

Bringing Nebraska Department of Health and Human Services employees closer together



Dr. Courtney Phillips, CEO

Mission Driven, High-Quality Services for Nebraskans

By Dr. Courtney Phillips, CEO

This is a moment to savor!

Our second annual business plan, “Good Life. Great Mission. Helping People Live Better Lives,” came to an end in June and our third annual business plan, “Mission Driven, High-Quality Services for Nebraskans” just kicked off. Take a moment and bask in this achievement!

Before I dive into our FY19 business plan, I want to thank everyone who participated in meeting the goals of the previous plan and all those involved in the creation of the current plan. Our passion for this mission powers our efforts toward high-quality, [\(article continued on page 4\)](#)

Judy Martin Honored by UNMC

The University of Nebraska Medical Center, College of Public Health, awarded our own **Judy Martin**, Deputy Director, Division of Public Health, with the 2018 **Robert D. Sparks**, M.D. Award in Public Health and Preventive Medicine. The award was presented at the College of Public Health Spring Convocation on Friday, May 4.

The ceremony was held in the Stanley and Dorothy Truhlsen Lecture Hall in Omaha’s Durham Museum. Graduates and those being honored filled the steeply-tiered brick and stone hall.

[\(article continued on page 2\)](#)



Judy Martin receives the Sparks award from Ali S. Khan, dean of the College of Public Health.

Western Service Area ‘Takes Care of Their Own’



In the Western Service Area, Children and Family Services doesn’t have many established foster homes. What they have are families. Families who take care of their own.

According to **Kate Batt**, DHHS Service Delivery Administrator, the Western Service Area often is able to place a higher proportion of its children with “kin” than the other service areas.

As of late May of this year, 35.3 percent of children in the Western Service Area were placed with a relative or someone they thought of as “kin.” That’s a higher [\(article continued on page 2\)](#)

Judy Martin Honored [\(article continued from page 1\)](#)

Dr. Christine Arcari, Associate Dean at the college, served as Master of Ceremonies. She said of Judy, "You have been a true champion for public health in Nebraska and have made an incredible impact on the health of Nebraskans, the future public workforce, and DHHS. You are a trusted and respected voice for public health in Nebraska and lead with humility, integrity, honesty, justice and brilliance."

Continuing, Arcari said the selection of Martin was based on the "excellence, creativity, and distinguished collaboration in

advancing effective approaches to preventing disease ... through public health education, research, and practice."

The award was bestowed by **Ali S. Khan**, dean of the College of Public Health.

Upon receiving the award, Judy said, "I'm honored to be added to the list of recipients of the Robert Sparks Award. Many of the past recipients have been, and continue to be mentors and

great support to me. I am fortunate to work with dedicated partners dedicated to building and sustaining healthy communities."

In addition to Martin, **Ami Sedani**, a DHHS Chronic Disease Epidemiologist, was among those inducted into Delta Omega, an honorary society for graduate studies in public health.

The Department also has two other past winners of the Sparks Award. **David Palm**, PhD was honored in 2008 and **Joann Schaefer**, MD in 2012.

***** Congratulations Judy Martin! *****

'Takes Care of Their Own' [\(article continued from page 1\)](#)



percentage than any other region, with the Northern Region approaching that percentage with 32.5 percent.

"Well, first and foremost, we have a fundamental belief that if a child has to go out of home they should be with someone they have a relationship with," Batt said. "Sometimes we have to pound the pavements to keep them from going out of the area, with strangers."

When they do have to leave the area, not only is it difficult for the children emotionally, but the situation presents numerous practical challenges.

"I mean, it's all kinds of things," she said. "Visitation issues, doctor visits. It upsets a lot of things."

She said sometimes the first step is getting input from the child's teachers and others who touch that child's life. Another avenue that's used is Facebook.

Everyone seems to have Facebook, she said.

If those leads don't pan out, the DHHS records system can be a lifesaver. If any family member has applied for SNAP benefits or Medicaid, they're in the system, which can also create a family tree to help steer those in charge of finding a temporary home for a youngster.

"We use all kinds of things to track people down," Batt said. "We have to really think out of the box."

The last ditch is sometimes the notifications that are sent out to family members regarding a removal. Sending these notices has always been best practice but they were recently made a matter of law by the federal government.

"We've had all types step up to the plate," she said, adding that often people volunteer before they can even be asked.

There was a baby that had to be removed from its mother's home, she began.

"The child's grandmother called me that very day, ready to take that child," Batt said, adding that it's more common than you think. In a smaller community, news gets around fast.

"Six degrees of separation is how it really is," she said. "These family members are going to know about fellow family members before anybody else," she said.

"Know when they're using again. Know when problems are beginning to develop. And close family can sometimes correct problems before they get out of hand, too".

"Deeper, harder conversations are going to be more possible with family members than with anybody else," Batt explained.

Batt has personal experience with kinship care and even with eventual adoption. Her daughter, Lizabeth, was born to her husband's cousin, who had struggled with a substance abuse problem.

They went through all the channels. Lizabeth was returned to her mother and was removed again. Until eventually, her biological parents relinquished their rights, though they still have contact.

"It has its struggles," Batt said. "It's hard. I know it's hard. It would be gut-wrenching to have someone tell me that it's not a good time to see my daughter."

But so far it's working out.

"If it wasn't us, it would've been someone else in the family," she said. "She's a wonderful addition to our family."

Newborn Screening Program Expands to 32 Diseases

"The program we have is one of the most important and most impactful in the State," Newborn Screening Program Manager **Julie Luedtke** said.

"I am so proud of the work the team has done. Babies can die if we aren't there, if they don't get screened. If the right things don't happen, babies can die."

Starting July 1, babies are screened for three more diseases, further enhancing their safety.

Mandatory genetic screening of newborns in Nebraska started in the 1960s with a check for Phenylketonuria (PKU), a genetic disease that prevents a person from metabolizing protein correctly. The condition creates neurological disorders and – when untreated – results in intellectual disability. But if known about early enough, PKU can be treated by strictly regulating the diet. Advanced medicines are also on the horizon that may give PKU sufferers the ability to consume a normal diet.

The genetic disorders added to the screening throughout the years followed that pattern. Each can result in serious disability or infant or childhood death. To be included in the screening panel, an efficient test and some kind of effective treatment has to be available. In 1988, there were three diseases screened for. By 1996, screening was available for five disorders. Twenty diseases were added in the early years of the 21st century.

On June 14 of this year, the number stood at 29.

After July 1, 2018, as a result of the passage of LBg1, 32 diseases will be screened for. Those to be added are X-Linked Adrenoleukodystrophy (or X-ALD), Pompe Disease, and Mucopolysaccharidosis Type I (which shortens mercifully to MPSI.) Each without treatment causes devastating morbidity and mortality in infants or in early childhood.

Luedtke said that six other states are also screening for these 32 diseases, many of which can come in

different forms and levels of severity.

"You could say we're early adopters as a state, while not being first adopters," she said. "It's probably good that we're not first adopters. You don't want to be first or last."

The screening requires five drops of blood be taken from the child between 24 and 48 hours after birth. Because you don't want to miss any babies, the initial screening casts a wider net, so more babies are retested than actually have disease. Waiting for symptoms usually means treatment is begun too late.

Luedtke said usually 50 to 60 babies are confirmed positive each year, but last year only approximately 40 did.

A Nebraska woman recently became an exemplar for starting treatment immediately.

Jennifer Harney, M.D., of Aurora, Neb., graduated from the University of Nebraska Medical Center medical school in 2011. She suffers from active PKU, but a strict diet nearly without protein enabled her to avoid most symptoms. Although screenings were happenings before she was born, she was one of the first PKU babies to become a physician.

Luedtke said DHHS works as a liaison to the lab that performs all the tests – PerkinElmer Genetics Inc. in Pittsburgh, Penn. DHHS also oversees the lab contract and provides oversight, quality assurance and education to hospitals and physicians who are charged with drawing the blood and educating parents. Finally, DHHS ensures that treatment has begun for the diseases and supplies metabolic formula and foods long term.

PerkinElmer does screening for a handful of states and some foreign countries. Luedtke said the centralized nature of screening benefits from economy of scale. Screening only Nebraska's births would be prohibitively expensive. Screening becomes more accurate, too, when one place does many of them.

Right now, the team is finalizing

the addition of screening for three new diseases.

"There's only six other states doing this for the three new diseases, so there's not a lot of data and experience. We always learn a whole lot after we start screening a new condition," she said.

The two-year New Disorders Implementation Grant ends in August. It was used to pay the salary of one of the four people within the program. (That's the other thing: Just four people at DHHS make this happen, along with their laboratory, hospital, and health professional partners in the field. In addition to Luedtke, they are Karen Evans, Krystal Baumert and Sarah Seberger.)

Three of the four rotate on call, 24-7. By supporting a fourth position, the grant enabled the three senior program staff to absorb the extra work to prepare for and continue the high quality follow-up and quality assurance needed for the three new conditions.

"It took a full-team effort to develop the screening follow-up algorithms, tracking and monitoring methods, communication strategies and tools for notification of positive screen results," she said. "Even on top of providing parent and professional education, and coordinating information technology updates with all the hospitals."

Work is nearly done to live up to the requirements of the grant, Luedtke said.

Though that grant funding is ending, \$10 of a price hike for the tests comes to Nebraska. That funding should enable continued support for the program's many responsibilities.

Despite that hike, Nebraska still ranks in the bottom 20 in the cost of newborn screening, while being among the top seven in screening for all of these diseases.



effective, and efficient services for all Nebraskans. Generating ideas and molding them into tangible action items is no easy task. Again, thank you Team DHHS!

I'd also like to thank Governor Ricketts for his support of our efforts to help people live better lives.

As you will recall, the second plan ended in June it outlined 20 initiatives (15 to be completed in FY18 and five with deliverables due in future fiscal years) that would stretch the Department and result in great strides for Nebraskans. We successfully completed 13 of the 15 initiatives and completed 97 percent of the deliverables scheduled to be accomplished in FY18. In total, 89 percent of the total deliverables were completed. We continue to strive toward completing the FY18 deliverables and successfully conclude all 20 initiatives. You can see how the results to date [here](#).

Our third business plan, already underway, is a continuation of our work to analyze, develop, and implement scalable solutions that will have a positive impact for those we serve. Eighteen priority initiatives were identified and each strategically aligns with the Governor's priorities:

Integrating Services and Partnerships:

Working to create more effective and efficient ways to serve Nebraskans, DHHS is integrating services across the Department and with stakeholders and partners. The priority initiatives include:

- Heritage Health: A Quality Approach to Managed Care
- Keeping Families Together
- Nebraska System of Care, Youth & Families

Promoting Independence through Community-Based Services:

Built on the needs of DHHS' varied customers, community-based services provide the supports within communities to help them maintain independence and flourish. The priority initiatives include:

- Medicaid and Long-Term Care (LTC) Redesign
- Promoting Independence through Community-Based Services

Focusing on Prevention to Change Lives:

DHHS is investing in healthy behaviors, safety, and prevention to help Nebraskans achieve lifelong success and live better lives. The priority initiatives include:

- Addressing Opioid Abuse in Nebraska, Prevention & Care two ways:
 - Prescription Drug Overdose Prevention & Prescription Drug Monitoring
 - State Targeted Response Grant, Opioid Treatment
- Equip & Empower the Child | Protection & Safety Team
- Improve Birth Outcomes in Nebraska
- Supporting Family Preservation & Safety
- Walk/Bike Communities

Leveraging Technology to Increase Effectiveness:

Using technology, DHHS will streamline processes; make information more accessible, timely, and customer-focused; and effectively position the agency for the future as data needs change. The priority initiatives include:

- DHHS Public Website Redesign
- Statewide eWIC Implementation

Increasing Operating Efficiencies and Improvements:

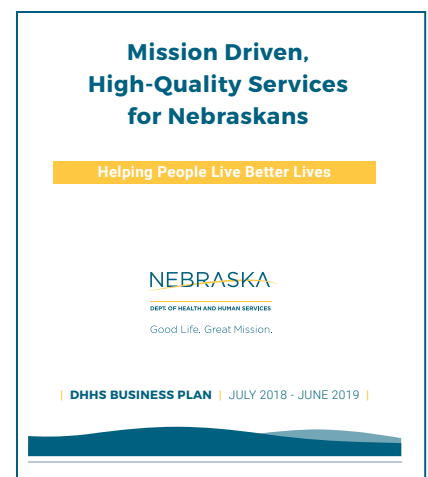
A strong

base for DHHS is essential to have continued success. DHHS will focus on improvements, efficiencies, and reduction in regulatory complexities to enhance quality and performance. The priority initiatives are:

- Internal Audits, Increase Fiscal Proficiency
- Maximizing Fund Mix Adjustment
- Maintain & Improve ACCESSNebraska's Performance
- Quality Management in Developmental Disabilities For Those We Serve
- Youth & Community Safety

You can read the [Business Plan](#) here, or check out the [Quick Reference guide](#) here.

Obviously, the 2018-2019 Business Plan, "Mission Driven, High-Quality Services for Nebraskans," is another ambitious undertaking, but I know it's one we can achieve in the coming year. I am looking forward to working side by side with all of you to see it through. But for now, take a moment to savor our accomplishments. What we do is not easy, but it's so important. I am proud to have served with you during the last three years. Next year may be the best of all of them.



World Elder Abuse Awareness Day Recognized in Mid-June

On June 15th the State of Nebraska honored its seniors in recognition of WORLD ELDER ABUSE AWARENESS DAY or “WEAAD.” Even the Nebraska State Capitol was lit up in purple, the color of royalty, to pay homage to older Nebraskans as we educate and reflect on elder and vulnerable adult mistreatment. This is a truly international observance since the International Network for the Prevention of Elder Abuse and the World Health Organization at the United Nations (UN) initiated the first WEAAD in 2006.

Elder abuse is a problem in developed as well as developing countries, but is often ignored or hidden. It is estimated that worldwide, 5 million older adults suffer abuse, neglect or exploitation. Internationally, World Elder Abuse Awareness Day provides an opportunity for communities to promote understanding of elder abuse as a public health and human rights issue.

According to the National Center on Elder Abuse (NCEA) approximately 1 in 10 Americans age 60 or older have experienced abuse, although only 1 in 14 cases is ever reported to authorities. Older adults who experience abuse or neglect are twice as likely to be hospitalized as other older people at great financial cost. The loss to society is great as our elders cease participating in the life of the community.

While elder abuse is a pervasive problem across society, there is hope. Senior centers, our Area Agencies on Aging, and social services can help our older citizens avoid isolation. Education and awareness help to support our older population. In the U.S., annually an estimated \$2.9 billion is lost through financial exploitation of older people. Without gainful employment or years to re-grow their investment income, the victims of financial exploitation are deprived of their life’s work and savings and are left without the funds necessary to pay for housing, food and medical care.

Here in Nebraska in 2017 there were 2,650 investigations of abuse, neglect and/or exploitation of a vulnerable adult. Of these reports, 284 alleged physical abuse or cruel punishment, 1,176 alleged neglect, and 705 alleged exploitation. The remainder alleged unreasonable confinement and sexual abuse or exploitation. Fourteen percent of the investigations (359) resulted in substantiated findings. Of the 342 unique victims, 224 were over the age of 60. Another category, self-neglect, resulted in 222 confirmed cases out of 1,198 reports investigated.



Our Adult Protective Service field staff are dedicated to Nebraska’s vulnerable adults. Thirty Child and Family Services Specialists investigate allegations of abuse, neglect and exploitation of vulnerable adults statewide. They are supported by six Supervisors and eight Administrators as well as Central Office staff. All work closely with other DHHS divisions and units, including the State Unit on Aging and the Division of Developmental Disabilities. Likewise, field staff are well versed in the resources available to the elders and other vulnerable adults they meet in their work, forging relationships with the Area Agencies on Aging and private groups that enhance the lives of older Nebraskans.

[United Nations](#)

[U.S. Department of Health and Human Services
Administration for Community Living](#)

[Nebraska DHHS](#)

A senior adult who shares her home with her adult daughter who lives with disability became the victim of financial exploitation at the hands of an unscrupulous “caregiver.” The caregiver, who also threatened her clients with harm, claimed to be paying the household bills with the older woman’s money while she recovered from a serious illness. However, the bills were not paid and the caregiver ultimately absconded, but not before she turned off the heat and electricity, and took all of her client’s cash as well as all the food that was in the house. Due to having no heat, the terrified elder and her daughter could not remain in their home. The local sheriff assisted the women by getting them a motel room for a few days. Neither lady had any money to have the utility services reinstated. There were two weeks left in the month and neither woman would have any money until after the 1st of the coming month. What made matters worse was that this all happened on a weekend.

Despite it being Sunday, Nebraska Adult Protective Services Investigator Rayla Cooper and Supervisor Patsy-Juedes-Fulk mobilized to assist. Rayla met with the elder lady and her daughter and worked on a plan to get them home safely. By collaborating with the Economic Assistance unit of DHHS, crisis energy assistance was made available and the utilities were reinstated. By coordinating with a local church, they were able to access a food pantry and some cash to get by until their checks arrived.

Rayla and Patsy were able to accomplish this over great distances and by coordinating with other DHHS divisions and partner agencies. Thank you!

NOTE: Although law enforcement can and do, Adult Protective Services is charged with the responsibility of investigating the allegations of abuse, neglect and exploitation in Nebraska. While not all cases are prosecuted criminally, the goal is to make the victim safe and whenever possible to prevent the offending person from harming another vulnerable adult.

Huddle Enhances Communication for Division of CFS

Daily huddles have started among child welfare teams in the Northern Service Area. Recently, the Operational Excellence team led by **Linsey Sousek** had the opportunity to visit a CFS Initial Assessments team huddle.

During a huddle a team will look at the previous day's metrics. If the goal's been achieved, it's a green day. If not, it's red.

Child/Family Services Specialist (CFSS) **Tereasa Larson** remembered the moment she realized red and green days were equally important. A green day means it's time to celebrate. But red days identify issues that need to be improved in pursuit of a green day.

Metrics are tracked on boards kept on display.

The boards definitely help us stay focused on our smart goals, Larson said. The goals were derived from the CFSR and data.

"These were our areas of weakness," she said, gesturing to the board, "and even though we have a lot of green, I feel without

the QDIP that we would definitely fall behind again. It is a visual that holds all of us accountable."

Larson told Sousek how the daily huddles can help:

"They're amazing for our office. I have been having them go longer than 15 minutes. It's usually about a ½ hour. We have a newer team and it is definitely a way to team build," she said. "We get to vent, ask questions about certain cases, and find out if anyone needs help. We hand out intakes at this time as well. The morale of our team is at an all-time high and everyone really works as a team."

Kelcie Lieswald, another CFSS agreed. "Daily huddles help us stay focused and on task and they also allow us to visualize the progress we're making as well as areas for improvement," she said. "Huddles are helpful for staying in communication with each other in regards to what we have planned for the day and where exactly we will be at. Huddles area also utilized to help our team gain knowledge about the clients we

work with by staffing cases with our supervisor and veteran staff."

Troy Brooks, who works in the same role, has also been won over by huddles.

"It's a good way to start the day and to update fellow co-workers and Tereasa on what has happened in the previous day and to talk about stuff that will be going on in the days/weeks ahead, he said. "Since the implementation of the huddles, I feel as though office stress has been brought down 100 percent and that it's a good way to hold each of us accountable for getting our work done. They're a great way to start the day in a relaxed and open atmosphere in which there is a time and place to vent and bounce ideas off of our co-workers. Organization is a humungous part of this job and I feel much more organized since the huddles have been implemented. Productivity and team building has for sure gone up as well. Kudos to Tereasa for starting these and for keeping them going over the course of the last three months."



Meet the Team: Pictured above from left to right: Bill Nuss, Troy Brook, Kelcie Lieswald, and Tereasa Larson

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.

(Jana Peterson) took a call from a client at Todd (Pease's) desk earlier in the spring. The client wanted to share how helpful Todd was and how he made the verification submittal process less stressful for her. She said Todd is a knowledgeable and valuable member of our Center – "don't lose him."

Another from Jana Peterson:

I received a phone from a customer who wanted to report how wonderful Jenny Prentice, Social Services Lead Worker, had been to her on the phone. She researched the client's case and then communicated to her the findings in a way she could understand the formula that is utilized for her budget. She wanted me to give her a hug and a pat on the back!

This was received as an email:

I just wanted to drop you a quick note to let you know how much I appreciate all the assistance I received from Jennifer Menebroker. I have been trying to get my uncle enrolled in some of the DHHS programs - an extremely frustrating two year process - and was so pleased to have the opportunity to meet with someone face to face. And, I was so fortunate to have Jennifer come to my rescue!! The process has been daunting and just when I thought we had all we needed, some unplanned crisis would arise and delay the process yet again. Jennifer is such a great ambassador for DHHS and was so very efficient and personable. Kudos to you for providing great supervision which creates amazing employees like Ms. Menebroker. She is a life saver!!

Received from Marj Colburn:

We had a youth go out on a pass, and while out he had a job interview scheduled. He reported that he got to the interview early and there was an "older" lady checking out with groceries. She had more bags than she could manage. Since he still had time before his interview, he asked the lady if she needed any help. He helped her carry bags out to her car and helped her load them in. When he went back into the store and into the interview. The manager who was to interview him told him that he had watched the youth help the lady with her groceries. He said he didn't need to interview him for the position, because he was just the type of person he was looking for to work in his store. The youth got the job without having to interview for it.

I thought it was pretty neat, and the youth was so excited when he got back to the facility.

A verbatim transcript of a call received in praise of Laura Rodriguez:

"I need to pay a compliment to one of your customer service reps her name is Laura Rodriguez., she was so sweet. I just got off the phone with her about needing the back copy of my insurance card. She called me right back & told me not to worry about the copy of the Chevy Lumina that I had to submit and I just thought that was so sweet and beyond her job to do something like that. If I don't reach the right person please make sure that her supervisor will know and can get this information. She went above and beyond with her duty as a customer service agent to call me up and say "Hey listen don't submit the copy of the Chevy Lumina because we have it here we found it." I just thought that was so awesome of her I mean it was just great I'm speechless just the little acts of kindness, I appreciate it. Maybe she should get a raise or a paid day off, or something .I want to make sure that somebody knows and like I said if this is not the right person please let her manager know how grateful I am."

Lukasiewicz Learned Caring for Community From Father



Jordyn Lukasiewicz,
Initial Assessment Worker

A CFS initial assessment worker based in Grand Island, **Jordyn Lukasiewicz**, is following her father in public service. He's been a volunteer fireman "since forever," and she is training to become an Emergency Medical Responder (EMR), which is on a rung lower than EMT.

"My dad, **Phil**, is a big reason for the things that I do," she said. "My dad gives back to the community so much. Even my last name means so much to me."

That community is Farwell, Nebraska. She said the Polish-American town north of Grand Island

would "always be her home." When someone suggested that she pursue the certification to help serve it, she started taking Tuesday night classes, from 7 to 10 p.m., in mid-February.

"Farwell isn't a transporting unit. We don't have any EMT, so the next closest town is Elba, Nebraska. When Farwell gets dispatched ... Elba will get dispatched too," she said.

When she arrives on scene, she might assist a qualified EMT from Elba. Lukasiewicz said her instructor is working to prepare those in his class with practical skills.

One of the final milestones will be a mid-April test administered by the National Registry of Emergency Medical Technicians. The test includes written and practical sections, she said.

"I have considered the full EMT. I am not for sure. It's a lot more hours. But takes a lot of practical ride-along time," Lukasiewicz said, adding that there are several opportunities to do ride-alongs if she wanted to pursue it.

Whether or not she pursues it, Lukasiewicz said she loves working at DHHS and doesn't plan to leave it.



Lukasiewicz's DHHS career started with an internship during her last semester while still attending Peru State College. She started work May 8 of last year. Three months of training followed, during which she accompanied a more experienced case worker, and she started getting her own cases in late August or early September.

"The first case, I was like a deer in the headlights. It was a whole new culture," she said. "I grew up in a small town where stuff such as child abuse seemed imaginary. Starting my job at DHHS definitely has opened my eyes and has given me a whole new perspective and meaning on life which in turn has made me realize how thankful I was growing up with two amazing parents."

It can be difficult, but she knows how important her role can be.

"Sometimes all it takes is for DHHS knocking on your door," she said. "It's like a reality check for some of the parents and providing community based services into the home is sometimes all it takes for the family to be back in order."

Lukasiewicz is supervised by **Suzana Borowski**.

Lukasiewicz earned a degree in psychology and two minors in business and criminal justice at Peru State College, where she also played two years of volleyball. She currently is a referee for high school volleyball. She rides horses Doc and Lady for pleasure and graduated from St. Paul High School 2013.

Make the Connection...

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Connections is published for employees of the Nebraska Department of Health and Human Services by Communications and Legislative Services (CLS).

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

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