

Helping People...

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES 2008 ANNUAL REPORT



...Live Better Lives



Greetings from the Chief Executive Officer

Helping people live better lives is more than a mission statement. It's what we do every day at the Department of Health and Human Services (DHHS).

Every day we assist the elderly, the poor and those with disabilities; provide safety to abused children and vulnerable adults; teach and protect people with public health efforts; and serve those in need of 24-hour facility care. Those everyday actions are what makes DHHS one of the most important agencies in Nebraska.

This past year was particularly important to us as we celebrated our first full year as a state agency on July 1, 2008. Gov. Heineman set this course when he introduced LB 296 in 2007, which combined three former agencies into DHHS.

The new and improved Department of Health and Human Services has made us more accessible to the people we serve. Our Divisions' names and the services each provides are more understandable and identifiable. The six Divisions within DHHS are: Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health and Veterans' Homes. Operations supports all of these Divisions as well.

DHHS, Nebraska's largest state agency, is nearly one third of state government in terms of employees and the budget. Even with all of the resources we have, we still rely on others to help carry out our mission across the state.

For example... DHHS helps fund local health departments which in turn increase our surveillance and diagnostic capacities and help us better coordinate preparedness efforts. DHHS' Division of Behavioral Health provides funding and oversees six local Behavioral Health regions. Those Regions contract with local programs to provide public inpatient, outpatient, and emergency services and community mental health and substance abuse



services. Foster parents, Area Agencies on Aging, and tribal governments are all more examples in a long list of dedicated partners DHHS works with to deliver services to Nebraskans.

The Division Directors at DHHS, all appointed by the Governor and approved by the Legislature, led DHHS through its first year. Many of their Division's challenges and success stories are highlighted throughout this report. For the leadership they provided, my thanks go to: Scot Adams, Behavioral Health; Todd Landry, Children and Family Services; John Wyvill, Developmental Disabilities; Vivianne Chaumont, Medicaid and Long-Term Care; Dr. Joann Schaefer, Public Health; John Hilgert, Veterans' Homes; and Bob Zagozda, Chief Operating Officer.

We've made incredible progress, and we intend to continue on this path. Yet we know there is more work to be done. Staff across the state have renewed energy and have shown a commitment to make improvements.

The activities and services of the Department of Health and Human Services are provided by dedicated staff who are committed to doing their best for people living in Nebraska. I'm very proud of their work.

We hope this report provides a basic understanding of our varied responsibilities and accomplishments. It's a great introduction to what we do, and more detailed information can be found on our Website, at dhhs.ne.gov. Thank you for taking a few minutes to review this fiscal year 2007-2008 annual report.

A handwritten signature in blue ink that reads "Christine Petersen". The signature is fluid and cursive, with a long horizontal line extending from the end.

Christine Petersen
Chief Executive Officer

DHHS Overview

The Nebraska Department of Health and Human Services (DHHS) has approximately 5,500 full-time employees, located throughout the state. DHHS operates and provides services in Lincoln, ten 24-hour facilities (four Veterans' Homes, three regional centers (psychiatric hospitals), two Youth Rehabilitation and Treatment Centers, and the Beatrice State Developmental Center) as well as more than 60 local offices in our five service areas. Department staff strive to provide culturally appropriate services to meet the needs of Nebraska's diverse communities.

Occupational Diversity

Providing Nebraska's public health and human services requires talented staff from many specialized fields. Where else would you find careers as diverse as a chemist, youth counselor, electrician, librarian or information technology specialist all within the same organization?

The wide range of job classifications shows that the Nebraska Department of Health and Human Services is fortunate to have such a unique team of diverse professionals. These people provide leadership to ensure that Nebraskans throughout the state

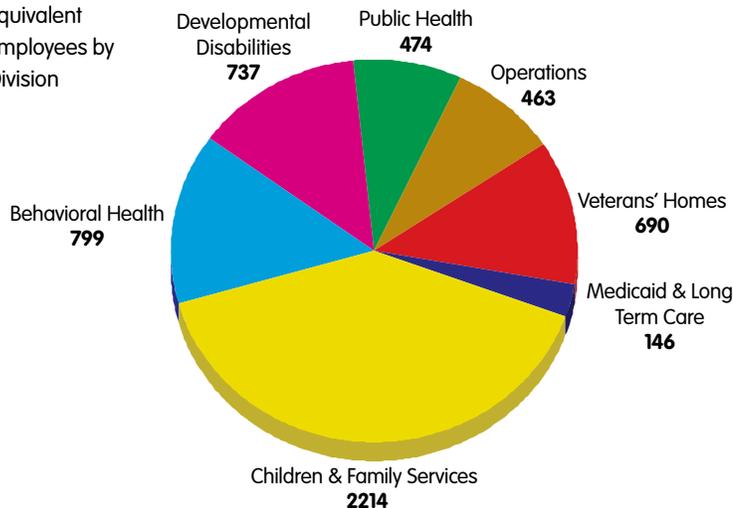
receive quality health and human services. We work together as a close-knit team to ensure that children and elderly live safe and productive lives, that school curriculums include accurate and appropriate health-related information, that water is safe to drink, that veterans receive the care and services they deserve, and that in the event of an emergency, strong leadership is provided to resolve the crisis and ensure the safety of those affected.

Below are only a few of the amazingly different positions within DHHS.

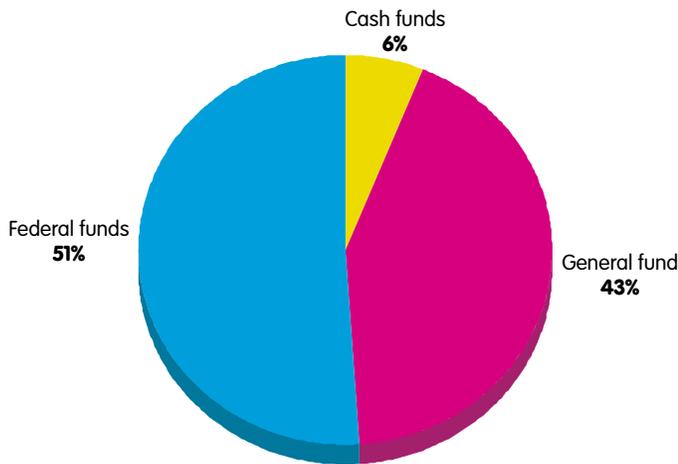
- | | |
|---------------------------------------|---------------------------------|
| Accountant | IT Business Systems Analyst |
| Architect | Laboratory Scientist |
| Attorney | Librarian |
| Audiologist | Nurse (R.N. & L.P.N.) |
| Automotive Mechanic | Medical Epidemiologist |
| Case Aide | Mental Health Practitioner |
| Certified Master Social Worker | Nurse |
| Chemist | Pharmacist |
| Child Support Enforcement Worker | Plumber |
| Dentist | Protection And Safety Worker |
| Developmental Technician | Psychiatrist |
| Dietitian | Public Health Veterinarian |
| Drinking Water Program Specialist | Radiological Health Physicist |
| Electrician | Safety Specialist |
| Emergency Medical Services Specialist | Social Services Worker |
| Environmental Health Scientist | Speech Pathologist |
| Fraud Investigator | State Patrol Forensic Scientist |
| Horticulturist | Water Supply Specialist |
| | Youth Counselor |

These are just a few of the important roles that DHHS employees do to "help people live better lives."

DHHS Fiscal Year 2008 Full-Time Equivalent Employees by Division



DHHS Source of Funds for Fiscal Year 2007–2008



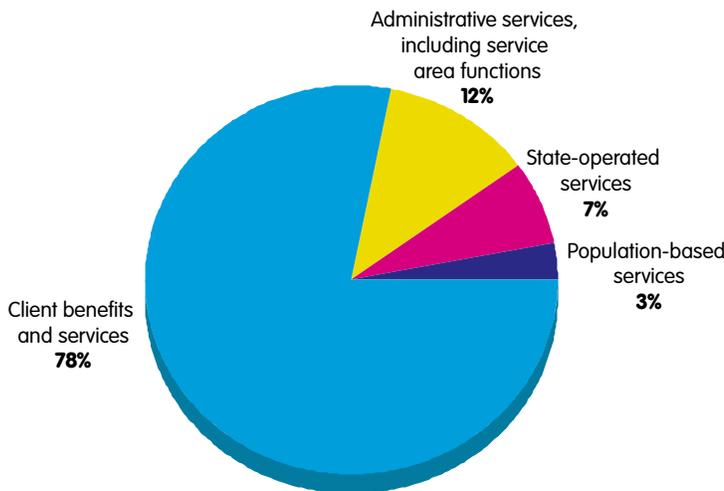
Where does DHHS get its funding?

The funds to support programs and services of the Department come from three main sources: Federal funds (51%), State General funds (43%), and Cash funds (6%).

The two guiding principles for managing the department’s budget are transparency and accountability. As a public agency, DHHS has a responsibility to use citizens’ tax dollars wisely and to uphold the highest standards of fiscal integrity.

General Fund	\$1,131,765,116 (43.2%)
Cash Funds	\$145,098,067 (5.5%)
Federal Funds	\$1,338,459,666 (51.1%)

DHHS Fiscal Year 2008 Expenditures by Function



Where does the money go?

More than three-fourth (78%) of DHHS expenditures are for cash benefits and services to Nebraskans. Twelve percent (12%) of DHHS expenditures go for administrative services, including the Service Area functions of determining eligibility, protection and safety of children, and service coordination. Seven percent of expenditures are for state-operated services, such as the Veterans’ Homes, Regional Centers, Youth Rehabilitation and Treatment Services, and the Beatrice State Developmental Center. The remaining 3% of expenditures goes to provide population-based services, including public health prevention and promotion activities.

■ Budget requests and additional information for all state agencies can be found on the Department of Administration Services State Budget Division’s Web page at www.budget.state.ne.us.

BEHAVIORAL HEALTH

CHILDREN AND FAMILY SERVICES

DEVELOPMENTAL DISABILITIES

MEDICAID AND LONG-TERM CARE

PUBLIC HEALTH

VETERANS' HOMES

OPERATIONS

Divisions of the DHHS



Creating change and providing hope for Nebraskans.

The top priorities for Behavioral Health for fiscal year 2007–2008 were the completion of Behavioral Health Reform and integrating children’s behavioral health services into the Division.

Behavioral Health Reform

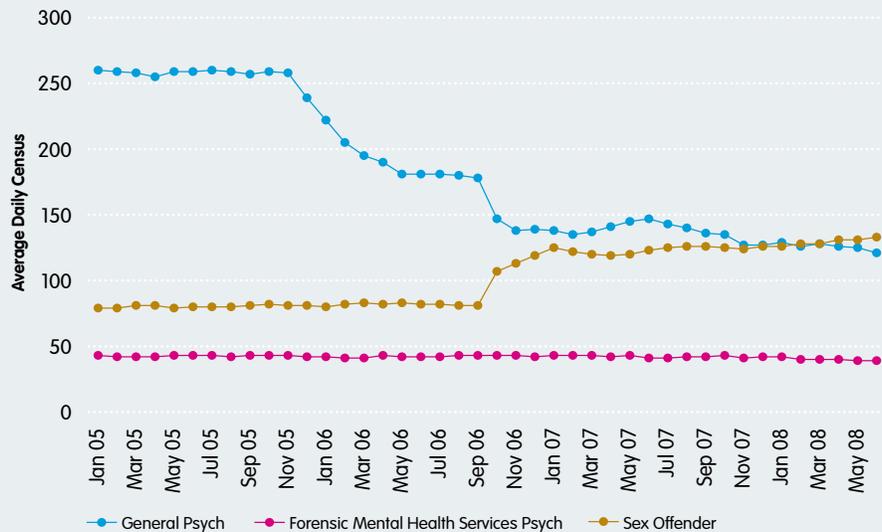
The 2004 Behavioral Health Reform Act (LB 1083) paved the way to serve mental health consumers closer to home, in the least restrictive setting, with a focus on providing these services in the community rather than in state institutions. The Act created the Behavioral Health Oversight Commission to oversee the process.

The Division has redirected \$30 million in permanent funding to community-based services since July 2004, making it possible to close 232 adult beds and 16 adolescent mental health beds at the Regional Centers. The chart shows a corresponding decline in the number of adult consumers receiving mental health services at the Regional Centers from January 2005 to July 2008. LB 1199, the Sex Offender Commitment Act passed in 2006, provides court-ordered treatment of sex offenders who’ve completed their sentences, but continue to pose a threat of harm to others. The chart also reflects the increase in sex offenders served at Regional Centers.

Adult behavioral health services at the Hastings Regional Center were closed in May 2007. From FY2004 to FY2008, the total number of consumers served in community services like Dual Residential Services, Assertive Community Treatment, Community Support for mental health and substance abuse, Short Term Residential, Day Rehabilitation and Psychiatric Residential Rehabilitation increased by 47%. As a result of a public-private partnership, private donations helped open a new 64-bed crisis, acute, and subacute facility in Omaha, Nebraska.

On May 29, 2008, approximately \$17.1 million of the \$30 million mentioned above in ongoing and one-time

LRC and NRC combined average daily census (ADC) from January 2005 to June 2008



operational funding was moved from the Regional Centers to the community. This transfer of funds to the community marked the end of the “first chapter” of Behavioral Health Reform, and the end of the work of the first Oversight Commission. Behavioral health reform is an ongoing process in Nebraska, and a new Behavioral Health Oversight Commission was developed and began meeting in July 2008.

In addition to the above accomplishments, the Division has established study groups for Assisted Living Facilities and Veterans and Behavioral Health. Housing-related Assistance has increased from 127 people receiving assistance in 2006 to 717 in 2008. A Safety Committee formed at the Regional Centers in FY2008 is developing mechanisms to improve safety for consumers and employees.

Children’s Behavioral Health

In keeping with one of the Governor’s priorities, the Office of Children’s Behavioral Health was established within the Division and a manager was hired in June 2008. Certain adolescent services provided at the Hastings Regional Center were outsourced to private providers. In January 2008 the Department released a study entitled “Creating Change and Providing Hope” to address behavioral health services for children and adolescents. A Children’s Behavioral Health Task Force is developing a program statement to define

how adolescent substance abuse treatment currently provided at the Hastings Regional Center can be provided in other ways. The federal State Infrastructure Grant (SIG) continues to guide these activities.

Did you know?

3% of adults (42,267) in Nebraska experience gambling problems each year, at an estimated annual cost of more than \$200 million dollars.*

In FY 2008, the Gambling Assistance Program provided services to approximately 360 people with gambling problems.

Challenges

The Division’s goal is for Nebraska to be recognized as one of the top five states in the nation for the provision of behavioral health services in the areas of consumer involvement, safety, accessibility and treatment effectiveness. Here’s how we’re working to meet that goal. The Division is currently developing a strategic plan to enhance Emergency Protective Custody procedures, to determine the Regional Centers’ role in the Behavioral Health System, and to continue to integrate Children’s Behavioral Health. LB 95 provides needed medications to people who have been committed to a hospital, and in FY 2008, \$2.6 million was spent. In FY 2008, the Division partnered with the Department of Vocational Rehabilitation to provide \$1.6 million in supported employment to consumers.

* Average based on 2002 & 2004 Annual Reports published by the Nebraska Department of Health and Human Services and recent statistics reported by Nebraska providers.



courts placed in state custody and youth conditionally released from the Youth Rehabilitation and Treatment Centers.

Did you know...

Governor Heineman's welfare initiatives have lead to a 14% reduction in state wards since April 2006, when the number of wards was at an all-time high?

The Division provided **child care subsidies** to low-income families to help finance child care expenses for 32,793 children.

Did you know...

Nebraska ranked 9th in the nation for the well-being of children in the Annie E. Casey Foundation's KIDS COUNT Initiative?

The **Division of Children and Family Services** provides services when needed, for only as long as needed, to give children the opportunity to succeed as adults, help the elderly and disabled live with dignity and respect, and help families care for themselves, resulting in healthier families and safer, more prosperous communities. The following are just a few of the Division's accomplishments during fiscal year 2007-2008.

On any given day, approximately 7,000 children and their families received **child welfare services**, including comprehensive safety assessments, safety planning and services, foster care and adoption services. Additionally, intake workers answered over 29,070 calls on the child abuse and neglect hotline.

Did you know...

Nebraska received adoption incentive bonuses for the last three years? The number of finalized adoptions increased 39% between 2005 and 2008.

Did you know...

over 25% of children in foster care are placed with relatives?

Adult Protective Services answered over 10,000 hotline calls on adult abuse and neglect, and provided protective

services and support to over 3,000 vulnerable adults who were unable to protect themselves from harm or meet their needs without assistance.

An average of 52,162 households per month received electronic benefits transfer cards to purchase food through the **Food Stamps Program**.

Did you know...

Nebraska is top in the nation for correctly denying, suspending, or terminating food stamp benefits with 0.0% error, and 2nd in the nation for payment accuracy?

There were over 105,000 cases at the close of the year in which the **Child Support Enforcement Program** was working to secure financial support for children from both parents. The majority of these cases involved the enforcement of existing child support orders.

Did you know...

Nebraska ranked 8th in the nation in the collection of current child support orders?

Office of Juvenile Services provided community-based services and supervision to an average of 1,671 youth who had committed a delinquent act and who the

By the end of Federal Fiscal Year 2008, over 36,500 Nebraska households with limited incomes received financial assistance to offset the cost of heating and cooling their homes through the **Low Income Home Energy Assistance Program**.

Challenges

From adoption to Adult Protective Services, DHHS' Children and Family Services has many important, potentially life-changing responsibilities. That makes the challenges for the Division as unique as the services provided. Many of the Division's accomplishments, already addressed in this report, are seen as solutions to the challenges they face.

Another on-going challenge in the area of economic assistance was to leverage technology to increase client accessibility and agency efficiency and effectiveness. During this fiscal year, we worked to transform our economic assistance delivery system to meet this challenge. In September 2008 DHHS launched ACCESSNebraska, an on-line application process and self screening tool. ACCESSNebraska lets people apply for public assistance benefits any time, any where there's Internet access. Other changes in our benefits delivery systems are on the way to make it easier for people to apply for and receive benefits.

The Division contracts with and provides certification, technical assistance, payment and general oversight for 34 community-based developmental disability services providers with 70 certified programs statewide, and operates the Beatrice State Developmental Center (BSDC).

Developmental Disabilities

- Administers five Home and Community-Based Medicaid Waivers serving 3,400 adults and 250 children. Waivers allow the use of federal Medicaid funding for community-based developmentally disabled services.
- Manages the single point of entry for specialized developmental disabilities services through Service Coordination. Approximately 222 Service Coordinators were transferred from the DHHS Division of Children and Family Services to the Division of Developmental Disabilities on July 1, 2008.
- Collaborates with other state agencies, consumers, families, communities, and providers to ensure the maximum utilization of least restrictive alternatives for persons with developmental disabilities.
- Is implementing the Community Supports Program (CSP) to build on the individual and family strengths and to strengthen and support informal and formal services already in place. The CSP utilizes a self-directed philosophy, designed to provide choice when determining the services that are needed to maximize the independence of the person with a developmental disability.

Community-based Services

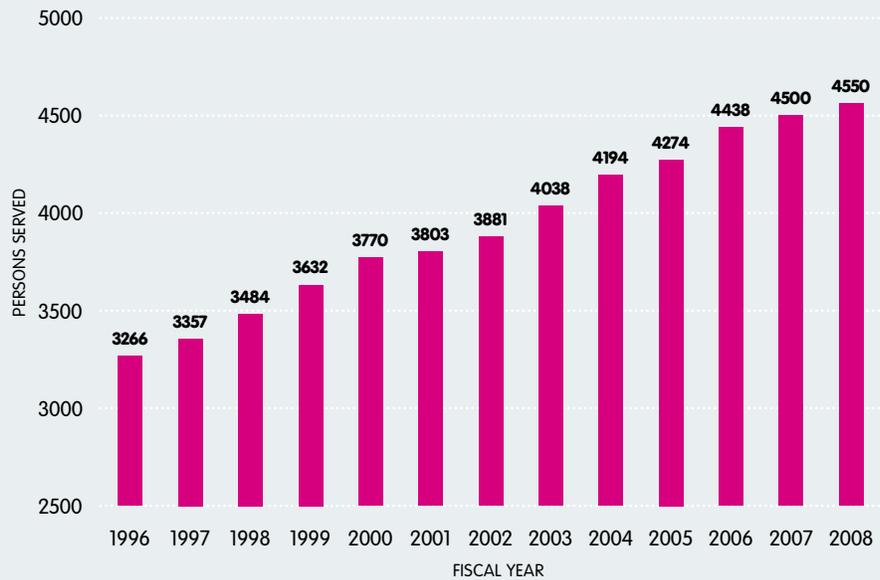
Did you know...

Approximately 4,550 people are receiving services and/or service coordination.

Beatrice State Developmental Center

- BSDC provides 24-hour residential, medical, habilitative and consultative services for Nebraskans with mental

Community-Based Developmental Disabilities Programs: Persons Served FY 2000–2008



- retardation or related conditions.
- In June 2008, a collaborative settlement was reached with the U.S. Department of Justice (DOJ) regarding the care given to people served at BSDC. The settlement requirements are consistent with DHHS’ five-point plan, announced in March 2008:
 - Increase staffing to eliminate mandatory overtime and provide better direct care and professional services to the residents of BSDC;
 - Implement an integrated community-based care plan;
 - Enhance client care and safety;
 - Reallocate funding to enhance community-based care; and
 - Communicate with families, guardians, stakeholders, elected officials and communities to keep them fully informed and engaged.
- BSDC operates the Outreach and Intensive Treatment Services (OAITs) program, which works with families and community teams to provide clinical services for individuals with both behavioral impairments and mental retardation or other developmental disabilities. During FY 2008, 38 people were

served. The program can provide Outreach Treatment Services (OTS) and consult on-site at community programs, or Intensive Treatment Services (ITS), when an individual comes to BSDC for short-term treatment. In ITS, training is developed for employees from the community program and treatment is devised that’s specific to the community setting where the individual is living.

Did you know...

BSDC also administers the Bridges Program, a 14-bed secure setting that provides a structured, therapeutic environment for people with challenging behaviors that pose a significant risk to members of the community.

Challenges

- Implementing agreement with Department of Justice–BSDC.
- Expanding and improving community-based services.
- Delivering quality services that address the behavioral needs of people served.
- Recruiting and retaining staff at BSDC.

Medicaid provides health care services to eligible elderly and disabled individuals and eligible low-income pregnant women, children and adults.

Did you know...

Medicaid provides health care for more than one in every ten Nebraskans.

In addition, the Division includes Home and Community Services for Aging and Persons with Disabilities, and the State Unit on Aging. The Division also administers non-institutional home and community-based services for individuals qualified for Medicaid waivers, the aged, adults and children with disabilities, and infants and toddlers with special needs.

MMIS Project:

One of our top priorities is to replace the outdated, cumbersome Medicaid Management Information System on time and on budget. With federal approval, Nebraska began to design, develop and implement the new system, to be completed by July 1, 2011. The result will be more efficient claims processing for health care providers and more flexibility.

Enhanced Care Coordination:

This is a new effort to manage the care of high-cost Medicaid recipients who have multiple medical conditions. Nurse case managers will be assigned to work with 869 high-use clients. The goal is cost savings and better care through the elimination of duplication in services and medication.

Re-alignment of Medicaid benefits:

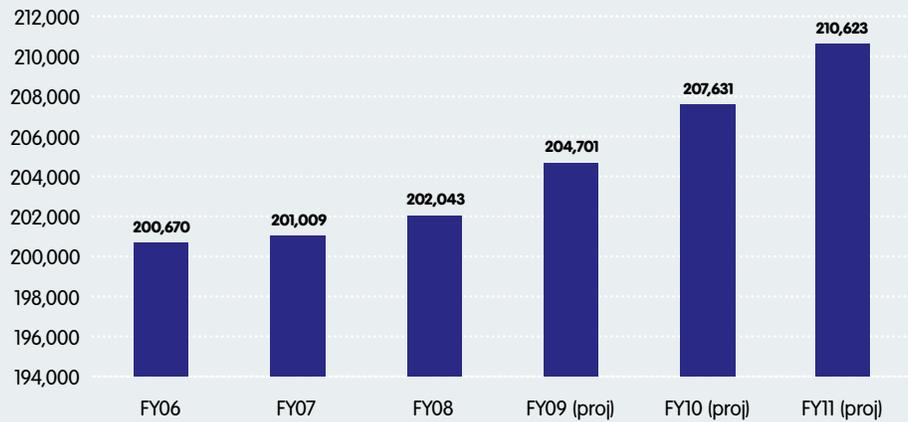
Benefits for optional services were aligned with commercially-available health, vision, and dental insurance policies.

Provider Rates Aligned:

Reimbursement for radiology and oxygen services was revised to be more comparable with reimbursement for other services. Fee schedules for all other Medicaid services were revised. Fee schedule changes simplified claims processing for providers.

Program Trends and Projections

Nebraska Medicaid Average Monthly Eligibles, FY 2006–2008 Actual and FY 2009–2011 Projected



Pharmacy Oversight of New Products:

The Drug Utilization Review Board developed a list of recommended generic cough and cold products, restricting coverage to listed products. The result is an estimated annual savings of over \$1,000,000.

Money Follows the Person:

Did you know...

Nebraska was one of 31 states selected to host this five-year demonstration project. With the right services and supports, 900 eligible participants who reside in nursing homes or intermediate care facilities can move back to their own homes or to other suitable residences in the community. The goal is to rebalance Medicaid's long-term care spending, decrease the percentage spent on facility-based care, and increase the percentage spent on home and community-based services.

New Administrative Service Organization for Behavioral Health:

The Division of Medicaid and Long-Term Care, the Division of Children and Family Services and the Division of Behavioral Health contracted with one provider for the development and administration of the behavioral health managed care network. This eliminates duplication of services and cost shifting between the three divisions.

State Unit on Aging:

A statewide Senior Transportation Coalition was established through a technical assistance grant from the National Center for Senior

Transportation. The coalition will address the transportation needs of seniors across the state. The federal Administration on Aging awarded DHHS a grant to support the caregivers of individuals who have been diagnosed with early-onset Alzheimer's disease. The state Long-term Care Ombudsman program expanded to two additional Area Agencies on Aging, ensuring that the entire state has local ombudsman staff and volunteers providing services for residents in long-term care facilities.

Behavioral Health Drug Education Project:

Did you know...

Letters on best practices for prescribing behavioral health drugs were sent to over 500 providers participating in Medicaid. The resultant changes to patient drug regimens maintained or improved the quality of patient care and realized savings of over \$700,000.

Challenges

Deliver the best quality care for eligible clients in a fiscally responsible manner to ensure the sustainability of the Medicaid program. Specific challenges include:

- MMIS
- Implementing Preferred Drug List/Purchase Pool
- Expanding Managed Care
- Continuing shift to community care
- Developing Program for All Inclusive Care for the Elderly (PACE)

“The Division of Public Health brings together the many elements of public health in Nebraska...”

Through prevention, protection and promotion, public health improves the health of individuals and communities. Dramatic achievements in public health in the last century have improved quality of life through increased life expectancy, reduction of infant and child mortality, and elimination or reduction of many communicable diseases.

The Division of Public Health brings together the many elements of public health in Nebraska, including preventive services, community health education, disease outbreak investigation, and the collection of health data. It is also responsible for the regulation and licensure of health-related professions, occupations, facilities, and services, as well as public water supply systems and swimming pools, among other entities.

Division’s Public Health Priorities

Priorities for the Division are: creating a culture of wellness; addressing health disparities; becoming the trusted source of state health data; devising a media and education plan; and providing budget transparency.

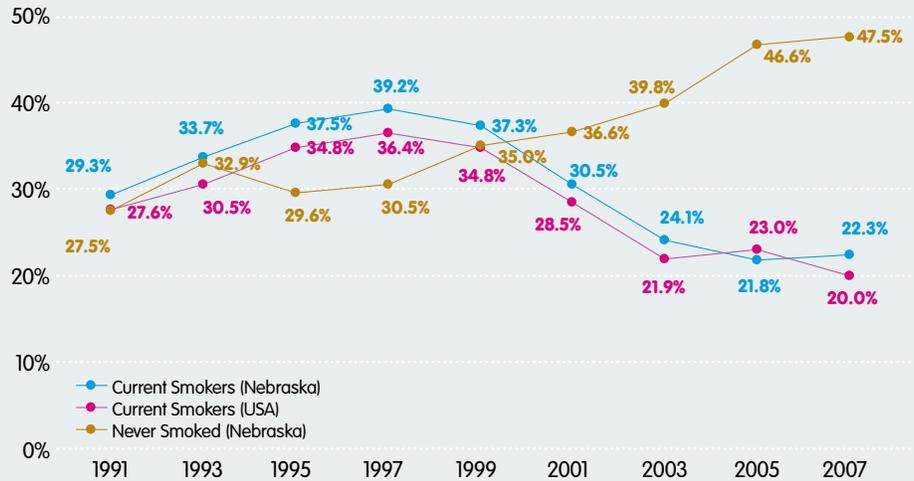
Community Health Planning and Protection

- Twenty local health departments receive grants and technical support to enable them to protect the public from bioterrorism and natural disasters.
- Funding is provided to 16 local coalitions to prevent underage alcohol use, binge drinking and alcohol-impaired driving.
- A critical access hospital health technology grant was received to develop systems for improving the flow of medical information.

Environmental Health

- The Environmental Health Unit assures quality drinking water by inspecting and licensing 1,340 public

Youth Smoking Rates



water systems. Other programs protect persons in Nebraska from hazards such as radiation, asbestos, and lead.

Health Promotion

- A new grant from the Centers for Disease Control and Prevention was received to improve nutrition and physical activity and to decrease the epidemic of obesity.
- The smoking rate for Nebraska youth (grades 9–12) continued its decline, from 39 percent in 1997 to 22 percent in 2007.
- In FY2008, the HIV Prevention Program provided 5,600 testing and counseling sessions at 80 HIV testing sites across the state.

Investigations

- Complaints are investigated on licensed, registered or certified health care professionals. In FY2008, 2,159 investigations were completed. A survey of licensed health care professionals on interactions with the division during investigations and reviews showed a 96 percent favorable assessment.

Licensure

- The public’s health, safety and well-being are protected through regulation of individuals, facilities, and programs.

Did you know...

In FY2008, the Licensure Unit issued over 58,000 new and renewal

professional and occupational licenses, completed nearly 500 health care facility inspections, and inspected more than 9,000 child care programs.

Lifespan Health Services Unit

- A new colon cancer program screened 1,300 persons, detecting 3 cancers and 57 precancerous conditions.
- Newborn screening expanded to include 28 tests, and education has been provided to hospitals and physicians.

Public Health Support

- Reports on registries for cancer, birth defects, trauma and Parkinson’s provide valuable data that is used to effect positive health outcomes. The Crash Outcome Data Evaluation System and the Nebraska Cancer Registry met national Gold Standards.
- The Vital Statistics Bureau provided 141,797 copies of certified birth and death records to the public.

Challenges

- Limited access to prenatal care with only 70% of pregnant women receiving adequate prenatal care.
- High prevalence of obesity, increasing from 11.6% in 1990 to 26.9% of the population in 2007.
- Deaths from cancer are 41% more prevalent among blacks than whites, though incidence rates are approximately equal.



Personnel from Offutt Air Force base hold a sign at the entrance of the new Eastern Nebraska Veterans' Home in Bellevue, welcoming members as they moved from the Thomas Fitzgerald Home to their new location on July 14, 2007.

Providing service worthy of our nation's heroes: our Nebraska veterans...

The State Veterans' Homes are part of the Nebraska Department of Health and Human Services, with locations in Bellevue, Grand Island, Norfolk, and Scottsbluff.

One of the Division's priorities is to operate at or near full capacity while maintaining quality member care services to resident veterans and non-veterans.

The four homes have a combined capacity of 626 beds and currently serve about 550 Veterans and non-Veterans with assisted living, intermediate care, skilled care, and Alzheimer's care.

Results from a recent survey of Nebraska Veterans' Home members show that 96.2% rated the Homes they live in as "good" or "excellent." This rating improved slightly over last year's number of 94.7%, which was higher than the year before. Members and their families are surveyed separately each year regarding quality of life at the four DHHS Veterans' Homes, and the ratings have remained consistently high throughout the years.

The Eastern Nebraska Veterans' Home located in Bellevue served 109 members in June 2008.

Accomplishments for 2007/2008

- The Eastern Nebraska Veterans Home opened its new campus to members in July 2007. Offutt Air Force Base personnel helped move members from the prior Thomas Fitzgerald Home in Omaha to their new location in Bellevue.

- The U.S. Department of Veterans Affairs conducted a formal recognition survey in 2007, officially recognizing the facility as an authorized State Veterans' Home.

The Grand Island Veterans' Home located in Grand Island served 203 members in June 2008.

Accomplishments for 2007/2008

- The Secure Care (Alzheimer's) unit was moved to a ground-level location to provide access to a secure outdoor environment, greatly enhancing their quality of life.
- Mandatory staffing overtime was reduced by 75% with no outside agency staffing.

Did you know...

Nebraska has proudly served Veterans for almost as long as it's been a State! The Grand Island Veteran's Home, founded in 1887, celebrated its 120th year anniversary in 2007.

The Norfolk Veterans' Home located in Norfolk served 135 members in June 2008.

Accomplishments for 2007/2008

- The expansion of the "Roam Alert" system enhanced the ability to provide better care for members.
- The Norfolk Veterans Home Foundation was established to raise funds for "Heroes Park," a garden-like area which will provide much-needed space for members and families to enjoy fresh air and pleasant surroundings.

The Western Nebraska Veterans' Home located in Scottsbluff served 81 members in June 2008.

Accomplishments for 2007/2008

- New quality improvement programs reduced the number of deficiencies reported during a VA survey.
- A new retention program reduced staff vacancies by half.
- The public raised donations for the purchase of a new liner for the pond.

Overall Accomplishments for 2007/2008

- An ongoing Quality Assurance/Quality Improvement process was implemented to measure the systems of the homes. This type of process provides improvement of care and quality of life to members.
- A Survey Readiness program provides education used in the survey process and regulations allowing the facilities to be survey ready 24/7.
- A monthly Internal Reporting program provides quality monitoring tools used in monitoring trends and providing educational planning in areas of member falls, pressure ulcers, staff turnover, pain management and weight loss.
- Joined the National Advancing Excellence Program through the state CIMRO quality improvement organization.

Challenges

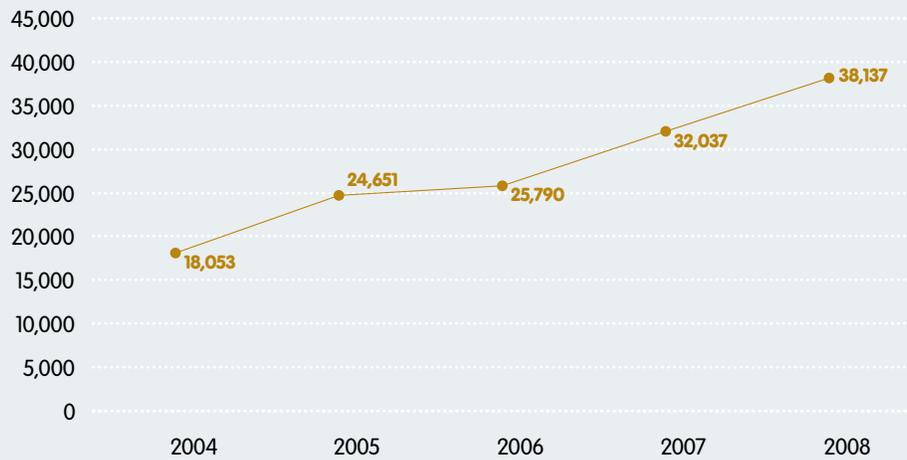
- Continue to maintain compliance with both the Federal VA long-term care standards and the Nebraska State licensure for long-term care standards.
- Continue to improve In-Service Training Programs by increasing the educational training offered internally by each home.
- Continue to maintain adequate staffing levels with consistency in job classifications reviews, reduction of mandatory overtime and new processes to reduce staff turnover.
- Continue integrating new technology and software system to enhance member care, staff ability and accountability.

The Role of Operations

Operations includes the Department's Chief Executive Officer (CEO), the Chief Operating Officer (COO), and six support areas: Communications and Legislative Services, Financial Services, Human Resources and Development, Information Systems and Technology, Legal and Regulatory Services, and Support Services. The role of Operations is to provide overall leadership for the Department and specialized expertise and support to the Department in the following areas:

- Communications and Legislative Services handles public information and promotional efforts, and coordinates legislative activities.
- Financial Services provides support to the Department through budget activities, state and federal report preparation, accounting transactions, grant and contract support, and financial and program analysis.
- Human Resources and Development (HRD) provides human resource services, including training, payroll, employee and labor relations, and recruitment.
- Information Systems and Technology (IS&T) provides project management, ongoing support of information systems, help desk and network/hardware support.
- Legal and Regulatory Services provides legal advice for the Department and represents the Department in administrative hearings and some court cases, and drafts and reviews legislation, rules and regulations, contracts, and other documents.
- Support Services provides technical assistance and support to the Department in purchasing, vehicle management, facility support services, records management,

Average Page Views and Downloads Per Day



word processing, graphics, mail distribution, forms and supplies, contracts service and procurement, and Spanish translation.

Website

July 1, 2007, marked the launch of a new DHHS Website (dhhs.ne.gov). The site offers more viewer-friendly information and a brand new look which reflects our commitment to become more accessible, accountable, and action-oriented.

Did you know...

The DHHS Website contains over 5,000 pages and gets over 38,000 page views and downloads per day.

Accessible

While the new site contains information about the structure of DHHS, the navigation and content was not designed around that structure but rather around the way visitors use the information we provide. The DHHS Website can also be translated into 14 different languages.

Accountable

One means of becoming more transparent and accountable is via the Performance Gauges section of the site. This section contains

two new statistics-driven pieces; COMPASS — Children's Outcomes Measured in Protection and Safety Statistics, and TANF — Contractor Performance Measures, with plans to add more. Additionally, all Child Welfare & Juvenile Services contracts have been published.

Action-Oriented

Did you know...

DHHS allows people to subscribe to more than 193 pages on our Website. Subscribers receive automated e-mail and/or wireless messages when new content is added. This service was especially useful during recent storms when over 1,300 subscribers received updates during the first day emergency information was published.

Finally, the site offers a number of online services such as obtaining birth certificates, license renewal and verification, and job applications as well as links to [statistics and reports](#).

Challenges

- Working simultaneously on major systems projects.
- Facing staffing difficulties.
- Supporting geographically dispersed operations.

Contacts

GENERAL CONTACT INFORMATION	PHONE
General Information	(402) 471-3121
Central Service Area	(800) 892-7922
Eastern Service Area	(402) 595-2880
Northern Service Area	(800) 782-8844
Southeast Service Area	(402) 471-5328
Western Service Area	(800) 779-4855
Home and Community Services	(800) 358-8802
Vital Records	(402) 471-2871
Child Support Enforcement	(877) 631-9973
Licensure	(402) 471-2115
Medicaid (main inquiry number)	(402) 471-9147
Medicaid (provider inquiries)	(877) 255-3092
Child/Adult Abuse Hotline	(800) 652-1999
System Advocate	(800) 254-4202



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