

LCHS  
APPOINTED OFFICIALS UPDATES  
December 5, 2013

### HEALTH RELATED DISCUSSION

#### Nevada Health Link

We are continuing our efforts to assist individuals in enrolling in the Affordable Care Act, both in Medicaid and in Qualified Health Plans. About 95% of our assistance is with Medicaid enrollment. We have assisted approximately 125 individuals enroll in the system thus far.

We have also partnered with Great Basin Primary Care Association, which is the Exchange grantee for Lyon County, and Healthy Communities Coalition to offer educational events throughout the county. The presentations were held in October and November in Dayton, Fernley, Silver Springs, Yerington, and Moundhouse. GBPCA made the presentations and then opened the meetings to questions. Individuals that were interested in receiving assistance with the enrollment process were referred to our offices, SLMC, and/or GBPCA.

We have two Certified Application Counselors who have completed the certification process required by the Silver State Health Insurance Exchange. We also have two staff that have been trained and are assisting with the Medicaid enrollments. We have been challenged to balance the enrollment assistance with the demands of our other direct service programs.

The ACA, in a variety of ways, has also increased our participation in many health related discussions, including a state Rural Health Strategies planning group, a Health Services Hub in Silver Springs, enhanced Mental Health and Community Health Nursing dialogue, new health prevention opportunities for our residents, and changes to our Indigent Medical programs.

#### Behavioral/Mental Health

We have had several meetings with State Behavioral/Mental Health and law enforcement regarding a jail diversion program and support services upon release from incarceration. The state has also contracted for a research report on the findings of the mental health system in Lyon County.

We will be meeting next week with the state and the Sheriff's office to receive the report and identify strategies for enhancing the mental health system in Lyon County, particularly to individuals that are incarcerated. Our goal is to reduce recidivism and homelessness among this population.

Thank you to the Sheriff and Undersheriff for ensuring this conversation continues to move forward.

### Community Health Nursing

As you may be aware, the State has contracted with Carson City Health and Human Services to provide certain public health preparedness activities in Lyon County. The lines between the community health nursing services provided by the State, and the CCHSS contract, has become blurred over the last few years.

We have convened meetings between the state and CC to delineate who is responsible for what services and to determine if there is a duplication of certain services. Our intent is to be more efficient with the limited community health resources.

We will be meeting again in January to continue the conversation and further develop the matrix of partners and services. The overall goal is to improve our community health system through stronger partnerships and community education.

### Health Services Hub

We also participate as a Steering Committee member in the creation of a Health Services Hub to be piloted in Silver Springs. The HSH is a community hub that will coordinate the delivery of health care and social services for the most vulnerable members of the community. Again, the purpose is to connect children, their families, and other community members to health care services, while avoiding duplication of services. The two lead agencies, Lyon County School District and Healthy Communities Coalition, have entered into MOUs with several providers that will participate in the health home model of health care delivery.

This discussion actually began as a school based health center. The Steering Committee eventually elected to establish and pilot the project as a Health Services Hub, expanding the concept of the school-based health center to a school and community-based health center with multiple access points. The project will focus on delivery of health promotion and prevention services (i.e., health, dental, and mental health screenings and support and coordination). During this first year, the planning will continue to establish a medical sponsor or primary care delivery system, including the potential of becoming a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC).

### Rural Health Strategies

The State Health Division has convened a group to identify ways to better partner in rural areas to integrate primary, dental, and behavioral health in rural areas. The group includes representation from State Health, UNR, UNLV, Nevada Rural Health Centers, State Public and Behavioral Health, Nevada Rural Hospital Partners, Rural Coalitions, and County Human Services.

The group will be submitting for a federal grant for Rural Health Network Development. There is an opportunity to look at the SS Health Services Hub as a rural regional approach. A separate grant may also come from Joan Hall and the Nevada Rural Hospital Association to integrate behavioral/mental health with rural hospitals. There is also discussion on the potential to integrate rural clinics, community health nursing and hospitals in certain rural communities.

The ultimate goal is to submit a one year planning grant to develop a network of partners to identify strategies to improve access to rural health.

### Chronic Disease Self Management Program

On a prevention note, we partnered with Great Basin Primary Care Association, Silver Springs Stagecoach Hospital District, and Turning Point, Inc., to provide the Stanford University Chronic Disease Self Management Program (CDSMP) in Silver Springs. The CDSMP involved a six-week series of classes designed to help individuals with chronic conditions (diabetes, arthritis, heart disease, etc.) learn how to manage and improve their own health. The program taught individuals strategies for pain management, nutrition, exercise, medication use, and communicating with doctors.

Seventeen individuals completed the six week series and I understand the testimonials were very inspirational. This is another example of teaching individuals how to manage their health in an effort to reduce ER visits and hospital admits.

### County Indigent Medical Program

The ACA also brings changes to the county Indigent Medical Program, the Indigent Accident Fund, and the Supplemental Medical Fund. Our statewide association is working with NACO to identify the implications of the ACA, SB452 and SB3 of the 2011 Legislative session, and the removal of the word “medical” from NRS428.

We all know, as healthcare change continues, we will need to examine our policies and approaches associated with providing indigent services. Our message will be focused on the funding that is associated with providing indigent care be protected as the services we

provide are critical to reduce overall health care costs, incarceration, and independence for our most vulnerable residents.

We will be developing a process by which our existing indigent medical programs will transition to indigent services, per NRS 428. I will be making a full report to the Board in January.

### Conclusion

I share these discussions with you to let you know how much larger the ACA is in our world. Many changes are/will be coming down and we are investing much of our time preparing for the changes.

We also have many critical issues facing us; including the increasing needs of the senior community and the highest family caseload with the most complex situations we've seen as a department. We are also short-staffed at a very busy time of the year.

### Qs