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## Disability Rights and Resources in Nevada

Janet S. Belcove-Shalin

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# Disability Rights and Resources in Nevada\*

## Introduction

Attitudes toward people with disabilities have changed dramatically over the course of the last hundred years. In the 19th century, individuals with serious physical or mental issues were singled out for pity and urged to accept their afflictions as the will of God. The government offered no assistance to these persons, relying instead on alms giving from religious institutions and philanthropic organizations.

A paradigm shift occurred in the 20th century, culminating in what is sometimes called the “disabilities revolution.” Society ceased to view disability as an “affliction,” redefining it as a crippling “infirmity” or “handicap” that renders the “invalid” permanently dependent on expert care and state support.

In the latter half of the 20th century the United States Congress enacted a number of civil rights bills to protect various groups from discrimination, including persons with disabilities. One of the first passed was the Developmental Disabilities Assistance and Bill of Rights Act of 1975, repealed and replaced in 2000. Appalled by the inhumane conditions at New York’s Willowbrook State School for persons with mental retardation, Congress enacted this statute to protect the rights of the vulnerable population and to establish a protection and advocacy (P & A) system to ensure that all Americans with disabilities get care. P & A organizations in each state investigate and remedy abuse and neglect of persons with disabilities and pursue legal, administrative and other remedies. The Nevada Disability Advocacy & Law Center (NDALC), designated by the Governor in March, 1995, is the P & A for the State of Nevada.

This chapter presents an overview of the federal and state laws protecting the rights of Americans with disabilities, presents data on the disabilities patterns in Nevada, and describes the services available to Nevadans with disabilities.

## Federal Acts on Persons with Disabilities

Our nation’s most comprehensive federal civil-rights measure for persons with disabilities – **The Americans with Disabilities Act Americans with Disabilities Act of 1990** (ADA), <http://www.usdoj.gov/crt/ada/adahom1.htm>, 42 U.S.C. §§ 12101 et seq., was signed into law on July 26, 1990, by President George H.W. Bush. This statute protects the rights of people with disabilities by removing barriers that prevent qualified persons with disabilities from

enjoying the employment opportunities available to people without disabilities. It is noteworthy that the ADA uses the term "disability" rather than "handicap," as employed in the Rehabilitation Act of 1973, 29 U.S.C. 701-796. Society had come to regard disability, like race and gender, as a natural part of the human condition which provides no grounds for diminishing a person's right to participate fully in everyday activities.

The ADA considers a person disabled if that person has "a physical or mental impairment that substantially limits one or more major life activities of such an individual; a record of such an impairment; or being regarded as having such an impairment." This definition is also used in **Sections 503** and **504** of the **Rehabilitation Act** and the **Fair Housing Amendments Act**, <http://www.usdoj.gov/crt/housing/title8.htm>. The ADA contains five Titles:

- **Title I** prohibits discrimination on the basis of disability in employment for businesses with 15 or more employees.
- **Title II** requires State and local governments to provide people with disabilities the equal opportunity to benefit from all services, programs, and activities, including public transportation, and requires government entities to follow specific architectural standards in constructing and altering buildings.
- **Title III** compels public accommodations (i.e., business and nonprofit service providers) to prohibit unequal treatment and comply with specific requirements associated with the architectural standards for new and altered buildings.
- **Title IV** requires telephone and television access for people with hearing and speech disabilities.
- **Title V** contains miscellaneous provisions.

The U.S. Supreme Court's 1999 decision in *Olmstead v. L.C. ex rel. Zimring*, [http://biotech.law.lsu.edu/cases/ADA/Olmstead\\_ADA.htm](http://biotech.law.lsu.edu/cases/ADA/Olmstead_ADA.htm), further strengthened the rights of the disabled by identifying the unjustified isolation of persons with disabilities as a discriminatory act under Title II of the ADA. On June 18, 2001, President George W. Bush issued an Executive Order on **Community-Based Alternatives for Individuals with Disabilities**, <http://www.independentliving.org/docs3/gb010618.html>, reiterating the Federal government's commitment to enforce the Olmstead Decision and directing the government to work cooperatively with the states to implement *Olmstead* in a timely manner.

In addition to the ADA, a number of other federal statutes further the rights of persons with disabilities:

- **Air Carrier Access Act of 1986** 49 U.S.C. § 41705 prohibits air carriers providing regularly scheduled public services from discriminating against persons with disabilities, <http://www.disabilitylawyers.com/Air-Carrier-Access-Act.cfm>.

- **Architectural Barriers Act of 1968** 42 U.S.C. §§ 4151 et seq., covers buildings that are new and altered as well as newly leased facilities. The Act requires that buildings designed, build, or altered with Federal funds or leased by a Federal agency comply with Federal standards for physical accessibility.
- **Civil Rights of Institutionalized Persons Act** (CRIPA) 42 U.S.C. §§ 1997 et seq., permits the U.S. Attorney General to discover and remedy systemic deficiencies at state and local government institutions, publicly operated nursing homes, and institutions home to persons with psychiatric or developmental disabilities that threaten the health and safety of its residents.
- **Fair Housing Amendments Act of 1988** 42 U.S.C. §§ 3601 et seq., assures people with disabilities equal housing opportunities by: Outlawing discrimination in all aspects of selling or renting; requiring owners of housing facilities to make reasonable policy exceptions to accommodate the needs of persons with disabilities; building new multifamily housing with four or more units with access for persons with disabilities. The FHA also allows tenants to make reasonable access-related modifications to their private living area.
- **Individuals with Disabilities Education Act** (IDEA) 20 U.S.C. §§ 1400 et seq., formerly called the Education for all Handicapped Children Act of 1975, requires public schools to provide children with disabilities a free appropriate public education in the least restrictive environment.
- **National Voter Registration Act of 1993** 42 U.S.C. §§ 1973gg et seq., known as the "Motor Voter Act," requires state-funded programs that are principally engaged in providing services to persons with disabilities to supply voter registration forms to them, assist in their completion, and convey them to a State official.
- **The Rehabilitation Act** prohibits discrimination against persons with disabilities in programs receiving any funding from the Federal government. **Section 501** makes it unlawful for the Federal government's executive branch to discriminate in employment and ignore affirmative action hiring policies. **Section 503** requires affirmative action and also prohibits Federal government contractors with contracts of more than \$10,000 from employment discrimination. **Section 504** bans discrimination against individuals with disabilities in programs conducted by Federal agencies or in receipt of Federal financial assistance. **Section 508** requires the Federal government to provide accessible Federal electronic and information technology to people with disabilities).
- **Telecommunications Act of 1996** 47 U.S.C. §§ 255, 251(a)(2) requires telecommunication equipment and services, such as telephones, cell phones, pagers, call-waiting, and operator services to be accessible to and usable by persons with disabilities.
- **Voting Accessibility for the Elderly and Handicapped Act of 1984** 42 U.S.C. §§ 1973ee et seq., requires polling places at which federal elections take place, to be accessible to persons with disabilities. The Act also requires states to provide registration and voting aids to voters who are elderly and disabled.

## Historical Overview

Nevada's efforts on behalf of its citizens with disabilities have been uneven, as evidenced by its national rankings in the area of disability. Nevada was among the first states to implement the personal assistance option in the Medicaid State Plan in the early 1970's. A few years later the state expanded services to persons with disabilities through a home and community-based waiver. In the early 1980s, Nevada obtained one of the first Medicaid waivers for mental retardation and related conditions. In 2002, 71% of Nevadans eligible for residence-based assistance under ADA lived in small, personalized settings of three or fewer people – almost double the national average of 39%.

By the end of the millennium, however, the Silver State's progress slowed down considerably, as evidenced by Nevada's bottom-of-the-barrel national ranking in several key areas of disability services. The problem can be traced, in part, to demographic and economic factors, such as the dramatic growth in the number of persons with disabilities, greater demands for services, longer life spans of persons with disabilities, and the economic slowdown that produced deep budget cuts. The problem was further exacerbated by the shortcomings in the accounting methods that neglected to recognize atypical disabilities, uneven data collection from county to county and service to service, and difficulties with strategic planning identifying long-term service needs. In 2001, the legislature took steps to reverse the negative trends and insure compliance with *Olmstead* by developing a long-term Strategic Plan for People with Disabilities and subsequent increase in the levels of funding.

## Patterns of Disabilities in Nevada

The following figures make clear the extent of the problem the Silver State faces in the area of disability services.

- In the last ten years, Nevada has posted a 157% increase in the number of people with disabilities, compared to a 2% decrease in the nation as a whole – the highest growth in the nation. In 2000, the total number of Nevadans with disabilities was estimated at 375,000.
- Nevada's disability rate (20%) is slightly higher than that of the U.S. (18.80%), with the majority of those with disabilities in the 21 – 64 age range.

## Youth

- In 2005, some 40,000 Nevada students age 3 to 21 were classified as disabled. That is more than one out of ten students enrolled in state schools (the total enrollment figure for 2004-2005 academic year was 356,814).
- Among the students with disabilities, 7,692 (19.1%) have speech, vision, or hearing impairments; 4,966 (12.3%) are classified as mentally retarded or marked by developmental disabilities; 2,076 (5.2%) possess a physical disability; 1,938 (4.8%) are emotionally disabled; 756 (1.9%); have multiple disabilities; and 153 students (0.4%) have a traumatic brain injury.
- In 2002, a self-assessment plan, mandated by the U.S. Office of Special Education (OSEP), reviewed compliance across numerous indicators in disability programs servicing children from birth to age three. Data show that early intervention programs have become increasingly out of compliance, resulting in fewer children served and with higher numbers on waiting lists (Table 1).

### **Personal Assistance**

- Some 58,000 Nevadans experience various degrees of difficulties performing the activities of daily living (ADL). An estimated 28,900 persons do not require assistance, despite their difficulty performing one or more ADLs. By contrast, another 29,535 need help with at least one activity.
- Family members provide the lion's share of assistance (82.5%), with spouses providing the most (38.0%).
- African Americans require more ADL assistance than other racial/ethnic groups. Persons who are neither Hispanic nor White have the lowest rate of assistance needs.

### **Government Funding**

- In 1999, Nevada had 153,251 individuals eligible to receive Medicaid. Included in this number are 31% of all children in the state.
- In 2001, 34,071 disabled workers received Social Security Disability Insurance (SSDI) benefits, out of a total 42,468 Nevadans.
- That same year 20,066 individuals with disabilities or blindness received Supplemental Security Income (SSI), out of the total 27,293 persons receiving payment.

### **Mental Health**

- A report on mental illness in the Western United States (*Needs Assessment in the West: a Report on a Workshop and Subsequent Analysis*, WSDSG, 1998) ranked Nevada as the number one state for the occurrence of mental illness, estimating that 23.7% of the population experiences a diagnosable mental disorder at some point during their life.
- The Division of Mental Health and Developmental Services calculated that in 2000, some 5.4% of Nevadans lived with a serious mental illness. The

majority of diagnosed mental health patients suffer from mood disorders or schizophrenia.

## **Housing**

- Studies indicate that the housing type most required by persons with physical disabilities is small and affordable rental units, with rent ranging from \$300 to \$1,000 a month. Many of these persons with disabilities are elderly and lack employment opportunities.
- Persons with developmental disabilities typically require intensive residential services or affordable, supportive rental housing, ranging between \$300 and \$400 per month. Future projections indicate an increased need for residential services by persons in their 30s and 40s currently living with their parents.
- The type of housing needed most by persons with mental illness is affordable and permanent housing, though emergency beds and transitional house are also desired. Since a high percentage of persons with mental illness are also homeless, transitional housing such as drop-in shelters are required as well.

## **Long Term Care**

- Nevada's per capita expenditures for total long term care (TLTC) in 2001 were less than 30% of the national per capita expenditures: \$77.02 compared with the U.S. per capita of \$364.38.
- Nevada ranked 50 out of 51 states and the District of Columbia on spending per capital for long term care services; placed 50th in total home expenditures; 49th in nursing facility spending; and 25th in spending per capital out of the 26 states that had a personal care services program.

## **Medical Waiver Program**

- Expenditures on our waiver program are slight compared to the national average. In 1991, Nevada had a total of 1.23 waiver participants per 1000 population, ranking 45th in the nation.
- Nine years later, Nevada spent less than half per participant on its waivers than the rest of the nation.

## **Access Compliance**

- North Las Vegas recently approved a settlement with the U.S. Justice Department which had identified numerous access issues during its 2003 and 2004 compliance review of city programs, policies, services and facilities. The city will spend almost \$2 million over a three year period to bring the city into minimal compliance with the Americans with Disabilities Act.

## **Nevada Services for People with Disabilities**

Each of Nevada's seventeen counties provides disability services, though to varying degrees. Uniform data is virtually impossible to collect since each county uses alternative eligibility criteria for the indigent and do not differentiate clients with disabilities from those without. Clark, the largest county with the highest population, provides the most support followed by the second most populous, Washoe.

- The U.S. Census for 2000 reported 264,470 persons with disabilities in Clark County, 58,972 in Washoe County, and 52,468 others distributed throughout the rest of the state.
- Demographers calculate that with an estimated average statewide growth rate of 2.6% per year, 351,361 persons with disabilities will reside in Clark County, 67,827 in Washoe County, and 72,076 elsewhere (Table 2).

## **Mental Health**

Our state's most serious problem is in the area of mental health. The mental health care crises erupted into public consciousness on July 9, 2004, when Clark County issued a state of emergency after the number of mentally ill patients held involuntarily in hospital emergency rooms swelled to the point where the hospitals' abilities to care for their regular patients was impeded. Nearly a third of the hospitals' emergency-care beds (102 out of a total of 342) were allocated to mentally-ill patients awaiting transfer to Southern Nevada Adult Mental Services (SNAMS). Long waiting lists and limited local facilities made it necessary to place individuals with mental and developmental problems in out-of-state facilities.

Mental health practitioners responded to this crisis in a number of ways. For one, they have lobbied the state to increase Medicaid reimbursement rates for inpatient psychiatric stays, which, in turn, would provide private hospitals with the financial incentive to open acute inpatient psychiatric units.

- State Medicaid presently pays \$460 dollars a day per person for an inpatient psychiatric stay, compared to at least \$600 per day that several other Western states offer for the same care.
- It has been estimated that Nevada private hospitals would require at least \$530 per day to break even. Presently, Mental Health and

Developmental Services (MHDS), a division of the Nevada Department of Human Resources, operates four institutions which deliver mental health care services to Nevadans:

- In Reno, Northern Nevada Adult Mental Health Services (NNAMHS) has both inpatient psychiatric and outpatient community-based services.



- Lake's Crossing Center, located on the same campus as NNAMHS, offers assistance to mentally disordered criminal offenders.
- In Las Vegas, Southern Nevada Adult Mental Health Services (SNAMHS) provides in- and out-patient services through four community mental health centers.
- In Clark and Washoe counties, assistance for children with mental health disorders is provided by the Division of Child and Family Services.

Elsewhere throughout the state, rural clinics operate a network of some 16 county mental health centers. While the rural clinics provide services to adults and children, other institutions provide mental health services to adults, only.

MHDS provides a wide spectrum of community-based services for adults with mental health problems. They include, but are not limited to

- Medication clinics which evaluate, prescribe, and monitor psychotropic medications
- Comprehensive and personal case management to assist persons with essential community resources
- Outpatient counseling that focus on stress reduction, improved decision making, and cognitive and/or behavioral change
- Program for Assertive Community Treatment (PACT) that provides a team approach to offer intensive treat and rehabilitation to persons with severe metal illnesses
- Psychiatric Emergency Services (PES) which stabilized persons in crises to avoid hospital admission, and; psychosocial rehabilitation to prevent acute inpatient care

MHDS also offers a wide variety of non-institutional residential services, including

- Group homes (also called Adult Group Care Facilities (AGCF) where in-house staff provides 24-hour supervision to residents to teach basic life skills
- Supported living arrangements (SLA) and intensive supported living arrangements (ISLA), where staff visits clients' own domiciles to train them in daily living skills and provide support
- Residential treatment programs (RTP) available only in Clark and Washoe counties that provide comprehensive, around the clock treatment as well as psychosocial rehabilitation for clients in need of short-term structured setting prior to entering the community
- Respite care for persons in crisis who are ineligible for hospitalization but need for limited periods of time an alternative living situation

## **Medicaid**

Medicaid is the most significant public program for people with mental retardation and developmental disabilities. Created by the U.S. Congress in 1965 as Title XIX of the Social Security Act, Medicaid is jointly funded by federal and state government to assist each state in providing adequate medical care to people who are aged, blind, disabled, or children from low-income families.

Nevada adopted the Medicaid program in 1967 and created the Division of Health Care Financing and Policy (DHCFP) to administer it. Nevada's program is atypical in at least two ways. It is one of some fifteen states that is fairly restrictive in its coverage. Nevada is a so-called "categorically needy state." That is, in order to qualify for Medicaid you must be included in an eligible category of coverage such as: aged (over 65), blind, disabled, pregnant, children under the age of 19, and families with blood related and/or an adopted dependant. Nevada is also one of ten or so states that requires a special Medicaid application (rather than solely demonstrating proof of SSI eligibility). Thus, individuals become Medicaid eligible by applying directly to Medicaid or to the Welfare Division for Temporary Assistance for Needy Families (TANF).

At present, Nevada Medicaid covers approximately 150,000 persons through programs in personal care services, home care service, long term care services, and four waiver programs:

- Physical Disabilities Waiver (PD Waiver) which serves persons up to 65 years of age;
- Mental Retardation and Related Conditions Waiver (MR Waiver) for children with a diagnosis of MR before the age of 18 or a diagnosis of a related condition before age 22;
- The Community Home-Based Initiative Program (CHIP) Waiver which promotes self-reliance among the frail elderly of at least 65 years old, allowing them to receive nursing-facility type care in the home.
- Elderly in Group Homes (GH), which allows persons needing nursing home care to remain in a community setting.

In 2001, 20,739 persons with disabilities and blindness received Medicaid benefits. Due to increases in the numbers of eligible persons and medical care costs, the costs of medical services have also increased each year.

Nevada has dramatically expanded its services in the area of personal care assistance. Nevada Medicaid now provides its longer term care (LTC) services at nursing facilities (NF), where residents receive skilled nursing care and related services, and at residential intermediate care facilities for the mentally retarded (ICF/MR).

- From 1998 to 2001, program expenditures increased by more than 150%, due primarily to the improved reimbursement rates and larger numbers of individuals served, along with changes in the service delivery methods.
- Nevada has seen a 30% increase of nursing facility beds from 1997 to 2000. In 2001, Nevada had a total of 5,091 certified beds, of which 18% or 935 were vacant.
- With regard to long term care service expenditures, Nevada ranked 50 out of 51 states and the District of Columbia on spending per capita for long term care services in 2001. Per capita expenditures that year were less than 30% of national per capita expenditures (\$77.02/\$264.38).

Waiver services enable person who would otherwise be institutionalized to live a relatively independent life in the community.

- In 2001, Nevada served about 2,657 people at a cost of \$27,466,031 to fund its waiver programs.
- From 1996 to 2001, the total number of waiver participants increased by 88% (from 1451 to 2,722), resulting in waiting lists with any persons with mental illness and developmental disabilities being placed out of state.
- In 1999, Nevada's total of 1.23 waiver participants per 1000 population placed it at 45th in the nation in the total number of waiver participants per population (Table 3).

This low ranking is due to the fact that in that year, Nevada spent less than half as much per capita that the U.S. average (Table 4).

## **How Nevadans with Disabilities Can Assert Their Rights**

When Congress enacted statutes guaranteeing the rights of persons with disabilities, it funded an array of organizations to help vindicate these rights. Persons who contact government or private organizations for assistance are best served if they understand how these organizations work. What they need to know is that organizations are typically specialized. NV PEP (Parents Encouraging Parents), for example, does not proffer legal advice; Nevada Disability Advocacy & Law Center (NDALC) does not provide services in the area of employment discrimination, etc. The point is that organizations cannot give assistance in areas they lack expertise or authorization.

Most organizations need documentation to assist their clients. Thus, parents looking for assistance in special education must provide organizations with their child's Individualized Education Plan (IEP) or sign an authorization form so the organization can acquire school records; Medicaid assistance requires a doctor's records, authorization, etc.

"Harm" does not always translate into "damages." Furthermore, "suing" for damages is not always a remedy an organization can provide. In some

instances the remedy is “injunctive relief” which can be obtained at an administrative hearing or in a court of law.

Even when an organization can file a grievance, negotiation and mediation frequently yield better results. This is why lawyers do not always go to court to vindicate their clients’ rights. Abraham Lincoln stressed this point when he said, “ Discourage litigation. Persuade your neighbors to compromise whenever you can. Point out to them how the nominal winner is often a real loser – in fees, expenses, and waste of time. As a peacemaker the lawyer has a superior opportunity of being a good man.”

Organizations which assist persons with disabilities are typically understaffed, so time and resources are quite limited. Thus, staffers dislike speaking to persons who merely call to “vent.” Staffers want to help the public but are only able to do so if the client can spell out a problem clearly (what happened, when, how) and is prepared to work with the staffer to resolve the problem. If an individual needs assistance but is unable to assert one’s rights effectively, a person can work through an advocate. At the end of this chapter, one can find a list of community resources and organizations where a person with disabilities can find help. More detailed information in Northern Nevada can be obtained from the Help of Southern Nevada and First Call for Help.

## **Strategic Plan for People with Disabilities**

Recognizing the shortcomings in the services for persons with disabilities, the 2001 Nevada Legislative Session responded with Bill 513 that offered a comprehensive review of state disability services and empowered the Department of Human Resources and representatives of the Nevada disabilities community to develop a long-term plan for much needed services. This legislative initiative resulted in the **Strategic Plan for People with Disabilities** (SPPD) that was approved in October, 2002. While acknowledging the leadership role Nevada had assumed in specific areas of disability, the SPPD spotlighted several worrisome trends and outlined ways in which these could be reversed. The SPPD identified as particularly urgent the following problems:

- The lack of a comprehensive information system for people with disabilities which results in inefficient and intermittent service delivery
- The absence of integrated information system for state agencies, counties, and private service providers leading to duplication of services and inefficient service delivery
- The inadequate accounting system hampering the systematic budget and service delivery planning

- The failure to develop a well-managed waiting list system that limits Nevadans' access to federally and state funded programs for people with disabilities

To meet the needs of Nevadans with disabilities and to comply with the *Olmstead* decision, Department of Human Resources has proposed a number of recommendations:

- **Outreach for Medicaid Enrollment.** State agencies must inform persons with disabilities about their eligibility for Medicaid benefits and educate them about enrollment procedures and available services.
- **Transition from Nursing Homes to the Home.** The state must survey residents of nursing homes, collect data on their demographic characteristics, systematically assess clients' needs, determine the number of long-term occupants ready to move to less restricted care facilities, and assist eligible individuals in the transition process.
- **Expanding Medicaid HCBS Waiver Programs.** Nevada should expand each program to eliminate waiting lists, provide programs for all people with disabilities regardless of their Medicaid eligibility, develop home and community-based services for short and long term care, and assist clients in recruiting and training their providers.
- **Assessment and Screening Procedures.** The state must establish a valid, reliable, and setting-neutral screening method for assessing individuals from different age groups and living conditions as to their need for services.
- **Housing.** Nevada officials should work with HUD to develop appropriate housing for individuals with disabilities.

The SPPD lists several factors crucial for implementing these strategic objectives and complying with the *Olmstead* Decision and the Americans with Disabilities Act.

- Persons with disabilities and their families must participate in the design of programs to benefit them.
- Health care professionals need to conduct a comprehensive, life-long assessment at the first sign of a potential disability.
- A comprehensive array of community services are required, programs easily adaptable to the needs of individuals with disabilities, their families and caretakers, with all parties collaborating in search for the cost-effective choices.
- An informed, well educated clientele is necessary to facilitate the more efficient delivery of services to persons with disabilities.
- Greater state assistance is required to help persons with disabilities achieve independent lifestyles.
- Accurate and comprehensive information must be continuously gathered, long-term strategic planning conducted, and adequate funding secured.

## Legislative Initiatives

Health and Human Services in Nevada received a major boost in the 73rd Session of the Nevada Legislature (2005-2007 Biennium) when the legislature fully funded the Mental Health and Developmental Services budget. This level of funding constituted a 47% increase over the last budget. A substantial amount of funding went to Mental Health to alleviate overcrowding in emergency rooms throughout Clark County by persons with mental disorders awaiting beds at SNAMHS.

- Increased funding should boost the total hospital beds by 86 new beds.
- SNAMHS also received the lion's share of newly created positions, receiving \$63,870,033 (58.24%) out of \$91,384,243 to finance 356 of the 449 newly created positions.
- The Office of Disability Services received additional funding to decrease waiting lists, with a goal of reducing wait time to less than 90 days.

The state plans to increase the following programs over the biennium:

- Personal Assistance Services will receive \$2.6 million; the PAS Rate will increase from \$17.00 to \$18.50/hour (\$300,000); Traumatic Brain Injury (TBI) services will receive \$556,000; Independent Living services will receive \$484,000.
- In compliance with the Child Abuse Prevention and Treatment Act (CAPTA), the state also increased funding for Early Intervention Services, which should further trim waiting lists.
- The \$10.3 million in new funding will enable the state to serve 1,230 more children over the biennium.

The 73rd Legislative Session passed a number of important bills affecting the quality of life for Nevadans with disabilities. The following are highlights from several key bills:

- **AB47** requires a detention facility to determine if the child abuses alcohol or drugs and needs mental health services when a child is (a) taken into custody and detained while waiting for a required detention hearing; (b) adjudicated delinquent and committed by the juvenile court to a detention facility; or (c) ordered by the juvenile court to be placed in a facility of the detention of children.
- **AB175** authorizes appropriations to improve mental health services, mental health courts, and community triage centers.
- **AB267** expands existing law which prohibits the abuse, neglect, exploitation, and isolation of persons 60 years or older to include all vulnerable persons. The bill defines "vulnerable person" as a person of at least 18 year of age who (a) suffers from physical or mental incapacitation because of a developmental disability, organic brain damage, or mental illness; or (b) has at least one physical or mental limitation that restricts the person's ability to perform the normal activities of daily living.

- **AB495** allows Health and Human Services (formerly the Department of Health and Human Services) to provide drug coverage to persons with disabilities.
- **SB357** creates the Advisory Committee on Problem Gambling and authorizes grants of money or service contracts for programs which prevent and treat problem gambling.
- **ACR11** directs the Legislative Commission to appoint a subcommittee to study the availability and inventory of affordable housing in Nevada. The committee will compile and analyze demographic, economic, and housing data from a variety of sources and submit the results to the 74 th Session of the Nevada Legislature for approval. Local governments are encouraged to participate in the study by providing information.

## Conclusion

Disability legislation has created a climate in which persons with disabilities are better able to participate in mainstream activities. The visible signs of change are everywhere: sidewalk curb cuts, ramps, handicap accessible parking spots, automatic door openers, TV captioning. These changes have helped many individuals with disabilities move from the relatively restrictive environment to the most integrated community setting, consistent with the person's needs and desires.

Yet many of these changes have failed to translate into one area where persons with disabilities are the most vulnerable – the marketplace. Nationally, the unemployment rate among persons with serious disabilities is the highest of any group, with roughly 70% of working-age people with significant disabilities unemployed. According to a 2004 Harris survey commissioned by the National Organization on Disability, only 35% of persons with disabilities reported having full or part time employment compared with 78% of persons without disabilities. These gloomy statistics are repeated in other areas. Individuals with disabilities are three times as likely to live in poverty than their more fortunate counterparts, they are constrained in their plans because of limited transportation options, they often lack health care coverage, and they are less likely to exercise their voting rights.

With a comprehensive plan in place, the legislative funding to back it up, and a community committed to improving the social health for all Nevadans, the Silver State is well positioned to implement the

objectives of *Olmstead* to ensure a humane existence for people with disabilities.

## **Data Sources and Suggested Readings**

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Switzer, Jacqueline Vaughn, *Disabled Rights: American Disability Policy and the Fight for Equality*, Washington, D.C.: Georgetown University Press, 2003: [www.ada.gov](http://www.ada.gov).

**Disability Rights Section, U.S. Department of Justice, Civil Rights Division:** <http://www.ada.gov/cguide.htm>.

## **Community Resources**

Several private, federal, and county organizations assist Nevadans with disabilities, many providing free services or sliding fee scales. The following is the list of services and providers in various parts of Nevada:

### **Southern Nevada**

**BlindCenter** provides programs to the blind and/or severely visually impaired, including day care, referral, advocacy, recreation, work activities, low vision aids and vocational rehabilitation. 1001 N.



Bruce, Las Vegas, NV 89101. Tel. 702-642-6000.  
Website: [www.blindcenter.org](http://www.blindcenter.org), Email: [info@blindcenter.org](mailto:info@blindcenter.org).

**Blind Connect** offers information, referral, peer support, via telephone to blind and visually impaired individuals, their families, and friends. 6375 W. Charleston Blvd., #200, Las Vegas, NV 89146. Tel. 702-631-9009. Website: [www.blindconnect.org](http://www.blindconnect.org),  
Email: [connect@blindconnect.org](mailto:connect@blindconnect.org).

**C.H.A.D.D. of Southern Nevada in Las Vegas** is a non-profit organization devoted to educating those with ADHD (Attention Deficit Hyperactivity Disorder), their parents, teachers, and the public about this condition. 7585 Commercial Way, Ste. I. Tel. 702-580-1955.

**Clark County Legal Services** assists free of charge in various civil matters, including child abuse/neglect, fair housing, consumer fraud, social security, discrimination/ADA, domestic violence, special education and pro bono placement services. 800 S. 8 th St., Las Vegas 89101. Tel. 702-386-1070. Website: [www.clarkcountylegal.com](http://www.clarkcountylegal.com),  
Email: [cclslaw@clarkcountylegal.com](mailto:cclslaw@clarkcountylegal.com).

**Deaf/Hard of Hearing Advocacy & Resource Center** furnishes deaf advocacy services and distributes TTY equipment. 111 W. Telegraph St., Ste. 104, Carson City, NV 89702 and 2881 S. Valley View, Las Vegas, NV 89102. Tel. 562-340-0016 (Relay).  
Website: [www.deafnevada.org](http://www.deafnevada.org). Email: [deafadvocate4nv2@sbcglobal.net](mailto:deafadvocate4nv2@sbcglobal.net).

**Desert Regional Center (DRC)** assists in service coordination, family support, employment and vocational services, and living arrangements. 1391 S. Jones Blvd., Las Vegas, NV 89146. Tel. 702-486-6200. Website: [www.mhds.state.nv.us/drc](http://www.mhds.state.nv.us/drc),  
Email: [sdodd@govmail.state.nv.us](mailto:sdodd@govmail.state.nv.us).

**FEAT of Southern Nevada** is a program for autistic children. 408 S. Jones Blvd., Las Vegas, NV 89109. Tel. 702-368-3328.  
Website: [www.featsonv.org](http://www.featsonv.org). Email: [help@featsonv.org](mailto:help@featsonv.org).

**Mojave Mental Health** provides day programs, adult outpatient therapy, children's outpatient counseling and case management.

3171 S. Jones Blvd., Las Vegas 89146. Tel. 702-968-4000.  
Website: [www.mojave.org](http://www.mojave.org). Email: [sevice@mojave.org](mailto:sevice@mojave.org).

**Nevada Client Assistance Program (CAP)** provides medication, advocacy, or representation for services under the Federal Rehabilitation Act and Benefits under Title 1 (The Employment Discrimination Section) of the Americans with Disabilities Act.

1820 E. Sahara Ave., #109, Las Vegas, NV 89104. Tel. 1-800-633-9879. Website: [www.nvdetr.org](http://www.nvdetr.org). Email: [detracap@nvdetr.org](mailto:detracap@nvdetr.org).

**Nevada Disability Advocacy and LawCenter** provides advocacy services to protect the human and legal rights, interests, and welfare of Nevadans with disabilities. 6039 Eldora Ave., Ste C, Las Vegas, NV 89146 - Tel. 702-257-8150, 702-257-8160 (TTY),

1311 N. McCarran Blvd., #106, Sparks, NV 89431. Tel. 775-333-7878, 775-788-7824 (TTY). Website: [www.ndalc.org](http://www.ndalc.org).  
Email: [ndalc@ndalclv.org](mailto:ndalc@ndalclv.org) ( Las Vegas); [reno@ndalc.org](mailto:reno@ndalc.org) (Sparks).

**Nevada Fair Housing** handles complaints and discrimination issues regarding housing. 3380 W. Sahara Ave., Ste. 150, Las Vegas, NV 89102. Tel. 702-731-6095 and 702-648-0727 (TTY).  
Website: [www.nfhc.org](http://www.nfhc.org). Email: [nevadafairhousing@nfhc.org](mailto:nevadafairhousing@nfhc.org).

**Nevada Parents Encouraging Parents (NV PEP)** a non-profit, parent training and information center servicing families who have children with disabilities and the service providers who support them. 2355 Red Rock St., #106, Las Vegas, NV 89146. Tel. 702-388-8889, 775-448-9950 (Northern area), 1-800-216-5188 (Toll Free in-state). Website: [www.nvpep.org](http://www.nvpep.org). Email: [pepinfo@nvpep.org](mailto:pepinfo@nvpep.org).

**Nevadans for Equal Access** surveys public and private buildings for compliance with ADA. 3831 Dexter Way, Las Vegas, NV 89115. Tel. 702-399-5361. Website: [www.nvequalaccess.org](http://www.nvequalaccess.org).  
Email: [pmartin@nvequalaccess.org](mailto:pmartin@nvequalaccess.org).

**OpportunityVillage** offers work training, long term employment, job placement and job coaching for people with intellectual disabilities who wish to work in a community work center. 6300 W.

Oakey, Las Vegas, NV 89102. Tel. 702-259-3700.

Website: [www.opportunityvillage.org](http://www.opportunityvillage.org).

**Southern Nevada Adult Mental Health Services** provides adult psychiatric and nursing services including psychiatric evaluation and case consultation, 24 hour crisis intervention, pre-vocational programs, supportive housing, and outpatient counseling services. 6161 W. Charleston Blvd., Las Vegas, NV 89146. Tel. 702-486-6000. Website: [www.mhds.state.nv.us/sn](http://www.mhds.state.nv.us/sn). Email: [mhds@govmail.state.nv.us](mailto:mhds@govmail.state.nv.us).

**Southern Nevada Center for Independent Living** provides information and referrals, basic independent living skills training, peer counseling, benefits counseling, adaptive equipment, housing and transportation, and ADA technical assistance. 6039 Eldora Ave., Ste. H, Las Vegas, NV 89146. Tel. 702-889-4216. Website: [www.sncil.org](http://www.sncil.org). Email: [info@sncil.org](mailto:info@sncil.org).

## **Northern and Rural Nevada**

**CampCare: Special Education Camp** provides arts and crafts, sports, music and dance for children certified for special education between the ages of 6 and 22. The camp is located at Lake Tahoe and meets the third week in July. Tel. 775-323-3737.

**Disability Resources** assists people with disabilities in obtaining employment and learning basic living skills. Also provides a respite program and refurbishes donated computers for persons with disabilities. Tel. 775-329-1126.

**Nevada Regional Library for the Blind and Physically Handicapped** provides library services for individuals certified as blind, visually impaired, or reading disabled. Offers a free loan of books and machines, assistive devices, Braille books and audiotapes. 100 N. Stewart St., Carson City, NV 89701. Tel. 775-684-3354. Website: [www.dmla.clan.lib.nv.us/docs/nsla/books](http://www.dmla.clan.lib.nv.us/docs/nsla/books). Email: [keputnam@clan.lib.nv.us](mailto:keputnam@clan.lib.nv.us).

**Northern Nevada Adult Mental Health Services** provides services to individuals, families, and communities in the area of

mental health. 480 Galletti Way, Sparks, NV 89431. Tel. 775-688-2001. Website: [www.mhds.state.nv.us/nn](http://www.mhds.state.nv.us/nn). Email: [mhds@mhds.nv.gov](mailto:mhds@mhds.nv.gov).

**Northern Nevada Center for Independent Living** Services include home modification, assistive technology, job and independent living skills, advocacy, mobility and transportation training, mentoring, recreation programs, and interpretive services for disabled individuals. 350 W. Silver Dr., Elko, NV 89801. Tel. 775-753-4300 V/TTY, 999 Pyramid Way, Sparks, NV 89431. Tel. 775-353-3599 V/TTY, 1919 Grimes St., Ste. B, Fallon, NV 89406. Tel. 775-423-4900 V/TTY. Website: [www.nncil.org](http://www.nncil.org). Email: [nncilf@cccomm.net](mailto:nncilf@cccomm.net) (Elko); [nncil@sbcglobal.net](mailto:nncil@sbcglobal.net) (Sparks); [elkonncil@citylink.net](mailto:elkonncil@citylink.net) (Fallon).

**Rural Center for Independent Living** provides training that teaches independent living skills, recreational opportunities, equipment loans, housing referrals, benefits assistance, and home modifications for disabled individuals. Serves Carson, Lyon, Douglas and Storey counties. 411 Hot Springs, #4, Carson, City, NV 89706. Tel. 775-841-2580.

**Rural Regional Center** offers services to Nevada's developmentally disabled population, including: Information and referral, intake and assessment, service coordination, supported living, employment opportunities, a family preservation program, respite, and educational advocacy. Satellite offices located in Silver Springs, Winnemucca, Elko, and Fallon. 1665 Old Hot Springs Rd., Ste. 164, Carson City, NV 89706. Tel. 775-687-5162; 850 Elm St., Elko, NV 89801. Tel. 775-753-1131; 151 North Maine St., Fallon, NV 89406. Tel. 775-423-0347; 3595 Highway 50 West, Suite 3, Silver Springs, NV 89429. Tel. 775-577-4077; 475 West Haskell, Winnemucca, NV 89445. Tel. 775-623-6593. Website: [www.mhds.state.nv.us/rrc/faqs.shtml](http://www.mhds.state.nv.us/rrc/faqs.shtml). Email: [mhds@govmail.state.nv.us](mailto:mhds@govmail.state.nv.us).

**Sierra Regional Center** specializes on vocational support, supported living in the community and on-campus, diagnosis and counseling, psychological supports, and service coordination/case management for individuals with developmental disabilities. 605 S. 21 st St., Sparks, NV 89431. Tel. 775-688-1930. Website: [www.mhds.state.nv.us/src](http://www.mhds.state.nv.us/src). Email: [dluke@govmail.state.nv.us](mailto:dluke@govmail.state.nv.us).

**Silver State Fair Housing Council** offers education and outreach in the area of fair housing rights, processes, discrimination complaints, investigations, and referrals.

855 E. Fourth St., Ste. E, Reno, NV 89512. Tel. 775-324-0990.  
Website: [www.silverstatefairhousing.org](http://www.silverstatefairhousing.org). Email: [fairhousing@gbis.com](mailto:fairhousing@gbis.com).

**Washoe ARC** provides psychological and work evaluation, work training, employment, legislative advocacy, family counseling and support, community education, and referral services to and for persons with developmental disabilities. Also serves as an information source for local services for the developmentally delayed. 790 Sutro St., Reno, NV 89512. Tel. 775-333-9272.  
Website: [www.warceno.org](http://www.warceno.org). Email: [lhansen@washoearco.org](mailto:lhansen@washoearco.org).

**Washoe County Legal Services** provides service in the areas of: immigration, housing discrimination, Americans with Disabilities Act, landlord/tenant issues, housing counseling, consumer issues, debt collection and bankruptcy, family law/domestic violence and child advocacy program. 650 Tahoe St., Reno, NV 89509. Tel. 775-329-2727. Website: [www.washoelegalservices.org](http://www.washoelegalservices.org).  
Email: [infor@washoelegalservices.org](mailto:infor@washoelegalservices.org).

**American Foundation for the Blind** provides information and resources on blindness and visual impairments in the areas of aging, education, employment, literacy, and technology to people who are blind and visually impaired. 11 Penn Plaza, Ste. 300, New York, NY 10001. Tel. 800-232-5463. Website: [www.afb.org](http://www.afb.org).  
Email: [afbinfo@afb.net](mailto:afbinfo@afb.net).

***This report has been prepared by Janet S. Belcove-Shalin, Ph.D., Esq., Rights Attorney, Nevada Disabilities Advocacy & Law Center. Tel. 257-8915. Email: [Janet@ndalclv.org](mailto:Janet@ndalclv.org).***

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## **Supplementary Materials**

**Table 1**

<b>EARLY INTERVENTION NUMBERS SERVED &amp; WAIT LIST INFORMATION</b>				
<b>INDICATOR</b>	<b>FY'02 1st Quarter</b>	<b>FY'02 2nd Quarter</b>	<b>FY'02 3rd Quarter</b>	<b>FY'02 4th Quarter</b>
<b>Referred children waiting for services beyond 45 days with no IFSP</b>	196	249	182	591
<b>Children with IFSP waiting for any service</b>	135	58	50	51
<b>Average wait time from referral to IFSP (Federal law requires no more than 45 calendar days)</b>	129.7	128.1	131.6	134.8
<b>TOTAL Children (with IFSP) Served</b>	979	895	826	877

**Source:** TRAC Database 08/02

**Table 2**

*COUNTY POPULATION INFORMATION*

<b>County</b>	<b>U.S. Census 2000 Total Population</b>	<b>Year 2010 Estimate by the Nevada Demographer</b>	<b>Average Annual Change</b>	<b>Number of Disabled 2000 Census</b>	<b>Estimated* Number of Disabled in 2010</b>
<b>Carson City</b>	52,457	63,515	1.7%	9,564	11,580
<b>Churchill</b>	23,982	36,047	3.3%	4,109	6,176
<b>Clark</b>	1,375,765	1,827,770	2.8%	264,470	351,361
<b>Douglas</b>	41,259	60,712	3.3%	6,624	9,747
<b>Elko</b>	45,291	60,155	1.6%	6,635	8,813
<b>Esmeralda</b>	971	1,666	0.8%	251	431
<b>Eureka</b>	1,651	2,129	0.9%	344	444
<b>Humboldt</b>	16,106	19,978	0.9%	2,300	2,853
<b>Lander</b>	5,794	7,743	1.0%	1,116	1,491
<b>Lincoln</b>	4,165	4,280	0.1%	873	897
<b>Lyon</b>	34,501	48,990	3.3%	7,112	10,099
<b>Mineral</b>	5,071	5,846	-0.9%	1,419	1,636
<b>Nye</b>	32,485	58,517	5.2%	8,598	15,488
<b>Pershing</b>	6,693	10,540	3.2%	986	1,553
<b>Storey</b>	3,399	4,729	2.2%	840	1,169
<b>Washoe</b>	339,486	390,462	1.7%	58,972	67,827
<b>White Pine</b>	9,181	8,375	-2.6%	1,697	1,548
<b>State Total</b>	1,998,257	2,611,454	2.6%	375,910	491,264

**Source:** U.S. Census 2000 and NV State Demographer website  
 NSBDC.org/demographer/pubs/estimates

\*Estimated Number of Disabled in 2010 is calculated using the percent of difference between the total population in 2000 and the disabled in that year. The same percentage was then applied to the estimated total population in 2010 to find the estimated number of disabled.

**Table 3**

<b>MEDICAID HCBS PARTICIPANTS PER 1,000 POPULATION BY CALENDAR YEAR</b>							
<b>Waiver Number</b>	<b>Target Population</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
<b>0152</b>	CHIP	0.59	0.57	0.57	0.64	0.59	0.59
<b>0267</b>	GH	0.02	0.04	0.05	0.06	0.07	0.08
<b>40150</b>	PD	0.07	0.06	0.06	0.07	0.07	0.12
<b>0125</b>	MR	0.23	0.23	0.34	0.48	0.48	0.51
<b>Nevada</b>	Total	0.91	0.90	1.02	1.23	1.23	1.29

<b>US</b>	Total	1.84	2.14	2.32	2.52	---	---
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**Source:** Kitchener , M. and Harrington, C. 2001. Medicaid 1919(c) Home and Community Based Waiver: Program Data, 1992-1999. HCFA Form 372. San Francisco, CA: University of California, San Francisco.

**Table 4**

<b>MEDICAID HCBS WAIVER EXPENDITURES PER PARTICIPANT BY FISCAL YEAR</b>							
<b>Waiver Number</b>	<b>Target Population</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>
<b>0152</b>	CHIP	\$3,535	\$3,845	\$4,312	\$4,357	\$4,682	\$5,439
<b>0267</b>	GH	\$1,575	\$2,365	\$2,553	\$2,445	\$2,625	\$3,031
<b>40150</b>	PD	\$590	\$763	\$875	\$1,110	\$1,282	\$1,640
<b>0125</b>	MR	\$13,041	\$14,226	\$12,957	\$11,239	\$14,088	\$18,598
<b>Nevada</b>	Total	\$5,635	\$6,025	\$7,847	\$6,552	\$8,082	\$10,090
<b>US</b>	Total	\$13,544	\$13,927	\$14,842	\$15,331	---	---

\*Calculations based on data from Tables 19 and 21 above.  
\*\*The World Health Organization Report, 2001. Cited in *Reducing Suicide*, 2002

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\*This report stems from the Justice & Democracy forum on the Leading Social Indicators in Nevada that took place on November 5, 2004, at the William S. Boyd School of Law. The report, the first of its kind for the Silver State, has been a collaborative effort of the University of Nevada faculty, Clark County professionals, and state of Nevada officials. The Social Health of Nevada report was made possible in part by a Planning Initiative Award that the Center for Democratic Culture received from the UNLV President's office for its project "Civic Culture Initiative for the City of Las Vegas." Individual chapters are brought on line as they become available. For further inquiries, please contact authors responsible for individual reports or email CDC Director, Dr. Dmitri Shalin [shalin@unlv.nevada.edu](mailto:shalin@unlv.nevada.edu).