

HEALTH EQUITY EQUATION NEWSBRIEF

September 2017

Welcome to the 6th edition of Health Equity Equation

Highlights:

- At the August meeting of our cross-division Health Equity Collective Impact meeting, we were joined by Courtney Phillips, DHHS CEO. Courtney discussed the importance of equity-focused work that is occurring in all divisions, and in particular leadership from the Division of Public Health in assisting all divisions to raise capacity and intention to serve Nebraskans equitably and address disparities. Advancing an equity agenda is enhanced by voices of support from leadership. Thanks for joining us, Courtney!
- Director Courtney Miller (*Developmental Disabilities*) will travel statewide in September and October on a “**Let’s Talk**” tour, designed to gain stakeholder input on services provided.

Resources:

- [Key Ingredients for Successful Trauma-Informed Care Implementation.](#)
- [Five Steps for Inclusive Health Promotion.](#)
- [State Approaches to Reducing Health Disparities.](#)

WHAT IS HAPPENING IN DHHS?

DHHS Division of Behavioral Health (DBH):

As a result of the Nebraska System of Care (SOC) grant, 64 youth were served directly through the Youth Mobile Crisis Response between May and June 2017. Of these youth, 52 (81%) were supported in their own homes during their time of crisis and were able to safely remain in their homes following the crisis response.

In July, DBH officially hit the 400 mark for the number of people who have taken a Peer Support and Wellness Specialist training course and also passed the examination for certification. Upon passing, they were awarded the title “Certified Peer Support and Wellness Specialist” (CPSWS).

On July 31, Director Sheri Dawson and Deputy Director Linda Wittmuss presented on the DBH Centralized Data System (CDS) at the National Association of State Mental Health Program Directors (NASMHPD) 2017 Annual Meeting in Arlington, VA speaking to the topic of “**Leveraging existing data to depict strengths and opportunities to improve the continuum of care.**” The invitation-only meeting offered an unprecedented opportunity for Senior Behavioral Health Leadership in the States to come together and discuss areas of mutual interest, share challenges across the systems of care, and identify solutions that have worked in peer States. This was the first time that a meeting of its kind had been held. (!: [History-of-NRI.](#))

September was proclaimed **Recovery Month in Nebraska**. A press release can be found here that details more information and activities across the state: [Link](#).

September was proclaimed **Suicide Prevention Awareness Month in Nebraska**. Press release: [Link](#).

New SHIP Leadership:

Julie Lubisi has joined the staff of the Office of Community Health and Performance Management, and will be leading the State Health Improvement Plan and DPH Strategic Plan efforts. Welcome Julie! Maya Chilese has assumed the leadership role of Administrator for the Office. Julie partners with Elizabeth Dee of the Office of Health Disparities and Health Equity to lead the way in the Equity Priority of the SHIP. New members for the SHIP Equity Priority are always welcome. For more information, contact Julie Lubisi or Elizabeth Dee.

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NEXT HEALTH EQUITY COLLECTIVE IMPACT MEETING:

Monday,
November 20TH 2017,
1:30 PM-3:00 PM
at Lincoln NSOB 3B.

For more information about *the Health Equity Equation*, and *the Health Equity Collective Impact* group that meets quarterly, contact Mai Dang at mai.dang@nebraska.gov.

Working Definition of “Health Equity”:

Health Equity is when people have full and equal access to opportunities that enable them to lead healthy lives. Achieving health equity involves an underlying commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

DHHS Division of Developmental Disabilities (DDD): Due to funding being allocated by the Nebraska Legislature, funds were made available for community-based developmental disability services for eligible individuals who are on the Registry of Unmet Needs, to be allocated in order of those who have been waiting the longest past their Requested Date of Need. Since January 2017, three hundred offers have been made from the top of the Registry. In addition, Service Coordination will have assisted approximately 4800 participants to transition from the old waivers into the new waivers by September 30, 2017.

Title V CLAS and Literacy Innovation Project:

The first meeting of the project team with 13 members present took place on Aug. 23, 2017. The aim of the project is to develop and test strategies to improve Cultural and Linguistically-appropriate standards (CLAS) including literacy best practices in local organizations, in order to achieve more equitable health outcomes in the population. Group members include both DHHS program staff as well as community partners. The project is intentional about including the important voices and experiences of families and consumers. Several group members work directly with diverse and at-risk consumers. The project is sponsored by the Maternal Child Health Title V block grant, and the project period extends to December 2018. For more information, contact Kathy Karsting (Kathy.karsting@nebraska.gov).

Medicaid in Public Schools:

As a result of changes launched by the federal Centers for Medicaid and Medicare Services (CMS), combined with legislation passed in Nebraska in 2014 (LB 276), schools now have expanded opportunities to provide and receive reimbursement for health services provided to students who have individual education plans (IEPs). For many years, schools have served students with complex health and medical needs without reimbursement or charge to families, in order to assure their safe and appropriate access to an education. The recent changes update the array of services eligible for reimbursement for Medicaid-enrolled students from three (physical therapy, occupational therapy, and speech therapy) to eight (now adding transportation, vision care, personal care, and mental health as well as nursing care). CMS identifies these changes as a unique opportunity for state Medicaid programs to partner with schools to improve access to care.