

CONNECTIONS

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Bringing Nebraska Department of Health and Human Services employees closer together

Plans Laid to Extend LUCAS 2 Grant

The \$6 million, three-year grant from the **Leona M. and Harry B. Helmsley Charitable Trust** that purchased hundreds of Lund University Cardiopulmonary Assist System (LUCAS) devices will come to an end in spring 2018, but **Tim Wilson**, DHHS program manager for Emergency Health Systems, says he hopes to extend it one year.



Tim Wilson poses with the LUCAS 2 automated chest compression device, which has saved at least 33 lives over the past three years.

Speaking in mid December, Wilson said they hope to buy more of the LUCAS 2 automated chest compression units (made by Physio Control) by the end of 2017 and continue training emergency personnel in their use. The case for extension would be that another year would enable DHHS and local entities to save even more lives.

Since receiving the funding in April 2015, that number stands at 33, Wilson said. “A saved life,” he said, “means that they’ve walked out of hospitals with no or limited deficits.”

Wilson said he is waiting to hear about 13 additional cases. These patients are still in the hospital or the hospital hasn’t reported on their outcomes yet. Reports are requested, but there are no ramifications when hospitals either don’t report or delay the report.

In addition, how many lives are saved is affected by whether manual CPR was performed before the LUCAS 2 device was utilized. Obviously, he explained, beginning manual CPR immediately and continuing it until the device is put to work is key. On the other hand, putting the LUCAS 2 to work after an unresponsive patient has been discovered naturally yields poorer outcomes.

Wilson’s data shows the devices have been used more during the closing financial quarter than in any quarter in 2017.

In the current quarter, a period beginning Sept. 1, the devices have been

used 97 times. In first quarter 2017, the devices were used 57 times; in second quarter 37 times; in third quarter 44 times.

The increase was due to the fact that more of the devices had had been distributed between third and fourth quarters.

In total, 489 devices were purchased. Broken down, 407 devices were purchased for 352 emergency medical services (EMS) to use. Some of the largest service providers, like those in Lincoln and Omaha, received two or more. Eighty hospitals also each received one device. Finally, DHHS purchased two, which will be loaned out into the communities.

Neither DHHS nor the Helmsley Trust buy the devices directly, he said. Instead, the local services purchase them and are reimbursed their cost through the grant. Moreover, even without the grant dollars, Nebraska’s hospitals and EMS providers can still buy the devices at the price locked in by the Helmsley Trust, which knocks off about \$6,500 of the price of the devices, which can cost about \$17,500.

This discount only extends to the end of the year.

Wilson said he’s hopeful the program can be extended, in particular the training aspects, which are still continuing.

“Obviously it’s something that smaller service units don’t use often. So some re-training is necessary,” he said.



The LUCAS 2 automated chest compression device.

The Helmsley Trust is a very pro-active charity that has actively given to causes they are concerned with.

“It’s a very progressive trust,” he said. “They’ve also bought other things, like CT scanners.”

Wilson is himself a paramedic. He says his hands-on role is useful because he is able to know first-hand what happens in the field.

“It puts a good perspective on the work we do at DHHS,” he said.

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DHHS Helpline: 1-800-254-4202, (402) 471-6035 in Lincoln, or via e-mail at dhhs.helpline@nebraska.gov

Chief Executive Officer:
Courtney Phillips

Behavioral Health
Division Director:
Sheri Dawson

Children and Family Services
Division Director:
Matt Wallen

Medicaid and Long-Term Care
Interim Director:
Rocky Thompson

Public Health
Division Director:
Tom Williams, M.D.

Developmental Disabilities
Division Director:
Courtney Miller

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Communications Director:
Matt Litt
Editor:
Dave Hudson

Graphics and Layout:
Judy Barker

Readers are invited to submit news, photos and story ideas to the editor via:

Phone: (402) 471-6585

Fax: (402) 471-3996

E-mail: dhhs.pio@nebraska.gov

Interagency mail: NE State Office Bldg, 3rd Floor
U.S. mail: P.O. Box 95026

301 Centennial Mall South

Lincoln, Nebraska 68509-5026

Lincoln CSC Team Donates to Voices of Hope

Families gather during the holidays – particularly at Christmas – to celebrate together; however, not all Nebraskan families can share in these holiday traditions.

Voices of Hope, a Lincoln organization that assists victims of domestic violence, sexual assault, and other abuse, helps families obtain the shelter and resources to assist them in getting through these difficult periods. The Department of Health and Human Services motto to “*help people live better lives*,” drove one team at the MLTC Lincoln Customer Service Center to take the mission statement to heart.

In the Spirit of Giving this holiday season, Social Services Worker **Cassandra Finkner** reached out to Voices of Hope to say that “Team Root-Johnson” would adopt a family. Through a series of emails, the team learned that their family consisted of a single mother and six children.

As much as the family was helped, the project was a source of pride for the team, as well.

“I was just happy to see our team pull together to reach out to a family in need during the holiday season! I know this family is going to be so grateful to have a Christmas this year, even amidst hard times,” Finkner said.

“I think it is amazing that our team continues to work together to fulfill our mission in Helping Others Live Better Lives,” Social Service Worker Supervisor **Amber Root-Johnson** added.

Drive organizer, **Brenda Kastens** said Dec. 18 that these gifts may have been the margin that allowed the family to experience Christmas 2017.

“Thank you, guys! These gifts really come from the heart!” she said. “I wasn’t sure what they were going to do for Christmas.”



Team Root-Johnson includes (front row, from left) PJ Wilson, Amber Root-Johnson and Cassandra Finkner, and (back row) Brian Wolesensky, Melissa Hart, Maureen Beltran, Carol McDowell, Dustina Donner and Michelle Marx.

The outpouring also struck other members of the team. “I was helping Brenda load my donations into her car, and she showed me all of the gifts you and your team donated for the family with six children,” **Jean Kilnoski** said “The gifts, stockings, and blankets were incredible.”

Team Root-Johnson is comprised of Amber Root-Johnson, Michelle Marx, Brian Wolesensky, Maureen Beltran, Melissa Hart, Carol McDowell, Dustina Donner, Jessica Weida, PJ Wilson, Valerie Engel, Cassandra Finkner and Jeremy Silver.



Message from Courtney Phillips, CEO

fosters collaboration, tracks Department progress, and reinforces our resolve and attention.

Importantly, no business plan can be effective unless all of us are fully engaged with it. Each teammate, at every level and role within DHHS, is a part of achieving the goals set out in the plan.

Being deliberate about how we fulfill our responsibilities and looking for better ways to live the mission of the Department ultimately improves our service to the citizens of Nebraska. I appreciate that questioning our routines or the way we do business will require conscious application, but the result of this work will be that everyone in the state will win – especially those we serve. I stress this so much because the goals and our mission make a tremendous impact in hundreds of thousands of Nebraskans' lives.

The business plan outlines priority initiatives for the coming year, clearly defines goals, and identifies deliverables. The initiatives represent work from across DHHS. While the initiatives do not encompass everything we do, they drive us forward to create more value for

Nebraskans. They are grouped within the same five strategic categories we used in the first year of the business plan:

- integrating services and partnerships;
- promoting independence through community-based services;
- focusing on prevention to change lives;
- leveraging technology to increase effectiveness; and
- increasing operating efficiencies and improvements.

The product of considerable thought, these categories proved useful in the first round of initiatives. For example, near the end of the first plan, in March 2017, DHHS successfully merged the Medicaid Eligibility Field Operations and Economic Assistance Eligibility Field Operations under Karen Heng. In addition to easing the process for our clients, the unified team was able to share resources and information, resulting in additional efficiencies. For example, two document imaging centers – where mail for Medicaid and

Economic Assistance was handled – were merged into one.

Another example is the SNAP/DOL Employment program which brought two state agencies together to help our citizens with a foundational need – finding a good paying job that empowers one's life. Initially, results are promising; more people are working and the need for assistance is declining.

We're already preparing for the third business plan, which commences this July, and I want you to be involved. The Communications & Legislative Services team will be asking for goal submissions in February. I expect each member of our DHHS team to be driving improvement and offering ideas about how to do so; it is time to submit those ideas to supervisors.

Through our team's collaboration and alignment with Governor Ricketts' goals, we will continue the great work of our mission: helping people live better lives.

Importantly, no business plan can be effective unless all of us are fully engaged with it. Each teammate, at every level and role within DHHS, is a part of achieving the goals set out in the plan... Courtney Phillips, CEO

Changing Metrics a Matter of Refining Federal Focus

The result of the most recent CFSR review of child welfare services as a whole was unveiled for DHHS Nov. 29 at a meeting of approximately 200 stakeholders of Nebraska's foster system. Nebraska's results put it near the middle of the 50-state pack. No state was reviewed to the complete satisfaction of the federal government, however.

In response, the two-year Program Improvement Plans Nebraska and other states will design are intended to bring them more nearly into accordance with federal mandates.

Though reviews are supposed to happen every five years, CFSRs of Nebraska's child welfare system were conducted in 2002, 2008, and 2017. Although the metrics examined during each review are very similar, they differ enough that it's difficult to draw a clear storyline of improvement.

Deputy Director for Protection and Safety **Lori Harder** explained that the changing parameters of the CFSR federal review isn't necessarily to make life more difficult for the agencies nationwide who are trying to improve.

Instead, Harder said, "I think some of it is based on how it actually works in the field. They realize the metric they were taking wasn't reflective of the practice."

Sheila Kadoi, administrator, chimed in: "The review questions are often the same, but the definitions and requirements in order to meet a satisfactory rating changes when field practice expectations change".

Kadoi said that a good example is dental care. She said in the past dental exams were recommended for children age 3 and older, but now the American Dental Association recommends dental exams begin when the child's first tooth appears and no later than age 1.

"And many things are like that, where there was a promising practice that became the norm, and so the criteria moved to the promising practice." Harder said, adding that because this deals with children and families, there's a very high standard.

"No one is going to lower the standard," she continued. "Our goal is to get better with how we do our job each and every time."

The following day, the group met to begin identifying how the state can improve its services to children and families. They developed ideas to address individual areas pinpointed in the report for improvement. The state has 90 days to complete the plan. This is the first time that families have been involved in working on the PIP and the first time they had the opportunity to directly ask questions of federal representatives.

Work had started on the Program Improvement Plan before the review was formally released, because the systemic issues Nebraska faces (perhaps chief among them the lack of services in western Nebraska) are well known.

"I was surprised by our low percentage of family engagement," Harder said, reflecting back on it.

Department of Health and Human Services

News Release

NEBRASKA
Good Life. Great Mission.

FOR IMMEDIATE RELEASE

November 30, 2017

CONTACT

Russ Reno, Communications and Legislative Services, (office) 402-471-8287 or (cell) 402-450-7318 or russ.reno@nebraska.gov

Feds Rate Parts of Child Welfare System Good; Other Areas Need Improvement

Lincoln – Nebraska released today (11/30) a federal report assessing the state's child welfare system showing that of 36 areas of measurement, eight areas were determined as strengths, which places the system in the middle of the results that 22 other states received.

Called the Child and Family Services Review (CFSR), the third review since 2002 covers all aspects of Nebraska's system from the involvement of police and the courts, to the Department of Health and Human Services, to the providers of services to children and families across the state. The review was conducted by the Children's Bureau in the U.S. Department of Health and Human Services' Administration for Children and Families.

"The CFSR is not a pass-fail process, and instead is a continuous quality and improvement process indicating what we already knew were the state's strengths and weaknesses in the child welfare system," said Matt Wallen, director of Children and Family Services (CFS) in the Nebraska Department of Health and Human Services. "The report confirms the work we've been doing to improve processes so children can achieve safety, permanency in a loving home, and well-being."

Of the 22 other states, 10 had fewer areas given high marks in the federal review than Nebraska. Massachusetts had the fewest with three, and Delaware and Washington, D.C. the most at 15. How well the states fared follows:

- Massachusetts – 3
- North Carolina – 4
- Oregon – 5
- Georgia – 6
- Minnesota – 6
- New York – 6
- California – 7
- Indiana – 7
- Florida – 7
- New Mexico – 7
- Kentucky – 8
- Nebraska – 8
- North Dakota – 9
- Oklahoma – 9
- Texas – 9
- Wyoming – 10
- Arkansas – 11
- Vermont – 11
- Arizona – 12
- South Dakota – 12
- Kansas – 13
- Delaware – 15
- Washington, D.C. – 15

Wittmuss Makes NET Appearance for Behavioral Health

Linda Wittmuss, deputy director of the Division of Behavioral Health, was interviewed Dec. 7 for the Nebraska Educational Television program *Now What?* Airing Dec. 14, her episode – the 15th of the series – was subtitled “*Behavioral Health Care*.”

The hour-long program opened with Wittmuss and host / co-producer **Dr. Anna Fisher** discussing the role of the Division of Behavioral Health.

Wittmuss and Fisher were fitted with mics on a set also used for the popular gardening program “*Backyard Farmer*.” On set, Fisher ran through the scripted introduction, which was tweaked for readability and clarity, while a woman in the control room varied the speed of a teleprompter.

Wittmuss discussed BH’s role in providing an array of public behavioral healthcare treatment and prevention services in Nebraska. The Division is one of 5 agencies within the Nebraska Department of Health and Human Services, she said.

The Division’s work is accomplished in partnership with six regional Behavioral Health entities. Funds primarily support services for individuals who do not have access to other payer sources, including Medicaid. The target populations are youth with serious emotional disturbances, and adult and youth with addiction disorders and mental illness. As many as 30,000

individuals receive services each year through this Division. Other states have similar public behavioral health service systems, though they may not be organized in precisely the same way.

The mechanism for entering treatment was discussed.

“One would hope individuals seek and access services voluntarily through referrals, resource networks, walk-ins,” Wittmuss said. “However, we work closely with law enforcement in responding to individuals in crisis to avoid involuntary placement when possible.”

After her part of the program, Wittmuss said that while she appreciated the chance to provide a brief overview of the Division, the work of Behavioral Health was only tangentially connected to the rest of the program series, which was about the challenges of dealing with someone experiencing dementia.

“I had hoped to talk about the stigma of living with mental illness and addiction,” she said, “and it was even on the outline for the discussion, but they didn’t get to it. At least what we did was a good, but brief, overview of Behavioral Health.”

Wittmuss added that that she hoped that a representative of DHHS Behavioral Health would be invited back to delve into more of the work of the Division.



Host Anna Fisher and Linda Wittmuss pose before taping begins.

“I don’t mind doing it,” she said.

The second part of the program featured a panel with clinical neuropsychologist Deborah Hoffnung of CHI Health and Sandy Shire, a caregiver whose husband suffers from dementia. The third part of the program introduced Dr. Cameron J. Camp, an internationally-known research scientist in the field of aging.

Featuring interviews with some of the region’s leading experts and advocates on medical care, financial and estate issues, elder and caregiver resources, *Now What?* is co-produced with the Consortium of Dementia Alternatives. *Now What?* also examines developments in new methods of treatment and research.

Spirit of Giving

Several divisions of DHHS collected money and goods for the needy this holiday season. Here are a few that may have been lost in the shuffle.

- **Communications and Legislative Services** collected gifts for the youth at Whitehall Psychiatric Residential Treatment Facility. Each youth received three gifts total plus a gift certificate to Pizza Hut. In total, 39 gifts were collected. Pictured, Communications staff members Julie Naughton, Diana Duran, Greg Votava and Judi Yorges collect the gifts for transport to Whitehall on Dec. 21.
- In lieu of exchanging gifts, the DHHS Children and Family Services **Child Support Team** in Norfolk made a monetary donation to the city's domestic violence shelter, Bright Horizons.



Communications staff members **Julie Naughton, Diana Duran, Greg Votava** and **Judi Yorges** collect the gifts for transport to Whitehall on Dec. 21.

- According to **Alicia Kuklish**, resource developer supervisor, the "Giving Tree" at Scottsbluff CSC and Gering DHHS was a huge success this year.

There were 48 ornaments/tags distributed to staff in Scottsbluff out of a total of 55 available, **Amber Sterkel**, social services unit manager, said.

She reported the first group of gifts was slightly smaller than that pictured. Sterkel said she had to arrange delivery of the gifts early so she could continue to use her office.

"What a wonderful problem to have!" she said, adding that she thanked everyone for their kindness and generosity.

"Many of you took several ornaments," she said, "and all who



DHHS **Child Support Team** in Norfolk give a monetary donation to Bright Horizons.



The Giving Tree - Amber Sterkel with the second group of gifts before they were taken to Gering.

gave should be proud of the efforts they made to give these kids the items they wished for. I am so proud to be part of such an amazing team."

- **Children and Family Services Initial Assessment** (Eastern Service Area) in Omaha collected a total of 8,296 diapers for Lydia House, a homeless shelter for women and children. The one-week-long drive was organized by the CAN (Creating Awesomeness Now) Team, which participated in the diaper drive led by 94.1 FM Radio in Omaha.

According to **Telana Sayre**, a child and family services specialist and one of the organizers, the drive provides all of the diaper needs for the shelter for a year.



CFS Initial Assessment (Eastern Service Area) 2017 Diaper Drive.

The team led by **Stephanie Anderson**, a child and family services specialist, won with a total of 2,235 actual diapers donated and an adjusted 646 diapers donated per team member. The administration team made breakfast for the winning team, which also received a "diaper rose" created by CAN team member **Janet Watson**.

"We had to come up with a trophy. We had someone donate loose diapers," Sayre said. "So we created that."

Second Place went to Team **Dany Schmidt** with a total of 2,616 actual diapers donated and an adjusted 554.33 diapers donated per team member.

QDDP LSS Process

Over nearly 10 years, Qualified Developmental Disabilities Professional (QDDP) **Kary Rash** has seen a lot happen at her job at the Beatrice State Developmental Center. Even her title was not spared several changes. So she took a “wait and see” approach when it came to piloting a streamlined version of the process that produces an annual Individual Support Plan (ISP) for those served by the state.

In October, Process Improvement Coordinator **Justin Detrick** and **Alecia Stevens** assembled a team made up of Rash and about eight others. Those involved included a broad range of people, from a fellow QDDP, Maranda Kleveland, to a maintenance worker. The group met on three different occasions for about a half-day each time.

“The goal was to cut paperwork and time by half,” Rash said. “We went through every existing step and every process and looked at who was involved and what worked and what didn’t and we just started cutting out steps.”

The room was swathed in sheets of white butcher paper. Hundreds of sticky notes represented key players or processes within the system.

That’s when she started to get excited, she said.

“If this works, it will be amazing,” she said. “We used to have meetings that were 2 ½ to 3 hours long. I think we can really cut down on steps.”

According to **Linsey Sousek**, operational excellence process improvement supervisor, the Lean Six Sigma methodology drives improvements through effective daily management and problem solving. Putting the current state map on the wall provided the team with a visual of the process.

“This is all part of the State of Nebraska’s initiative in making government more effective, efficient and customer focused,” she said.

After the team of brainstormers had developed a plan, it was piloted by three QDDPs: Rash, **Rachel Crook** and **Lacey Jiskra**.

Rash said that in the past it has often taken 60 to 80 hours of work to complete an ISP for one person. Using the new process, the ISP’s in the pilot averaged 20.35 hours saved from the process.

“My ISP took me about 27 hours. Mine took longer than the other two, due to contacting a guardian numerous times, and so on, but we all saw improvements,” she said.

One change that was made to the process was to create a centralized folder to hold the documents that provide the foundation for a person’s ISP.

Formerly, Rash explained, these documents would come through different route and in different forms, often through email or Avatar, which is used for medical records, requiring separate steps for finding and collecting them. In the new system, since everyone has access to a shared computer drive, each person is responsible for putting their documents there.

She said there was some pushback, but once you explain to people the rationale for a change, most are happy to get on-board.

“I’m really excited about it, actually” she said. “I’m working on an annual ISP that I have to do the old way and I wish I could use the new system.”

She explained that the next step of the changeover would be to present the new system to the other QDDPs at a January in-service, while simultaneously revealing a written guide for the new process. The Beatrice Center will begin using the new system March 1, 2018, with a review of the process scheduled for six weeks later.



Pilots in the new process, from left, Qualified Developmental Disabilities Professionals **Kary Rash**, **Rachel Crook** and **Lacey Jiskra**.



The **current state of the ISP process** is mapped using butcher paper and post-its. Before anything could be changed, getting a clear picture of the standing process was required.

The Improvement Team:

Alecia Stevens – DD QDDP Quality Control Supervisor
Rudy Vazquez – Physical Therapy Director
Maranda Kleveland – Interdisciplinary Team Leader/QDDP
Debra Kolman – Dietician
Rhonda Yost – Staff Assistant
Fred DeVries – Facility Maintenance Manager (since retired)
Carrie Haake – DHHS Program Specialist
Shannon Riley – Developmental Technician

In Gratitude

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



Source: ThinkStock

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

On behalf of Creighton University, I want to thank **(the Medicaid and enrollment teams)** for facilitating a resolution to the issue that we had with Medicaid registration for our house staff. The individuals within your staff that you put our team in touch with quickly resolved the situation.

As always, feel free to call on me if there is anything I can do.

Thank you again,
Tom Svolos

Written to **Brenda Connell**, social service worker in Ainsworth:

Hi Brenda!

My Dad called me. You're the best! Thank you for taking the time to call me and him this morning! I can tell that you go above and beyond for your job and it means so much to me and my parents. Whether I qualify for all that I applied for or not, I'm so grateful for you and your honest and CARING work!

An Interested Party

Written to **Maureen Pane**, social service worker (Income Maintenance Foster Care team) in the Eastern Service Area:

I just want to sincerely thank you for the time you have taken to partner with me in an attempt to solve these billing issues.

I don't think you or your department always get the recognition and appreciation you deserve.

You have been an absolute delight to work with. All this time, I have felt that I had someone in my corner.....and that rarely happens when you are disputing medical claims and working with the Provider's billing offices (they tend to be argumentative and talk to customers like they are clueless about medical claims processing).

Although we have not come to full resolution on these 2 particular dates of service, you have definitely done everything you can. Your diligence in calling providers and coordinating reprocessing and/or re-submission of the other claims was highly admirable and so, so appreciated.

You are definitely in the right line of work. Your skills and abilities to work with others collaboratively and with such a calm yet determined demeanor is Phenomenal!

I would love if you would forward this email to your Superior. They too need to know the wonderful work that you do each and every day to help all those that you can.

Happy Holidays Maureen & God Bless,

An Interested Party

Kari Christner, CMSW in Building 5 at the Lincoln Regional Center, received a thank you note from the grandparents of a patient in Building 5 who attended this year's Holiday party. They wrote:

Dear Kari and staff of Building 5,

Thank you all so much for the lovely Christmas party and celebration for residents and families! The entertainment and food was wonderful. We appreciate the effort that went into planning and carrying out such a nice evening! Merry Christmas to all!

A Patient's Grandparents