

# MINUTES OF THE WASHOE COUNTY SENIOR SERVICES ADVISORY BOARD MEETING

February 3, 2016

Washoe County Senior Center, 1155 E. 9<sup>th</sup> Street, Reno, Nevada 89512  
Game Room

**1. Call To Order** - Meeting was called to order at 3:06 p.m. – by the Chairman of the Board, Dr. Larry Weiss.

**2. Roll Call** – Chairman Dr. Larry Weiss asked for the roll call; Diana Carter took the roll. There was a quorum present.

## WASHOE COUNTY SENIOR SERVICES ADVISORY BOARD PRESENT:

<u>PRESENT</u>		<u>ABSENT</u>	
Dr. Larry Weiss	Marsy Kupfersmith	Victoria Edmondson	
Connie McMullen	Donna Clontz		
Dennis Chin			
Wayne Alexander			
Gary Whitfield			

## WASHOE COUNTY STAFF PRESENT

Leslie Williams                      Ken Retterath  
Kevin Shiller  
Diana E. Carter

**3. \*Public Comment** – No public comment.

**4. Approval of the Agenda for the Advisory Board Meeting on February 3, 2016** – Dennis Chinn moved for the approval of the minutes. Wayne Alexander seconded the motion. Motion passed unanimously.

**5. Approval of the Minutes from the Advisory Board Meeting on December 2, 2015** – The following change was made – under #9 Vicki's last name, Maltman, was added. Dennis Chin moved for the approval of the minutes as corrected. Gary Whitfield seconded the motion. Motion passed unanimously.

**6. \*Discussion on the Minutes from the Joint Meeting on January 6, 2016.** Discussion was postponed until the next joint meeting on April 6, 2016.

#7 was delayed until 4:30 as Susie Whitman could not attend until then.

## **7. \*Presentation from Behavior Health Services – Susie Whitman**

Susie Whitman, Community Liaison and Outreach Specialist, spoke about the services available at the Carson Tahoe Health Behavioral Health Services and Senior Pathways. (See handouts). They provide outpatient mental health treatment and inpatient services for adolescents, adults, and seniors. The adult (18+ years of age) inpatient unit has 20 beds for psychiatric treatment, 10 beds for substance abuse treatment with a medical model detox and a 14 day rehab program. The program has been around for 30 years; five years ago it was recognized that there should be a separate unit for seniors, some of whom have additional problems with dementia and should not be in the main adult unit. The Senior Pathways program was created and started with 12 beds. That was increased to 16 beds a few years ago; currently in the process of adding 6 more beds. Even though the programs are usually full, there is usually no waiting period as admits and discharges are constantly happening. Patients come from all over northern Nevada. They can't do anything about a patient's dementia or Alzheimer's, but they can treat other factors that brought the patient to the program. The entire nursing staff is trained in psych nursing. Senior Pathways average stay is 7-10 days, but can go longer; sometimes it can be a placement issue so they can't discharge until they have a safe place for the patient to go. They frequently work with the sheriff and the jails to identify people who should be in treatment, not the jail. Susie gave several examples of the clients who have been assisted by the programs. There are also outpatient services for both prior inpatients and others who don't need the inpatient services. People can be referred or can walk in for assistance. On a weekly basis there's an average of 15-30 people admitted; they are not a long term care facility. There are facilities in the Reno area that all work together and provide the same services – Westhills, Senior Bridges at Northern Nevada Hospital; also the State Hospital/Northern Nevada Adult Mental Health Services. Students from UNR do their rotation at the facility, including nursing students, therapists, and social workers. Currently there seems to be more students interested in the senior population. They do not have staff that is multilingual, but they do have access to interpreters. They have looked into an adult day health program, but currently don't have the space for it, nor do they have an emergency room, but would like to add one.

## **8. \*Strategic Plan Update**

The Board of County Commissioners has identified seniors and services to assist them as the top goal in the strategic plan for the upcoming year. As part of the integration funding mechanisms have already crossed over, but there's a need to look at the next level. The department is working on how to make the services provided sustainable and work on state reimbursements, federal reimbursements, changing the state plan, looking at those processes. Part of the strategic planning process has moved to the department and division heads. The Board has given specific direction as to what they would like to see incorporated into FY17 planning – maintain focus on senior nutrition, with current production capacity limitations and increased demand for services. Staff is working on a Food Security Program to address the service delivery and the Board's goal. There is strong interest in developing a mental health support for seniors and that has been incorporated into the FY17 budget request as staffing or staffing and contracted services to provide mental health support to seniors. Also looking at how to reassign staff to support these

ongoing initiatives that have been identified by the Board. There is a meeting scheduled February 10 with department heads to identify specific senior focused, all initiatives tied to the goals across various departments, including Animal Services, the District Attorney, Libraries, and Sheriff, among others. Current FY16 initiatives will be reviewed and moved to FY17 if viable, if not new ones will be incorporated. There should be somewhat of a final version by early March. Public Guardians difficulties were brought up by Connie McMullen, but Kevin Schiller stated that they were managing better now. Due to the events in Clark County, there is a focus on guardianships now, with the state legislature looking at quality control, with possible impacts on staffing issues; a PD may be required for guardianship cases, which would have a financial impact on the county. Nothing has been decided yet, including where the cost will be, local or state.

Kevin stated that the budget should be finalized for the next agenda. Donna asked if the goals were in writing; Kevin stated that it would be more appropriate at the next meeting, along with the discussion of having a board member become involved after the department head meeting. Dennis asked about mental health. Kevin explained that how the program will work is still in discussion, whether it would be a county position or a combination of county and contract personnel. There was a discussion on mental health services available in the area for seniors, possible collaboration with the state. Discussion on depression and effect on seniors, isolation, loss of friends and family, lack of funding, studies, and qualified personnel. Mention of Sanford Center and lack of interest in geriatric programs in the past. Dennis mentioned the personalized gourmet meal program available from a private supplier in San Francisco, and a new private meal program in the newspaper.

## **9. \*Budget Update**

### **a. Fiscal Year 2015/2016**

Kevin stated that not much has changed, we are right on task. Current indigent funds being accessed is \$705,000. Questions about the numbers on the budget report. Budget report shows FY16 year to date actuals; those numbers will change as the year progresses. Budget Update handout was explained as to Revenue/Income and Expenditures, what was planned versus what were actuals, and the changes from fiscal year to fiscal year. Looking to access \$500,000 to \$750,000 addition to current budget for FY17. Question about splitting grants by state and federal. County is eligible for private grants, which we have received some small ones, including funds to buy a nutrition vehicle. Trying to tap into other resources for funding, for example participating in the Barracuda Championship.

3:40 – Jeanne Herman, BCC, arrived

### **b. Fiscal Year 2016/2017**

The issue is budgeting. The budget opened on January 25<sup>th</sup> and the department's budget has to be submitted by February 22<sup>nd</sup>. The task is trying to build out in terms of integration, what do we need for positions and what do we need for programming, what do we go to the board for, above base budget requests, what to fund from Social Services' Indigent Funds. Components of the budget – the mental health piece, with additional positions to support the programming – case management, professional support,

programming issues, grants issues, reclassifying some positions. What has been submitted should be shown at the next meeting. Because it's a board identified goal, there may be funding outside integration funds to do above base requests. Dennis asked about meals and is there a waiting list. Kevin stated that we are almost at capacity for the number of meals that can be provided. There is a CIP request to look at how to expand the capacity of preparing and storing increased number of meals, whether it's increase the existing space or contract with a commercial kitchen. Discussion on funding and sustainability of expanding the meal programs, along with questions regarding the current equipment – life expectancy and replacement.

#### **10. Older Americans Month Update**

Planning Committee has not met. We have been assigned two Gerontology 496 students/service interns, Emily Chambers and Paolo Cordero to work the Older Americans Month event. They will be facilitating meetings, planning, and the organization. They will be reaching out to board members who are interested in being on the Planning Committee. They should be contacting those members and scheduling a meeting in the next week. They will be attending the March meeting and providing an update.

#### **11. Senior Issues Forum Discussion – Donna Clontz**

Senior Issues forum was previously referred to as the Candidates' Forum. There has been no meeting scheduled yet. Donna asked for assistance to schedule event(s) and whether to wait until after the primary in June. The Senior Coalition is waiting for the City of Reno to go forward on the forum activity. It would be an educational forum. Donna suggested waiting until after the primary and after SeniorFest. Discussion on when to schedule the forum(s); the OAM Planning Committee will look into holding informational forums with candidates on senior issues and senior needs during Older Americans Month. Then hold a follow up after the primary.

#### **12. Commission on Aging Update – Connie McMullen**

A meeting was held in Las Vegas on January 27<sup>th</sup>, they will be checking to see if the state is meeting the ADA needs for people with disabilities, which has not been done since 2007. The next meeting was schedule for February 18, but Clark County representative needs to have it rescheduled. Previous provider of update left out seniors and people with mental illness. Contractor needs to be chosen; it's important to choose the correct contractor to make sure seniors are represented appropriately. There is a limited amount of money and time to get it done. There was a discussion on managed care at the meeting; research will be done for the next two years and then goes to the state. Usually by this time the Human Services consortium has been able to meet with the Governor or his Chief of Staff, but that hasn't happened yet this year. Connie suggested that maybe the Board should try and perhaps also ask about veterans; there was a discussion about seniors and senior veterans. There are a lot of veterans moving here from California due to the hospital being here in Reno. The VA Administrator, Lisa Howard, will be asked to attend the next board meeting.

### **13. Senior Games Update – Donna Clontz**

The games started with about 100 people attending the opening ceremonies at the Sands. The games will be going on for the next two weeks. There are about 250 participants, with pickle ball being the most popular event (about 150 people). Some of the events include Yahtzee, archery, card games, bowling, cross country skiing. On February 14 the Games will end with a Valentine's Day Dance. The average age of the participants is about 70, and there's one person nearly 100 years old playing bean bag baseball.

### **14. \*Advisory Board Appointments Update**

In January the County switched over to an automated system for the Board of County Commission Agendas. The item was submitted, but got lost in the new system, as did a number of items. The appointment request has been moved to the February 23 meeting.

### **15. \*Member Items**

Marsy – Senior Outreach Services of Sanford Center on Aging is starting their education talks again - first one is Tuesday, February 9 at 9 am; 9-10 is a social hour and 10-11 is the talk. Dr. Schwenk, head of the medical school will be speaking. It's in the Laxalt Building on 2<sup>nd</sup> Street.

4:15 – Donna Clontz left the meeting

### **16. \*Agenda items for the next Board meeting**

Include budget submitted to budget office in packet for March meeting

Can we have Lisa Howard from the VA at the next meeting?

It was requested that the Board have a concise request for what the VA is being asked – have veterans attend Senior Day at the state legislature, attend the Senior Coalition meetings, schedule joint programming with the Board and the VA, is there a media publication to educate veterans? Perhaps participate in Older Americans Month?

Connie will give an update on the Commission on Aging

Donna requested items 8 through 14 on the current agenda are added to the March Agenda

### **17. \*Public comment –**

Connie – on February 15th there will be a legislative committee on post-acute care; the focus of the meeting will be on post-acute care, hospice, personal care, home care, assisted living, and skilled care other than nursing homes and the cost savings. They will be meeting at the legislature at 8:30.

Dennis – Is the public aware of the Meals on Wheels Program? There seems to be a lack of knowledge about the program, or even that it exists. One problem is that people seem to think of the way things were in the past and not realize how much things have changed for the better. Take pictures of the meals? Testimonials from seniors? Discussion about how to get the information out to seniors about programs.

**18. Adjournment** - Motion to adjourn by Dennis Chin, seconded by Gary Whitfield; motion passed unanimously. Meeting adjourned at 5:02 pm.

DRAFT

# Choosing the Right Path

## Senior Pathways Program Inpatient

Behavioral Health Services is pleased to announce the expansion of our Inpatient Unit with an addition of 22 geriatric psych beds.

Contact our licensed assessment team at (775) 445-7350 or (800) 283-7671 to discuss admission criteria and a preadmission assessment. If necessary, individuals will be referred to the Emergency Department for medical screening.

### General Criteria for Admission

Aging adults who are experiencing an acute decrease in their everyday level of functioning which may include:

- Depression
- Suicidal Attempts or Ideations
- Decreased Memory
- Increased Confusion
- Loss of Appetite
- Sleeplessness
- Increased Isolation
- Debilitating Anxiety Disorders
- Psychosis
- Mood Disorders
- Anger
- Aggression
- Combative Behavior
- Schizophrenia
- Paranoia

### Program Provides:

- 24 hour nursing care in a secured setting
- Development of treatment and aftercare plans
- Medication management
- Individual, family and group therapy (based on cognitive level)

### Acceptance of Aging Process by:

- Working through grief
- Anxiety & depression education
- Stress management
- Communication skills
- Return to best possible level of functioning
- Coping skills
- Cognitive therapy
- Anger management
- Socialization skills
- Relaxation skills

We accept most insurance, including Medicare and Medicaid

775 Fleischmann Way, Second Floor, Carson City, NV 89703  
(775) 445-7350 Fax: (775) 888-6233



**CARSON TAHOE**  
— HEALTH —  
Behavioral Health Services

## Choosing the right path

Carson Tahoe Behavioral Health Services (BHS) is committed to treating patients professionally with dignity and respect through compassionate, cost-effective care.

With the utilization of a state-of-the-art dual diagnosis and multi-disciplinary approach under the supervision of a psychiatrist, BHS provides individualized care to seniors, adults, adolescents and children experiencing problems preventing them from living a happy and productive life.

BHS offers a broad range of inpatient and outpatient services that include:

- Psychiatric services
- Individual, group and family counseling
- Medical model detox services
- 14-21 day addictive disorders rehabilitation
- Support groups

## Comprehensive care to fit individual needs

With separate, distinct and dual-track programs, BHS assists patients with psychiatric and addictive disorders while offering the flexibility to help people overcome multiple challenges.

As one of the few facilities in the region to offer inpatient treatment, Carson Tahoe Behavioral Health Services works closely with patients and



family members to determine the appropriate levels of care. By combining a wide range of therapies with comprehensive medical care, healthcare professionals are able to provide a structured treatment program tailored to individual patient needs. Complementing the individual, group and family therapies are planned activities conducted throughout the week.



## Care you can trust

Confidentiality is vital to the successful treatment of those seeking help with psychiatric issues and addictive disorders. BHS protects patient privacy by providing confidential treatment with dignity and respect. Upon discharge, Behavioral Health Services will provide patients with a comprehensive plan for after-care activities and needs.

## Referrals & Assessments

Patients are accepted for treatment 24 hours a day. Confidential assessments and referrals are available free of charge, either by phone or in person, to determine appropriateness for programs. Referrals can be made by hospitals, physicians, mental health agencies, social service agencies, assisted living facilities, skilled nursing facilities, family, friends and self-referrals. All inquiries are strictly confidential.

# You are not alone

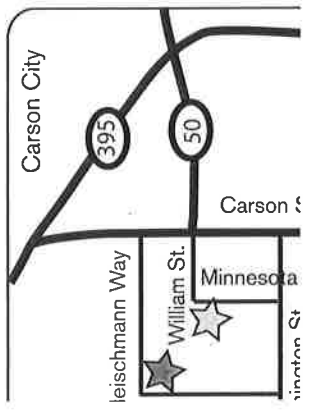
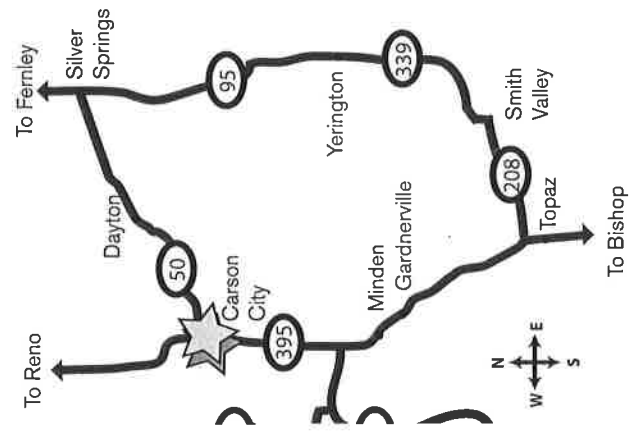




**CARSON TAHOE**  
 — H E A L T H —  
 Behavioral Health Services  
 Patient Services: 1080 N. Minnesota St.  
 Corner of William St. & Minnesota St.  
 Carson City, NV 89703

**Seniorpathways**  
 Patient Services: 775 Fleischmann Way  
 Carson City, NV 89703

IS & Senior Pathways Outpatient Services:  
 775 Fleischmann Way, Carson City, NV 89703



**CARSON TAHOE**  
 — H E A L T H —  
 Behavioral Health Services

Inpatient: 1080 N. Minnesota St., Carson City,  
 Nevada 89703 (Corner of William St. & Minnesota St.)  
 Main Line..... 775.445.7350  
 Toll-Free..... 800.283.7671  
 24 Hr. Crisis Line..... 775.445.7350  
 Outpatient Services, 775 Fleischmann Way  
 Carson City, Nevada 89703  
 Outpatient BHS Services..... 775.445.7756

**Seniorpathways**  
 775 Fleischmann Way, Carson City, Nevada 89703  
 Senior Pathways,  
 Inpatient Geriatric Psych..... 775.445.7350  
 Senior Pathways,  
 Intensive Outpatient Program..... 775.445.7756

[www.CarsonTahoe.com/BehavioralHealth](http://www.CarsonTahoe.com/BehavioralHealth)



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 The Joint Commission

**CARSON TAHOE**  
 — H E A L T H —  
 Behavioral Health Services



**Your path**  
 to a better life.



Behavioral Health Services Inpatient Psychiatric Programs for adults and aging adults are founded on the belief that all people have inherent worth and, with appropriate treatment, can become contributing members of society. Individuals who are referred with an emotional crisis or mental illness are entitled to a level of medical and psychiatric care that reflects our commitment to preserve their rights, increase their self worth and enhance their dignity. Behavioral Health Services offers a "state of the art" dual diagnosis treatment by a team of highly qualified mental health professionals who use the latest developments in psychiatric care. These professionals closely monitor all aspects of the patients care from admission through discharge. Behavioral Health Services strives to provide an atmosphere of respect and caring, where people's strengths are fostered and built upon, and problems are attended to and remedied. Our purpose is to provide the type of therapeutic environment that will enable each patient to achieve the highest level of adaptive functioning within their capacity. The goals of the program flow from this philosophy.

(services continued on back)

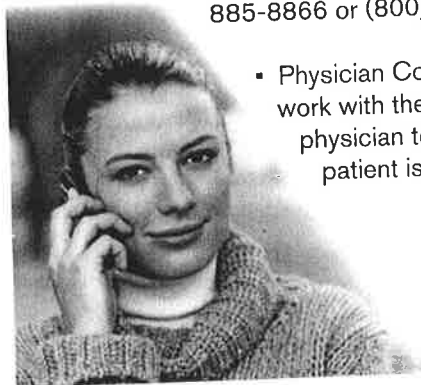


Behavioral Health Services Inpatient Psychiatric Programs for adults and aging adults are founded on the belief that all people have inherent worth and, with appropriate treatment, can become contributing members of society. Individuals who are referred with an emotional crisis or mental illness are entitled to a level of medical and psychiatric care that reflects our commitment to preserve their rights, increase their self worth and enhance their dignity. Behavioral Health Services offers a "state of the art" dual diagnosis treatment by a team of highly qualified mental health professionals who use the latest developments in psychiatric care. These professionals closely monitor all aspects of the patients care from admission through discharge. Behavioral Health Services strives to provide an atmosphere of respect and caring, where people's strengths are fostered and built upon, and problems are attended to and remedied. Our purpose is to provide the type of therapeutic environment that will enable each patient to achieve the highest level of adaptive functioning within their capacity. The goals of the program flow from this philosophy.

## Getting Started

Behavioral Health Services accepts referrals from many sources like hospitals, physicians, mental health agencies, social service agencies, assisted living facilities, skilled nursing facilities, family, friends and self-referrals. To get started, consider the following:

- **Assessment and Evaluation:** Inquiries made to BHS are evaluated by an assessment counselor to develop the best plan of action for the individual. To request an inpatient assessment call (775) 445-7350.
- **For outpatient services call (775) 445-7756**
- **Information and referral:** If the individual is not appropriate for inpatient treatment they are referred to a source that will best address their needs.
- **Crisis Intervention:** For those situations that need crisis intervention Behavioral Health Services supplies a 24-hour hotline to call when you or a loved one needs help. The crisis hotline is (775) 885-8866 or (800) 283-7671.



- **Physician Collaboration:** BHS will work with the patient's primary physician to make sure the patient is getting optimum care.

## Senior Pathways Inpatient / Outpatient Programs

Behavioral health Services' Senior Pathways Program is a multi-disciplinary assessment and treatment program for aging adults experiencing an acute decrease in their everyday level of functioning. Assessment is designed to be quick and precise, addressing medical, psychosocial, social and situational factors. Treatment is individualized and encourages family input and involvement.

Senior Pathways Inpatient Program is for aging adults who are suffering from:

- Depression
- Suicidal Attempts or Ideation
- Decreased Memory
- Increased Confusion
- Loss of Appetite
- Sleeplessness
- Increased Isolation
- Paranoia
- Psychosis
- Mood Disorders
- Anger
- Aggression
- Combative Behavior
- Schizophrenia
- Debilitating Anxiety Disorders, among others

(services continued on back)



Senior Pathways Outpatient Program is for aging adults who are experiencing difficulty functioning in social, vocational or educational arenas and need more intensive treatment than are offered in lower levels of care. These patients are able to participate in group activities, are medically stable and are ambulatory or use canes, walkers or wheelchairs. Daily individual and group therapy is offered providing individually planned treatment goals. These patients are able to interact with staff and have home or living situations providing sufficient support to maintain them in the community. Meals are provided and transportation is available, if needed.

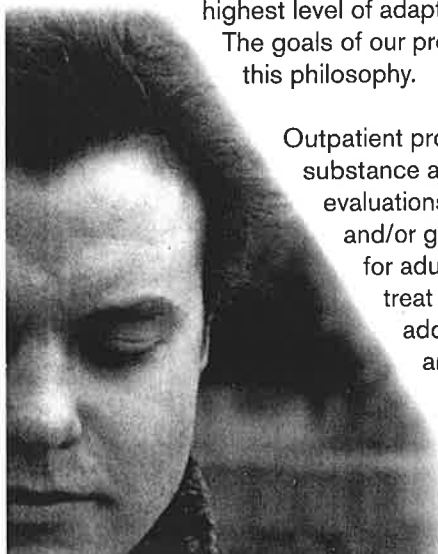
## Addictive Disorders Inpatient/Outpatient Programs

Behavioral Health Services starts the treatment process for Addictive Disorder problems with complete, thorough clinical assessments.

Behavioral Health Services functions on the belief that all patients have inherent worth and, with appropriate treatment, can become contributing members of society. Patients are entitled to a level of medical and psychiatric care that reflects our commitment to their rights, increasing their self worth and enhancing their dignity. We offer patients "state of the art" dual diagnosis treatment to reinforce and increase appropriate behavior while eliminating maladaptive unhealthy behavior.

Inpatient programs offer medical model detoxification services and a 14 to 21 day rehabilitation program. Behavioral Health Services provides an atmosphere of respect and caring where each patient's strengths are fostered. Our purpose is to provide a therapeutic environment that includes comprehensive treatment and counseling that will enable each patient to achieve the highest level of adaptive functioning. The goals of our program flow from this philosophy.

Outpatient programs offer substance abuse evaluations and individual and/or group counseling for adults. We also treat adults for addictive disorders and offer individual intensive outpatient treatment.

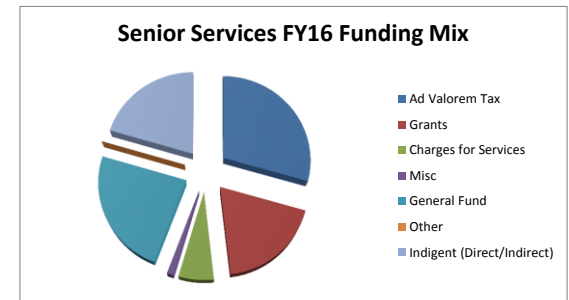


**Waashoe County Senior Services  
Advisory Board Budget Update  
January 2016**

	Budget	Actual 1/31/16 YTD	Available
Revenue			
Taxes	(1,303,406)	(1,013,648)	(289,758)
Intergovernmental	(1,204,620)	(648,271)	(556,349)
Charges for Services	(430,100)	(217,891)	(212,209)
Miscellaneous	(112,894)	(40,253)	(72,641)
General Fund	(1,406,782)	(820,623)	(586,159)
Indigent - Direct	(498,208)		
Indigent - Indirect	(206,897)		
<b>Total Revenue</b>	<b>(5,162,907)</b>	<b>(2,740,686)</b>	<b>(1,717,116)</b>
Expenditures			
Salaries and Wages	1,435,052	788,808	646,244
Employee Benefits	645,895	357,311	288,584
Services and Supplies	2,478,993	1,031,305	1,447,687
Capital Outlay	27,930	15,723	
<b>Total Expenditure</b>	<b>4,587,870</b>	<b>2,193,148</b>	<b>2,382,516</b>
Revenue Over/(Under) Exp	(575,037)	(547,539)	665,400

	Funding Mix - FY12 through FY16 YTD as of January 2016*							Total Funding
	Ad Valorem Tax	Grants	Charges for Services	Misc	General Fund	Other	Indigent (Direct/Indirect)	
FY12	1,257,749	1,599,691	433,247	266,180	235,860	3,675	0	3,796,401
FY13	1,212,588	1,407,106	353,698	175,327	936,272	0	0	4,084,990
FY14	1,227,368	1,089,788	528,724	180,998	936,132	0	0	3,963,010
FY15	1,249,306	1,230,713	489,870	103,926	1,419,904	11,958	0	4,505,677
*FY16	1,013,648	648,271	217,891	40,253	820,623	0	705,105	2,740,686
<b>Total</b>	<b>5,960,659</b>	<b>5,975,568</b>	<b>2,023,429</b>	<b>766,685</b>	<b>4,348,791</b>	<b>15,633</b>	<b>705,105</b>	<b>19,090,764</b>

\* Does not include direct and indirect support from Indigent Funds



WASHOE COUNTY SENIOR SERVICES  
GRANT PERFORMANCE FY16

		Grant Goal	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD	YTD (Projected)	ACTUAL Goal	% of
Congregate Meals	Clients	2,775													2,170			78%
	Meals	128,800	10,747	10,230	10,404	10,820	8,983	10,131	9,435						70,750	141,500		55%
Home Del. Meals	Clients	845													769			91%
	Meals	183,905	13,379	13,700	15,131	13,365	15,210	16,109	13,579						100,473	200,946		55%
Second Home Meal	Clients														249			#DIV/0!
	Meals		5,838	4,298	4,585	5,726	4,410	4,900	4,788						34,545	69,090		#DIV/0!
Case Mgmt	Clients	265													211			80%
	Units	2,750	202.50	247.25	131.50	132.25	218.75	241.75	168.25						1,342.25	2,685		49%
Homemaker	Clients	165													161			98%
	Units	4800	566.50	518.00	484.75	468.00	461.00	561.00	562.25						3,621.50	7,243		75%
Rep Payee	Clients	42													34			81%
	Units	1200	63.00	61.75	62.00	43.75	53.00	52.75	71.50						407.75	816		34%
Adult Day Care	Total Clients														29			
	Clients	20													17			85%
	Days	1,000	103	84	89	82	66	81	69						574	1,148		57%
	Hrs	3437	359.75	301.50	295.00	332.25	267.25	213.50	223.75						1,993.00	3,986		58%
Administrative Support (Rep Payee)	Clients														34			
	Units		26.75	20.75	34.25	21.25	10.50	14.25	10.00						137.75	276		
Info & Referral	Clients		130 / 350	125 / 261	154 / 104	136	117	121	148						752 / 715			
	Contacts		615	577	397.5	311	197	185.5	293.5						2576.5	5,153		
Intake & Screening	Clients														213			
	Contacts		116	107	67	104	32	61	42						529	1,058		
Assessment of Need	Clients														281			
	Units		67	28.5	8	74	301	144	151						773.5	1,547		
Advocacy	Clients														58			
	Units		87	73	24	39	82	32	18						355	710		
Benefits Assistance	Clients														503			
	Contacts		407	308	377	141	256	79	206						1774	3,548		
Options Counseling	Clients														22			
	Contacts		49	23	23	21	4	0	0						120	240		
Care Coordination	Clients														29			
	Contacts		12	35	25	32	40	18	42						204	408		
Followup	Clients														75			
	Units		2	0	5	5	88	33	14						147	294		
HDM - Initial Home Visit	Clients														327			
	Contacts		491	315	255	320	127	192	167						1867	3,734		
Home Del. Meals - Visits & Followup	Clients														619			
	Contacts		441	226	89	154	135	205	419						1669	3,338		
HDM Closed	Clients														211			
	Units		85	51	47	12	33	14	52						294.00	588		
(NV Legal Services)	Clients		80	49	51	50									230.00			
	Units		574.5	513.8	606	549.5									2243.80			
Ward Representation	Clients		11												11.00			
(Washoe Legal Serv)	Units		134.0												134.00			
Guardian Ad Litum	Clients		0												0			
	Units														0			
Legal Outreach	Events/ People		4 Events / 300+ people	7 Events / 300+ People	8 Events / 300+ people	6 Events / 300+ People									25 Events / 300+ people			

Prior Fiscal Year



# WASHOE COUNTY

*"Dedicated to Excellence in Public Service"*

OFFICE OF THE COUNTY MANAGER  
1001 E. 9th Street  
P.O. Box 11130  
Reno, Nevada 89520-0027  
Phone: (775) 328-2000  
Fax: (775) 328-2491  
www.washoecounty.us

January 22, 2016

Mr. Kevin Schiller  
Interim Washoe County Senior Services Director  
1155 E. Ninth Street  
Reno, NV 89512

Dear Mr. Schiller:

This letter is to officially notify you that the Washoe County Board of Commissioners, at their January 12, 2016 meeting, took action to reappoint Commissioner Jeanne Herman as the primary board member and Commissioner Vaughn Hartung as the alternate board member to the Washoe County Senior Services Advisory Board.

On behalf of the Board, I would like to take this opportunity to thank you for our community partnership. We certainly appreciate working with you and your team. If you have any questions or need additional information please contact Andrea Tavener with Constituent Services by telephone at 775-328-2720 or email at [atavener@washoecounty.us](mailto:atavener@washoecounty.us).

Sincerely,

John Slaughter  
County Manager

Cc: Washoe County Senior Services Advisory Board  
Ms. Leslie Williams, WCSS