

Governor's Food Security Council SNHD's CHIP and 911 referral program

Southern Nevada CHIPs

(Community Health Improvement Program)

- Also known as Las Vegas CHIPs
- Began in 2013, as a partnership between LVFR & UNLV School of SW
- Summer 2015 became a non-profit organization
- Fall 2016 began dba SNV CHIPs to reflect partnerships with NLVF, CCFD, and HFD

SNHD CHIP

(Community Health Improvement Plan)

- Result of Community Health Assessment published in May 2016
- Introduced June 2016

 This CHIP is the result of a community-wide strategic planning effort aimed at coordinating efforts to make the biggest impact on the health of our community

Southern Nevada CHIPs

Mission: We work to improve the health and happiness of our community by improving health care and social service navigation, providing the RIGHT service, to the RIGHT person, at the RIGHT time.

Southern Nevada CHIPs is a social service referral program linking social workers with first responders. Clients are referred by first responders from local fire departments to the CHIPs team, who then provides needs assessments, education, referrals, and client advocacy as needed.

Access to and navigation of social and health services can be complicated, challenging, and sometimes overwhelming for the most vulnerable members of our community. When people are in need, and don't know where else to turn, they often depend on your first responders by utilizing the 9–1–1 emergency response system and emergency rooms at the hospitals yet their needs would be more appropriately addressed through alternative resources such as: non-emergency transportation to a clinic or pharmacy for minor complaints such as flu or prescription refill; referral resources for food, housing, and rental assistance programs; transitional assistance for the aging and disabled, and their caregivers; and many, many more.

Southern Nevada CHIPs is working to improve the health and happiness of your community, reducing the cost of healthcare by improving healthcare and social service navigation, and improving the efficiency of the emergency response system by redirecting frequent users and misusers to more appropriate community resources.

Southern Nevada CHIPs

- Completely volunteer based until March 2017
 - Dignity Health Community Grant
 - Hire 3 PT Case Workers
 - Executive Director received 1st paycheck after 2+ years

Volunteers

- 2 Social Workers
- 4–6 Fire Personnel
- 2 Nurse Practitioners
- 1 Registered Nurse
- 8 undergraduate Social Work Students
- 15 graduate Social Work Students
- 16 Nursing students
- Host of community volunteers

CHIPs and the CHIP

SNV CHIPs is one of the agencies dedicated to the community CHIP.

CHIP Priority Areas

- 1. Access to Care
 - Goal Area 1.1: Healthcare Access and Navigation
 - Goal Area 1.2: Healthcare Workforce Resources and Transportation:
 - Goal Area 1.3: Health Insurance: Chronic Diseases
- 2. Chronic Diseases
- 3. Policy and Funding

Access to Care

VISION — To increase equitable access to healthcare services in a manner that ensures citizens receive appropriate, affordable, high-quality, and compassionate care.

GOAL AREA 1.1 — HEALTHCARE ACCESS AND NAVIGATION

Develop a sustainable system to provide assistance with healthcare navigation to the citizens of Southern Nevada that identifies the right service, for the right person, at the right time.

The main objectives within this goal are threefold: to set up and fund an Emergency Communication Nurse System (ECNS) linked to the 911 system for alternative care disposition, to be able to refer to social services and to have a direct link to resources and connection with Nevada 211.

Progress —

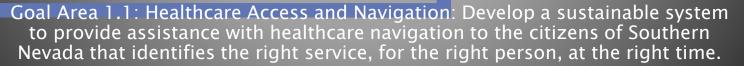
- The ECNS will partner with the 911 dispatch center for medical emergencies to identify and refer callers with low-priority, non-emergent complaints to a nurse who will complete additional triage and determine the most appropriate care disposition which may be an alternative to emergency response, such as: care in home, referral to primary care, self-transport to an urgent care center or health clinic, etc. The There are two components to this goal. The expected outcomes of the ECNS are improved healthcare service navigation at a reduced cost and improved health outcomes.
- 2. Southern Nevada CHIPs (SNV CHIPs) has partnered with Clark County Fire Department, North Las Vegas Fire Department, Henderson Fire Department, and Las Vegas Fire and Rescue to identify vulnerable members of the community accessing health and social services through the area's first response agencies. Clients referred to SNV CHIPs are provided with a needs assessment, education, referrals, and advocacy. Expected outcomes of SNV CHIPs include an increase in a Quality of Life Index from time of referral to case closure as well as a reduction in the use of the 911 system access health and social services. They are working on sustainability, transitioning from a volunteer and student workforce to hired staff in order to provide services year around and with greater consistency.
- 3. Nevada 211 has been improving their presence, resource directory, website and more over the course of the last couple of years. Leveraging the existing resource through improved collaborations with other agencies as well as shared marketing strategies will benefit the community through improved awareness of and access to health and human services available in the community.

Potential revisions to objectives — As the 911 ECNS pilot study is implemented and data collected objectives will be reviewed for needed updates.

The main objectives within this goal are... to be able to refer to social services and to have a direct link to resources...

CHIP Semi-annual Progress Report

Access to Care 🔊



GOAL AREA 1.2 — HEALTHCARE WORKFORCE RESOURCES AND TRANSPORTATION

Develop a sustainable system to provide healthcare resources to the citizens of Southern Nevada that overcomes barriers of quantity, type, specialty, and geography.

Progress — Although the main objective of this group was to identify gaps, early in the data review process the group realized the data itself had multiple gaps and the number of providers being added to the community was not adequate to meet the community need. Furthermore the length of time required and manpower commitment required to collect accurate data would not be able to keep pace with provider and insurance changes. It was noticed by the group that there were several communities that demographically rated high healthcare access when reviewing provider plotting, but extremely low provider access when reviewing non-acute 9-1-1 call volume and social needs indexes. It was decided by the group to address the key stakeholder perceived community needs such as the aforementioned and collect data to understand the communities' perception of their own needs.

There is a schedule of community events.

Date	Time	Location	Address	Zip Code	Status	Comments
3/30/2017	2-8 pm	Hartke Park	1638 N. Bruce St. North Las Vegas	89030	Approved	Excellent community location
6/29/2017			City of Las Vegas		Pending	Heat concerns, reviewing with officials and community for indoor location; change hours to 4-9pm
9/29/2017	2-8pm	Molasky Park	1065 E. Twain Las Vegas	89169	Pending	Lack of parking concerns, may move to Cambridge Center
12/7/2017	2-8pm	Heritage Park	300 S. Race Track Rd. Henderson	89015	Approved	

The collaborative has grown from 5 members to over 50 partner agencies and local community stakeholders such as religious organizations, food banks, community and senior centers. This group task forces to address: logistics, follow-up care, services, data collection and publicity. They are creating their own logo and examining the potential to apply for grants as a community of intersectoral partnerships

Potential Revisions to Objectives — Group activities have out distanced the original goals. These activities will continue to be observed for the next six months. Data will be collected from the events in March and June. This data and the observations will direct the updates for this objective within the Access to Care priority.

GOAL AREA 1.3 — HEALTH INSURANCE

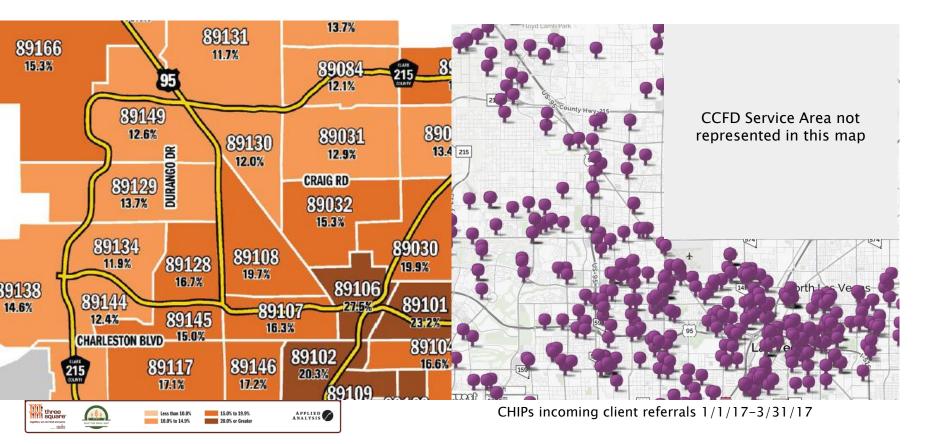
Provide health insurance coverage opportunities to the people of Southern Nevada to meet the Healthy People national coverage goal of 100% by 2020.

Progress — Health Insurance enrollment data was received following the 2015-2015 enrollment period. The data was reviewed by SNHD and developed into the enrollment report. This report was given to Nevada Health Link and partners and is available on the HSN website. Strategies have been developed to address these gaps. With the current proposed changes to the ACA it is uncertain what the community needs will be. The landscape of public insurance will continue to be monitored and addressed.

Potential Revisions to Objectives — There is a strong potential for revisions to the health Insurance strategies that is dependent on the changes at the state and federal level. The goal of increasing the number of insured adults and children will continue the question is how that process will occur.

Access to care >>

Food Insecurities



CHIPs Clients

What we know about our clients

- 30% of our client referrals are in the top two zip codes with the highest food insecurity percentage
- Nearly 50% of our clients are 60 years or older
- 9% Have Diabetic complications

Percentages are based on LVFR client referrals between January 1 and March 31, 2017

Southern Nevada CHIPs

9-1-1 Referral Program:

"Second Responders"

<u>First Responder</u> - someone designated or trained to respond to an *emergency*



- Fire Alarm Office
 - Calltakers/Dispatchers
- Fire Prevention/Inspectors
- Fire Suppression
- Emergency Medical Services
- Special Operations
- Fire Investigations/Arson

All Hazards Response...<8 minutes!

Emergency Medical Services (EMS)

<u>WHO</u>

- EMT
- Advanced EMT
- Paramedic
- ► EMS-RN
- Medical Director
- Protocols

<u>WHAT</u>

- Cardiac arrest
- Heart attack
- Stroke
- Severe respiratory distress
- Traumatic injury
- ...and so much more!

>89% of unit responses (123,208 of 137,839 in CY2015*)

9-1-1 = access to services



18%-53%

rdiac arres Heat attack Strok Severe aspiratory distress Traumatically y ansport to cospital Primary Care

Transportation

NEED

- Prescriptions
- Mobility
- Shelter & Food
- Substance Abuse
- Behavioral health

SOCIAL DETERMINANTS OF HEALTH

- Availability of resources to meet daily needs
- Access to health care services
- Transportation options
- Social support
- Socioeconomic conditions
- Residential segregation



 Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media) https://www.healthypeople.gov/2020



To Find out more about...



the plan to address community health issues www.HealthySouthernNevada.org