DHHS—NORFOLK REGIONAL CENTER

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THE SOURCE

A Message from Scot Adams

A Happy New Year to everyone.

I'm looking forward to the coming year because I think good things are in store for the people affected by behavioral health disorders and for the Division of Behavioral Health.

We are about to release the results of surveys of consumers conducted last year. Good news! Consumers appear to be quite satisfied with the services they receive from community mental health and/or substance abuse programs. Among adult consumers, 85% indicated they are satisfied. Among the families of youth who received services, 78% indicated they are satisfied with the services their child received. The full survey, conducted by UNMC, will be available on the DHHS website soon.

The Division of Behavioral Health's Strategic Plan for 2011-2015 also will soon be available on our website. Strategies in the plan focus on access, quality, effectiveness, cost efficiency, and accountability in relationships. The plan sets out the basis for our approach to behavioral health — that of person-centered and self-directed care in recovery-oriented systems. These systems build on the strengths and resilience of individuals, families and communities as they take responsibility for their sustained health, wellness and recovery.

The Office of Consumer Affairs will be important in our efforts to inform consumers, their families and providers of the resources and responsibilities in a system that is consumer-driven. Consumers will learn that they have a role in their own sustained recovery. Knowing what they can do to help themselves will empower them to lead

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Nebraska Sex Offender Treatment Program

Mission: *Providing Sex Offender treatment to prepare for community reintegration while maintaining public safety.*

Vision: *Helping people rebuild their lives with no more victims.*

happier and productive lives — hopefully ones that are uninterrupted by crises.

The Lincoln and Hastings Regional Centers are experiencing Joint Commission site visits. We were successful on our last site visits and I know that we will be so again. The regional centers have worked hard to maintain quality of services. I thank employees for their efforts to assure a high quality experience for all of the people who come to us for help.

What's Cooking at NRC

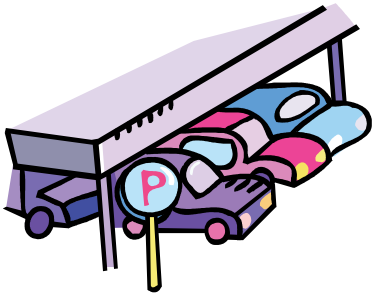
CHEESY POTATO SOUP

4 c. potatoes, peeled & cubed
2 c. milk
2 c. California blend frozen vegetables
1/2 c. Velveeta cheese
3 T. butter
salt to taste

Boil potatoes until tender; drain. Add milk and vegetables and bring to almost boiling over medium heat. Reduce heat, and add cheese and butter. Heat over low heat, stirring frequently until cheese melts and vegetables are tender-crisp. Very yummy!!

(Submitted by Dean Garver, and he challenges Leann Daniels to submit a recipe for the next issue of *The Source*.)

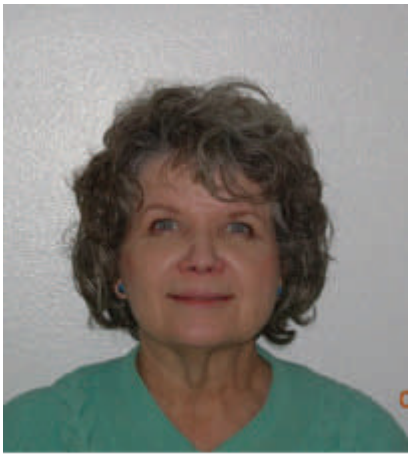
Parking Lot Lottery



Winners for the month of February are:

1. Laura Gorham
2. Nicole Brandt
3. Sandy Bohlken
4. Pam Anderson
5. Kandi Lange
6. Bonnie Legate
7. Diane Nelsen
8. Penny Buck

Please Welcome New NRC Employees



Nancy Schaecher,
Licensed Mental Health
Practitioner II

Trever Nelson,
Mental Health Practitioner I

February Birthdays

3 - Nila Brandner
5 - Mike Gettman
8 - Kevin Piske
10 - Julie Redwing
11 - Diane Pratt
14 - Deb Held
17 - Kristy Goetsch
Lori Rector
19 - Cami Long
20 - Steve Lindstadt
26 - Marilyn Stromberg
27 - Bonnie Bergland

February Anniversaries

1 - Laura Gorham (18 years)
3 - Sarah Fechner (21 years)
4 - Bonnie Legate (20 years)
Eric Derby (3 years)
7 - Tracy Cullin-Culligan (34 years)
13 - Jean Laing (27 years)
17 - Stacie Steele (2 years)
18 - Willie Wesemann (2 years)
19 - Fern Zechmann (16 years)
Ryan Sukup (3 years)
23 - David Hallberg (40 years)
27 - Bill Block (23 years)

January is Radon Action Month

EPA estimates that about 20,000 lung cancer deaths each year in the US are radon-related. Exposure to radon is the second leading cause of lung cancer after smoking. Radon is an odorless, tasteless and invisible gas produced by the decay of naturally occurring uranium in soil and water. Radon is a form of ionizing radiation and a proven carcinogen. Lung cancer is the only known effect on human health from exposure to radon in air. Thus far, there is no evidence that children are at greater risk of lung cancer than are adults.

Radon in air is ubiquitous. Radon is found in outdoor air and in the indoor air of buildings of all kinds. EPA recommends homes be fixed if the radon level is 4 pCi/L (pico Curies per Liter) or more. Because there is no known safe level of exposure to radon, EPA also recommends that Americans consider fixing their home for radon levels between 2 pCi/L and 4 pCi/L. The average radon concentration in the indoor air of America's homes is about 1.3 pCi/L. It is upon this level that EPA based its estimate of 20,00 radon-related lung cancers a year. It is for this simple reason that EPA recommends that Americans consider fixing their homes when the radon level is between 2pCi/L and 4 pCi/L. The average concentration of radon in outdoor air is .4 pCi/L or 1/10th of EPA's 4 pCi/L action level.

For smokers the risk of lung cancer is significant due to the synergistic effects of radon and smoking. For this population, about 62 people in 1,000 will die of lung cancer, compared to 7.3 people in 1,000 for never-smokers. Put another way, a person who never smoked who is exposed to 1.3 pCi/L has a 2 in 1,000 chance of lung cancer; while a smoker has a 20 in 1,000 chance of dying from lung cancer. At 8 pCi/L, the risk to smokers is six times the risk to never-smokers.

Unfortunately, many Americans presume that because the action level is 4 pCi/L, a radon level of less than that is "safe." This perception is altogether too common in the residential real estate market. In managing any risk, we should be concerned with the greatest risk. For most Americans, their greatest exposure to radon is in their homes, especially in rooms that are below grade (e.g., basements), rooms that are in contact with the ground, and those rooms immediately above them.

The amount of radon in the soil depends on soil chemistry, which varies from one house to the next. The amount of radon that escapes from the soil to enter the house depends on the weather, soil porosity, soil moisture, and the suction within the house.

If you have further questions about radon, call your State Radon Contact, which can be found at www.epa.gov/radon/whereyoulive.html.

EPA supports the following hotlines to best serve consumers with radon-related questions and concerns.

- 1-800-SOSRADON (1-800-767-7236 — Purchase radon test kits by phone.
- 1-800-55RADON (557-2366) — Get live help for your radon questions.
- 1-800-644-2699 Radon Fix-It Hotline — For general information on fixing or reducing the radon level in your home.

If you are interested in finding a qualified radon service professional to test or mitigate your home, or you need to purchase a radon measurement device, see www.epa.gov/radon/radontest.html.

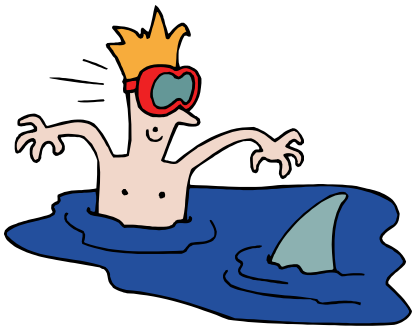
Source: www.EPA.gov/radon

Influenza vs. Colds vs. Pertussis

Submitted by Joy Wieseler, RN, Infection Control Coordinator

SYMPTOM	INFLUENZA ("FLU")	COLDS (VIRAL URI)	PERTUSSIS
Fever	Usually present & high (102-104°F or 39-40°C);typically lasts 3-4 days	Uncommon; if present, typically low-grade	Uncommon; if present, typically low-grade
Chills	Common	Uncommon	Rare
Headache	Very common	Uncommon	Uncommon
Aches & pains, muscle aches, chest discomfort	Very common; often severe	Slight to moderate	Uncommon
Fatigue & weakness	Moderate-severe; can last up to 14-21 days	Mild	Mild; patient usually appears well between coughing attacks
Extreme exhaustion	Very common early in illness	Extremely rare	Rare
Stuffy or runny nose	Common	Very common	Common, early in the disease
Sneezing	Sometimes	Common	Common, early in the disease
Sore throat	Common	Common	Uncommon
Cough — Character	Non-productive ("dry") cough is typical	Hacking cough, often productive; usually responds to cough medi-cations	Variable character; fits/paroxysms & nocturnal cough are common; generally not responsive to cough medica-tions; "whopping" may or may not occur
Cough — Severity	Moderate	Mild to moderate	Variable; mild to severe; infants appear quite ill & may present with cough or apnea
Cough — Duration	Typically 3-7 days; occasionally to 14 days	Typically 3-7 days	Persistent cough, almost always >1 week, usually 2-6 weeks, sometimes 10+ weeks
Cough — Paroxysms (coughing fits)	Uncommon	Rare	Common; often leads to vomit-ing or gagging
Infectious Period	1 day before symptom onset and 3-7 days after	Variable; typically 4-7 days after symptom onset; can be longer	From start of catarrhal phase (before cough onset) to 21 days after cough onset; most effi-cient spreading after cough onset

Are You a Risk Taker? Would You Like to Become One?



Risk takers walk among us. They are in every mode and social class of our society. For the most part, humans desire a certain amount of variety and adventure, but risk takers seem more attracted to scary and dangerous occupations and activities than the average person.

Psychology labels this group of people the "T-types." T-types are drawn to all things risky: bungee jumping, sky diving, hot-air ballooning, and extreme skiing, to name a few.

Physiologically speaking, T-types need more dopamine to receive pleasure and satisfaction. Dopamine is a chemical that is released in the brain when humans experience satisfaction, and T-types need a larger release of dopamine in their bodies to feel an adequate level of satisfaction and pleasure. People who are short of MAO Type B, an enzyme that breaks down dopamine, are also great risk takers. And chances are better that risk-taking parents will have risk-taking kids, as there is strong evidence suggesting that this risk-taking "drive" is genetic.

Not every thrill-seeking T-type is out rappelling down a cliff or swimming with sharks. Risk takers are also business mavericks, police officers, firefighters, and astronauts.

The truth is, every person can become a greater risk taker in their own sphere of influence by taking intelligent risks where the potential downside is limited but the potential upside is unlimited. Things like asking for a raise, joining a new club, or starting a cooking class are all risks — but the potential for a good outcome far outweighs the small pain of being rejected or feeling uncomfortable.

Where are the areas in your life that you could stand to take some risks? Don't let a small inconvenience keep you from experiencing a great reward.

More ideas about risk taking are available at www.psychologytoday.com.

Source: Printer's Press, Big Red Printing, 2010 Issue 4

Leave of Employment

January 3, 2011

Christine Dinslage, MHP I

"When dogs leap onto your bed, it's because they adore being with you; when cats leap onto your bed, it's because they adore your bed."

- Alisha Everett

13 Tips to Reduce Stress, Maximize Time and Improve Your Quality of Life

It's common knowledge that effective time management allows us to accomplish more. But did you know getting organized can also help your health? Using time more wisely can reduce stress, boost productivity, and increase your quality of life.

Take a minute to think about your typical workday. How do you feel? Overwhelmed? Distracted? Always running behind? Frustrated by a lack of organization? These negative emotions can affect your health as well as your job performance.

You might be thinking, "But I'm not a naturally organized person. I don't even know where to begin!" Don't worry — you're not alone. The key is to start small. Try a few of these tips — you might be surprised by the big difference a small step can make.

- Use the 10-minute rule. If you're feeling stuck, try devoting just 10 minutes a day to a dreaded task. Momentum is a powerful thing. You'll probably find it's not as bad as you thought.
- Make a plan. Put the most important items of your to-do list at the top. Give yourself enough time and avoid double-booking by keeping track of daily activities in your calendar. Take a few minutes to plan each day to increase your sense of control and accomplishment.
- Prioritize your tasks. Minimize wasted time. Figure out which things are important and urgent; put them at the top of your list so you know you are spending your time on what really matters.
- Get it right the first time. Although it's tempting to hurry through tasks, rushing often means making avoidable mistakes, which take more time to correct. Take a few extra minutes to complete a task well and double-check your work. It could literally save you hours down the road.
- Say no to non-essential tasks. When co-workers want you to take on new things, ask yourself: Does this fit with both my daily schedule and my goals.? If the answer is no, take a pass. It's OK to set boundaries.
- Think bite-sized pieces. Break down large, time-consuming projects into smaller chunks.
- Delegate. It's OK to ask for help when you need it!
- Try honest evaluation. Keep a diary of everything you do for 3 days. How are you really spending your time? What could you do with the time you're not using well? Exercise? Read? Time with family and friends?
- Take a time management course. If your employer offers one, take it. If not, request they get one.
- Limit distractions. Shut the door, close your email, or turn off your phone or pager if you truly need to concentrate on an important project.
- Take a deep breath. Forcing yourself to keep going when you are drained or frazzled impedes progress and makes mistakes more likely. A quick walk, some stretches, or even an occasional day off can help you replenish your reserves and bring fresh energy to your work.
- Get good sleep, good food, and good exercise. A healthy diet, sufficient rest and regular activity naturally boost your body's energy levels and your ability to get more done in less time.
- Recognize the time for professional help. If your life feels truly unmanageable and out of control, it might be time to consult a professional. You can contact your employee assistance program (EAP) for help, talk to your doctor, or hire a productivity coach.

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THE SOURCE

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The Source is an employee newsletter written by the employees and published monthly for the employees within the Norfolk Regional Center. Articles and ideas for publication are always welcome and can be forwarded to any member of the Editorial Board.

It is the policy of the Editorial Board to attempt to print any article that does not attack another person. The Editorial Board reserves the right to edit articles for size and content. Articles sent to the Editorial Board must be signed, but the writer may request to have their name withheld. Please contact us with submissions for the next edition, and with your comments on the newsletter!

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Texting Code for Seniors

Since more and more seniors are texting and tweeting, there appears to be a need for a STC (Senior Texting Code).

ATD: At The Doctor's

BFF: Best Friend Fainted

BTW: Bring The Wheelchair

BYOT: Bring Your Own Teeth

CBM: Covered By Medicare

CUATSC: See You At The Senior Center

FWB: Friend With Beta Blockers

FWIW: Forgot Where I Was

FYI: Found Your Insulin

GGPBL: Gotta Go, Pacemaker Battery Low

GHA: Got Heartburn Again

IMHO: Is My Hearing Aid On?

LMDO: Laughing, My Dentures Out

LOL: Living On Lipitor

LWO: Lawrence Welk's On

OMMR: On My Massage Recliner

OMSG: Oh My! Sorry, Gas

ROTFL … CGU: Rolling On The Floor Laughing … and Can't Get Up

TTYL: Talk to You Louder

WAITT: Who Am I Talking To?

WTP: Where's The Prunes?

WWNO: Walker Wheels Need Oil