetings and paperwork, she said.



Brittany Pofahl, a social worker at the Lincoln Regional Center, handles some of the required documentation at her desk, having participated in the discharge of one of her patients earlier that morning. Pofahl started at the LRC in August.

It's sometimes a tough place to be. "Social workers sometimes are the target for folks who don't understand why they are here and why they aren't leaving," she said. "And of course we're the ones really trying to get them out of here."

There is more warmth than anger visible when shadowing Jennings through the hallways, however. She seems to know everyone's name and speaks to them as one might to a friend.

"Would you like to meet (a male patient)?" she asked. "He's the one I took a road trip with."

The man was found standing apart from the other men clustered around a nurses' station.

He was slight and gentle. Later he said he had taken at least 10 years of piano lessons. And once followed into a recreation room that included a piano, he demonstrated it by playing Clair de Lune beautifully. Jennings said he was one of her favorite people and said she hoped he'd be able to be released and play for more people.

Perhaps appropriately, Clair de Lune takes its name from a poem by Paul Verlaine, one of whose lines declares that the soul is a "delicate landscape."

Lean Six Sigma Yellow Belt Certification Class



About 15 DHHS employees from a number of areas earned their Lean Six Sigma Yellow Belt certifications in an intensive morning of training Jan. 18th at the Whitehall training building.

Led by Training Specialist **Anne McCarthy**, the morning was divided into three sections -- a review of content using a handbook, a group activity, and a 70-question test. Although it was rumored that no-one had failed the test, those attempting it took it seriously, most finishing in 40 minutes of the hour allotted.

The beginning of the session built on what was discussed in the White Belt training by discussing the historic origins of the Lean and Six Sigma philosophies and how they merged. Although Lean is focused on eliminating waste and maximizing flow, and Six Sigma applies statistical analysis to operations and strives to minimize variation in established processes, both are ultimately about serving citizens of the State of Nebraska better.

"Just being real with you, I know that process improvement training is not the most exciting thing in the world," McCarthy said, adding that the end result of service our customers better can be pretty exciting.



Anne McCarthy (standing) leads a group of prospective Yellow Belt trainees Jan. 18 at one of the Whitehall training rooms.

The background of the businesses philosophies dealt with, most of the morning was how to practically identify and eliminate waste, the great enemy of success. Those taking the Yellow Belt training were taught how to run a huddle – a short 15-minute meeting that provides a look at the dashboard showing the essential work of a group – and also how to track goals and processes using a QDIP board.

The Yellow Belt Certification is the second of five belt ranks – White, Yellow, Green, Executive Green and Black, which is subdivided into the Master Black designation. Holders of the Yellow Belt designation are part of the Center of Operational Excellence's network and may be called upon in the future to help with process improvement initiatives.

The meeting was heavy with acronyms but McCarthy explained each well. QDIP stands for Quality, Delivery, Inventory, and Production, she said. The board – usually cardboard with 16 small charts affixed to it – can serve to keep eyes on the prize and everyone on the same page. McCarthy added that some huddles are using electronic QDIP boards if they have team members in other locations.

Quality is focused on addressing rework and defects; delivery is primarily about timeliness; inventory is about addressing backlogs, actual inventory of a product or service, as well as what is

waiting at the end of the day; and finally production takes as its subject the number of things we produce.

Students broke into small groups to work through a simulated QDIP board, first determining whether goals had been met, whether the trend in those metrics was positive or negative. If goals weren't met, the likely reason for the failure was noted and a plan for improvement invented.

Waste goes by the acronym of D.O.W.N.T.I.M.E, which stands for Defects, Over production, Waiting, Not utilizing talent, Transport, Inventory, Motion and Extra processing. A word meaning waste that has an appealing mouthfeel, McCarthy said, is the Japanese word for waste: or "Muda."

When problems are identified, the Lean Six Sigma philosophy also provides a tool chest to fix the problem. Without going into all the tools, the common denominator of each is that problems and goals are sharply defined. These tools can be implemented over the course of a short three to five day blitz called a Kaizen event or a project which may be longer or shorter.

Approached after the class was over, most attendees said the class was useful and the philosophy liable to be helpful in their daily work. More yellow belt sessions are taking place across the state through the coming year led by Training Specialists Anne McCarthy and Tracy Poppe. They look forward to teaching more DHHS team members about process improvement.

Headstone Placed in Cemetery for Great-Great-Grandmother

This story ran in December in the Omaha World-Herald

The Good Life: Cousins find great-great-grandma's grave near Hastings Regional Center and try to right a past wrong

HASTINGS, NE — For decades, only a small brick engraved with the number “1685” marked a grave in the far corner of a grassy field that sits on the outskirts of town.

Over the decades, thick sod had overgrown the brick, obscuring the resting place of a patient who died at a place called the Hospital for the Incurably Insane.

The grave, and its story, might have been forgotten if not for a pair of sleuthing genealogists from the Omaha area.

Lisa McLaughlin and **Kristin Riggle** were researching their family's history, but had hit a dead end when it came to the life of a great-great-grandmother named Ella Mattisdotter-Pearson.

The tiny Swedish immigrant, who didn't speak English, was born around 1856. She settled and married in Omaha, and had two children. But what eventually became of her was a mystery.

Then one day Riggle, a sign language interpreter at Burke High School, came across a newspaper article from Dec. 6, 1899.

“Mrs. Ella Pearson became suddenly insane early yesterday,” read the article in the Omaha Bee. A cop, aided by Pearson's husband, took her to the police station for “safe keeping.”

More digging led them to the sad discovery that Ella Pearson had ended up as a patient at a state mental hospital in Hastings, a place where, back in the day, now-discredited treatments like



Kristen Riggle, left, and Lisa McLaughlin, right, place a headstone at the grave of their great-great-grandmother, who had lived out her days at what would one day be called Hastings Regional Center

lobotomies and shock therapy were not uncommon.

After more digging, and navigating a slew of red tape, they found out that she was buried amid 1,150 graves, marked only by a brick with a number.

That was something they could not tolerate.

“We were just appalled,” said Riggle, who lives in McClelland, Iowa, northeast of Council Bluffs. “These people were here on this earth. Whether they were sick or not, their memories need to be recognized by their names, not a number.”

On Dec. 9, Riggle and McLaughlin drove to Hastings, dug into the turf and replaced Pearson's numbered brick with a headstone.

It reads “Remembered with Love.”

A dozen graves are marked with simple white crosses, but this was the first headstone placed at the cemetery, located at the end of a narrow dirt road behind the facility, now called the Hastings Regional Center.

“We found her and she's never going to be forgotten now,” said

McLaughlin, a substitute teacher who lives in west Omaha. “Even though for a long time people wanted to forget her.”

The two, who are cousins, are part of a small but growing number of people trying to right a past wrong.

Nearly 2,500 patients were buried in cemeteries at the state's mental hospitals, in Hastings, Lincoln and Norfolk. The burials ended in 1957, but each grave was marked only by a patient's medical ID number.

Riggle called the practice “inhumane.” But officials said it illustrated how mental illness was regarded decades ago.

“A lot of families, a lot of patients, due to the stigma of those days, didn't want people to know they were there,” said **Marj Colburn**, an administrator at the Hastings center.

Some patients used fake names, Colburn said. Some believed that mental illness was connected to witchcraft. Traumatic brain injuries, migraine headaches and even senility were lumped together as mental illness.

(article continued on page 6)

Headstone placed in cemetery

(article continued from page 5)

The public still has a way to go in openly discussing mental illness, said **Sheri Dawson**, who directs the behavioral health division of the Nebraska Department of Health and Human Services.

"It affects one in four of us," Dawson said. "We need to raise the conversation."

Today's medications and treatments can be effective, she said. Mental illness should not be considered a secret, but a treatable, chronic illness, Dawson said.

Some things are changing, particularly when it comes to recognizing the patients who lived at the state's mental hospitals.

In 2009 the Nebraska Supreme Court ruled that families did not have to undertake an expensive legal battle to obtain information — then considered private — about

ancestors who were patients at such state facilities.

The ruling was hailed as "a great victory for human rights," and it eased the process of discovering whether a loved one had been buried in the nondescript graves.

In Lincoln there are now 14 headstones marking graves at two cemeteries used by the Lincoln Regional Center, where there are about 700 graves.

While the tombstone placed in Hastings was the first there, Riggle and McLaughlin hope that other families follow their lead.

Learning about the life of Ella Pearson, they said, helped them better understand their family history, as well as society's struggle with recognizing, and treating, those with mental illnesses.



"We have a long way to go," Riggle said. "We need better health care in this country."

McLaughlin said that they learned that their great-great-grandmother, a small woman, perhaps 90 pounds, suffered from what was called "chronic mania" and was listed as refusing treatment. She worked buffing floors at the mental hospital, spending 25 years there until her death in July 1928.

"The minute we saw the brick with her number, we decided we needed to get a headstone," McLaughlin said. "We're just so glad that we found her."

Computer Hardware Process Improvement Saves Time

This is a story. A story about teammates. A story about teammates working together to provide efficiencies and customer service. This is the NSOB 5S Project story.

#TeamDHHS is committed to improving the way we do business to create value for our clients, taxpayers, and team members. Our DHHS Operational Excellence team added another chapter to the book with Operations and IS&T.

An unknown number of computers and printers managed by the Department were sitting unused in areas of the State Office Building. It already takes a lot of effort to preserve security on the computers staff actively use and even more labor to maintain these machines. This work is added to that stemming from the machines that need to be replaced through the Department's replacement process.

Before teaming up with Operational Excellence, IS&T Hardware technicians would collect desktops and other technology devices -- such as wireless hotspots, laptops,

and cell phones -- when notified by supervisors that the devices were no longer needed in the specific workspace.

Our teammates are busy and it's easy to forget to call IS&T to pick up the hardware.

Now, desktop computers associated with positions that become vacant will be collected within 30 days unless the position will be filled. This will reduce labor hours needed to maintain these machines. When the positions are filled, a like or newer machine will be provided. Fewer machines need to be replaced every year.

Our teammates:

- reduced the number of steps in the process by 25 percent;
- cut the process time in half; and
- will save 792 hours each year!



Great job to our teammates in operational excellence and IS&T. We're all looking forward to the next chapter!

In Gratitude

Here are some letters & notes DHHS employees have received thanking us for the work we do every day to
Help people live better lives

The Nebraska Department
of Health and Human Services' mission:
Helping people live better lives.

Billing Department—

I just wanted to thank-you for all the hard work that you do all year long getting all the caregivers' time sheets and billing sheets done each week, every two weeks, and for the month. I know it is hard work with so many caregivers that work for Health and Human Services, so I wanted to give you this letter and these treats. Enjoy, and have a wonderful holidays.

An NFOCUS Billing Provider

An internal email about the impact we have:

"I just got off the phone with (a client). She has just been approved for Medicaid, and with her happiness about that, she told me she had a story for me. She said a local worker had been very helpful to her during this process, answering questions and providing information. She was talking about this social worker to her adult daughter, who said 'Joan Alexander? She's the reason I went to college to become a Social Worker.'

Just wanted to be sure I passed this on to you, apparently you've made quite an impression on this family."

DHHS Teammate

Dear Margo,

Thank you for taking care of my sister. I grew up in Beemer, so the Doescher name is comforting to me. I feel like she is in good hands. You do so much to help people who can't have a voice. You must have a good heart to do what you do. I taught 2nd, 3rd, and 5th for 35 years, so I know how much you have to give to help. Thanks!

Client's sister

Dear Department of Health and Human Services,
My husband and I are so thankful that you could provide SNAP and LIHEAP to us in our time of need. It may not have been much, but it meant the world to us.

I apologize for not having done the volunteering. I would have done it if my body could've endured it, because I love helping people.

We just wanted to let you know how extremely grateful we are, and thank you for how much you helped us.

Our sincerest gratitude,

York residents



Mother's Custody Lost and Restored

The point is it doesn't usually go this well. The point is that, although a mother lost her children for a time, she got them back, and got them back quicker than Morgan Weitzel, a social worker, and her supervisor, Rickie Wynne, a children and family service supervisor, expected.

The story started Sept. 12, 2017. There was a Scottsbluff family composed of a man, 31, and woman, 35, and boy and a girl. The girl, 14, was from the woman's previous relationship, while the boy, 10, was the result of the current pairing.

Using an abuse hotline, the girl reported that her step-father had hit her mother and had slapped her, and the man was arrested. The children were removed to Capstone Child Advocacy Center, where in interviews the girl said there was "sexual abuse on the part of the man." This allegation was verified in two videotaped interviews with the man. Conducting a search

warrant also revealed a large amount of methamphetamine among the man's possessions.

When interviewed, the mom said she didn't know that this was happening and expressed some doubt that is was. As a result of this, a juvenile petition filed alleging failure to protect and the children were made wards of the state, putting further contact with her kids in doubt.

That's where the story turns around.

Wynne and Weitzel said they'd never seen a person in this situation work so hard and so single-mindedly to get custody back.

"She basically worked her own case. She set up counseling for herself. She even wanted to find a new house to live in because she didn't want her daughter to return to the house where the abuse occurred," Wynne said. "I've never had a case where the parent took action so quickly."

After losing her kids in September,

they were returned to her Jan. 3. Wynne added that the case is still open and is being reviewed every 90 days. She added that she expected the case to close after the next review.

"It's a success for us because we didn't know how she would react," Wynne said. "Sometimes people in this situation will choose their partner over their kids. But she has no contact at all with him. Here is a mother who recognized that she hadn't been protective and took steps to ensure she and her children could be reunified and heal from this situation together. She aligned completely with her children and truly wants to do what is best for them."

According to Wynne, the father figure in the case could serve a term of 15 to 30 years. A motion was also filed for loss of his parental rights.

Both based in Gering, Wynne has been a member of DHHS since 2009, Weitzel a little more than a year.

CEO Courtney Phillips *(article continued from page 1)*

"It was an honor to represent the department at the Pink Goes Red event. Our Public Health team has a critical role in driving awareness about heart disease and what each Nebraskan can do to prevent it," said Phillips.

She continued, "I want to thank the members of AKA for their work to increase awareness about heart disease. Our DHHS team is always looking for ways to partner with and/or support the work of community, civic, and grassroots groups in spreading awareness about the issues we work on."

While heart disease is a leading cause of death for men and women, there are ways to lower your risk. Modifiable

risk factors include high blood pressure, high cholesterol, prediabetes and diabetes, smoking, physical inactivity and lack of fruits and vegetables in one's diet, and being overweight or obese.

Alpha Kappa Alpha Sorority, Inc. was founded in 1908 at the historically black Howard University in Washington, D.C. Though their sorority colors are pink and green, sorority members nationwide wear red, in partnership with the American Heart Association, to raise awareness of women facing heart disease.



Make the Connection...

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DHHS Employee Website: <http://dhhsemployees/>

DHHS Helpline: 1-800-254-4202, (402) 471-6035 in Lincoln, or via e-mail at dhhs.helpline@nebraska.gov
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Telephone: (402) 471-6585 **Fax:** (402) 471-3996 **E-mail:** dhhs.pio@nebraska.gov

Interagency mail: Nebraska State Office Building, 3rd Floor

U.S. mail: P.O. Box 95026, 301 Centennial Mall South, Lincoln, NE 68509-5026

Communications Director:
Matt Litt

Editor:
Dave Hudson

Graphics and Layout:
Judy Barker

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