



WASHOE COUNTY

HUMAN SERVICES AGENCY

2020-2021 BIENNIAL REPORT



The Human Services Agency (HSA) of Washoe County's mission is to promote the health, safety and well-being of children, adults and seniors who are vulnerable to abuse, neglect and exploitation.

We provide an array of protective and supportive services to families and individuals to enhance their quality of life by ensuring they are optimizing their self-reliance and self-sufficiency, as we strive to have a strengthened, safe, and thriving community.



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DIRECTOR'S MESSAGE

To say that 2020-2021 has been challenging is truly an understatement. Over the course of this last biennium, HSA has had to deal with unthinkable circumstances while facing this ongoing COVID-19 pandemic that has significantly affected our lives.

The need for support has never been greater during this critical time, and our amazing employees have gone above and beyond, working tirelessly to provide protection and quality services to our most vulnerable populations across the continuum of care.

I have witnessed the astronomical amount of adaptability and effort staff have done to navigate work and home life, by keeping the health and safety of the children, adults and seniors we serve, while simultaneously keeping themselves and their families safe and healthy.

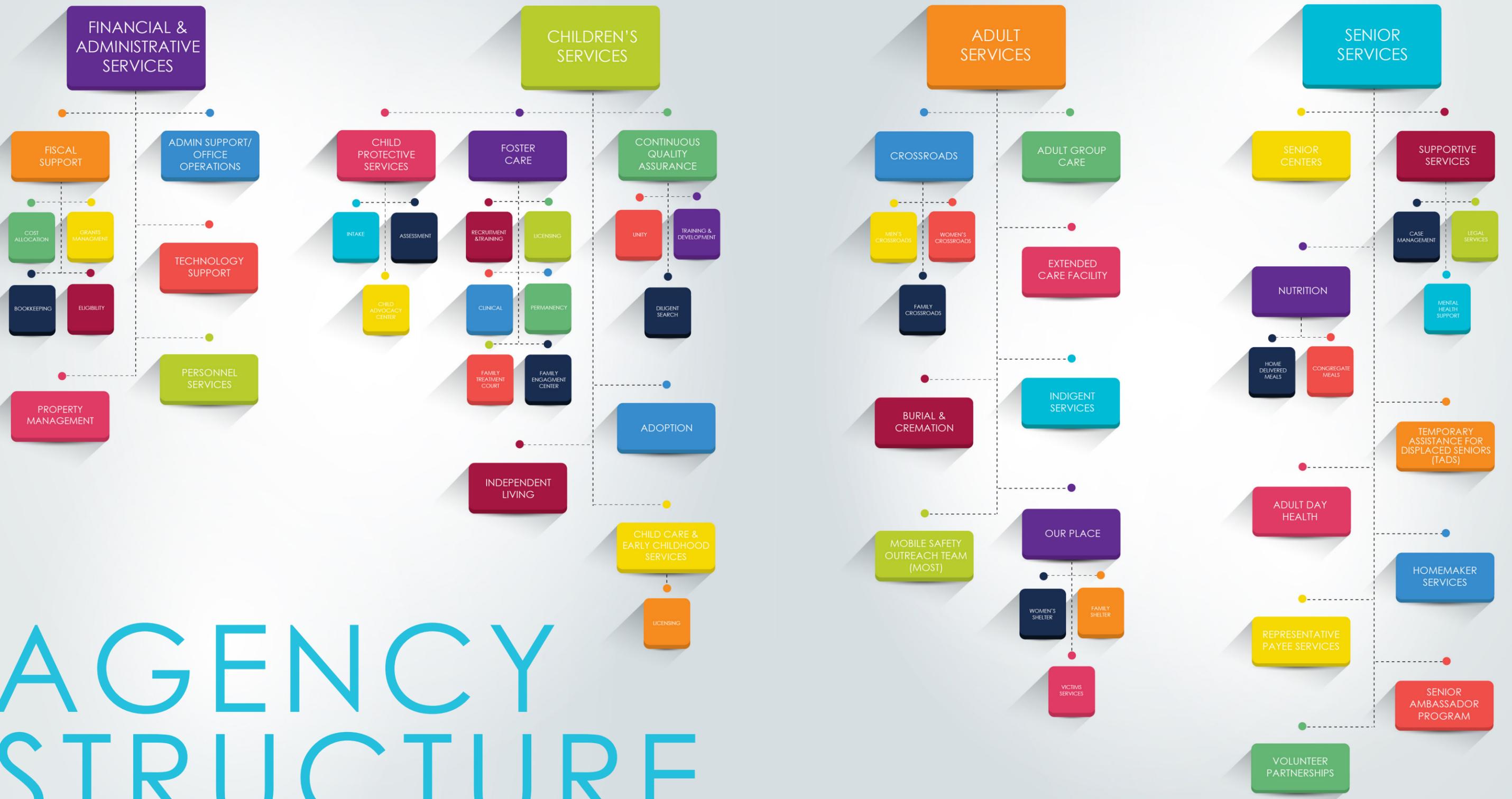
Although the rapidly changing and unanticipated challenges we face can seem overwhelming, it is imperative that we focus our collective energy on the issues that matter most—those in need. I know that together, we can overcome any obstacle as we continue down this path of new normalcy, and streamline invaluable services to build healthy families and stable communities.

It is a privilege to be the director of this Agency, and I am proud to work with people who are strong, resilient and passionate about making a difference in the lives of others. There is a lot to look forward to, and as HSA continues this journey, one thing remains intact, and that is our mission to make Washoe County a safe, secure and healthy place to live.

Stay safe and always remember— we got this!

A handwritten signature in a dark red or maroon ink, appearing to read "Julia Howard". The signature is fluid and cursive.

HUMAN SERVICES AGENCY



AGENCY STRUCTURE



Human Services Agency's (HSA) Children's Services Division is the beginning of the continuum of care HSA offers Washoe County's citizens throughout their lifespan. Children's Services is a critical system for the intervention of child abuse and neglect, exploitation, or parental absence in Washoe County.

Our primary focus is protection, and our mission is to successfully engage children and families to ensure the safety of the child is met, families are strengthened,

solutions to challenges within our service delivery.

Our efforts are designed to create a better future for our children and families in Washoe County. We have the ability to recognize the protective capacities of families, and incorporate that expertise into our assessment, decision making and actions- with the ultimate goal of improving the safety and well-being of children, because we believe that every child deserves the right to grow and develop in a secure, stable and permanent family setting.

and supports the child's permanency goal.

The safety of children is reliant on the actions of adults. It takes everyone collaborating to make an impact and increase the probability of success.

Whether through our staff, foster and adoptive families, biological families, or other community partners, each one of us is a valuable component in transforming the lives of our children and families.

Safety is a shared responsibility,

CHILDREN

and permanency is achieved.

Through the process of received and investigated reports of child abuse and neglect, HSA works to prevent domestic violence, pursue quality placements in foster or adoptive homes, and empower families, hoping to reunite. The Division operates tirelessly and diligently to deliver the best possible outcomes.

The Children's Services Division takes pride in having a professional, efficient, and effective agency that is based on standards, best practices and continuous quality improvement. We act with transparency, while maintaining the privacy for the children and families we serve. We also are passionate in bringing new ideas, innovative approaches, and identifying

Most children are best cared for by their own family; therefore, the Children's Services Division strives to build family strengths, and provide parents with the assistance needed to promote nurturing homes to keep their children safe so that the family may stay together. This includes but is not limited to:

- Clinical Services
- In-home services
- Child and family team meetings
- Parenting education classes
- Strengthening coping strategies
- Supervised visitations

In the event a child is not able to return home, the Children's Services Division aims to ensure every child is paired with a caregiver that is able to meet the child's needs

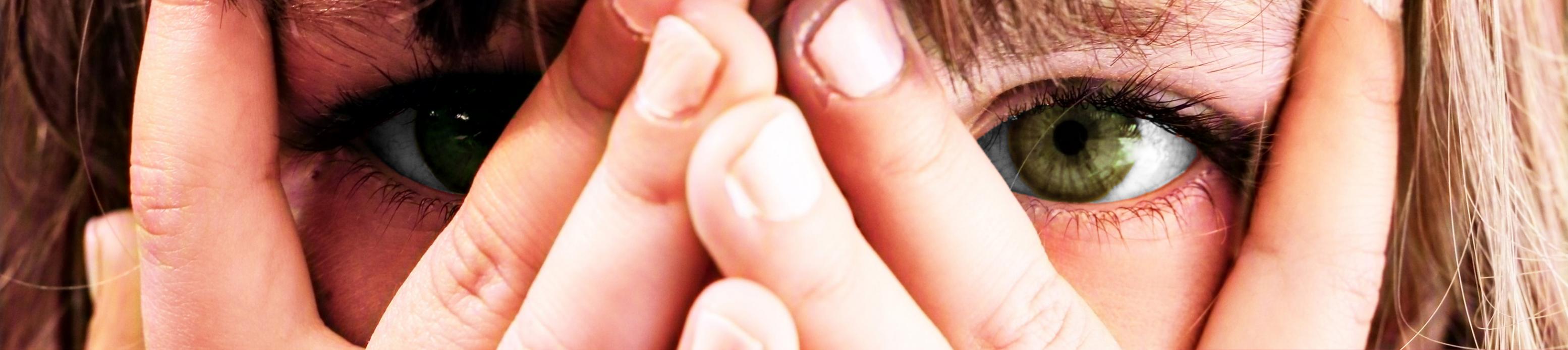
and supporting one another is key to creating positive outcomes, and improving our community where everyone is healthy, safe, cared for and able to flourish.

The following service programs are encompassed within the Children's Services Division:

- Child Protection
- Foster Care
- Child Care & Early Childhood Services
- Adoption
- Independent Living
- Clinical Services
- Continuous Quality Improvement (CQI)
- Court Liaison Unit

“ Every child is a different kind of flower. And altogether, make this world a beautiful garden. ”

- Anonymous



PROTECTION

Assuring the safety, well-being and permanency of children at risk of abuse and neglect.

Protecting Washoe County's children is paramount to staff at HSA and Child Protective Services (CPS), which is the first step to ensure the safety and permanency of children who are reported as being abused and/or neglected.

In Nevada, abuse or neglect of a child includes physical and/or mental non-accidental injury; sexual abuse or sexual exploitation; negligent treatment or maltreatment, or excessive corporal punishment of a child under age 18, caused or allowed by a person responsible for his/her welfare.

When a report of potential abuse or neglect rises to the level of an investigation, the CPS worker assesses family functioning and identifies strengths and risks within the home. As part of the assessment to ensure that the home is safe for the child(ren), the CPS worker and family will develop a plan to address any safety threats and arrangements needed to keep the child free from harm. If it is concluded that a

family cannot successfully abide by the safety plan put in place to change behaviors and keep their child free from harm, CPS finds a secure alternative placement for the child and begins pursuing the termination of parental rights.

REPORTING CHILD ABUSE OR NEGLECT

The Washoe County child abuse and neglect hotline takes reports of physical abuse, sexual abuse, emotional abuse and neglect. The caller making the report will be asked for as much identifying and detailed information about the circumstance as possible.

A person must report or act "as soon as reasonably practical." If, in light of all the surrounding facts and circumstances which are known or which reasonably should be known to the person at the time, a reasonable person would act within approximately the same period under those facts and circumstances (NRS 432B.121).

A report of suspected child abuse or neglect is only a request for an investigation. The person making the report does not need to prove or provide proof that abuse has or may have occurred, and your identity is statutorily confidential. Investigation is the responsibility of CPS and/or law enforcement.

WHO SHOULD REPORT

Child abuse and neglect is a community concern; therefore, any and everyone has a legal and moral obligation to promote the safety, permanency, and well-being of children. Presumably, any concerned person who has reasonable cause to believe child abuse may be occurring or has occurred, can make an anonymous report to CPS or a law enforcement agency. The majority of reports are made by "mandated reporters," who consist of individuals required by State law to report suspicions of child abuse or neglect.

INTAKE

Incoming reports from the HSA child abuse and neglect hotline are screened in or out by CPS' Intake Unit, based on the maltreatment alleged. A screened "in" report is when there is sufficient information to suggest an investigation is warranted, and a screened "out" report is when no action is taken by CPS due to insufficient, inaccurate or false information to base an investigation on, or the report does not meet the NRS definitions of abuse or neglect.

In some instances, the reporting party may be referred to an alternative agency or community resource, commonly referred to as Differential Response (DR). DR provides more immediate and intentional responses to emerging signs of family problems. These resources can help families resolve difficulties before

ALLEGATIONS

PHYSICAL ABUSE

Physical abuse includes non-accidental physical injuries to a child, such as a sprain or dislocation; damage to cartilage tissues; fracture of a bone or skull; injury to an internal organ; burns or scalding, cuts, lacerations, punctures, bites, bruising; permanent or temporary disfigurement; permanent or temporary loss or impairment of organ of the body (NRS 432B.090).

EMOTIONAL ABUSE

Emotional abuse or "mental injury" means an injury to the intellectual or psychological capacity or the emotional condition of a child. This type of injury results in observable and substantial impairment of a child's behavior.

NEGLECT

Neglect treatment or maltreatment of a child occurs when a child has been abandoned, lives without proper care, control and supervision or lacks; food, education, shelter, medical care or other care necessary for the well being of the child.

SEXUAL ABUSE

Sexual abuse occurs when sex acts are forced on upon children.

SEXUAL EXPLOITATION

Sexual exploitation occurs when children are forced, allowed, or encouraged to engage in prostitution, pornography or to engage in any other type of sexual activity.

EXCESSIVE CORPORAL PUNISHMENT

Excessive corporal punishment is when intentional infliction of physical or mental injury actively directed toward modifying a child's behavior as a means of discipline, instruction or punishment, has reached a level of severity.

they escalate by offering the support they need.

INVESTIGATIONS

When a report is screened "in", an investigation may be required as it indicates suspected child abuse or neglect may be occurring. The report is assigned a priority level determined on the allegation and amount of imminent risk or danger the child may be in. A CPS caseworker will respond within a specified priority time period. A priority 1 investigation will occur within 3-6 hours, priority 2 within 24 hours and priority 3 within 72 hours. Sometimes there is a "preliminary" investigation to gather more extensive information to determine whether a CPS caseworker needs to proceed with a full investigation.

Children who are deemed in immediate danger may be removed from their home and placed in a relative or foster home while the investigation is being conducted. Removing a child from their home is always considered a last resort, but if the investigation indicates the parent(s) cannot adequately care for their child, interventions are promptly taken to protect the child(ren) from harm.

At the end of the investigation, the CPS caseworker assigned to the case, typically makes one of two findings—unsubstantiated (unfounded) or substantiated (founded).

UNSUBSTANTIATED CASES

An unsubstantiated finding generally means there is insufficient evidence to conclude that abuse or neglect of the child took place, the circumstances do not meet the laws under statute, or the caseworker was "unable to determine," suggesting there was not enough evidence to either confirm or refute that abuse or neglect occurred.

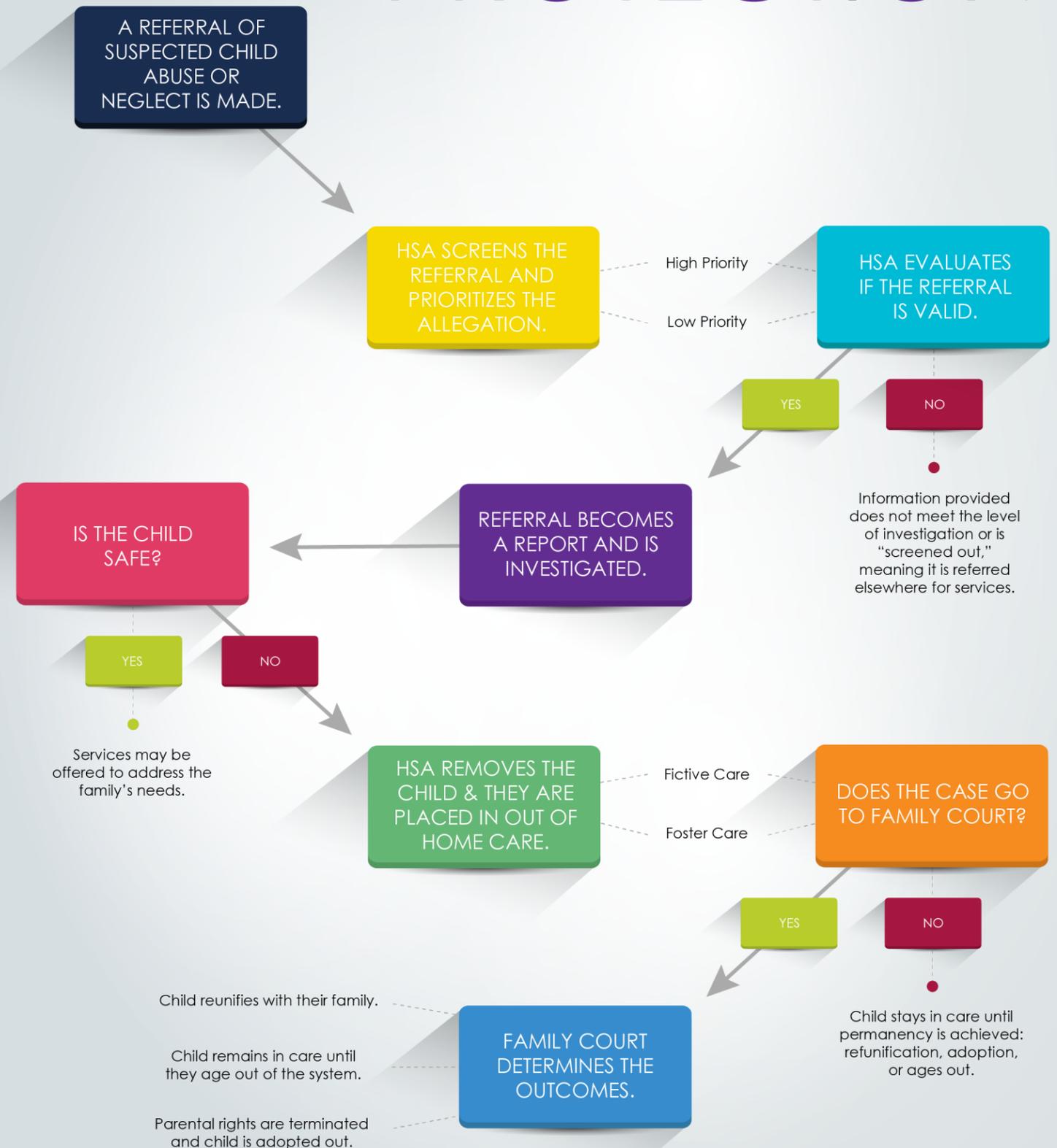
SUBSTANTIATED CASES

A substantiated finding means that under assessment, a preponderance of evidence supports that child abuse, neglect or maltreatment, as defined by NRS, has occurred.

Decisions about services and further action is made by the caseworker depending on the severity of the abuse or maltreatment, or future risk of abuse or maltreatment. This can range from the parent(s) having a one-time incident- with little to no risk of repeated occurrence; to moderate risk- where the family must comply with specific services aimed to work on their parenting skills, change behaviors within the home, and meet the needs of their child(ren); to high risk- where child(ren) must be permanently removed from their home and parental rights be terminated.



PROCESS OF CHILD PROTECTION





CPS DURING THE PANDEMIC

In early 2020, a public health emergency was declared across the globe. Economies were immediately shut down and people were ordered to remain home due to an outbreak of an infectious disease called COVID-19. Initial concerns arose, that due to constant isolation, disruption of daily routines, the potential loss of financial and social supports, children could be more vulnerable to dis-

stress and violence- heightening the risk of abuse and maltreatment.

Contact with mandated reporters was significantly absent due to school district closures and fewer interactions with people outside the immediate family. However, that did not stop HSA's mission to protect children and provide services to families.

All residential facilities remained open and child abuse and neglect investigations never ceased. Caseworker's followed all safety protocols, wore all necessary personal protective equipment (PPE), and abided by sanitation standards to keep themselves, and others safe.

Steps were introduced for staff to work remotely and ease the interruption of workflow to maintain a steady level of service production. Video conferencing, Zoom visitations and remote learning for employees and clients immediately took place. Staff were proactive and began participating in digital court hearings, Microsoft Teams agency meetings and a virtual legislative session. Alternative work schedules were also implemented to support parents with school age children.

This system has been lengthened throughout 2021 due to remaining Federal protocols and restrictions to keep HSA employees and those we serve protected. As restrictions are periodically lifted, HSA continues to ease its way back to work normalcy.

7,283

REPORTS OF ALLEGED CHILD ABUSE & NEGLECT WERE RECEIVED IN FISCAL YEAR 2021.

71%

OF THOSE REPORTS WERE INFORMATION ONLY WHERE NO RESPONSE IS REQUIRED.

26%

OF THOSE REPORTS ROSE TO THE LEVEL OF AN INVESTIGATION.

3%

OF THOSE REPORTS WERE LOW RISK AND REFERRED TO OTHER SERVICES TO ADDRESS NEEDS.



CARE

Providing a safe, supportive and stable temporary home for a child who has experienced abuse and trauma.

When the safety, protection and well-being of a child cannot be met in their own homes, substitute care, in the form of relative (fictive) care, foster care, specialized foster care, or other planned permanent living arrangements may be necessary. While in foster care, a case manager is assigned to the child and his/her family to assist with case plan development and to work on minimizing the safety threats in the family so the child can be safely returned home.

HSA has the responsibility to help develop, recruit, train, license and retain the most appropriate families available who can meet the needs of the child. The goal for a child in the foster care system is usually reunification with the birth family but may be changed to adoption if it meets the best interest of the child.

Children in legal custody include protective and involuntary custody, as well as children older than 18 years of age who are aging out of the system and still receive services.

RELATIVE FOSTER CARE

Relative Foster Care or sometimes called kinship care, is the placement of children with relatives or, in some jurisdictions, close family friends, often referred to as fictive kin. Relatives are the preferred option for care because it maintains the child's connection with their family; however, the safety of the child is always the primary consideration for making a placement. If safety issues are ever in conflict with placing a child with a relative, HSA makes the placement decision in favor of the child's safety.

Relative care providers have several choices:

- They may elect to not receive support for the child(ren) placed in their homes.
- They may seek support through Nevada State Welfare Division (TANF).
- Those wishing foster care payment, may become a licensed foster home by meeting minimum requirements; or
- After meeting all the regulatory requirements, they may choose

to complete additional training hours, and become a licensed foster home, by signing the "Agreement for Provision of Foster Care Services" contract with HSA.

NON-CONTRACT FOSTER CARE

Only relative and fictive kin can be non-contracted foster/adoptive care providers. Those who choose to waive support for children placed in their homes may do so. Those wishing to receive support, must become licensed and meet the regulatory requirements to receive a monthly payment at a foster care rate. For non-contracted adoptee licensures, payment is typically at the State foster care rate.

Relative and fictive kin, who aspire to extend their home to other foster children, would then fall under contract foster care and must:

- Meet all the requirements.
- Complete additional training.
- Sign the Agreement for Pro-

vision of Foster Care Services contract with HSA.

CONTRACT FOSTER CARE

Unrelated or non-kinship care provider, as they are commonly referred to, must be licensed and contracted to become placement options. To be eligible for contracting with HSA, foster parents must:

Meet all the NAC and licensure requirements for foster homes.

- Complete additional hours of pre-service training (30 hours total).
- Meet liability insurance requirements for both the dwelling and the automobile used for transporting foster children. Sign the County Agreement for Provision of Foster Care Services contract.
- Relatives or other providers completing the requirements for Licensed County Contract foster care will be paid at the foster care monthly payment rate.

SPECIALIZED FOSTER CARE

Specialized Foster Care is a family-based, service delivery approach, providing personalized mental health and other targeted treatment for a child and their family. Treatment is delivered through various services, with key interventions and support, provided by foster parents who are trained, supervised and backed by qualified mental health and other program staff.

A Specialized Foster Home, means a family, which provides full-time care and services for one to six children who:

- Require special care for physical, mental, or emotional issues;
- Are under the age of 21;
- Are not related within the first degree of consanguinity or affinity to any natural person maintaining or operating the home;
- Are received, cared for and maintained for compensation; and

- Are in the custody of and placed in the home by an agency that provides child welfare services.

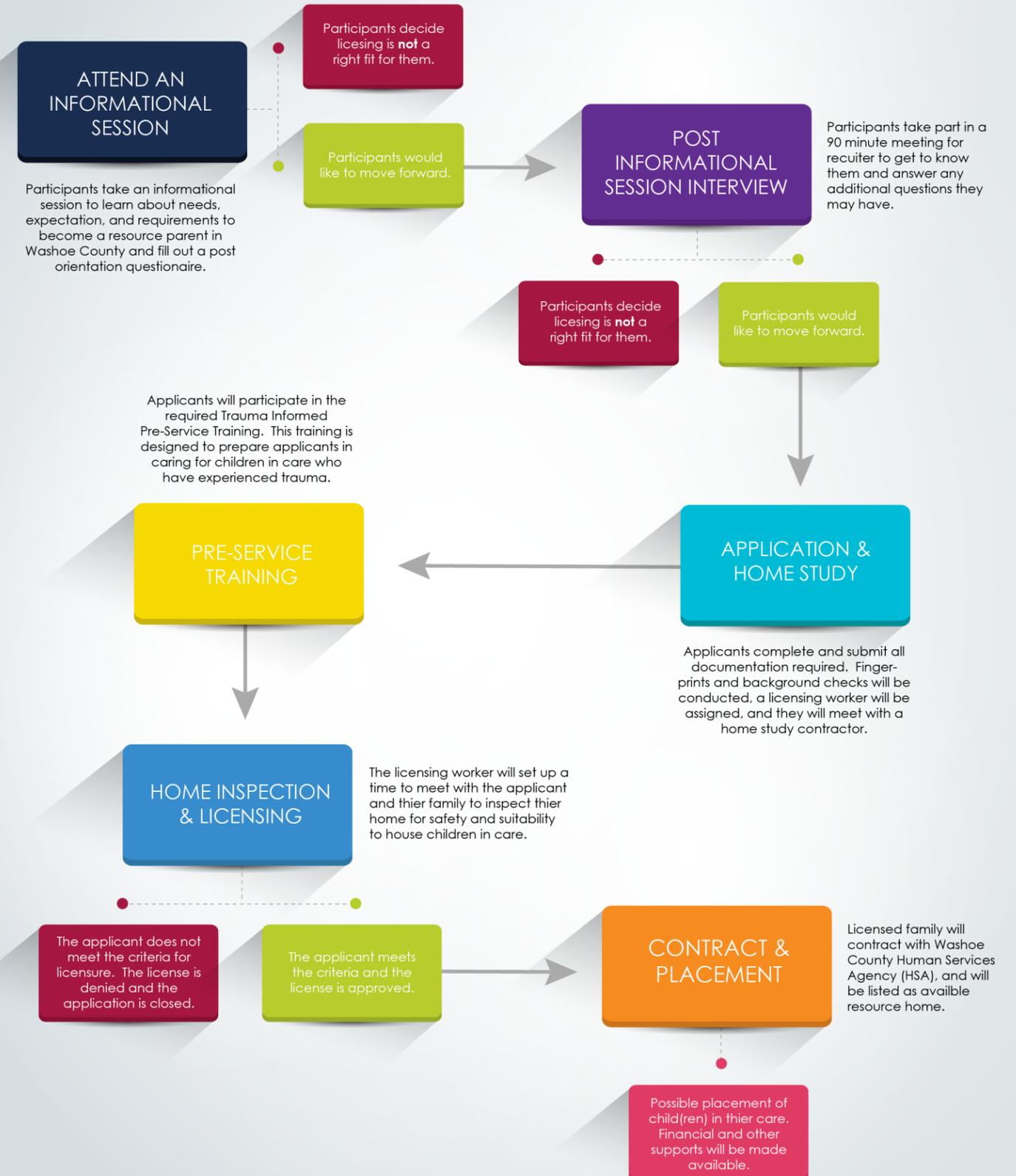
FOSTER CARE LICENSING

The goal of the foster care system is to ensure the safety, permanency and well-being of children who temporarily or permanently are not being cared for in their own homes. Providing a safe, stable, nurturing home is imperative until the child is able to return to their parents or until a permanent placement is found for the child.

New children come into the foster care system daily, resulting in a continuous need for new, qualified foster parents or resource families, as HSA prefers to call them. Resource families are required to be licensed to provide care for children and must meet basic standards of safety set by law and regulation. These standards reduce predictable risks to health, safety and well-being of children



LICENSING PROCESS



in out-of-home care. There are no restrictions of becoming a licensed resource parent in terms of:

- Gender
- Marriage status
- Sexual orientation
- Race/ethnicity

All applicants and residents 18 years of age or older living in the home, must complete and pass an FBI background check; as well as state and local background checks. These types of background checks include:

Initial background checks:

A child abuse and neglect central registry check, local law enforcement history check and a finger print-based FBI check is completed on all resource families.

Ongoing background checks:

For all resource family renewals, a Child Abuse and Neglect Central Registry (CANS) check is completed yearly, a local law enforcement history check is completed every three years, and a finger print based FBI check is completed every five years.

Training Hours:

Resource families are required to complete 30 hours of pre-service training prior to being contracted with HSA to take foster care placements. Relative caregivers are not required to complete the

same number of training hours, but instead must take nine hours of initial training while caring for their family members. In the past year, HSA began using the Trauma Informed Pre-service Training (TIPS) curriculum. Every licensed home is required to take four hours of renewal training annually.

Specialized Foster Care homes, must complete their Scope of Work (SOW). As part of that requirement, the training is 40 hours initially followed by 20 hours annually.

QUALITY PARENTING INITIATIVE

Seeking and keeping quality foster parents is essential. These parents have an invaluable impact on both the children and families they work with. Foster parents help provide safe, stable, and nurturing care for children who have experienced trauma. In addition, they support children and their families, during critical times in their lives.

Since 2012, HSA has led the State of Nevada in changing foster care policy and practices to be driven by principles implemented under the Quality Parenting Initiative (QPI). QPI is an approach and philosophy, aimed to strengthen foster care, by changing the negative "connotation" that can come

with fostering. The ultimate goal of QPI is to provide a more positive perspective of fostering, by focusing on exceptional parenting for all children in the child welfare system.

This implementation has put the needs of children first and given caregivers a voice.

FOSTER CARE RECRUITMENT & RETENTION

Expectations for resource families are high because they have the responsibility to maintain the well-being of children in their care. Resource families must be prepared to address children's physical, social and emotional needs, after what may be a traumatic removal from their home; provide them a healthy and safe environment, enroll them in school; handle their daily activities; and get them to and from their visitations with biological parents.

On average, more than half of resource families typically quit fostering within the first year. No matter how many wonderful families step up with big hearts and good intentions, there will never be quite enough to meet the need.

HSA's overall goal is to make sure children achieve permanency. There is a constant need to have a

sufficient number of adoptive homes that are able to meet all requirements.

Many resource families that are looking to be licensed, are often seeking younger children, with minimal to mild needs. Due to that, it is especially difficult to locate foster and adoptive homes, willing to care for teens, children with higher behavioral and emotional needs, and/or larger sibling groups (3 or more children). This results in children staying in foster care longer, leading to fewer openings in foster homes.

Retaining resource families can significantly impact the quality of healing for children in care. The recruitment and retention team at HSA is routinely looking for strategies to enlist new resources parents, as well as, continually offering support and training to meet resource families' needs to equip them with the tools to be successful and remain a care provider.

A key component to being successful, is the support experienced resource families give to other resource families. Having a peer-to-peer network, offering moral support and encouragement; as well as, sharing their experiences, and passing on well-learned knowledge, helps relieve some of the conflicts and tension. This allows resource parents to be seen, heard, valued and appreciated, as well as feel part of a community.



HAVE A HEART WASHOE

Have a Heart Washoe is a Human Services Agency (HSA) community outreach campaign, aimed to bring awareness and support to Washoe County's children and families that are involved in the child welfare system. HSA encourages anyone in the community to change the life of a child through fostering, adopting or mentoring.

On our website, you can get in touch with a recruiter; become more familiar on how to become a licensed resource parent; be a mentor; see and inquire about children available for adoption; and discover any other facts about children in Washoe County's care.

Learn more about how you can be a hero to a child or teenager by visiting:

haveaheartwashoe.us

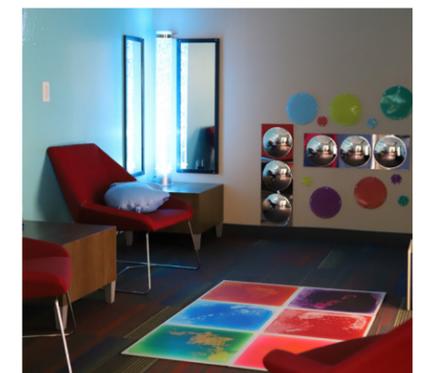
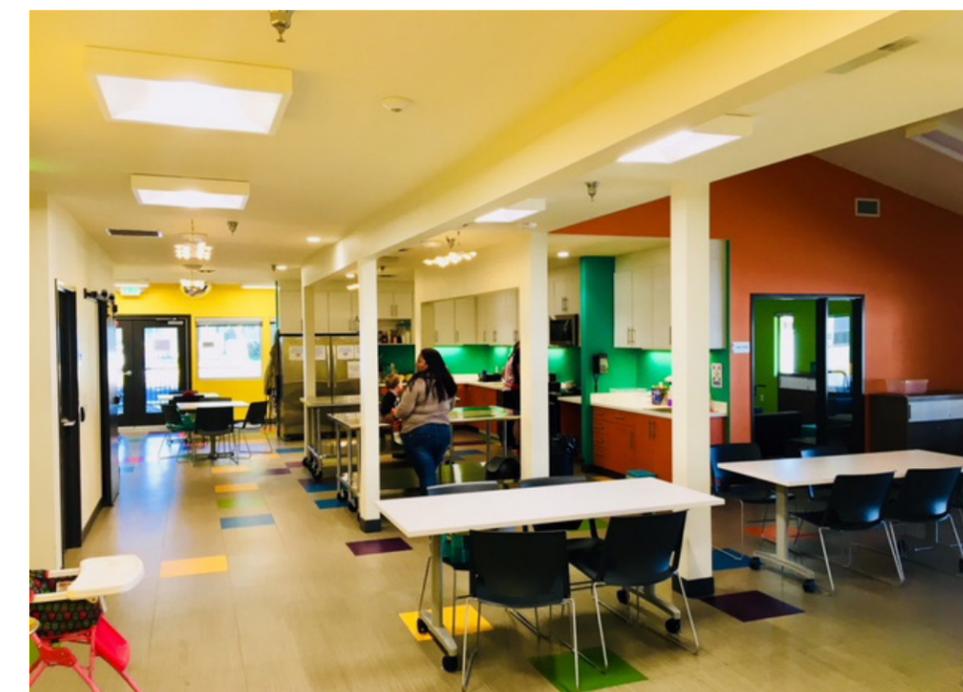




The design of FEC was strategically planned to emphasize the positive family dynamic, by creating an optimistic atmosphere. The walls are painted with bright, vivid colors, and the décor is interactive, cheerful and stimulating, providing a fun, mood-boosting space for families to enjoy themselves.

In addition, FEC offers a clothing closet that assists with providing basic needs and necessities for children in foster care. This ranges from providing attire for children who have been newly entered into care and have no personal belongings, other than the clothes they are wearing, to children who have been in care for extended periods of time, are growing out of their clothing and need updated sizes. Supply is obtained through various avenues, including, Stuff-A-Bus Donation Drives, when lightly used items for all seasons are accepted, along with grants that HSA seeks out to purchase brand new clothing to aid in limited inventory. The closet also stores extra toys for children visiting FEC, along with school supplies and Christmas gifts, which are provided for foster children who have few resources.

FEC provides an environment that supports healthy engagement. It gives foster parents and biological families the ability to work together on visitation plans, in order to develop supportive relationships, which will accelerate and strengthen the likelihood of strong reunifications. Nurturing the development of happy, healthy children and families, and strengthening our community is HSA's primary goal. The FEC is pivotal in offering a path toward family reunification.



VISITATION

Connecting families to ensure they tune into their child's needs and engage in positive, healthy behaviors.

When a child is removed from their home, often times, the parent's only interaction with them is during a scheduled supervised visitation. The purpose of supervised visitation is to ensure that parents are capable of interacting and spending time with their child, without placing them at risk of being harmed. Visits are important because they help children express their feelings, elevate some of their separation fears and anxiety and help them connect to their foster parents during the reunification process.

The Family Engagement Center (FEC) is a focal point for family connection. Creating a positive family dynamic is key to strengthening parent-child relationships and improving patterns of interaction that build a safe and stable home, not only for the child's well-being, but for the family as a whole. Over 12,000 visits are held at FEC for foster children each year (approximately 250 per week). FEC provides a structured setting that is both secure and comfortable for the child, allowing families hoping to reunify, an opportunity to explore, play and learn healthy behaviors. It is a multi-use facility, with an expansive indoor/outdoor environment, which features numerous rooms for various activity options, including a playroom, game room, reading room, movie room, an expansive kitchen space to cook meals and bake treats. The FEC also features a beautiful and expansive backyard, with lawn and picnic tables, all for families to grow, play and heal together.



FOREVER HOME

Matching safe, nurturing and permanent families best suited for children who deserve to be wanted, chosen and loved.

Foster children of all ages in the child welfare system await permanent homes when the rights and responsibilities of their biological parents have been permanently terminated by court order.

Adoption is the process that transfers those social and legal rights, responsibilities and privileges of parenting to another individual or married couple whom did not have that relationship by birth-allowing them to become the child's legal parent(s). They will have the same rights and obligations that exist between a child and their biological parents.

The primary purpose of adoption is to provide children with a committed family that can give them the love, care, protection and opportunities essential for their health, personal growth and development.

The main objective of the placement of children for adoption is the well-being of the child. The Adoption Services program is child-focused and strives to find families for children, not children for families.

Families wishing to adopt are valuable resources to the Children's Services Division for the placement needs of Washoe County's children.

The following services are available to assist birth and adoptive parents in adoption planning to provide and maintain permanent homes for children:

- Assess needs of children, birth parents and adoptive parents;
- Ensure the legal rights of children, birth parents and adoptive parents are protected;
- Provide referrals based on identified needs of all parties;
- Initiate placement of children into adoptive families;
- Recruit and evaluate adoptive families;
- Prepare and provide placement services to children and the adoptive families;
- Supervise and finalize adoptive placements; and
- Provide post-adoptive services to birth parents, adoptees and adoptive parents for local, international and private interstate adoptions.

87

WERE ADOPTED IN FISCAL YEAR 2021.



INDEPENDENCE

Building foster youth's self-sufficiency as they mature out of adolescence into adulthood.

HSA believes that every child and youth- regardless of age, special needs, or length of time in foster care, has the right to have a permanent home with a loving and caring family.

Unfortunately, many youth in foster care who are unable to reunite with their biological parents and never adopted by another family, typically leave foster care on their own.

Independent Living (IL) Youth are children between the ages of 14-18 who will most likely "age out" of foster care. In order to prepare IL Youth as they transition to adulthood, HSA provides individualized case plans and services tailored to the youth's specific strengths and needs. They are offered opportunities to obtain self-sufficiency and valuable life skills; such as, shopping on a budget, cooking, banking, general maintenance of a home, how to develop critical thinking skills and how to access community resources. The goal is equip them with the tools they need as they leave foster care to live a healthy, productive and independent life, and achieve the future they envision for themselves.

Youth 18-21, are given the opportunity to remain under juvenile court and transition more gradually under the AB350 Court Program. They receive on-going support and assistance in educational, financial and employment self-sufficiency, as they continue to work toward independence.

AB350 requires that every participating youth develop a transitional plan set forth by their life goals; such as, employment, college, financial stability etc., and the action steps necessary to achieve them. In order to remain AB350 eligible, participants must demonstrate effort in working toward achieving their goals.



EMERGENCY CARE

Urgent protective care for children experiencing abuse and or neglect, when a foster home is not immediately available.

Sometimes children need an immediate safe place to stay, at very short notice, day or night, after hours or during weekends. Emergency care is a short-term placement solution for children and youth entering foster care until a relative, foster home or more suitable option is found. HSA works collaboratively with two Washoe County community-based emergency homes (Call To Compassion and Place for Change), and a congregate care facility (Kids Kottage) for urgent care services. These facilities operate 24 hours, and children placed there temporarily, are given any necessary medical, educational and mental health evaluations, in addition to various forms of support to ensure their needs are met.



CLINICAL THERAPY SPECIALTIES

- SOLUTION FOCUSED BRIEF THERAPY**
Encourages those in treatment who focus on past experiences, to conceptualize a vision of the future while the clinician supports the development of the skills, resources, and abilities needed to achieve that vision successfully.
- CHILD PARENT PSYCHOTHERAPY**
Intended for children aged 0-5 who have experienced a traumatic event or are experiencing mental health, attachment or behavioral problems. The goal is to strengthen the relationship between the child and their caregiver.
- EYE MOVEMENT DESENSITIZATION & REPROCESSING THERAPY**
A comprehensively researched and effective psychotherapy method, proven to help people recover from trauma and other distressing life experiences, including PTSD, anxiety, depression and panic disorders.
- TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY**
An evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers.
- COGNITIVE BEHAVIORAL THERAPY**
A psycho-social intervention that focuses on challenging and changing cognitive distortions and their associated behaviors, and aims to improve emotional regulation, building coping skills the client can use to mitigate difficult thoughts and feelings.
- ACCEPTANCE & COMMITMENT THERAPY**
A form of psychotherapy and a branch of clinical behavior analysis that uses acceptance and mindfulness to increase psychological flexibility.
- PLAY THERAPY**
Spans a wide array of methods to capitalize on children's natural urge to explore and harnesses the concepts of play in order to meet and respond to the developmental, mental health and behavioral needs of the child.
- DIALECTICAL BEHAVIORAL THERAPY**
An intervention that began with the intention of treating borderline personality disorder. Has been shown to be effective in treating mood disorders, suicidal ideation, substance use, and more.

CLINICAL

Supporting the psychological and emotional well-being of families and children in foster care.

Clinical services, under the Children's Services Division at HSA, is comprised of a Clinical Services Team (CST), who provide short-term, evidence-based mental and behavioral health services to clients involved in child welfare.

CST is designed to ensure the psychological and emotional well-being of children, parents, caregivers; and families, by addressing their identified behavioral or mental health needs. They can be involved prior to or at the beginning of a child welfare report or case; during the life of a child welfare case; or upon permanent placement of children. All CST clinicians adhere to strict standards of confidentiality.

Therapy services are provided to families for placement and disruption prevention, as well as reunification. Placement and disruption prevention services are provided to families with children who are at risk of out-of-home placement due to abuse or neglect. Reunification services are provided to families with children who are returning from foster care or other out-of-home placement.

The following CST services and supports include:

- Assessment
- Crisis Intervention
- Individual Therapy
- Family Therapy
- Clinical Case Support
- Clinical Case Consultation
- Foster Home Support Services
- Placement Stabilization
- Pre Adoption Support
- Post Adoption Support
- Special Needs Adoptions Clinical Services
- Information & Referral
- Client Training Support
- Staff Training Support

AWAWARENESS

The Community Outreach and Engagement (C&E) program supports the Washoe County Board of County Commission's Strategic Plan of effective communication, by providing accurate and clear messaging to the public about the Human Services Agency's (HSA) valuable programs and services available to the community.

C&E is responsible for media relations, public information, and planning of HSA's community outreach and media campaigns. HSA's approach to messaging is multifaceted, informing the public through various platforms, such as email announcements, graphics, social media, Washoe County Television, website, digital/print media, news releases, and commercial radio and television broadcasts.

The C&E program is a critical conduit from HSA to the community it serves by reaching residents of the county through various forms of communications to reinforce ways the agency can help those in need.



WILL YOU BE THE ONE

On average, there are more than 150 teenagers in the Washoe County Foster Care System. Most people looking to foster or adopt are trying to find an infant, toddler, or young child. Unfortunately, teens often get overlooked by prospective foster and adoptive parents, making their chances of finding a fostered or permanent home very low. Teens deserve a family support network just as much as any young child does.

In an effort to find foster and adoptive parents for teens, HSA's Children's Services Division published a new community outreach and media campaign called, "Will You Be The One?"

The campaign was a creative approach to recruiting potential foster and adoptive families in Washoe County. Various public service announcement videos were created and aired on television, radio, and several social media platforms throughout the year. The dynamic videos featured current foster and adoptive parents and teens, discussing the incredible ways fostering can be beneficial, not only to the child, but parents as well.

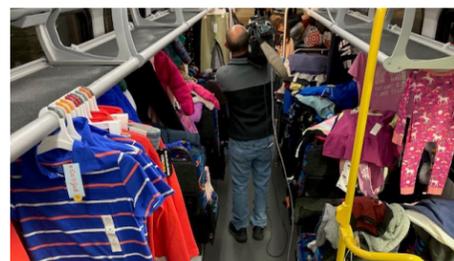
The PSA's recaptured real-life moments between these incredible families, to reveal the beauty of fostering and adopting. There is a special bond that can only be created when someone answers the call and decides to be the one.

STUFF-A-BUS

HSA, in partnership with Regional Transportation Commission (RTC), KOLO Cares and Target, hosts an annual Stuff-A-Bus Drive-By Donation Drive every fall. The drive offers an opportunity for the community to be part of the integral heart of foster care, if they are unable to be a foster parent themselves. Winter items, such as jackets, socks, boots and gloves are typically the focus, but any seasonal items ranging in sizes from infant to teen that are new or unused are accepted.

Foster and adoptive children in care have been through a lot, and many are accustomed to getting hand-me-downs. Receiving a new article of clothing is an effortless way to support a child in need. It shows them that people in our community do care by giving them a sense of comfort during an uncertain time.

More than \$9,000 worth of brand new clothes, gift cards and cash were collected in one day.



PINWHEELS FOR A PURPOSE

HSA's Children's Services Division and other community partners plant hundreds of blue pinwheels to raise awareness about child abuse and neglect in April.

The inaugural "Child Abuse Prevention Month" was first declared by presidential proclamation in 1985. The national campaign recognizes the importance of our children and a future full of promise for them.

The pinwheels not only represent the trauma many children have faced, but serve as a symbol for the fun, joyful, carefree childhood every kid deserves.

Evidence shows that children's early experiences impact them throughout their lifetime, both positively and negatively. A great childhood requires a loving and supportive family and community. Reporting child abuse and neglect is the responsibility of everyone, and we all play a role in helping stop abuse from happening in the first place. Creating simple steps for families to make positive changes to learn healthy behaviors; as well as, offering any support and encouragement they need, helps create a safe and stable environment for our children and the community as a whole.

HSA asks the public to file an anonymous report if they suspect child abuse and neglect is occurring at:

(833) 900-SAFE



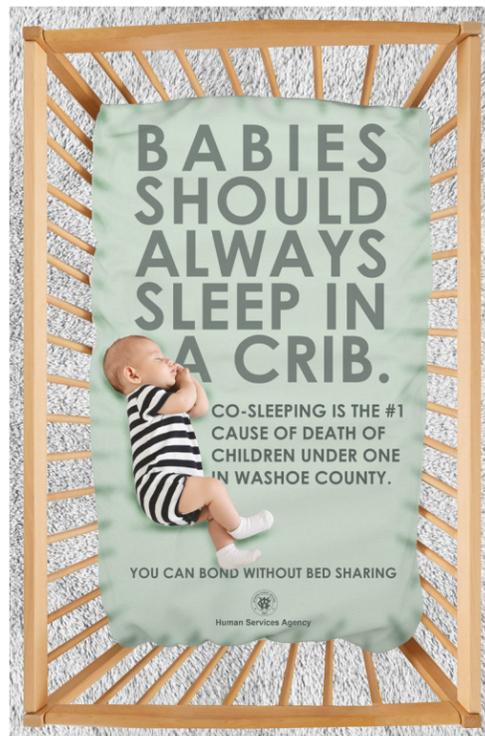
A DEADLY TREND

Fentanyl-related deaths have more than doubled in Washoe County over the past year. Fentanyl is a powerful, synthetic opioid that is similar to morphine but is 50 to 100 times more potent. It is often hidden or mixed with other drugs, including powder or crystalline drugs, heroin or methamphetamine; or it can be sold alone or pressed in pills, masquerading as less potent opioid, like oxycodone. Many people are not aware that the drug they are taking could be laced with fentanyl and the effects could be lethal.

In an effort to enlighten the public and raise awareness of the risks involving this alarming incursion into our community, HSA, Washoe County Regional Medical Examiner's Office, Washoe County Health District, Nevada Department of Health and Human Services (DHHS), Nevada Department of Public Health, Nevada State Opioid Response, and the University of Nevada (UNR), collaborated on a county-wide campaign about the consequences of fentanyl abuse in our community.

In addition to a news release, media blitz, billboards, social media campaign, bus wraps and video PSA's, HSA distributed naloxone kits to the public. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped due to an opioid overdose. Being familiar with how naloxone works, carrying a kit, and spreading the word about it, could save a life.

For more information on fentanyl, naloxone training and distribution sites, visit: nvopioidresponse.org



ABC'S COULD MEAN LIFE OR DEATH

In an effort to reduce the risk of sleep-related infant deaths, HSA in collaboration with the Washoe County Health District (WCHD) and the Medical Examiner's Office, launched several campaigns to bring awareness of Sudden Infant Death Syndrome (SIDS) and emphasize the importance of infant safe sleep practices.

Unsafe sleep habits are one of the leading causes of death among otherwise healthy infants under the age of one in Washoe County. New parents or caregivers are advised to never co-sleep with their babies. You can bond with your baby by sharing a room, not a bed.

Babies should always sleep on their back, in a firm surface, such as a crib, bassinet, or portable crib that meets the required safety standards. No loose bedding, soft toys or any objects that could increase the risk of entrapment or suffocation, should be in the baby's sleep area. Only bring your baby into your bed to feed or brief comfort, and place them back in their own sleep space when you are ready to go to sleep yourself. Never sleep with your baby on a couch or chair, as babies can fall between cushions and your body and suffocate.

For more information on SIDS and the ABC's of safe sleep, visit: washoecounty.us/hsa

CHILDREN ARE NOT FOR SALE

Nevada's commercial sex market is the largest of any state, per capita. More than 13 percent of prostituted persons in Nevada are advertised under the age of 21. To raise awareness on human trafficking, especially youth, HSA launched a community awareness campaign to bring attention to this hidden crisis.

Victims of human trafficking often do not immediately seek help or self-identify as a victims of crime, due to a variety of reasons, including lack of trust, self-blame, or specific instructions by their traffickers regarding how to behave when talking to law enforcement or social services. Billboards, bus wraps, social media, tv and radio public service announcements were created with headline slogans stating "People Are Not Products" and "Children Are Not For Sale," to not only shed light on this epidemic, but highlight the signs of human trafficking and what to look for; as well as, providing contact information for victims who need help, all in an effort to make a difference and allow our community to be a safer place to live, work and play.

If you or someone you know is a victim of forced, exploitive or violent crimes, please call: **(833) 900-SAFE** or visit awakenreno.org



YOU MATTER

The years between childhood and adulthood represent a critical period of transition and significant cognitive, mental, emotional, and social change. These transitions can lead to various mental health challenges which, can lead to increased risks of suicide, as youth's struggles can be underestimated, due to their age.

Suicide is the second leading cause of death among Nevada youth between ages 10-24. In an effort to help reduce risk factors and aid in increasing protective and intervention factors, HSA, Washoe County Health District (WCHD) and SafeVoice Nevada produced public service announcements, addressing the high suicide rate among Nevada's youth. The public service announcements are often featured on Facebook, YouTube and Twitter. They initially aired in 2020 at Reno and Sparks Galaxy Theatres.

The objective is to educate the public on this serious issue affecting our teens and offer information on the various free resources available for help, should someone have suicidal thoughts. Suicide creates a ripple effect that can have a lasting impact on other youth, families, peers, and our community. Knowing the warning signs of suicide and how to get help, can save lives.

For more information on suicide prevention resources for teens at risk or those who may have friends who may be at risk, please call **(833) 216-SAFE** or download the Safe Voice App at: safevoicenv.org



The Human Services Agency's (HSA) Adult Services Division's mission is to provide supportive services to eligible individuals and families in need, who are low-income, displaced, struggling with mental health or substance use, are homeless or at-risk of becoming homeless.

Programs within the division work collaboratively with other community partners and non-profit organizations to expand quality services, ranging from assistance, aid, prevention and outreach.

The following programs are under the Adult Services Division:

- Crossroads
- OUR Place
- Mobile Outreach Safety Team (MOST)
- Adult Group Care
- Extended Care Facility
- Indigent Services
- Sober 24
- Burial & Cremation Assistance

The core programs of Adult Services consist of Crossroads, OUR Place and the MOST; however, the other supplemental programs are partially funded by HSA and are a component of the Division, and contribute to the plethora of service needs for Washoe County residents.

ADULT GROUP CARE

The Adult Group Care (AGC) Program provides payment for room and board for individuals who are

homeless and in need of a structured setting to stabilize a medical condition. In the AGC home, the individual receives adequate rest, regular meals, and has their medication monitored by staff. Additionally, an HSA Case Worker provides case management services with the ultimate goal of safe transition to an independent living environment.

EXTENDED CARE FACILITY

The Extended Care Facility, or often referred to as the Nursing Home Program, supplements residents' in-

SOBER 24

The Sober 24 program is a twenty-four hour, seven day a week monitoring program, in which a participant submits to the testing of their blood, breath, urine, or other bodily substances, in order to determine the presence of alcohol, marijuana, or any controlled substance in their body. The program can be used both pretrial and post-conviction.

The goal of Sober 24 is to combat the role that alcohol and drug

ADULTS

come to cover their long-term cost of care. The program also assists with covering co-pays for prescriptions received during a resident's stay.

HSA keeps in monthly contact with the resident, family and nursing home staff to ensure any issues, concerns and complaints are addressed; as well as, ensuring services are provided in the most integrated setting appropriate to meet residents needs, should they transition out of the facility.

INDIGENT SERVICES

The Indigent Services program reimburses medical and institutional facilities for eligible participants who do not qualify for federal, state or community programs. Program eligibility is income and asset-based and determined on a first come-first serve basis.

abuse play in criminal recidivism, particularly drunk/drugged driving, and reduce the number of DUIs and related costs by motivating offenders to change their behaviors.

HSA works collectively with other providers of Sober 24 including:

- Washoe County Department of Alternative Sentencing
- Washoe County Sheriff's Office
- Reno Justice Courts

BURIAL & CREMATION ASSISTANCE

When an individual passes away and there are no means to pay for their funeral expenses, HSA may provide assistance for burial or cremation costs. Referrals can be made by funeral homes, the Public Administrator, Coroner, or families of the deceased.

“ Appreciate those who do not give up on you. ”

- Unknown



PATHWAY

Assisting men and women struggling with homelessness and wanting to make a change in their lives.

CrossRoads is a Human Services Agency (HSA) lead initiative providing a tiered/modified housing first approach, that focuses on identifying, intervening and stabilizing traditionally high complexity homeless individuals through effective programming, services, and community collaboration.

Those who qualify for the CrossRoads program are provided with a wide-range of support and services, based on their individual needs, which include the following:

- A peer-lead alcohol and drug free supportive environment.
- A supportive environment to live.
- Intensive and targeted case management.
- Access to outpatient community providers of medical and behavioral health treatment services.
- Basic life skills and life management programming.

MEN'S CROSSROADS

The CrossRoads Men's main campus provides an alcohol and drug free living arrangement for men transitioning out of homelessness. Participants in the program are provided several supportive services, such as leisure/recreational activities, mutual self-help, transportation, volunteering opportunities and basic life skills programming.

By receiving intensive and targeted case management services, participants are supported in accessing a range of resources. Local health providers partner with HSA to address any medical, substance related, mental health or co-existing conditions. In addition, access to educational/vocational/employment support and other tools are offered to help clients progress toward a more constructive path in life.

WOMEN'S CROSSROADS

The women's CrossRoads program provides a separate drug and alcohol free living campus, specifically designed for women transitioning out of homelessness. Participants are offered temporary housing in a safe and caring environment while they receive several case management services, all geared toward targeting individual needs. The program works to create a supportive, stable and sustainable community.

WOMEN & CHILDREN CROSSROADS

The Hope First Cottages provide an alcohol and drug free, safe and supportive home for mothers that may be recovering from substance use and/or mental health issues, who are homeless or who are at risk of becoming homeless. Women are able to reside in the cottages with their children, and those involved in the child welfare system may stay while working toward reunification. Residents receive wrap-around services; including, case management, drug and alcohol counseling, mental health counseling, employment support, parenting education and support, and volunteer/work opportunities.

CROSSROADS OFF CAMPUS

The CrossRoads Off-Campus (CROC) program provides intensive and targeted case management services or community referrals for individuals seeking help with locating local resources to address their needs. Resources are including but not limited to:

- Employment/training/education
- Substance use treatment
- Mental health services
- Food and temporary shelter

CrossRoads Off-Campus also provides continuing care services to men and women who have transitioned out of the CrossRoads supportive community. They have access to wrap-around case management services and support as they continue to refine their independent living skills to sustain the gains they have made in their life-changing efforts.

COMMUNITY PARTNERS

HSA works with several local partners who offer a variety of different services including:

- Medical & dental services
- Substance use-related & mental health conditions
- Permanent housing
- Employment support & educational opportunities
- Volunteerism & basic life skill development
- Budgeting & payee services
- Family planning & domestic violence services
- Trauma informed care & other supports.

CROSSROADS PHASES

INDUCTION PHASE

Participants starting this introductory phase are given an opportunity to ground themselves in CrossRoads and learn the program's essentials. This includes its structures and community; as well as, all rules, norms, expectations and privileges.

Participants develop relationships with other CrossRoads guests, and begin working toward establishing foundational relationships with their Change Team. Change Teams help aid the participant throughout the entire process of the CrossRoads program. They consist of Community Peer Support Staff, HSA Management Team, Case Management Staff, Life Skills Development Staff, a Community Nurse and Addiction/Mental Health providers.

PRIMARY PHASE

In this phase, participants begin engaging in their self-change process. They will be immersed in the CrossRoads curriculum, undertake their individual/group therapies where applicable and work with community supports.

Participants will also begin working with the Learn to Earn (LTE) program, which is designed to help prepare them for employment and future career opportunities.

SENIOR PHASE

A critical turning point when participants actively and consistently engage in self-change and show consistent behaviors and commitment to the CrossRoads community.

In this phase, participants are given an opportunity to practice and proactively learn how to develop critical balancing skills. They begin the process of developing, even strengthening healthy/supportive activities and relationships outside of CrossRoads.

TRANSITION PHASE

Participants who have reached this phase begin transitioning from their Supportive Living Community to a new community outside of CrossRoads. They start designing their specific structure to help them stay on track, and focus their energy into developing and strengthening their recovery support network outside of CrossRoads.



HAVEN

Providing support, services and a place to call home for women and families experiencing homelessness.

In Washoe County, all sheltered homeless residents were once housed in one location. Having men, women, and families sheltered in the same area often created issues in an already-challenging environment for those experiencing homelessness.

Our Place was established to reduce assault, human trafficking, and property theft, by implementing an innovative model to remove the stigma of being homeless and provide better outcomes for women and families. Our Place provides a home-like environment that is warm, safe and stable, so clients can focus on what they need to achieve a productive and fulfilling life.

Providing a tailored approach to

services through expanded programs, supplementary resources and removing barriers, guests at Our Place are given an opportunity to unlock a better tomorrow. They have a chance to thrive, stand on their own, live productive lives, and transition from homeless to housed.

CAMPUS HISTORY

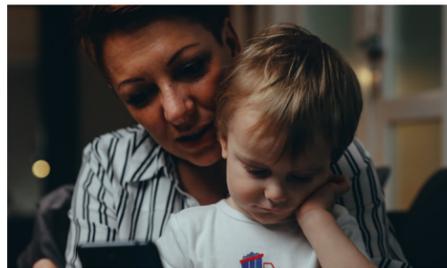
In the early 1800's, 92 acres of land located adjacent to the Truckee River were deeded to the State of Nevada for the benefit of the mentally ill and disabled. In July, 1882, the Nevada Insane Asylum opened its doors, designed to house patients, who were referred to as the "poor unfortunates". While asylum patients struggled with real mental illnesses that we recognize today,

some people ended up in the mental asylums that had no real reason to be there, according to today's standards. William Place was one such individual, who suffering from a physiological disease called Bright's Disease. He was sent to the Nevada Insane Asylum to spend the rest of his life- along with 800 other residents. Mr. Place was the first patient to pass away at the campus.

The campus was named "Our Place" out of a desire to honor the life and memory of William Place and to remind each of us about the importance of lending a hand to neighbors and friends who are longing for shelter, guidance, loving staff, and a welcoming home. Washoe County Human Services Agency's (HSA) hope is that when

“ Now that I have lived here and know how it feels to live in a beautiful, clean and decorated home, I will do whatever it takes to provide this same type of home for my son and I when we move out. ”

- Our Place Guest



residents leave Our Place, they are able to move on to the next phase in their life, equipped with the skills required to live successful lives. HSA hopes to help guests safely overcome challenges, with an overwhelming sense of hope and continual support, assuring them Washoe County is always here when called upon.

ACQUIRING THE CAMPUS

HSA partnered with the State of Nevada's Department of Health and Human Services to renovate vacant and depreciated buildings on a 22 acre, State owned Campus to provide housing and daycare for homeless women and families.

In 2018, an inter-local lease agreement was executed and HSA was able to obtain 14 buildings on the campus. The agreement was subsequently approved by the Board of County Commissioners (BCC), and construction began

in September 2019. The overall investment for the project was \$14.3 Million.

DEVELOPING THE CAMPUS

The Washoe County Community Services Department was brought on to manage the planning, design, permitting, construction and post-occupancy phases of development.

Paul Cavin Architecture, LLC was contracted to design the project. The initial strategy was to deliver the project with three General Maximum Price (GMP) packages; however, as the design was being completed and expanded, phasing was increased to 6 GMP packages.

HSA manages all operations and programming, in collaboration with Reno Initiative for Shelter and Equality (RISE), which provides guests with 24/7 support and case management, as they transition

into stable housing.

CAMPUS COMPOSITION

Our Place was intended to be unique, varying quite a bit from a traditional shelter. Rather than offering only a bed at night, Our Place focuses on providing wrap-around services for women and families over several months. Putting a significant investment in developing a positive environment for guests to recover is pivotal to helping them get back on track. The core design of Our Place was to create a home setting that felt secure and comfortable, where guests felt welcomed and at ease.

Each building houses different populations, but the mission remains the same throughout. Fully restored, the buildings are completely revitalized. They have upgraded fixtures, appliances, flooring and finishes, creating a fresh-look and modern feel, that is both relaxing and cozy. The

decor is vibrant and cheerful, giving an optimistic ambiance. It is an eye-opening, wow-moment for those who are accustomed to an institutionalized, warehouse atmosphere.

Guests staying at Our Place have their own room to personally decorate and keep their belongings safe and secure. Those with pets are allowed to keep them during their stay, which is a major factor for many experiencing homelessness.

With the help of the Pennington Foundation, a playground was built for children to have fun and play safely.

The Campus' expansive outdoor green space with lush grass and mature trees, gives both women and families a natural, park-like setting to enjoy. It offers them the freedom to walk around danger free, to recharge and reflect; as well as, use for fun activities or picnics.

SERVICES PROVIDED

Those experiencing homelessness, typically are only offered food and a bed to sleep in for the night. They leave the shelter during the day, only to return for another available bed in the evening, which is not enough to end the cycle of homelessness.

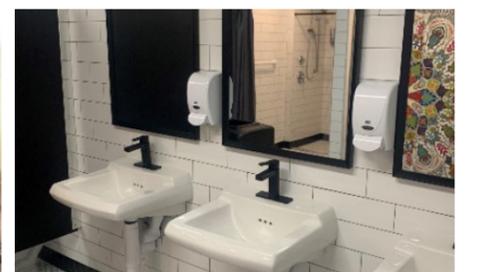
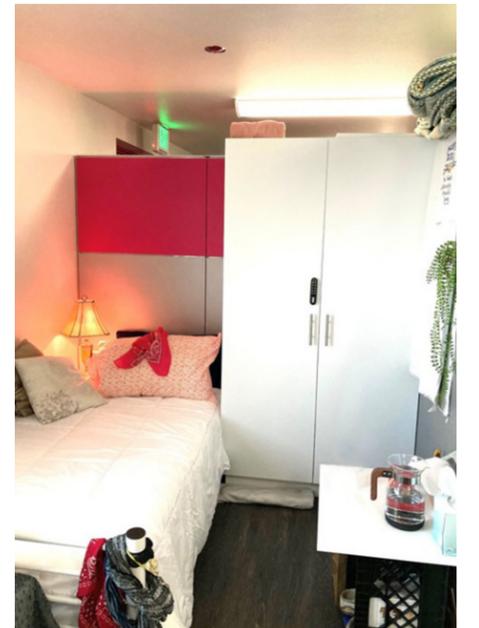
Our Place is inclusive- offering a myriad of services within the campus itself. This includes:

- 102 Beds for Women
- 38 Homes for Families
- Designated Pet Wing
- Designated Senior Wing
- Case Management
- Intake Services
- Mental Health Services
- Substance Use Services
- Domestic Violence Advocacy
- Medical Clinic Services
- Parenting Classes
- Peer Support
- Alcohol/Drug Free Campus

- 24/7 Security
- Child Care

Providing critical, wrap-around services on-site that guests can easily access, is imperative to ending the root causes of their homelessness. It provides them with the support and network they need to heal their trauma, see the light at the end of the tunnel, and grow, as they transition to permanent housing.

Our Place is an unprecedented model, proving to me a model of success in Washoe County. Providing an individual or family hope and an opportunity for a better life is what Our Place strives to achieve in the lives of our valued guests. Providing a safe, secure and healthy community is HSA's mission, not only for those experiencing homelessness, but for each person who calls Washoe County home.





INTERVENTION

Responding to and mediating crisis situations of individuals struggling with mental illness.

The Mobile Outreach Safety Team (MOST) is a co-response, crisis intervention team, that responds to calls for service seven days a week, in conjunction with law enforcement, all in an effort to help assist people living with mental illness throughout Washoe County.

Since its inception, MOST has grown to incorporate the three major law enforcement agencies in Washoe County: the Reno Police Department (RPD), the Sparks Police Department (SPD) and the Washoe County Sheriff's Office (WCSO).

MOST can be called to any part of the Reno/Sparks area to assess a person's mental health status and needs, directing and/or transporting them to the most appropriate resource. MOST assists individuals they work with and help keep them out of the criminal justice system. MOST provides a more proactive response to the community's needs, in an effort to intervene earlier in the mental illness cycle.

In addition, MOST utilizes less costly services, while also decreasing law enforcement calls for service. MOST is also designed to create a safer environment for the mentally ill and for officers responding to potential crises.

The goal of MOST is early and voluntary intervention, to avoid costly emergency room visits and hospitalization, if possible. MOST works to reduce law enforcement calls for service and/or handling calls for service, requiring a level of expertise, often outside the scope of law enforcement. MOST caseworkers do not carry a caseload or perform ongoing therapy but focus primarily on crisis intervention and connect people to services.

MOST DUTIES

The primary duties of clinical members of the MOST Team include:

- Partners with local law enforcement to respond to various crisis in the community.
- Provide skilled intervention capabilities for situations requiring a "diagnostic" Legal 2000 where officers and/or paramedics do not have the necessary training and background to complete a legal hold. Situations may include suicidal plan and intent, homicidal plan and intent, severe self-neglect, gravely disabled, self-mutilation etc.
- Complete "Persons in Crisis" welfare checks.
- Provide skilled assessment to encourage voluntary use.
- Connect individuals in crisis to local resources.
- Provide educational resources for law enforcement.
- Build working relationships with local agencies to foster community support for the mentally ill.
- Provide follow up information to referring officers or community referrals.
- Connect person in need to mental health care.

REFERRAL SOURCES

Referrals to MOST may come from any source in the community but most typically will be generated from the following sources:

Partnerships

Law enforcement officers and non-sworn staff may make referrals from day, swing, and graveyard shifts, as they work to identify those with behavioral health issues, including extreme substance use concerns that impact a person's mental health.

Community Providers

MOST referrals are accepted from public and private community providers when they believe a follow-up contact by MOST will be beneficial to persons with behavioral health concerns.

- Family members may contact MOST when they have a concern about behaviors or actions and believe contact with the MOST team will be beneficial.
- Self-Referral: Individuals may self-refer if they are in crisis, feel as they are at-risk of crisis, or are unable to access community resources due to physical and/or mental difficulties.





Human Services Agency's (HSA) Senior Services Division is the bookend to the continuum of care HSA offers to Washoe County citizens. Senior Services mission is to help improve the quality of life for seniors by offering services, support and activities that empowers their personal independence, and encourages healthy aging, social connection and education.

By maximizing opportunities to create fulfilled relationships, HSA's goal is to build every aspect of viability

- Homemaker Services
- Senior Ambassador Program
- Volunteer Program Partnerships
- Legal Services
- Mental Health Support
- Temporary Assistance for Displaced Seniors (TADS)

SENIOR SERVICES

Senior Social Services helps individuals 60 and older, and/or who are at risk of institutionalization, maintain their independence by providing home and community-based services.

the beneficiary, and properly save any benefits to meet current needs and a safety net.

HOMEMAKER PROGRAM

Many of Washoe County's elderly are able to stay in their home. To help support seniors to age in place, HSA's Homemaker program provides minimal housekeeping and chore assistance to individuals that are 60 and older and unable to do so themselves. The goal is to help them increase quality of life, provide in-person support and con-

SENIORS

for Washoe County's elderly and help them maintain happy, healthy communities.

When it comes to certain matters pertaining to seniors, HSA works collaboratively with the Washoe County Senior Advisory Board. The Senior Advisory Board is comprised of seven to 11 members, who act in an consultive capacity to HSA executive staff and the Board of County Commissioners, when reviewing best ways to meet the current and future needs of Washoe County seniors.

The following service programs are encompassed within the Senior Services Division.

- Senior Centers
- Nutrition
- Adult Day Health
- Case Management
- Representative Payee Program

CASE MANAGEMENT

Case management is a critical service, providing assistance through access or care coordination in circumstances where the individuals 60 and older and/or their caregivers are experiencing diminished functioning capacities, personal conditions, or other characteristics, which require need for services by a formal service provider.

REPRESENTATIVE PAYEE PROGRAM

The Representative Payee program provides financial management for beneficiaries, who receive Social Security and Supplemental Security Income (SSI) payments and cannot manage their funds. The main responsibilities of a payee are to use the benefits to pay for the current and foreseeable needs of

tinue to support independence.

TEMPORARY ASSISTANCE FOR DISPLACED SENIORS

The Temporary Assistance for Displaced Seniors (TADS) program provides seniors with temporary assistance, when they are suddenly evicted from their home or must be relocated because of an abusive situation affecting their personal safety.

The 20-bed home can accommodate residents up to 30 days or until long-term housing can be located for them. Seniors enrolled in the program are connected to various services in the community, such as the Representative Payee Program, nutrition and the Senior Law Project. Seniors are also offered access to case management and counseling.

“ A little gray hair is a small price to pay for all this accumulated wisdom. ”

- Anonymous Senior Citizen



NUTRITION

Providing well-balanced and nutritious meals to Washoe County's Seniors daily.

Nutrition is important at all stages of life for our health and well-being. Having a balanced diet gives your body the nutrients it needs to function properly. As we age however, it often becomes challenging to eat well or even acquire plentiful meals.

Seniors in particular, often struggle to meet basic food needs and may possibly go hungry. For some, it can be difficult to afford an abundance of quality food to sustain multiple meals throughout the day, or they are incapable of accessing grocery stores or preparing cooked meals, which can lead to malnourishment.

HSA's nutrition programs provide balanced, nutritious meals daily to seniors 60 and older, who are in the greatest social and economic need. Since the implementation of critical nutrition programs, HSA has delivered more than eight million meals to seniors.

CONGREGATE MEALS

The Congregate Meal program provides one meal per day to seniors 60+ and qualified individuals, such as, a spouse of a senior; disabled person living at a nutrition site; or disabled person dependent on a

senior. A healthy, hot meal or fresh salad is provided Monday through Friday in the cafeteria where seniors can dine and socialize together.

HOME DELIVERED MEALS

For seniors who are homebound, and unable to visit Washoe County's congregate meal sites, the Home Delivered Meals program, also known as Meals on Wheels, is a great option. Thousands of meals are delivered to seniors 60 years of age and older. Delivery includes one hot and up to six frozen meals per week. Clients may also be assessed for participation in the Second Home Delivered Meal Program. Eligible participants may receive an additional seven meals per week. Home Delivered Meals clients also receive two shelf-stable meals a year for use in the event of emergency or severe weather.

NUTRITION DURING THE PANDEMIC

When it comes to the COVID-19 virus, the elderly have been more vulnerable, especially those with pre-existing medical conditions. Due to County mandates, all congregate meal sites were ordered to be shut down, in order to take precautions and not infect our seniors.

Many seniors daily meals only come from congregate meals sites. To ensure our seniors did not go hungry and received adequate and proper nutrition during the shut down, the Senior Services Division expanded home delivered meal options, if seniors wished to participate.

406,200

TOTAL MEALS SERVED TO THE WASHOE COUNTY SENIOR POPULATION IN FY 2021.

390,509

SENIORS RECEIVED HOME DELIVERED MEALS.

15,691

SENIORS RECEIVED MEALS AT A CONGREGATE SITE.

MEAL SITE LOCATIONS

COLD SPRINGS COMMUNITY CENTER

3355 White Lake Pkwy, Reno, NV 89508

Mon - Fri, 9:00 am - 1:00 pm
(775) 971-8542

GERLACH SENIOR CENTER

385 Sunset Blvd, Gerlach, NV 89412

Mon - Fri, 9:00 am - 1:00 pm
(775) 557-2206

METROPOLITAN GARDENS

325 E. 7th St, Reno, NV 89512

Mon - Fri, 9:00 am - 1:00 pm
Sign Up at Site

NEIL ROAD RECREATION CENTER

3925 Neil Rd, Reno, NV 89502

Mon - Fri, 11:00 am - 1:00 pm
(775) 326-6601

RAINBOW BEND

800 Peri Ranch Rd, Lockwood, NV 89434

Mon - Fri, 11:00 am - 1:00 pm
(775) 342-0193

SIERRA MANOR

2350 Paradise Dr., Reno, NV 89512

Mon - Fri, 9:00 am - 1:00 pm
(775) 331-4166

SPARKS CENTER

97 Richards Way, Sparks, NV 89431

Mon - Fri, 8:00 am - 5:00 pm
(lunch @ 11:30)
(775) 353-3110

SUN VALLEY CENTER

115 W. 6th Ave, Sun Valley, NV 89433

Mon - Fri, 9:00 am - 1:00 pm
(775) 673-9417

WASHOE COUNTY SENIOR CENTER

1155 E. 9th St, Reno, NV 89512

Mon - Fri, 8:00 am - 5:00 pm
(lunch @ 11:15 am - 12:30 pm)
(775) 328-2575



SUPPORT

Throughout the year, the Human Services Agency launches multiple marketing and social media campaigns to bring attention to and/or educate the public on critical issues; along with, highlighting agency needs aimed to reinforce our efforts in helping those we serve. Campaign endeavors can take on many forms of communication, ranging from press releases, hosting community-outreach events, and working with media partners to reach the community we serve in various ways.

BEAT THE HEAT

As we age, our ability to adequately respond to high temperatures during the summer months can become a serious problem. The elderly are at an increased risk of heat-related illnesses, such as heat stroke, heat edema and heat exhaustion, as many do not have access to air conditioning.

To help offer seniors some relief during the extreme Nevada temperatures, HSA in partnership with KOLO Cares launched an annual fan drive, asking the public to donate new fans. Approximately 500 fans are distributed to seniors in need, giving them an opportunity to stay cool. To qualify for a fan, recipients must be 60 years of age or older. Seniors without air conditioning and those who have not previously participated in the program are the primary focus.



DAYBREAK

Providing social and health services to adults and seniors who need supervision and supportive care outside of the home, while helping maintain their independence and dignity.

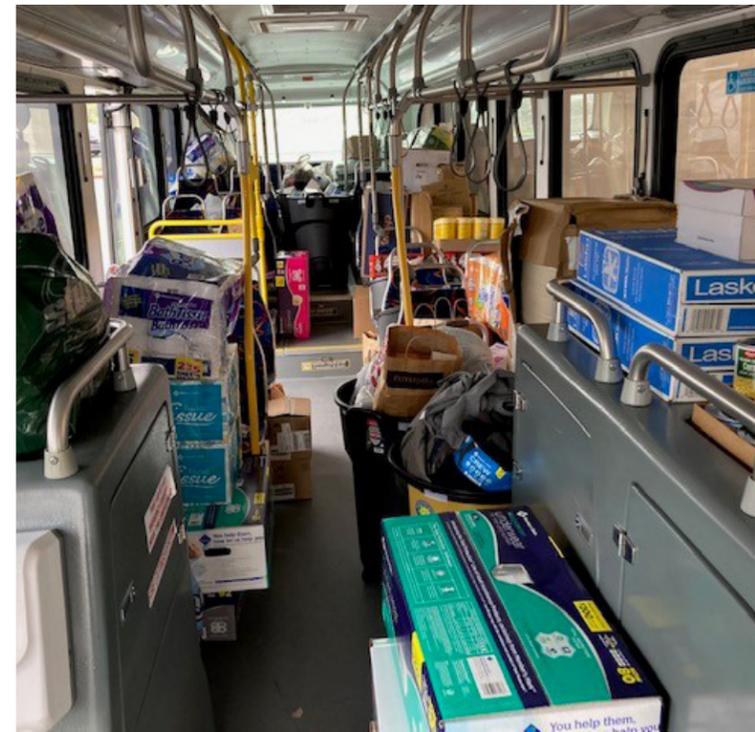
Daybreak is a licensed adult day health program offered at the Washoe County Senior Center on 9th Street, in Reno. Daybreak provides a safe and secure environment for cognitively or physically impaired adults. Services are designed to provide social and health assistance; as well as, community support to adults who need supervision and supportive care outside of the home, and serves as an alternative to institutional care. The Daybreak program also offers respite for caregivers, allowing seniors to age in place, promoting healthy care-giving.

Daybreak is the only medically based program in the region supported by full-time nurses. Community Health Aides provide personal care support, social activities, and therapeutic activities including physical and cognitive exercises, as well as a noon meal and daily snacks.

Services provided include:

Nursing for health monitoring, medication management and care coordination with a primary care physician.

- Activity programs with planned social and recreational activities along with daily activities for mental and physical stimulation.
- A nutritional program serving a midday meal and snacks.
- Case management, providing psycho-social assessments, needs assessments and community referrals through a senior social worker and certified case manager.



STUFF-A-BUS FOR SENIORS

As part of Older Americans Month, government organizations and local businesses, including KOLO Cares, Sam's Club, Washoe County, RTC, HSA, the City of Reno, and the City of Sparks, team up every year to fill an entire bus with community donations for our local seniors.

New, unused clothing items, cleaning supplies, gift cards, hygiene products, bus passes, books, and movie passes are asked to be provided. All donations are given to seniors in need throughout the year. This donation drive has proven pivotal in encouraging our community to come together in a unique way to help our most vulnerable citizens.



The Human Services Agency's Finance and Administration Division is responsible for executing a comprehensive range of functions to support program service delivery across the agency. They provide strategic guidance, direction, and support for office operations, personnel services, technology support, property management, and financial administration that includes grants, bookkeeping, eligibility, and cost allocation. Their efforts support the Director, leadership, employees, and programs within HSA as they work to ensure the overall mission and vision of HSA is achieved.

annually to support children, adults, and seniors in our community. The team's activities include the formulation, coordination, and administration of the funds in these budgets in compliance with federal, state, and local laws, regulations, codes, and funding requirements. Cost allocation is another component of this team that ensures costs are classified accurately and consistently so that we maximize the use of existing funds and effectively claim for reimbursements when possible. The allocation process also helps us know what specific services actually cost, how frequently services are accessed, and

agency leverages these grant funds to create opportunities to grow and strengthen existing programs. In other cases, the funds address previously unserved or under-served service or program needs, both of which benefit our vulnerable populations.

BOOKKEEPING

Bookkeeping is a multi-task-oriented unit that provides a variety of support to assist HSA and its employees. Their primary duty is to process vendor invoices, credit card transactions, and funds held

ADMIN

Typically working "behind the scenes," the Finance and Administration Division is a critical component of HSA's success. These teams provide vital support in one form or another to every member of our agency, as well as the clients and families we serve. Their calm, consistent, dedicated presence, and support, coupled with their willingness to help in any way possible, even when the need is outside their traditional scope of work makes each of them an invaluable asset to the Agency.

FINANCIAL ADMINISTRATION

The Fiscal team is responsible for the financial administration of a cohort of agency budgets that collectively exceed \$110 million

how to financially plan for emerging service needs. The oversight and strategic decision processes of this team benefit the immediate needs of agency staff, clients, and programs and preserve the agency's fiscal health for future needs.

GRANTS MANAGEMENT

The mission of Grants Management team is to increase the revenues HSA receives through grant funding that augments HSA's existing budget to improve, expand, or enhance the program services we provide. The team identifies, secures, and manages an average of 58 grants per year valued at over \$16 million dollars, including oversight of the complex requirements for grant compliance and reporting. In some cases, the

in trust for agency clients (e.g. SSI, tribal funds, etc.) to payments to ensure billing and payment activities occur timely and accurately. The team also handles deposits, purchase requisitions, petty cash, bus passes, vendor records, gift cards, and travel requests, arrangements, and reimbursements; not to mention completing and managing agency-wide orders for goods, services, materials, and inventory for everything from office supplies to car seats and playpens to personal protective equipment (PPE) for the pandemic. Over the course of a year, this team will process more than 155,000 transactions on behalf of HSA staff, clients, and families.

“ No one in this world is more cherished than someone who lightens the burden of another. ”

- Anonymous

ELIGIBILITY

Eligibility staff provides highly complex, detailed, and accurate assessments for clients and families engaged with the Agency to define authorization, guidance, and detailed requirements needed to access and maintain federal funding for their support. Eligibility determinations are a highly tedious and manual process, and staff put in astronomical amounts of effort to make sure every available resource is considered. Their efforts ensure that children, adults, and seniors in our community receive shelter, food, medical care, mental health support, addiction recovery help, and even assistance with the costs of burial and cremation services. On average, they process over 2500 eligibility determinations each year through resources such as TANF, Medicaid, and other federal, state, and local benefit options.

OFFICE OPERATIONS

The front desk, clerical, and records management teams support HSA with a series of tasks needed to keep the Agency's day-to-day activities running smoothly. This includes greeting clients, answering phones, enter-

ing data, processing mail, clerical requests, notary services, copy jobs, and birth, medical and social security documents. In the file room, the records team handles document filing, digital scanning and imaging, case file requests, oversight of case file locations, and management of retention schedules.

PERSONNEL SERVICES

The Human Resource Liaison staff provides support to leadership and staff on matters related to payroll, job postings and reassignments, interviewing and selecting candidates, and onboarding and offboarding staff. They also offer guidance on policies and procedures, resources to access employee benefits, support for conflict resolution, and coordination with the Human Resources Department on complex employment matters.

TECHNOLOGY SUPPORT

The HSA Tech Services team supports agency staff with a broad array of technology support needs related to laptops, cell phones, software and applications, data access, system programming, and troubleshooting.

When the pandemic occurred, they transitioned over 370 agency staff from working in the office to working as a fully functioning remote and mobile workforce in 15 days. Their efforts are instrumental to ensuring agency staff are able to seamlessly perform their duties from any location without disruption.

PROPERTY MANAGEMENT

HSA has a property management team that oversees 41 properties established to support staff, residents, clients, and families from Gerlach to Incline Village. Yearly, this team ensures more than 1000 people work or live in a safe and well-maintained environment, and that thousands more have a safe and pleasant experience when receiving services in our buildings. The team is responsible for managing the care, safe operation, functionality, security, and upkeep of HSA properties used to deliver agency services and residential supports. They also work in partnership with the county's Community Service Division to ensure our properties remain compliant with code requirements and are maintained to county standards.



CONNECT

Give us a call, send us an email, or visit our website.
We're here to help!

HUMAN SERVICES AGENCY

HSA HEADQUARTERS
350 S. Center Street
Reno, NV 89501
(775) 785-8600
website: washoecounty.gov/hsa

CHILDREN'S SERVICES

MAIN OFFICE

350 S. Center Street, Reno, NV 89501
(775) 785-8600
website: washoecounty.gov/hsa/childrens_services

FOSTER CARE

(775) 785-8600

CHILD CARE LICENSING

(775) 785-8600

ADOPTION

(775) 785-8600

INDEPENDENT LIVING

(775) 785-8600

CLINICAL SERVICES

(775) 337-4557
email: clinical@washoecounty.gov

HAVE A HEART TEAM

(775) 785-8600
website: haveaheartwashoe.us

FAMILY ENGAGEMENT CENTER

905 E. Prater Way, Sparks, NV 89434
(775) 352-3230

CHILD PROTECTIVE SERVICES

REPORT ABUSE OR NEGLECT

IMMEDIATE DANGER— 911

CHILD PROTECTIVE SERVICES MAIN

(833) 900-SAFE (7233)

RENO POLICE DEPARTMENT

(775) 334-COPS (2677)

SPARKS POLICE DEPARTMENT

(775) 353-2231

WASHOE COUNTY SHERIFF'S OFFICE

(775) 328-3001
(775) 785-9276 (24 HOUR- DISPATCH)

CRISIS CALL CENTER

FOR EMERGENCIES & AFTER HOURS
(775) 784-8090
1 (800) 992-5757 (TOLL FREE)

ADULT SERVICES

MAIN OFFICE

350 S. Center Street, Reno, NV 89501
(775) 328-2700
website: washoecounty.gov/hsa/adult_services

CROSSROADS

MEN'S CROSSROADS

214 West Street, Reno, NV 89502
(775) 785-4406
email: crossroads@washoecounty.gov

WOMEN'S CROSSROADS

email: crossroads@washoecounty.gov

WOMEN & CHILDREN CROSSROADS

email: crossroads@washoecounty.gov

OFF-CAMPUS CROSSROADS

1530 E. 6th Street, Reno, NV 89512
email: crossroads@washoecounty.gov

HOMELESS SUPPORT SERVICES

OUR PLACE

605 S 21st Street, Sparks, NV 89431
(775) 327-7501

ADULT GROUP CARE

(775) 328-2700

OTHER SERVICES

BURIAL & CREMATION ASSISTANCE

(775) 328-2700

EXTENDED CARE FACILITY

1001 E. 9th Street Building C, Room 135-C, Reno, NV 89512
(775) 328-2754

MOBILE OUTREACH SAFETY TEAM (MOST)

(775) 328-2775 (for general inquiries about the program)
email: most@reno.gov

SOBER 24 TESTING

1530 E. 6th Street, Reno, NV 89512
(775) 785-4112

SENIOR SERVICES

MAIN OFFICE

1155 E. 9th Street, Reno, NV 89512
(775) 328-2575
website: washoecounty.gov/seniorsrv
email: sr_info@washoecounty.gov

SENIOR CENTER LOCATIONS

RENO

1155 East 9th Street, Reno, NV 89512
(775) 328-2575

SPARKS

97 Richards Way, Sparks, NV 89431
(775) 353-3110

SUN VALLEY

115 West 6th Avenue, Sun Valley, NV 89433
(775) 673-9417

GERLACH

385 E. Sunset Blvd, Gerlach, NV 89412
(775) 557-2206
website: washoecounty.gov/seniorsrv

ADULT DAY HEALTH

DAYBREAK

1155 E. 9th Street, Reno, NV 89512
(775) 328-2591
website: washoecounty.gov/seniorsrv

OTHER SERVICES

SENIOR SOCIAL SERVICES

1155 E. 9th Street, Reno, NV 89512
(775) 328-2575
website: washoecounty.gov/seniorsrv

HOMEMAKER PROGRAM

(775) 328-2575

SENIOR LAW PROJECT OF NEVADA LEGAL SERVICES

(775) 334-3050

VOLUNTEERING OPPORTUNITIES

(775) 328-2575
email: volunteer4seniors@washoecounty.gov

NUTRITION SERVICES

CONGREGATE & HOME DELIVERED MEALS

1155 E. 9th Street, Reno, NV 89512
(775) 325-8025
website: washoecounty.gov/seniorsrv

CONGREGATE MEAL SITES

COLD SPRINGS COMMUNITY CENTER

3355 White Lake Parkway, Reno, NV 89508
Mon - Fri, 9:00 am-1:00 pm
(775) 971-8542

GERLACH SENIOR CENTER

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Mon - Fri, 9:00 am - 1:00 pm
(775) 331-4166

SPARKS CENTER

97 Richards Way, Sparks, NV 89431
Mon - Fri, 8:00 am - 5:00 pm (lunch served 11:30)
(775) 353-3110

SUN VALLEY CENTER

115 W. 6th Avenue, Sun Valley, NV 89433
Mon - Fri, 9:00 am - 1:00 pm
(775) 673-9417

WASHOE COUNTY SENIOR CENTER

1155 E. 9th Street, Reno, NV 89512
Mon - Fri, 8:00 am - 5:00 pm (lunch served 11:15 am)
(775) 328-2575

