

Bringing Nebraska Department of Health and Human Services employees closer together



“We see you, we hear you and we value you”

By Jason Buss

During the course of two months in early 2018, the Human Resources and Training team delivered 114 sessions of “We see you, we hear you and we value you” at 22 sites in 13 towns to 4,311 employees of the Department of Health and Human Services.

### We See You

We see inclusion as a critical asset to our organization and the people we serve. Our team members had the opportunity to “see” each other. Learning about the origin of our values and beliefs that guide our thinking is critical to understanding how that might affect how we see or hear others. If we value our diversity and have a culture of inclusion, we are building the state of Nebraska and growing our mission.

### We Value You

We value you and your contribution to serving the citizens of Nebraska [\(article continued on page 8\)](#)

## Safe Injections Training Hosted on CDC Site

With the help of an outside contractor, its own leaders and teammates, and those in other states, DHHS recently finalized a web-based continuing education course to train healthcare workers on safe injection practices.

The training became live Feb. 20, said **Peg Gilbert**, the outside contractor who shepherded the long process through to completion. It will be available for the next two years, she said. Nebraska was one of 10 states chosen to partner with the Centers for Disease Control and Prevention (CDC), which hosts the test portion of the training on its web site.



“For a long time, the state had had the biggest outbreak of outpatient-clinic-spread disease,” she said. A hematology/oncology clinic worker routinely used the same syringe to draw blood from patients’ central venous catheters and to draw saline from bags that were used for multiple patients. In 2002, ninety-nine patients with clinic-acquired HCV infection were identified. [\(article continued on page 2\)](#)

## The “Whistleblower” is a Member of DHHS Team

This writer isn’t going to rehash what’s been covered in **Kathy Bolkovac’s** book “The Whistleblower,” told true to the spirit but less so to the facts in a film of the same name, explained in scores of interviews, set forth on her website, and related during speaking engagements all over the world.

But here’s the digest version: Bolkovac was a Lincoln police officer specializing in sexual abuse. In 1999 she had served 10 years with the force and needed a change. She took a job with a private government contractor called [\(article continued on page 3\)](#)



Kathy Bolkovac poses for a picture featured on her web site and used to publicize her speaking engagements.

And according to DHHS Epidemiologist **Dr. Tom Safranek**, it may have even been more.

“What we’re trying to do now is develop a program that would instantiate a prevention tool,” he said. “It will promote the training and assignment of an individual who would advocate for injection safety at a given location. It encourages the training and deployment of an injection safety champion.”

Training larger numbers of people is part of the goal.

“We did this grant proposal in March 2016 through the CDC’s One and Only campaign to train someone in every facility on safe injections so that we would have all these eyes,” Gilbert said, adding the grant application was awarded in July 2016 and renewed a year later.

“That’s when I was approached and asked if I would administer the grant,” she said, adding that she had in 2010 been involved in administering a grant from the CDC. The One and Only campaign started in 2009.

Dr. Safranek was eager to praise Gilbert, who has more than 40 years of experience and is based in Grand Island.

“Peg Gilbert is a high quality person,

and she’s done a great job. It hasn’t been easy,” he said.

In developing the program she was aided by several people, she said, particularly CDC’s **Dr. Joseph Prez**, Quality Standards and Safety Team Leader for the Division of Healthcare Quality Promotion. Several people at the DHHS were key, particularly Drs. Safranek and Maureen Tierney. She also said that the other partner states were instrumental in guiding the process.

“The first thing we did was contact other partner state who shared information,” she said. “Learning everything took quite a while.”

Originally, she said, Nebraska’s program was going to be split in two, each part of the program tailored for a particular kind of health care worker. But an official at the CDC suggested that the material to be covered was similar enough that it should all be handled in one course.

The coursework may be most useful because of the accreditation standards that require that a person or persons in a facility have to study this type of continuing education.

The educational portion is an hour-long video posted on YouTube.

It includes several video portions – including an impassioned speech by Evelyn McKnight, one of the Nebraska oncology patients who contracted Hepatitis C -- intercut with PowerPoint slides that are displayed as Gilbert reads a voiceover script. The video is only viewable using a link.

The most difficult hurdle was creating the 10-question test, Gilbert said. It began to be hosted on the CDC’s TRAIN webpage Feb. 14, which is a portal for continuing credit education. Gilbert said five different disciplines could get credit by using the training.

“We met with video editor Mike Wight and Webmaster Greg Votava and they provided a lot of help,” Gilbert said. “It took a lot of investigation to make it work.”

Dr. Safranek said having the CDC host the training broadens its reach.

“We anticipate quite a bit of uptake outside of the state,” he said.

In addition, Gilbert will be able to see when the content is viewed, when tests are taken, and see the result of those tests. She said in addition to the automatic course completion certificate, she would likely be mailing an additional framing version.

## National Minority Health Month is Celebrated



National Minority Health Month is celebrated each April to highlight and raise awareness of health disparities that persist in the United States today among various minority and underserved populations. This year’s theme is: *Partnering for Health Equity*, which highlights the important role partnerships play in advancing health equity in the nation.

To highlight the month in Nebraska, a proclamation signing ceremony will be held on April 2nd at 11 a.m. in the Warner Chamber on the second floor of the Nebraska State Capitol. The Office of Health Disparities and Health Equity will also host a Minority Health Conference on April 18th to celebrate Minority Health Month. The theme for the 2018 conference is, *Health Equity: We are all in this together*.

Partnerships and collaboration are a focal point at both the national and state levels and are key strategies for the elimination of health disparities and the advancement of health equity. The annual Nebraska Minority Health

Conference provides an opportunity to bring public health stakeholders and other partners together to build partnerships and learn how to work collaboratively to eliminate health disparities and advance health equity in Nebraska.

Everyone at DHHS plays a role in advancing health equity during work with community members throughout Nebraska. The Office of Health Disparities and Health Equity invites everyone to attend its conference and explore its website to learn about the office and Nebraska’s health disparities. Come learn how you can play an important role in advancing health equity in Nebraska.

For more information about the Office of Health Disparities and Health Equity and to register for the conference, [click here](#).

DynCorp that contracted with the U.S. Department of State. As a member of the International Police Task Force, she was seconded to the United Nations as a human rights investigator and trainer in Bosnia and Herzegovina to assist in implementing the Dayton Peace Accords. She gradually discovered that fellow DynCorp employees, military officers and UN workers were taking sexual advantage of young women and girls displaced by war. When she brought this human and sexual trafficking to her employer's attention, DynCorp first demoted her and then fired her after two years of employment.

A successful wrongful termination suit levied in Great Britain brought the story to the world's attention. The ensuing book, movie, lecture tours and interviews made her a very public figure for a time. She used her platform to raise awareness of human trafficking and government corruption wherever it might appear in the world, and in whatever form. You probably don't know you work with a person who's been nominated for the Nobel Peace Prize three times, in 2015, 2016, and 2017.

Bolkovac remains in touch with **Rachel Weisz**, who played a character named "Kathy Bolkovac" in the film, and selectively takes on consulting and speaking engagements around the world. But it's a simpler life. She bakes cookies, writes fiction, and spends time with her children after 13 years of living and working abroad. Currently, she's a DHHS training specialist in emergency preparedness and response.

"It's different, but everything I've done in my background and

my experience completely falls into those categories," she said, sitting in a booth at the Miller Time Pub in Lincoln, a cup of herbal tea before her. "Generally in every disaster area of the world – even here -- situations could arise where human trafficking could take place."

One of the first things she wants to make clear is that human trafficking happens in Nebraska all the time. The sexual variety happens at truck stops, motels, or starts with an ad "on the back page," but the big secret here is the exploitation that is a part of providing agricultural labor.

"Both have to be looked at," she said. "Labor trafficking isn't looked at so much because we're an ag state. Migrant populations are very easily preyed upon. ... The root causes of human trafficking are always economic, whether it's labor trafficking or sex trafficking."

She said it was almost inevitable that it would happen following the Bosnian War.

"Bosnia fell apart. All of these internationals came in with tons of cash and sexual appetites. There was an influx of women from Eastern Europe mostly," she said, adding that unfortunately a lot of the people there to improve matters willingly participated.

"It wasn't the majority, but it became more than a few bad apples," she said, adding that it's an ongoing struggle. "Human trafficking is never going to end. It's been going on since the beginning of time."

She said she's proud of the education she's provided and the laws and codes that changed as a result of her story, but more training of law enforcement is needed.

A recent story in The Washington Post details the case of a young man and a 17-year-old girl pulled over for a traffic violation that quickly escalates when the officer smells marijuana. Later a deputy who had just been trained to spot human trafficking realizes that the story was much larger than a baggie of weed. In this case, it was mainly used to keep the girl docile.

The article's angle is that if law enforcement officers can be taught to identify drunk driving and drug trafficking, why can't they spot signs of human trafficking as well? Bolkovac said parts of the training have been taken to Canada and Australia, and needs to be disseminated more across the U.S. and in places like the I-80 and I-29 corridors.

"It would be great to get these guys to Nebraska for some training as this initiative continues to grow. ... I have already sent this on to the Chief of Police here in Lincoln," she said, adding that she is pleased that DHHS plays a role in **Gov. Pete Ricketts'** Task Force of Human Trafficking.

Another thing that must be accomplished is an overarching task force to combat trafficking. She said there are many groups working on the problem, but they aren't coordinated. She said that current national support for "law-and-order" issues may result in additional training for law enforcement.

She will do her part of that later in March, when she'll speak before the McDonald Conference for Leaders of Character conference at the United States Military Academy at West Point, NY.

# Sturgis Reflects on 39 Years at NRC

**Dr. Dan Sturgis** has been Director of Psychology at Norfolk Regional Center (NRC) since the mid-1980s, but he was easy in his mind about finding things to do after he retires March 2.

“My wife, **Barbara**, says the big challenge in retirement is filling up the time,” he said, slumped comfortably in one of the chairs arranged in a semicircle in his high-ceilinged office. “But that won’t be a problem. I have a really active mind.”

Retirement plans include delving deeper into the genealogical history of his family.

“I’d like to get the nuts and bolts of that together,” he said. “My mother’s side probably came here from Scotland in 1745. They left because of the struggle over whether Scotland would be a part of Great Britain. I’ve got two boxes of books in my bedroom that I’m looking forward to reading, too.”

A week before his last day, Dr. Sturgis is already a busy man outside the office. He fishes, hunts pheasants, studies yoga, lifts weights three times a week – moving to four times a week in the first week of March -- and he and his wife do the BRAN ride across Nebraska every year and have done the RAGBRAI ride across Iowa several times, too

And all this from a man who claims to be 71. You’d be forgiven if you find that a little hard to believe.

“I’ve kept my hair. That’s a big part of it.” he said. “I think keeping a little muscle mass is important, too. I’ve fallen off a bike -- I have -- it hurts but I bounce a little. And that’s good.”

He said he’s looking forward to a small party and people stopping by the afternoon of his last day to wish him well.

The first 40 years – composed mostly of work at NRC – makes a good story, too.

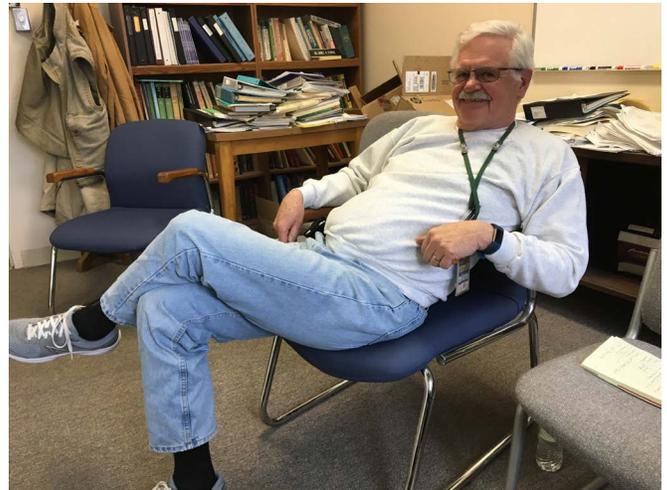
After serving in the U.S. Army from 1968 to ’70, Sturgis earned his PhD from the University of Missouri in his home state and began teaching at the University of Southern Missouri, thinking he might become an academic.

“But it became clear that the faculty didn’t seem to have much clinical experience. Barbara and I – she’s also a psychologist, in private practice now – hit upon the idea of a post-doctoral internship. One of the few places willing to accept people was NRC. Actually I was employed by the mental health center, which was located where the pharmacy is now.”

Begun in 1956, the NRC clinical psychology internship program ended at about the same time NRC started focusing on sex offenders, in 2006, he said.

“So to put in a plug for internships, that kind of training brings professionals into the state,” he said. “Not to disparage universities, but what people do is leave universities to go someplace else. You tend to stay where your training ends.”

The couple came to Norfolk in August of 1979, which was an interesting period in mental care, he said.



Dr. Dan Sturgis reclines comfortably in one of the group therapy chairs in his pleasant office at Norfolk Regional Center. He recently ended his employment at NRC, which began in 1979.

“When I started they were starting to make good use of anti-psychotic medications, and you actually saw patients get better,” he said, adding that it was also an interesting time because the state was beginning to move more mentally ill patients to community programs.

There were 142 patients at NRC then, a number which rose to 174 when some of the neighboring institutions downsized. He added that this was a far cry from the Sixties, when there used to be 1,400 people at NRC and not much medication used. If the 1950s were the “Dark Ages” of mental health care, the 1960s were only a little better.

Much of his work in the 1980s and 1990s was doing mental health evaluations of people who arrived in Emergency Protective Custody (EPC). That meant they appeared to be mentally ill and dangerous.

“Some of the people were alcoholic or drug abusing people and [\(article continued on page 5\)](#)

some were mentally ill,” he said, adding that most of those who were experiencing mental illness were released to community programs. “We probably only committed 15 to 20 percent of them,” mostly those suffering from psychosis.

When the NRC began housing sex offenders in 2006, Dr. Sturgis had to employ new approaches to treatment

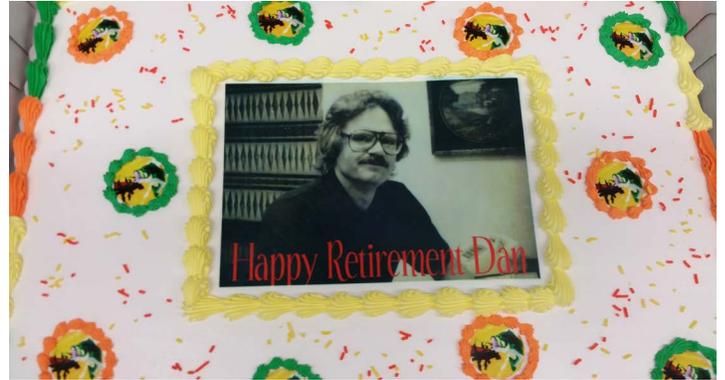
With sex offenders, medication is less effective. More of the focus is on guiding them to a point where they can admit that the event happened and that they are responsible.

“They need to stop thinking of themselves as victims, but many of them were. If there wasn’t outright abuse, almost all of them were neglected,” he said. “Cognitively you want them to recognize that, yes, I was a victim, but that doesn’t give me the right to do that to anyone else.”

In the course of his years at the NRC, Dr. Sturgis has had an opportunity to form some close ties with co-workers and even some patients.

Twenty-five years ago he began caring for a patient who came in on EPC, who would get “psychotic and mean.”

“He had seven or eight EPCs and we were eventually able to get him out in the community,” Dr. Sturgis said.



His cake is a testament to the fact that Dr. Dan Sturgis hasn’t changed much.

After some additional outpatient therapy, to this day the man still calls Dr. Sturgis every few months.

“He’ll call and he’ll say, ‘This isn’t working right! This guy is trying to pick a fight with me.’” Sturgis said. “And I wind up going through it with him, and he’ll go ‘Ok, well, I gotta go now.’ Our phone calls last 10 or 15 minutes. That’s it. He just needs to touch base with someone.”

Dr. Sturgis said he didn’t expect that to change after retirement.

Oh, he’ll call me at home. I’ve never been in private practice, but I’m in the phonebook.”

## Regular Cookouts Unite Staff at Norfolk



When the DHHS Norfolk Public Health team moved across the street to share office space with the Services team at 209 N 5th Street about five years ago, several members of the Public Health team made it their job to unite the teams.

“We kinda invaded,” **Rich Koenig**, water supply specialist, said. “They gave us our area and we made ourselves at home. We hung up our pictures, bulletin boards, and maps. We kinda think we made a sterile place into a real work place.”

Trying to get the teams to integrate, Koenig and his coworkers **Dave Jundt** (another water supply specialist), **Mark Graf** (environmental health scientist), **Jerry Richling** (another water supply specialist) and **Connie Hughes** (secretary) started having regular cookouts.

“We generally do two or three a year,” Koenig said. “We do one at Christmas where we bring in all the food.” He added that the 13-member public health team funds that spread as its contribution to the spirit of the Christmas season.

“This last Christmas we brought in pulled pork and we had cheesy potatoes and some other things,” he said, adding that of the 80 or so people who work in the building 52 participated.

In the spring, Koenig and Jundt bring grills (of which they have a few) to grill outside. And they do it again sometimes in late summer. At those meals, Koenig said, sometimes there’s a sign-up sheet for additional items but not always. In general they ask for a few dollars, depending on what’s on the menu.

The main thing is they try to get people eating and socializing together.

“Sometimes somebody will feel they’re too busy and take a plate back to their desk,” Koenig said. “I understand that, but sitting and socializing together is pretty important too.”

# Wendy Hoins Enjoys Her Role as a Team Player

**Wendy Hoins** is the only Psychiatric Mental Health Nurse Practitioner at the Norfolk Regional Center, but she expects she's the vanguard of a trend there. The professional designation can enhance hiring efficiencies for the state and ultimately save costs.

Hoins sees patients in order to monitor their medication as a member of a team of professionals, just like the traditional psychiatrists who work at the NRC. But as a nurse practitioner rather than an MD, she can only prescribe medications related to psychiatric conditions.

"If someone has strep throat, I can't prescribe anything," she said.

Having started in December to replace a staff member who resigned, she is responsible for two units, one brand new and less than half the size of the other. Its small size is "because of the high acuity of the patients. They need a lot of help."

Until recently she has been very busy with a large number of admissions. She said she's looking forward to seeing what a regular day looks like.

The bill that opened the way for nurses like Hoins to practice independently was LB107, which passed in 2015. APRNs and physicians assistants are often referred to as "mid-levels, or physician extenders."



Wendy Hoins enjoys her corner office in her role at Norfolk Regional Center.

"Nebraska became the 20th state to allow independent work," she said. "It was fought tooth and nail for a long time." She added that Lincoln Regional Center is also using advanced practice psychiatric nurses.

She always wanted to work independently, she said, and also applauds the rule change because she believes that it has increased the availability of qualified health care providers in rural settings.

"I started at the bottom of the totem pole as a nurse," she said, adding that she first became a

nurse in 1982 as a Licensed Practical Nurse before going to RN school. A bachelor's degree and master's degree, in 2007, followed.

When news of the LB107 decision came down, she described a feeling of relief and freedom, but added she'll will always recognize the value of having strong working relationships with MDs.

Hoins also maintains a separate private practice in Norfolk.

"You should see my office downtown, which is decorated," she said pointedly, in reference to the open, echoing and unornamented quality of her NRC space. "You have to get a feel of a place first."



"Nebraska became the 20th state to allow independent work,"  
... Wendy Hoins

# 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.**

Follow-up e-mail to Nebraska City MLTC worker [Teri Stukenholtz](#) from a family applying for Nursing Home assistance for their family member:

"Hey Terri, I just wanted to let you know I have all the information including the cash value for the life insurance. As we discussed earlier in the week, I will be bringing it to Nebraska City and having my sister bring it to your office directly on Monday. Thank you again for calling me and helping me through this process. It would have been really rough if I had not gotten your call. Have a lovely weekend!"

An email from [Denise Woolman](#), DHHS Program Specialist-RN, concerning feedback she'd received about Carol Sheldon, a social services worker in Lexington:

"I work as the Medicaid Care Management Liaison with one of Medicaid's Management Care Companies and just wanted to let you know of some feedback I received on one of your employees. The Wellcare Care Management team expressed their appreciation for the hard work [Carol Sheldon](#) did on a situation with one of their members. They said she was very kind and helpful and went above normal service to get an issue involving SSI deductions solved. Please extend a thank you to Carol for the great work!"

A portion of an email that praises [Sara Westberg](#), a social service worker based in Lincoln.

"Also, please note my commendation of the case worker, Sara Westberg, who was so incredibly helpful, efficient and polite with me in explaining in detail all the aspects that I need to know to organize the Medicaid aspects for my brother. She deserves to be worker of the month - or better - to receive a salary increase! Please make sure to pass on my praise to her supervisor. Thank you for your attention and time."

An email to [Angie Dunbar](#), a social services worker based in Ord.

"Angie, thank you so much for today. You don't know how much just hearing a pleasant voice was needed. Some may feel judged when ya'll call and interview applicants, but I didn't feel like that at all. For the first time I didn't feel ashamed asking for the help I needed nor belittled by the person on the other side of the phone. I felt like I was talking to a friend. I can't thank you enough for that. You sure put a smile on my face, and not because of the SNAP/ energy assistance you gave, but for the person you seem to be. Thank you again."



# Matthews Triumphs Over Adversities

**Caitlin Matthews** was Nurse of the Year last year at the Norfolk Regional Center (NRC).

She said she suspects her attitude during treatment for breast cancer in 2016 was part of the reason she got the award.

“I work with really amazing, supportive people,” she said, singling out her supervisor Reba Middleton.

“It wasn’t difficult to come in with a positive attitude. Having a good attitude is one of the things that helps you fight. I hate that look when people find out you have cancer. I’m like ‘No. No! We’re smiling!’”

In addition, a group at the NRC – Caitlin’s Crusaders – and a band led by **Doug Phipps**, Cold Sweat, raised money for her expenses.

Matthews’ cancer went into remission in 2017.

“I also got the Bernie Polhman award,” she said of an honor named after “a great social worker” at NRC. “I was selfish and took that parking place. But I made a spreadsheet with the names of all the nurses so that they could share the Nurse of the Year parking place.”

A nurse for almost 23 years, Matthews has served the NRC for three years, mostly working in the 2 West Skill Building Unit.

“Their cognitive abilities aren’t as high as other patients, is a good way to put it. They rely on structure more than other patients,” she said. “They have difficulty regulating their emotions.”

“I’m a med nurse,” she said. “I hand out medication and help on the floor. We work as a team to take care of the population we serve.”



Caitlin Matthews, honored for a positive attitude despite some personal challenges, poses next to her medication chart.

## We see you, we hear you, we value you [\(article continued from page 1\)](#)

Our performance as a team is essential to meet their needs. Improvements have been made to the performance management system to incorporate effective SMART Goals. Pay for Performance is being initiated for discretionary and rules-covered staff, allowing for top performers the possibility of additional increases. You deserve to receive appropriate feedback on your performance and recognition for a job well done.

### We Hear You

We hear you and appreciate the feedback given on how to improve DHHS. This discussion was data driven, utilizing information from the recent engagement survey. During the same day, we met with the Supervisors and Managers to get their input, and shared employee input

from earlier that day.

We will share your feedback in its entirety with DHHS Leadership. Your stories have been compiled into summaries that bear strong witness to the primary needs and feelings of staff across the state. Some actions were taken immediately on a number of opportunities shared during the many feedback sessions. We will continue to share your views and concerns with leadership and work collaboratively on strategies towards implementing many of your suggestions.

We take responsibility for this opportunity to put positive action in motion, relating your stories to our leadership. We need the help of everyone to continue positive change at DHHS.

### Make the Connection...

**DHHS Public Website:** [www.dhhs.ne.gov](http://www.dhhs.ne.gov)

**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](mailto:dhhs.helpline@nebraska.gov)

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