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Disability Rights and Services in Nevada

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The Social Health of Nevada

Leading Indicators and Quality of Life in the Silver State

Disability Rights and Services in Nevada

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For ages, people with disabilities faced hardship and condescension from the general public. As recently as the 19th century, individuals with serious physical or mental issues were singled out for pity, shunned by society, and urged to accept their afflictions as God's will. The government offered no assistance to the impaired, relying instead on almsgiving by religious institutions and philanthropic organizations.

The Eugenics movement in the latter part of the century and early 20th promoted theories and policies injurious to persons with disabilities in the name of advancing the human race. Thus, persons with mental disabilities could be confined to institutions or sterilized; children with developmental disabilities were placed in separate schools or classrooms.

The attitudes toward those physically and mentally impaired changed dramatically in the second half of the 2oth century, as society ceased to view disability as an "affliction" and redefined it as an "infirmity" or "handicap." As a result of the civil rights movement which promoted the rights of those marginalized by society and passed legislation to

Chapter Highlights

- In 2009, the employment rate among working-age Nevadans with disabilities was 40.9%.; among unemployed Nevadans actively looking for work, 14.7% were people with disabilities.
- In 2009, 1.9% Nevadans reported a Visual Disability, 2.2% a Self-Care Disability, 3.0% a Hearing Disability, 3.6% a Cognitive Disability, 4.5% an Independent Living Disability, and 6.2% Ambulatory Disability.
- According to the Kaiser Family Foundation, Nevada Medicaid covers 37,300 people with a disability and spends $14,279 on each Medicaid recipient with a disability.
- Nevada Medicaid has a low participation rate in federal programs covering low income families, with funding at just 71% of the national average.

How to Cite this Report

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protect persons from discrimination. This changing attitude was evident in the Developmental Disabilities Assistance and Bill of Rights Act of 1975, which was reauthorized in 2000. Appalled by the deplorable conditions at New York's Willowbrook State School for children with mental disabilities, Congress enacted this statute to protect the rights of this vulnerable population and to establish a nation-wide Protection and Advocacy (P & A) system that ensures Americans with disabilities receive care. P & A organizations in each state investigate the abuse and neglect of persons with disabilities and pursue legal, administrative and other remedies (Fleischer & Zames, The Disability Rights Movement, p. 240). The Nevada Disability Advocacy & Law Center (NDALC), established in March of 1995, is the P & A for the State of Nevada. NDALC and the other P&As are members of the National Disability Rights Network (NDRN), a non-profit organization providing training opportunities and national advocacy on behalf of persons with disabilities.

This chapter of the Social Health of Nevada Report offers an overview of the federal and state laws protecting the rights of Americans with disabilities, tracks disability statistics in the U.S. and Nevada, explores the disability patterns in the Silver State, and highlights the services available to Nevadans with disabilities.

Federal and State Laws on Persons with Disabilities

United States Acts

Our nation's most comprehensive federal civil-rights measure for persons with disabilities – The Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §§ 12101 et seq., was signed into law by President George H.W. Bush on July 26, 1990. This statute protects the rights of people with disabilities by removing barriers that prevent qualified persons 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 as a natural part of the human condition, like race and gender, which provides no grounds for denying a person's right to participate fully in everyday activities.

In 2008, Congress enacted the Americans with Disabilities Amendments Act (ADAAA) which broadened the definition of disability and effectively overturned the Supreme Court's 1999 decision in *Sutton v. United Airlines* and related cases. Following this decision, medication and other mitigating measures like wearing eye glasses were no longer deciding factors in determining if a person is disabled.

The ADA considers the individual disabled if he or she 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 used in Sections 503 and 504 of the

Rehabilitation Act and the Fair Housing Amendments Act. 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) that alleviate unequal treatment and set up architectural requirements which new and altered buildings must meet.

Title IV mandates telephone and television access for people with hearing and speech disabilities.

Title V contains miscellaneous provisions related to wellbeing of people with disabilities.

The U.S. Supreme Court's 1999 decision in *Olmstead v. L.C.* 527 U.S. 581 (1999) further strengthened the rights of persons with disabilities by identifying as discriminatory under Title II the conditions which lead to the unjustified isolation of persons with disabilities. The Court held that persons with mental disabilities have the right to live in the community and receive community-based services rather than being confined to institutions, provided that an appropriate placement is available and the placement is consistent with the affected individual's desire. On June 18, 2001, President George W. Bush issued an Executive Order on Community-Based Alternatives for Individuals with Disabilities, reiterating the Federal government's commitment to enforce the Olmstead Decision and directing the government to collaborate with the states in implementing Olmstead in a timely manner.

In addition to the ADA, there were other federal statutes that strengthened the rights of persons with disabilities. Among the most important are:

- The Air Carrier Access Act of 1986, 49 U.S.C. § 1374 prohibits air carriers providing regularly scheduled public services from discriminating against persons with disabilities.

- The 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.

- The 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.

- The 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; and 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.

- The 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 students with disabilities an appropriate free public education in the least restrictive environment.

- The National Voter Registration Act of 1993, 42 U.S.C. §§ 1973gg et seq., known as the "Motor Voter Act," establishes state-funded programs to provide services to persons with disabilities, such as supplying voter registration forms, assisting in their completion, and assigning to persons with disabilities a State official.

- The Federal Aid Highway Act of 1972, 23 U.S.C. § 142 mandates accessibility on federal highways and federally supported transportation programs.

Nevada Disabilities Trends

Nevada's support of persons with disabilities has been uneven, resulting in better services for some and little or no services for others (Nevada Strategic Plan, 2002, p. i, 2). The situation in the Silver State was exacerbated by the state's low taxes, undiversified economy, and low per capital expenditures for human services, which placed Nevada at the bottom in many funding categories (Ibid.). The more recent budget cuts in the aftermath of the great recession have shrunk or eliminated programs and caused individuals in grave conditions to wait for months, or in some instances, years, for services that would have lead them to more independent and healthier lives (Ibid. at 9).

The picture is not uniformly grim. Nevada has led the country in a number of areas such as personal care assistance and Medicaid waivers for mental retardation and related conditions (Ibid. p. 7). In 1972, the Silver State was among the first to implement the personal assistance option in the Medicaid State Plan (Ibid. p. 7). In 1979, the state expanded services to persons with disabilities through a home and community-based waiver (Ibid.). Six years later the state authorized a consumer directed program of personal assistance services for persons above Medicaid waiver income limits and in 1995, the Nurse Practice Act was changed to permit personal assistants to provide to persons with disabilities the same services persons without a disability would perform for themselves (Ibid.).

Authorized by section 1915(C) of the Social Security Act, waiver programs enabled the Federal Government to sidestep certain Medicaid rules so states could service individuals with long-term needs in non-institutional settings (Medicaid Service Manual 3901). In the early 1980s, Nevada obtained one of the first Medicaid waivers for mental retardation and related conditions (Nevada Strategic Plan, p. 7, 2002). At first, the waiver supported care in group homes but in the early 90's, it was amended to provide for individual, supported living arrangements or SLAs (Ibid.). In the mid-90s, the waiver was again expanded to cover family support, respite and additional day services. By 2002, some 1,000 developmentally disable persons were supported in the community rather than in institutions (Ibid.). By 2002, Nevada ranked 7 nationwide in providing community living in settings with three or less people. 71% of Nevadans resided in these settings as opposed to the national average of 39% (Ibid.). By the end of the decade, however, the waiver program had run into difficulties as resources failed to keep up with demand.

Despite these bright spots, by the end of the millennium and into the next, the Silver State's progress slowed down, as evidenced by Nevada's bottom-of-the-barrel national ranking. Among other things, Nevada's shortcoming can be traced 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 resulted in deep budget cuts. The situation was complicated by shortcomings in the accounting methods that neglected atypical disabilities, uneven data collection from county to county and service to service, and difficulties with strategic planning identifying long-term service needs (Ibid. p. 8-9).

Recent Legislative Initiatives

By the end of this decade, the political environment for people with disabilities began to show signs of improvement. The last three legislative sessions saw a flurry of activity in the area of disability, with key disability bills becoming law during for the 76th (2011), 75th (2009) and 74th (2007) sessions. What follows is a brief summary of some of the most significant bills in the areas of autism, education, and state governance.

Autism. Recognizing the critical need to treat children with autism, the Legislature funded a number of autism-related programs while cutting other programs and services due to financial exigency. In 2007, the legislature passed AB 629 which established The Nevada Autism Task Force. Its purpose is two-fold: to study and recommend matters related to the growing rate of autism and improve the delivery and coordination of autism services.

In 2009, AB359 created the Grant Fund for the Training and Education of Personnel Who Work With Pupils With Autism to ensure that employees of the school districts working with these students have appropriate skills and qualifications to provide services to them and their families. The bill also requires that Nevada Early Intervention screen all children for Autism in accordance with the American Academy of Pediatrics, notify the child's parents if the child is found at risk, provide information on treatment and intervention, and refer for further evaluation and services. The Legislature also passed AB162, the Autism Insurance Reform Bill, which required certain health care plans and insurance to provide an option/requirement for the coverage, screening, diagnosis, and treatment of autism as well as the certification of autism behavior interventionists.

In 2011, the legislature passed AB316 and 345 which created the Autism Treatment Assistance Program (ATAP) within the Aging and Disability Services Division of the Department of Health and Human Services to provide and coordinate services to persons with autism. These bills designate a protocol for determining if a person has autism and prescribe statewide standards for measuring outcomes, assessing, and evaluating persons with autism through age 21 in order to receive services through State's public programs. Finally, these bills require the Division to collect data on persons with autism including the services received and progress made. The legislature also passed SB 294 which expanded the requirements for a certificate as an autism behavior interventionist.

Education. In 2009, the legislature passed two significant bills, AB359 (referenced above) and AB56. AB56 revised provisions related to the way in which schools report the use of physical or mechanical restraints and corporeal punishment. The new law requires each school district to submit annual reports to the Department of Education on the use of these restraints during the previous school year; proscribes the actions a school must take after continuous use of restraint on a student; allows county child welfare services to undertake a preliminary investigation of reports of corporeal punish, followed by an investigation of a law enforcement agency should the initial investigation be substantiated; directs schools to include in a student's Individualized Education Plan (IEP) or service plan a medical order authorizing the use of a mechanical restraint.

In 2011, the legislature passed AB318 which placed the burdens of proof and production in a due process hearing (pursuant to the Individuals with Disabilities Education Act (IDEA) on a school district. Prior to this law, the U.S. Supreme Court under *Schaffer v. Weast*, 126 S.Ct. 528 (2005) held that in the absence of a state law, the complainant bears the burden of proof. As a result, parents – the customary complainant – were at a considerable disadvantage at a due process hearing. With the adoption of this law, parents now have a better chance of vindicating their children's rights.

State Governance. In 2007, the Legislature passed SB491 requiring that the Nevada Administrative Code (NAC) and the Nevada Revised Statutes (NRS) refer to persons with physical, mental, or cognitive disabilities in language that is respectful. This includes the use of a syntax referring to the person before the condition. In the disability community, this is called "people-first" language (e.g., "persons with disabilities," "persons with mental illness," "persons with mental retardation" rather than "disabled person," "handicapped person," "mentally disabled person," "mentally ill person," "mentally retarded person").

In 2009, the Legislature passed SB79 which created the Nevada Commission on Services for Persons with Disabilities to determine the needs of persons with disabilities, promote programs and services, and recommend appropriate legislation to advance the interests of such persons. The bill also revised provisions related to a number of other health-related entities.

Disability Trends in the United States

The most recent comprehensive data on disability trends in the United States come from the 2009 American Community Survey (ACS) data, a U.S. Census Bureau survey that has replaced the Decennial Census long form (see the ACS User Guide on for additional information). Using the ACS data, Cornell University researchers compiled The 2009 Annual Disability Status Report (ADSR) that provides state-by-state summary of the national and local trends in the disabilities-related areas.

The ADSR profiles non-institutionalized people with disabilities in the United States by gender, age, disability type, ethnicity, race, and employment status. In 2009, 12.3% of females and 11.6% of males in the U.S. reported a disability. In the same year, the disability prevalence among various age groups in America looked as follows:

- 12.0% for persons of all ages
- 0.7% for persons ages 4 and under
- 5.1% for persons ages 5 to 15
- 5.5% for persons ages 16 to 20
- 10.4% for persons ages 21 to 64

- 26.0% for persons ages 65 to 74
- 50.8% for persons ages 75+

As these statistics make clear, the number of Americans reporting disabilities grows steadily as they mature and reach senior status. This national trend shows this segment of the population requiring and consuming most of the disability resources.

The ACS distinguishes 6 disability types: (1) visual disability, (2) hearing disability, (3) ambulatory disability, (4) cognitive disability, (5) self-care disability, and (6) independent living disability. The most prevalent type of disability as reported by the respondents of the ACS survey is ambulatory disability (6.9%), followed by infirmities requiring assisted living (5.4%), cognitive disability (4.8%), hearing disability (3.4%), self-care disability (2.6%), and visual disability (2.1%).

On race and ethnicity, the 2009 disability prevalence data for working-age people (ages 21 to 64) reveals the following patterns:

- 10.1% among Whites
- 14.1% among Black/African Americans
- 4.5% among Asians
- 18.0% among Native Americans
- 10.1% among persons of some other race(s)
- 8.3% among Hispanic/Latino

Analyzing the 2009 ASC survey data, the ADSR researchers calculated that the employment rate of working-age people (ages 21 to 64) with disabilities in the U.S. was 36.0%. The percentage of unemployed Americans actively looking for work among people with disabilities was 11.6%. The percentage of working-age people with disabilities employed full-time/full-year was 22.5%. The median annual earnings of working-age people with disabilities employed full-time/full-year in the US was $35,000. The median annual income for households with working-age people with disabilities was $37,200. The poverty rate of working-age people with disabilities was 26.4%. The percentage of working-age people with disabilities receiving SSI payments in the US was 18.5%.

In 2009, disability prevalence among working-age Americans with different education attainment was as follows:

- 34.0% among those with only a high school diploma or equivalent
- 29.9% among those with some college or an associate degree
- 12.2% among those with a bachelor's or more advanced degree

In 2009, the percentage of working-age civilian veterans with a Veterans Administration-determined Service-Connected Disability was 17.5% while working-age people with disabilities 82.6% had health insurance (See Appendix 4 for percentages by state of non-institutionalized working-age people with disabilities).

Disability Trends in Nevada

The 2009 Annual Disability Status Report (ADSR) offers important insights into the social and economic status of non-institutionalized people with disabilities in Nevada. In 2009, 10.5% of females and 10.0% of males of all ages in Nevada reported a disability. Patterns of disability prevalence for Nevadans of all ages for that year was the following:

- 10.3% for persons of all ages
- 0.3% for persons ages 4 and under
- 4.8% for persons ages 5 to 15
- 4.2% for persons ages 16 to 20
- 9.0% for persons ages 21 to 64
- 23.0% for persons ages 65 to 74
- 49.4% for persons ages 75+

The prevalence of the disability types among Nevadans of all ages is summed up below:

- 1.9% reported a Visual Disability
- 3.0% reported a Hearing Disability
- 6.2% reported an Ambulatory Disability
- 3.6% reported a Cognitive Disability
- 2.2% reported a Self-Care Disability
- 4.5% reported an Independent Living Disability

The disability data for various race groups in Nevada (ages 21 through 64) show:

- 8.9% persons with disabilities among Whites
- 11.3% among Black/African Americans
- 5.8% among Asians
- 19.3% among Native Americans
- 9.5% among persons of some other race(s)

In 2009, the prevalence of disability among Nevadans of all ages of Hispanic or Latino origin was 6.2%.

In 2009, the employment rate among working-age Nevadans with disabilities was 40.9%. Among unemployed Nevadans actively looking for work, 14.7% were

people with disabilities. The percentage of working-age people with disabilities employed full-time/full-year in Nevada was 27.2%. The median annual earnings of working-age people with disabilities working full-time/full-year in Nevada was $35,900. The median annual income of households with working-age people with disabilities was $45,800. The poverty rate of working-age people with disabilities was 20.7%. The percentage of working-age Nevadans with disabilities receiving SSI payments was 13.5% (See Appendix 3 for Nevada county information on disability, Appendix 5 on spending and services for Nevadans with developmental disabilities, and Appendix 6 on the prevalence of disability among non-institutionalized people of all ages in Nevada in 2009).

Compared to the national trends, the relationship between educational attainment and disability is different in Nevada where the number of people with some college or an associate degree reporting a disability was higher than the number of people with a disability who have only a high school diploma or equivalent:

- only a high school diploma or equivalent – 32.1%
- only some college or an associate degree – 36.1%
- a bachelor's degree or more – 13.%.

In 2009, the percentage of working-age civilian veterans in Nevada with a Veterans Administration-determined Service-Connected Disability was 17.5%. In 2009, 77.7%% of working-age Nevadans with disabilities had health insurance.

The 2009 ASDR disability data shows where Nevada trends differ from and where they are similar to those of the country as a whole.

- The disability prevalence in Nevada was less than that in the U.S. (10.3/12.0%).

- In Nevada as in the U.S., there are more females with disabilities (10.5/10.0%) than males (10.0/11.6%).

- The prevalence of the six disability types in Nevada and the U.S. were virtually identical, ranging from Visual Disability with the lowest prevalence (1.9/2.1%) to Self-Care Disability (2.2/2.6%) to Hearing Disability (3.0/3.4%) to Cognitive Disability (3.6/4.8%) to Independent Living Disability (4.5/5.4%) to Ambulatory Disability (6.2/6.9%) with the highest prevalence.

- The prevalence of disability types for working-age by race in Nevada did not differ much from the nation as whole, ranging from Asians (5.8/4.5%) with the lowest prevalence of disability to Whites (8.9/10.1%) to other

races (9.5/10.1%) to African Americans (11.3/14.1%) to Native Americans (19.3/18.0%) with the highest prevalence.

- The employment rate of working-age people with disabilities was higher in Nevada (40.9%) than in the U.S. (36.0%).

- The number of people with disabilities looking for work was higher in Nevada (14.7%) than in the U.S. (11.6%).

- The percentage of working-age people with disabilities with full-time/full-year employment was higher in Nevada (27.2%) than in the US (22.5%).

- The median annual earnings of working-age people with disabilities in Nevada ($35,900) were comparable with that of the U.S. ($35,000).

- The median annual income of households with working-age people with disabilities was significantly higher in Nevada ($45,800) than in the U.S. ($37,200).

- The poverty rate of working-age people with disabilities was lower in Nevada (20.7) than in the U.S. (26.4).

- The Supplemental Security Income of working-age people with disabilities receiving SSI was lower in Nevada (13.5%) than in the U.S. (18.5%).

- Educational Attainment of working-age people with disabilities varied depending on degree. It was higher in Nevada for an associate degree (36.1%) than in the U.S. (29.9%) and with a bachelor's degree in Nevada (13.4%) than in the U.S. (12.2%) but lower for those with a high school diploma or its equivalent in Nevada (32.1%) than in the U.S. (34.0%).

- The percentage of working-age civilian veterans with a VA determined Service-Connected Disability was identical in Nevada and the U.S. (17.5%).

- Health Insurance Coverage of working people with disabilities was lover in Nevada (77.7%) than in the US (82.6%).

Medicare, Medicaid and Nevadans with 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. States electing to participate in the Medicaid program must provide federally required services and may elect to provide

optional ones. Medicaid is the most significant public program for people with mental retardation and developmental disabilities.

In 1967, Nevada adopted the Medicaid program under Title XIX of the Social Security Act, creating the Division of Health Care Financing and Policy (DHCFP) to administer it. Nevada is one of fifteen or so states that are restrictive in its coverage (MSM 100.1 Authority) and that are known as a "categorically needy state." Thus, to qualify for Medicaid in Nevada, you must be included in an eligible category, such as being blind, disabled, pregnant, a child under the age of 19, member of a family with blood related and/or an adopted dependent, or a person older than 65. Nevadans who fit into one of these categories may be eligible for assistance under Temporary Assistance for Needy Families (TANF), Child Health Assurance Program (CHAP), Medicaid program for the Aged, Blind, and Disabled (MAABD), or Child Welfare Services (MSM 101(a) Overview of Programs).

Nevada is also one of some ten states requiring a special Medicaid application rather than the demonstrated proof of SSI eligibility sufficient in other states. To become eligible for Medicaid, Nevadans have to apply directly to Medicaid or to the Welfare Division for Temporary Assistance for Needy Families (TANF) at the applicant's local Nevada Division of Welfare and Supportive Services (DWSS) office (MSM 101(a) Overview of Programs).

According to the 2009 statistics from the Kaiser Family Foundation, Nevada Medicaid covers 37,300 people with a disability and spends $14,279 on each Medicaid recipient with a disability. 15% of all people covered by Medicaid in Nevada have a disability, comparable to the national percentage. 47% of Medicaid money goes to persons with disabilities, higher than the national percentage (42%) (Nevada Medicaid Facts).

The public should understand these statistics in the context of the Great Recession that ravaged our country these last few years. Nevada Medicaid took a huge hit during the economic downturn that brought in its wake an increase in unemployment and poverty rates and strained state and county health services. Nevada Medicaid has a low participation rate in federal programs covering low income families, with funding at just 71% of the national average. What this means is that Nevada is "leaving money on the table because the federal government pays over half the cost of Medicaid . . . while Nevadans bear the full direct and indirect cost imposed by the medical needs of those without insurance" (Envisioning Nevada's Future, 2010). Nevada Medicaid also has lower Medicaid expenditures per capita than any other state, as well as a low level of participation and benefits (Ibid.).

One consequence of this economic downturn is the denial/reduction of services by Medicaid to persons with disabilities. Nevadans who need assistance challenging a Medicaid decision can file an appeal or contact the following

agencies: Nevada Legal Services. Inc.; Senior Law Project (Clark County residents age 60 and older); Washoe County Senior Law Project (Washoe County residents age 60 and older); the Nevada Disability Advocacy & Law Center.

Mental Health in Nevada

As is the case with many other states, Nevada has experienced a mental health crisis in the last two decades. In the 2009 State Report Cards issued by the National Alliance on Mental Illness (NAIMI), Nevada scored a "D", along with 21 other states. Eight scored an "F," and no state scored an "A" (See Appendix 2 "Grading the States 2009").

Nevada is known for its high rate of depression and suicide. According to the 2007 Mental Health America Report, Nevada ranks 47th in the union by depression rates among residents surveyed between 2002 and 2006 (Annette Wells, 2007). The Silver State is also recognized as the nation's "Suicide Capital," since residents take their lives at a rate twice as high as the rest of the country (Trudeau, 2008). In a recent study released by the state Health Division, Nevada was reported to have the second highest suicide rate in the U.S., with residents more likely to die from a self-inflicted act than at the hands of another (Cy Ryan, 2010).

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 Health Services (SNAMHS). Long waiting lists and limited local facilities made it necessary to place individuals with mental and developmental problems in out-of-state facilities (Report on the Mental Health Crisis in Southern Nevada, Feb. 2005, Nevada Disability Advocacy & Law Center). In response to this emergency, the legislature funded the new Rawson-Neal Psychiatric Hospital in Las Vegas which opened in 2006.

In the mid 1990's, the state legislature had increased mental health funding. But with Nevada being one of the hardest hit states, the legislature cut over $20 million in 2008 and an $11 million in 2009, resulting in closed clinics, reduced services, and staff cuts in state hospitals and outpatient care. The governor's biennial budget for 2010-2011 has proposed additional cuts of 10 percent or more (Grading the States, 2009).

Presently located in the Department of Health and Human Services, the Division of Mental Health and Developmental Services (MHDS) operate a number of 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 ill criminal offenders.

In Las Vegas, Southern Nevada Adult Mental Health Services (SNAMHS) provides in and outpatient services through four community mental health centers.

In Clark and Washoe counties, assistance for children with mental health disorders is administered by the Division of Child and Family Services.

Elsewhere throughout the state, rural clinics operate a network of some 19 county mental health centers, fifteen in the north and four in the south for adults and children.

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 mental 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 where in-house staff provides 24-hour supervision to residents to teach basic life skills;
- Supported living arrangements (SLA) where staff visits clients' homes to train them in daily living skills and provide support;
- Residential treatment programs (RTP) available only in Clark and Washoe counties that provide psychosocial rehabilitation for clients in need of short-term structured setting prior to entering the community.

Strategic Plan for Nevadans with Disabilities

"When compared with other states across the county in terms of both overall spending and per capita fiscal effort for community services, Nevada is either last or almost last in nearly every funding category" (Plan for People with Disabilities 2002, p. 2). These circumstances and the U.S. Supreme Court Olmstead Decision empowered the state and disability advocates to put forward the State of Nevada Strategic Plan for People with Disabilities (NSPPD, 2001) designed to improve services to persons with disabilities. In 2003, the State set up the Strategic Plan Accounting Committee (SPAC) to hold the State accountable for implementing the Strategic Plan. The Plan comprises a 10-year period, 7/2003 – 7/2013, with the July 2009 Annual Report being the most recent document offering recommendations to the governor and legislature (Strategic Plan for People with Disabilities Annual Report Oct. 2002, p. i). Although the SPAC no longer meets, some its duties are now part of the Commission on Services to persons with disabilities.

Each year, The Strategic Plan recommends policies to achieve compliance with Olmstead and reviews its accomplishments to date. According to the 2009 report, the Strategic Plan has produced a measurable advancement in the rights of persons with disabilities (The Nevada Strategic Plan (2009, pp 12-13):

- Increased the number of community-based services so that these and institutional-based services are more or less equal.

- Established the State-supported Nevada 2-1-1 Partnership to provide Nevadans with a single and comprehensive statewide service for information and referrals.

- Created the Office of Disability Services within the Department of Health and Human Services to help persons with disabilities live independently.

- Added a special budget category to the State budget for items related to Olmstead compliance.

- Designed part of tobacco settlement funds for persons with disabilities through respite care, independent living services, positive behavioral supports and the disability Rx program.

- Upheld Nevada's helmet law, despite multiple attempts to repeal it (this law has served to protect hundreds of people from Traumatic Brain Injury).

- Developed a regulatory regime for Personal Assistance allowing care recipients to choose a self-directed model giving them a higher level of control over care and providers.

- Integrated services for seniors and persons with disabilities through the creation of new agencies and supports.

- Provided comprehensive assessments and training for Paratransit services users in Clark and Washoe counties.

- Set up a surveillance registry of Nevadans with Traumatic Brain Injury to track the needs of our citizens and optimize resources.

- Put into place an online registry of American Sign Language Interpreters, and real-time captioning professionals to help create a better informed public.

- Increased the number of children who routinely have an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit by over 20% since beginning the effort in 2006.

Each plan also outlines resolutions, bills, and budget initiatives that address the needs of Nevadans with disabilities. What follows is a 2009 report summary that articulates specific policy recommendations.

1. "When faced with issues or decisions related to disability, the governor and legislature should utilize the insights and expertise available through the State's various boards and councils." (Ibid. p. 2.)

There are a number of agencies, boards and commissions throughout the state with expertise in disability related subjects which are prepared to offer to policymakers and the State's leadership. SPAC is of the opinion that State branches of government can better utilize this expertise in addressing issues of disability.

2. "As soon as practical, the Division for Health Care Financing and Policy should submit their proposal for a 1915(j) Medicaid Waiver to the Centers for Medicare and Medicaid Services." (Ibid. p. 3)

Because of the State's budget crisis, the State has delayed submitting its 1915(j) application enabling service recipients to have greater control over the serviced received in a cost-effective manner. SPAC advocates for the applications' speedy submission given budgetary restraints.

Recommended Bills

(1) "Amend NRS 439A to require reporting by health care facilities to a data repository of Individuals at risk of entering a nursing facility, so that community-based alternatives can be explored before a person enters a facility" (Ibid. p. 4).

This amendment gives consumers the option to choose between community-based living and a nursing home placement, with the emphasis of identifying people in nursing homes who wish to leave them but lack the resources to transition back to the community. SPAC believes that the State has only begun to adequately address the transition needs of non-Medicaid recipients.

Recommended Budget Initiatives

(1) "Move the Client Assistance Program from the Vocational Rehabilitation Division to an unrelated State agency, or privatize it as a nonprofit agency" (Ibid. p. 5).

At present, the Client Assistance Program (CAP), Vocational Rehabilitation, and Independent Living programs are all part of the same agency. So CAP can continue to represent clients, but it also advocates for systems improvement. SPAC is advocating for CAPS's independence of these organizations.

2. "Return long-term residential services for people with Traumatic Brain Injury to Medicaid's physical disability waiver" (Ibid. p. 6).

On account of the 2008 State budget crisis, persons with Traumatic Brain Injury (TBI) were placed out-of-state due to a better payment rate. SPAC encourages rate increases to in-state providers so more Nevadans with TBI can continue to live in Nevada.

3. "Reinstate the elimination of the unearned income limit for the Medicaid buy-in program (HIWA)" (Ibid. p. 7).

HIWA is a buy-in Medicaid program for persons with disabilities who wish to return to the workforce. In 2008, it was cut by the state. SPAC advocates for the re-elimination of the unearned income limit so persons with a job above the poverty line will not lose their health insurance coverage.

4. "Maintain service levels in Nevada Medicaid" (Ibid. p. 7).

Nevada Medicaid ranks 51st in the nation per capita spending, only a little higher in enrollment, and last in federal money returned to the state on a per-capita bases. SPAC is working hard to maintain service levels.

5. "Adequately fund Nevada Early Intervention Services to meet the needs of those applying for services" (Ibid. p. 8).

Nevada Early Intervention Services (NEIS) provides services to children with disabilities age 0-3 under the Individuals with Disabilities Act (IDEA). Because of enormous need (in 2008, NEIS was 325 people above capacity with 566 children waiting for services), NIES has become non-compliant in developing

Individualized Family Service Plans (IFSPs) and initiating services, despite ballooning caseloads. SPAC advocates for greater NEIS funding.

6. "Ensure that Vocational Rehabilitation is able to take advantage of the full federal appropriation available to Nevada" (Ibid. p. 10).

In response to difficulties in retaining and recruiting rehabilitation counselors, the Rehabilitation Division has implemented new recruitment strategies to better utilize its federal Section 110 funding. Historically, Nevada was unable to match federal funds and thus, money which could have gone to the state was left untouched. SPAC advocated in the last legislative session to prioritize matched funding.

7. "Continue funding for the Autism programs within Mental Health and Developmental Services and the Office of Disability Services" (Ibid. p. 10).

The MHDS and ODS coordinate efforts to serve persons on the Autism spectrum, from ages 18 months to 19 years. In recognition that intervention is cost-effective while lifelong care is exceedingly expensive in a low-functioning adult, SPAC calls for the State to increase its commitment to these programs.

8. "Prioritize funding for children's mobile crisis services" (Ibid. p. 11).

In 2007, there was a 53% increase over 5005 admissions to the Clark County Emergency rooms by youth with behavioral health problems. Of these youth, over 25% were uninsured and 33% were on Medicaid. SPAC proposes to create a statewide system of mobile unites dedicated to outreach, assessment and referral of homeless and in-crisis persons with disabilities (Nevada Strategic Plan 2009, pp 2-12).

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 prospective users of disability services should know is that organizations are typically specialized.

Nevada PEP (Parents Encouraging Parents), for example, will provide information and training on behalf of a student at Individualized Education Program meetings but does not proffer legal advice. The Nevada Disability Advocacy & Law Center (NDALC) advocates for the rights of persons with disabilities but does not provide services in the areas of domestic or criminal law. The Center for Independent Living provides various supports to ensure individual autonomy but does not deal with education issues. The point is that

organizations provide assistance only in the areas in which they have expertise, a mandate, and funding.

Most organizations need documentation to assist their clients. Thus, parents looking for assistance in special education may have to provide organizations with their child's Individualized Education Plan (IEP). Medicaid assistance requires a Notice of Decision, service plans, doctor's records, and so on.

"Harm" does not always translate into "damages," and "suing for damages" is not always a remedy an organization can provide. In some instances, the remedy is "injunctive relief" which can be obtained through an administrative hearing or in a court of law, or a free appropriate public education (FAPE) for a student who requires an IEP.

Organizations which assist persons with disabilities are typically understaffed, so time and resources are limited. Staff can best help clients who clearly delineate the problem and are prepared to work with them (e.g., supplying necessary documents) to resolve the problem. At the end of this chapter readers will find a list of community resources and organizations where persons with disabilities can find help (See Appendix 1 for a list of disability community resources in Nevada).

Conclusion

Social attitudes and public policy have created a society in which persons with disabilities have moved from the margins to the mainstream (Longmore and Umansky, p.1). 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 these changes have failed to change one area where persons with disabilities are the most vulnerable – the marketplace. According to a Harris Interactive Survey commissioned by the Kessler Foundation and National Organization on Disability, the gap between those with and without disabilities was the largest in the area of employment, as distinct from such indicators as income, education, health care, access to transportation, socializing, going to restaurants, attendance at religious services, political participation, and overall life satisfaction. Of all working-age people with disabilities, only 21% say that they are employed, compared to 59% of people without disabilities – a gap of 38% points (Kessler Foundation/National Organization on Disability 2010 Survey of Employment of Americans with Disabilities).

As research suggests, in the current economic downturn, persons with disabilities have suffered more job losses, are the first to be fired, and are more likely to have

short-term jobs or work as contractors compared to persons without disabilities (Kaye, H. Stephen, The impact of the 2007–09 recession on workers with disabilities). Yet in 2008, the ADA Amendments Act (ADAAA) became law, and in 2011 the Equal Employment Opportunity Commission issued regulations implementing the ADAAA. Still, disability services and opportunities remain in flux, and there is room for improvement when it comes to aligning our nation's ideals with the rights of persons with disabilities.

Acknowledgment

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Data Sources and Suggested Readings

ACS User Guide on www.disabilitystatistics.org.

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Legislation

AB56 http://www.leg.state.nv.us/74th/Bills/AB/AB56_EN.pdf

AB162 http://www.leg.state.nv.us/75th2009/Bills/AB/AB162_EN.pdf

AB316 http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB316_EN.pdf

AB318 http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB318_EN.pdf

AB345 http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB345_EN.pdf

AB359 http://www.leg.state.nv.us/Session/75th2009/Bills/AB/AB359_EN.pdf

AB 629 http://www.leg.state.nv.us/74th/Bills/AB/AB629.pdf; http://dhhs.nv.gov/autism/2008NVAutismTFExecSummary.pdf

SB79 http://www.leg.state.nv.us/Session/75th2009/Bills/SB/SB79_EN.pdf

SB 294 http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB294_EN.pdf

SB491 http://www.leg.state.nv.us/Session/74th2007/Bills/SB/SB491_EN.pdf

APPENDICES

Appendix 1

Community Resources

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

For additional information please refer to the 2010/2012 Las Vegas Disability Pocket Guide: A Directory of Resources for Disabled Residents & Visitors, SNCIL Southern Nevada Center for Independent Living. Also, to Nevada 2-1-1, a statewide source for information and referrals for critical health and human services by dialing 211. Referrals are also available 24 hours a day at nevada211.org. Nevada 211 is funded by a grant from the State of Nevada and managed by a 14-member coalition.

Southern Nevada

The Blind Center 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, Email: info@blindcenter.org.

Blindconnect 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, Email: connect@blindconnect.org.

Children and Adult with Attention Deficit/Hyperactivity Disorder (CHADD) 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.

Legal Aid Center of Southern Nevada LACSN (formerly 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. 8th St., Las, Vegas 89101-7051 Tel. 702-386-1070. Toll Free 800-522-1070, TDD 702- 386-1059, www.lacsn.org.

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. 702-363-3323 (Voice/TTY:). Website: www.deafnevada.org. Email: deafadvocate4nv2@sbcglobal.net.

Desert Regional Center (DRC) assists in service coordination, family support, employment and vocational services, and living arrangements for individuals

with developmental disabilities. 1391 S. Jones Blvd., Las Vegas, NV 89146. Tel. 702-486-6200. Website: www.mhds.state.nv.us/drc, Email: sdodd@govmail.state.nv.us.

F.E.A.T. of Southern Nevada is a program for autistic children. 717 S. Third Street, Las Vegas, NV 89101, Tel. 702-368-3328. Website: www.featsonv.org. Email: help@featsonv.org.

Easter Seals helps persons with disabilities and special needs, and their families improve physical mobility, return to work or simply gain greater independence for everyday living. Services include: Adult Day Service, Assistive Technology, Autism Services Program, Child Development Center, Early Intervention Family Respite, Information and Referral, Supported Living, Senior Services.

6200 West Oakey Blvd.
Las Vegas, NV 89146
Main: (702)870-7050
Fax: (702)870-7616

4336 Losee Road, Bldg. B, Ste. 1&2
North Las Vegas, NV 89030
Main: (702)870-7050
Fax: (702)870-7616

412 E. Musser Street, Suite 2
Carson City, NV 89701
Main: (775) 434-0488
Fax: (775) 434-0489

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. Email: sevice@mojave.org.

Nevada Client Assistance Program (CAP) provides mediation, 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. 555 W. Washington, #1013, Las Vegas, NV 89101, 702-486-6688, Toll Free 1-800-633-9879. Website: www.nvdetr.org. Email: detrcap@nvdetr.org.

Nevada Disability Advocacy & Law Center provides advocacy services to protect the human and legal rights, interests, and welfare of Nevadans with disabilities.

Southern Office: 6039 Eldora Avenue, Suite C, Box 3, Las Vegas, NV 89146, Phone: 702-257-8150, Toll-Free: 1-888-349-3843, Nevada Relay: 711, Fax: 702-257-8170, lasvegas@ndalc.org.

Northern Office: 1865 Plumas Street, #2, Reno, NV 89509, Phone: 775-333-7878, Toll-Free: 1-800-992-5715, Nevada Relay: 711, Fax: 775-786-2520 reno@ndalc.org.

Elko Office: 1250 Lamoille Highway, Suite 944, Elko, NV 89801, Phone: 775-777-1590, Toll-Free: 1-800-992-5715, Nevada Relay: 711, Fax: 775-753-1690, elko@ndalc.org.

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. Email: 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. 2101 S. Jones, Las Vegas, NV 89145. Tel. 702-388-8889, 775-448-9950 (Northern area), 1-800-216-5188 (Toll Free in-state). Website: www.nvpep.org. Email: pepinfo@nvpep.org.
Nevadans for Equal Access surveys public and private buildings for compliance with ADA. 3831 Dexter Way, Las Vegas, NV 89115-3117. Tel. 702-399-9842. Website: www.nvequalaccess.org. Email: pmartin@nvequalaccess.org.

Opportunity Village 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 89146. Tel. 702-259-3700. Website: www.opportunityvillage.org.

Rebuilding All Goals Efficiently, Inc. (RAGE) provides assistance in identifying community resources and funding for seniors and individuals with disabilities based on their eligibility for the programs. Through our resources we are able to: Provide information, access, and referral to community partners and government agencies; Match eligible consumers with grant funded resources and programs ; Assist with applying to state and public programs including Medicaid, Prescription Assistance, Social Security Disability, and many others; Provide Medicare options counseling. 2901 El Camino Avenue, Suite 102, Las Vegas, NV 89102, (702) 333-1038, FAX (702) 259-6421, T0ll Free (877) 785-RAGE.

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. Email: mhds@govmail.state.nv.us.

Southern Nevada Center for Independent Living (SNCIL) 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-8, Las Vegas, NV 89146. Tel. 702-889-4216, 1-800-870-7003 (Toll Free in-state). Website: www.sncil.org. Email: SNCILWIPA@aol.com.

Silver State Fair Housing Council offers education and outreach in the area of fair housing rights, processes, discrimination complaints, investigations, and referrals. 2660 South Jones Boulevard, Las Vegas, NV 89146
702-749-3288. Website: www.silverstatefairhousing.org. Email: fairhousing@gbis.com.

Northern and Rural Nevada

C*A*R*E* Chest of Sierra Nevada provides free medical equipment and supplies to Northern Nevadans in need. 7910 N. Virginia St., Reno, NV 89506, Ph: 775-829-CARE (2273), Toll Free: 866-206-5242.

Camp Care: 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 Legal Services (NLS) is a non-profit organization providing free legal services to low income Nevadans. NLS is a state wide organization assisting every county in Nevada with three main offices in Las Vegas, Reno, and Carson City and an outreach office in Elko.

Las Vegas Office:

530 S. Sixth Street
Las Vegas, NV 89101

(702) 386-0404
(866) 432-0404 (toll free)
(702) 388-1641 (fax)

Reno Office:

650 Tahoe Street
Reno, NV 89509

(775) 284-3491

(800) 323-8666 (toll free)
(775) 284-3497 (fax)

Carson City Office:

2621 Northgate Lane, Ste. 10, Carson City, NV 98706. To schedule an appointment contact the Reno Office at (775) 284-3491 or toll free (800) 323-8666.

Elko Office:

380 Court St., Suite D
Elko, NV 89801

(775) 753-5880
(775) 753-5890 (fax)

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 89701-4285. Tel. 775-684-3354. Website: www.dmla.clan.lib.nv.us/docs/nsla/books. Email: 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 89431-5573. Tel. 775-688-2001. Fax : 775-688-2192. Website: www.mhds.state.nv.us/nn. Email: 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. 1250 Lamoille Hywy., #44,

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. Email: nncilf@cccomm.net (Elko); nncil@sbcglobal.net (Sparks); 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. 1895 E. Long St., Carson, City, NV 89702. Tel. 775-841-2580.

Rural Regional Center (RRC) 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. Intake services are located in the main Carson City office. Satellite offices are located in Elko, Winnemucca, Fallon, and Silver Springs. RRC supports people and families to take a leadership role in their personal and community lives by partnering with a variety of providers and services.

Rural Regional Center

1665 Old Hot Springs Road, Suite 157
Carson City, NV 89706
Telephone: (775) 687-5162
Fax: (775) 687-1001
Hours: 8:00 AM to 5:00 PM Monday-Friday, except State Holidays

Elko Office
1825 Pinion Road, Suite A
Elko, NV 89801
Telephone: (775) 753-4236
Fax: (775) 777-7884

Fallon Office
151 North Maine Street
Fallon, NV 89406
Telephone: (775) 423-0347

Silver Springs Office
3595 Highway 50 West, Suite 3
Silver Springs, NV 89429
Telephone: (775) 577-4077

Winnemucca Office

475 West Haskell
Winnemucca, NV 89445
Telephone: (775) 623-6593

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. 21st St., Sparks, NV 89431-5599. Tel. 775-688-1930. Website: www.mhds.state.nv.us/src. Email: 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. 110 W Arroyo Street, Suite A, Reno, NV 89509. Tel. 775-324-0990. Website: www.silverstatefairhousing.org. Email: fairhousing@gbis.com.

Volunteer Attorneys for Rural Nevada (VARN) provides assistance related to the following legal issues: adoption, child custody and parental rights termination, divorce, domestic violence, foreclosures and other real estate matters, guardianship, homesteads, labor law or worker's compensation, name changes, non-profit corporation issues, probate, taxes, and wills. Also provides self-help divorce clinics for simple, uncomplicated cases.

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 developmental delayed. 790 Sutro St., Reno, NV 89512. Tel. 775-333-9272. Website: www.warcreno.org. Email: lhansen@washoearcreno.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. Email: 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. Email: afbinfo@afb.net.

Appendix 2

Grading the States 2009 Report Card: Nevada

In 2006, Nevada's mental health care system received a D grade. Three years later, the grade remains the same. The state's citizens deserve far better. Nevada has struggled to keep pace with population growth and demand for mental health services. Full narrative (PDF).

Grades by Category **Detailed Score Card (PDF)**

I. **Health Promotion and Measurement: F** 25% of Total Grade
Basic measures, such as the number of programs delivering evidence-based practices, emergency room wait-times, and the quantity of psychiatric beds by setting.

II. **Financing & Core Treatment/Recovery Services: D** 45% of Total Grade
A variety of financing measures, such as whether Medicaid reimburses providers for all, or part of evidence-based practices; and more.

III. **Consumer & Family Empowerment: D** 15% of Total Grade
Includes measures such as consumer and family access to essential information from the state, promotion of consumer-run programs, and family and peer education and support.

IV. **Community Integration and Social Inclusion: F** 15% of Total Grade
Includes activities that require collaboration among state mental health agencies and other state agencies and systems.

Innovations

- Transparency
- Urgent walk-in clinics and medication clinics
- Mental health courts

Urgent Needs

- Restore inpatient staffing
- Increased capacity for case management, medications, and therapy
- Supportive housing options

Additional Information and Resources

Full Narrative (PDF) | **Detailed Score Card (PDF)** | **Full Report** | **Order Hard Copy**

NAMI Nevada: Connect with the NAMI nearest you.

Grading the States Online Discussion: Share your comments, reactions, personal stories, and ideas around NAMI's report on the state of America's health care system for serious mental illness.

Grading the States 2006 Report Card: Nevada

GRADING THE STATES 2009. A Report on America's Health Care System for Adults with Serious Mental Illness, National Alliance on Mental Illness
http://www.nami.org/gtstemplate09.cfm?Template=/contentmanagement/contentdisplay.cfm&ContentID=75307

Grading the States 2009: State by State

The following chart may be sorted by each state's overall grade as well as its grade in each of NAMI's 2009 scoring categories (*I. Health Promotion and Measurement, II. Financing & Core Treatment/Recovery Services, III. Consumer & Family Empowerment, and IV. Community Integration and Social Inclusion*).

The data also may be sorted by the number of individuals with serious mental illness (prevalence) in each state and the 2006 state grade.

Grade Distribution: A (0) B (6) C (18) D (21) F (6)

Click on a State Name to View Report Card				Click on a Header to Rank			
State	2009 Grade	2006 Grade	Category I	Category II	Category III	Category IV	Prevalence*
United States	D	D	D	C	D	D	10,585,435
Alabama	D	D	F	C	D	F	186,541
Alaska	D	D	D	C	F	F	23,650
Arizona	C	D	D	B	B	C	220,909
Arkansas	F	D	F	D	F	F	116,435
California	C	C	B	C	D	B	1,175,006
Colorado	C	N/A	F	B	C	D	157,828
Connecticut	B	B	B	B	A	C	108,730
Delaware	D	C	D	D	F	D	28,652
District of Columbia	C	C	D	B	D	C	22,811
Florida	D	C	F	D	D	C	660,443
Georgia	D	D	D	C	C	C	348,789
Hawaii	C	C	D	B	D	D	32,435
Idaho	D	F	F	D	D	D	54,375
Illinois	D	F	D	C	C	D	420,841
Indiana	D	D	D	D	D	D	226,713
Iowa	D	F	D	D	F	D	104,922
Kansas	D	F	D	C	D	D	95,110
Kentucky	F	F	F	D	D	F	181,441
Louisiana	D	D	D	D	D	D	182,593
Maine	B	B	B	B	B	B	51,248
Maryland	B	C	B	B	B	C	175,173
Massachusetts	B	C	B	B	C	C	210,815
Michigan	D	C	F	B	D	D	348,154
Minnesota	C	C	D	C	C	D	167,810
Missippi	F	D	F	F	C	F	125,269
Missouri	C	C	C	C	D	D	222,596
Montana	D	F	F	C	D	F	38,961
Nebraska	D	D	F	D	F	F	60,744
Nevada	D	D	F	D	D	F	88,540
New Hampshire	C	D	C	C	D	D	42,818
New Jersey	C	C	C	C	B	D	258,617

New Mexico	C	C	C	C	F	D	71,674
New York	B	N/A	C	B	B	C	672,924
North Carolina	D	D	D	C	F	C	334,855
North Dakota	D	F	F	D	D	F	24,131
Ohio	C	B	C	C	C	B	418,207
Oklahoma	B	D	B	C	C	C	147,343
Oregon	C	C	C	B	F	B	137,345
Pennsylvania	C	D	D	C	C	D	448,455
Rhode Island	C	C	D	C	D	D	37,739
South Carolina	D	B	F	C	C	F	170,022
South Dakota	F	F	F	F	F	F	30,351
Tennessee	D	C	D	C	C	D	246,003
Texas	D	C	F	D	F	D	832,795
Utah	D	D	F	C	C	D	82,362
Vermont	C	C	C	C	C	D	22,712
Virginia	C	D	C	C	C	D	261,959
Washington	C	D	D	B	F	D	218,585
West Virginia	F	D	D	F	F	F	81,214
Wisconsin	C	B	D	B	C	D	188,057
Wyoming	F	D	F	D	F	F	19,733
BACK TO TOP							

* Source: Charles E. Holzer, III, Ph.D. of the University of Texas Medical Branch in Galveston, Texas and Hoang T. Nguyen, Ph.D. of LifeStat LLC (see psy.utmb.edu for additional information). Note: National total is 10,585,435.

Appendix 3

NEVADA COUNTY INFORMATION ON DISABILITY

Table 2
COUNTY POPULATION INFORMATION

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

Appendix 4

Prevalence: Ages 21 – 64
This is from the Cornell 2009 Disability Report

This summary lists percentages by state of non-institutionalized working-age (ages 21
to 64) people with disabilities using data from the 2009 American Community Survey
(ACS). The US disability prevalence rate for this population was 10.4%

Location	2009 (%)
Alabama	**15.5**
Alaska	**12.0**
Arizona	**10.3**
Arkansas	**17.0**
California	**8.4**
Colorado	**8.2**
Connecticut	**8.6**
Delaware	**11.2**
District of Columbia	**10.0**
Florida	**9.9**
Georgia	**10.5**
Hawaii	**7.7**
Idaho	**11.2**
Illinois	**8.2**
Indiana	**11.3**
Iowa	**9.4**
Kansas	**10.6**
Kentucky	**16.4**
Louisiana	**13.0**
Maine	**14.4**
Maryland	**8.4**
Massachusetts	**9.2**
Michigan	**11.9**
Minnesota	**8.4**
Mississippi	**15.1**
Missouri	**12.6**

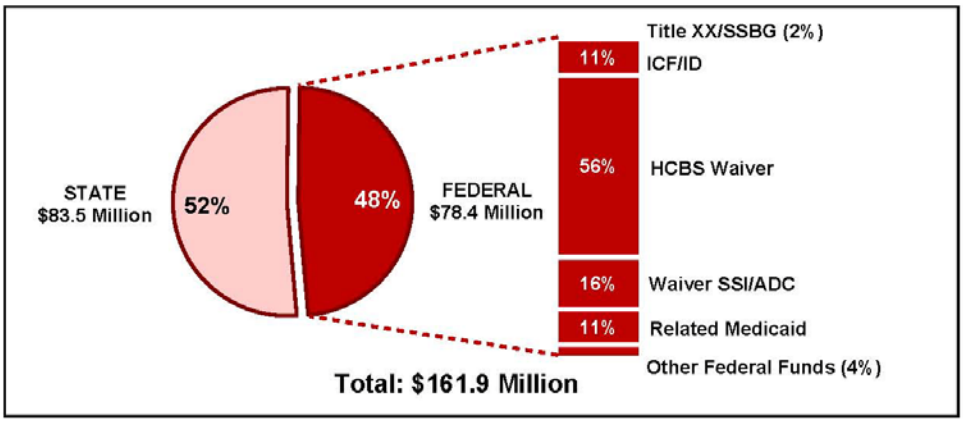
Location	2009 (%)
Montana	**11.8**
Nebraska	**9.2**
Nevada	**9.0**
New Hampshire	**9.2**
New Jersey	**7.8**
New Mexico	**12.3**
New York	**9.1**
North Carolina	**11.7**
North Dakota	**9.2**
Ohio	**12.0**
Oklahoma	**15.2**
Oregon	**11.2**
Pennsylvania	**11.0**
Puerto Rico	**19.1**
Rhode Island	**10.2**
South Carolina	**12.2**
South Dakota	**9.7**
Tennessee	**13.9**
Texas	**10.3**
Utah	**8.3**
Vermont	**11.4**
Virginia	**9.3**
Washington	**10.7**
West Virginia	**18.4**
Wisconsin	**8.9**
Wyoming	**11.1**

Appendix 5

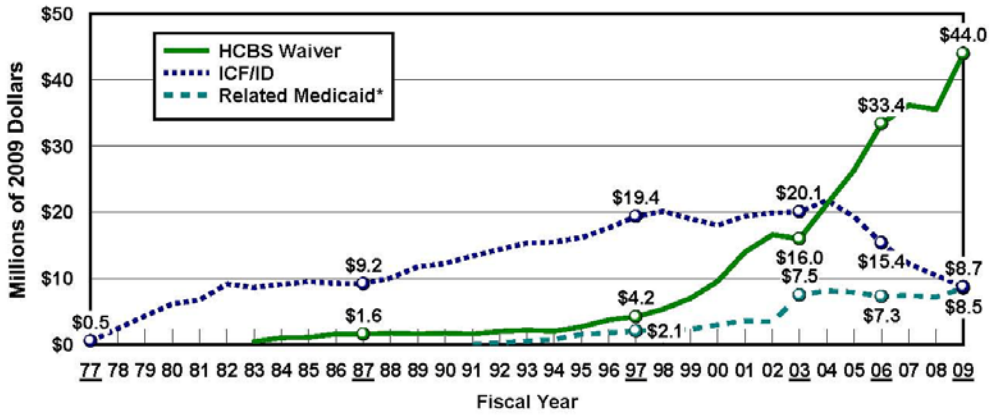
The State of the States in Developmental Disabilities 2011

NEVADA

PUBLIC I/DD SPENDING BY REVENUE SOURCE: FY 2009

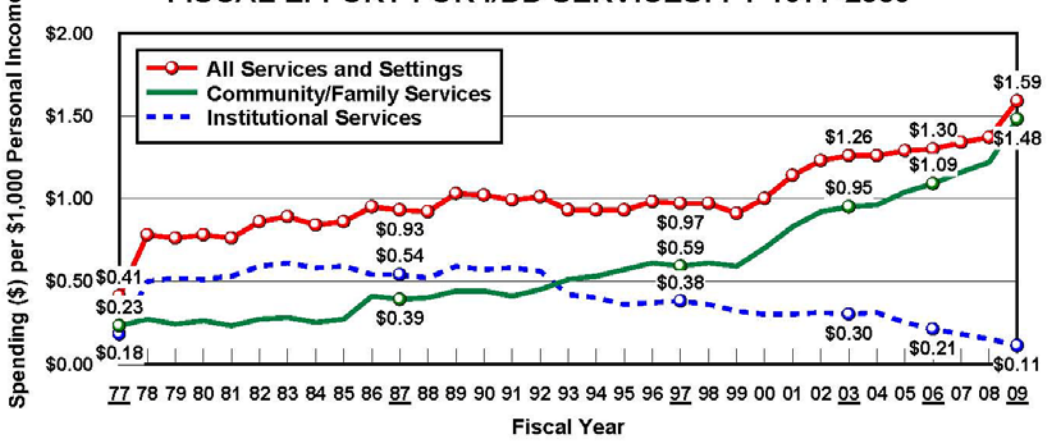


FEDERAL I/DD MEDICAID SPENDING BY REVENUE SOURCE



*In 2009, "Related Medicaid" was targeted case management ($7.0 million) and personal care services ($1.5 million).

FISCAL EFFORT FOR I/DD SERVICES: FY 1977-2009



Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2011.

https://www.cu.edu/ColemanInstitute/stateofthestates/

Appendix 6

Charts from 2009 Report on Disability Status in NV

Prevalence of disability among non-institutionalized people of all ages in Nevada in 2009.

Quick Statistics

- In 2009, the overall percentage (prevalence rate) f people with a disability of all ages in NV was 10.3 percent.
- In other words, in 2009, 269,000 of the 2,620,900 individuals of all ages in NV reported one or more disabilities.
- In NV in 2009, among the six types of disabilities identified in the ACS, the highest prevalence rate was for "Ambulatory Disability," 6.2 percent. The lowest prevalence rate was for "Visual Disability," 1.9 percent.

Disability Type	Percent	MOE	Number	MOE	Base Population	Sample Size
Any Disability	10.3	0.43	269,000	11,260	2,620,900	25,880
Visual	1.9	3.29	48,800	5,010	2,620,900	25,880
Hearing	3.0	0.24	78,400	6,320	2,620,900	25,880
Ambulatory	6.2	0.35	149,200	8,600	2,419,000	24,251
Cognitive	3.6	0.27	85,900	6,610	2,419,000	24,251
Self-Care	2.2	0.22	53,000	5,220	2,419,000	24,251
Independent Living	4.5	0.33	91,500	6,810	2,046,900	20,979

* Note: Children under the age of five were only asked about Vision and Hearing disabilities. The Independent Living disability question was only asked of persons aged 16 years old and older.

Prevalence of disability among non-institutionalized people ages 4 and under in Nevada in 2009.

Quick Statistics

- In 2009, the overall percentage (prevalence rate) of children with a visual and/or hearing disability ages 0 to 4 in NV was 0.3 percent.

- In other words, in 2009, 600 of the 201,900 children ages 0 to 4 in NV reported one or more disabilities.
- In NV in 2009, 0.3 reported a visual disability
- In NV in 2009, 0.1 reported a hearing disability

Disability Type	Percent	MOE	Number	MOE	Base Population	Sample Size
Any Disability	0.3	3.29	600	550	201,900	1,629
Visual	0.3	3.29	600	550	201,900	1,629
Hearing	0.1	3.29	300	400	201,900	1,629

Prevalence of disability* among non-institutionalized people ages 5 to 15 in Nevada in 2009.

Quick Statistics

- In 2009, the overall percentage (prevalence rate) of children with a disability ages 5 to 15 in NV was 4.8 percent.
- In other words, in 2009, 19,500 of the 404,900 individuals ages 5 to 15 in NV reported one or more disabilities.
- In NV in 2009, among the five types of disabilities* identified in the ACS, the highest prevalence rate was for "Cognitive Disability," 3.4 percent. The lowest prevalence rate was for "Ambulatory Disability," 0.6 percent.

Disability Type	Percent	MOE	Number	MOE	Base Population	Sample Size
Any Disability	4.8	0.77	19,500	3,190	404,900	3,619
Visual	0.8	3.29	3,100	1,270	404,900	3,619
Hearing	0.7	3.29	2,800	1,210	404,900	3,619
Ambulatory	0.6	3.29	2,500	1,140	404,900	3,619
Cognitive	3.4	0.66	14,000	2,700	404,900	3,619
Self-Care	0.8	3.29	3,300	1,320	404,900	3,619

* Note: The "Independent Living Disability" question was not asked of children ages 15 years and younger.

Prevalence of disability among non-institutionalized people ages 16 to 20 in Nevada in 2009.

Quick Statistics

- In 2009, the overall percentage (prevalence rate) of people with a disability ages 16 to 20 in NV was 4.2 percent.
- In other words, in 2009, 7,100 of the 170,700 individuals ages 16 to 20 in NV reported one or more disabilities.
- In NV in 2009, among the six types of disabilities identified in the ACS, the highest prevalence rate was for "Cognitive Disability," 2.6 percent. The lowest prevalence rate was for "Self-Care Disability," 0.4 percent.

Disability Type	Percent	MOE	Number	MOE	Base Population	Sample Size
Any Disability	4.2	1.11	7,100	1,930	170,700	1,644
Visual	0.7	3.29	1,100	760	170,700	1,644
Hearing	0.7	3.29	1,300	820	170,700	1,644
Ambulatory	0.9	3.29	1,600	910	170,700	1,644
Cognitive	2.6	0.89	4,500	1,530	170,700	1,644
Self-Care	0.4	3.29	800	630	170,700	1,644
Independent Living	1.5	3.29	2,600	1,160	170,700	1,644

Prevalence of disability among non-institutionalized people ages 21 to 64 in Nevada in 2009.

Quick Statistics

- In 2009, the overall percentage (prevalence rate) of working age people (ages 21 to 64) with a disability in NV was 9.0 percent.
- In other words, in 2009, 138,900 of the 1,541,500 individuals ages 21 to 64 in NV reported one or more disabilities.
- In NV in 2009, among the six types of disabilities identified in the ACS, the highest prevalence rate was for "Ambulatory Disability," 4.9 percent. The lowest prevalence rate was "Visual Disability," 1.6 percent.

Disability Type	Percent	MOE	Number	MOE	Base Population	Sample Size
Any Disability	9.0	0.53	138,900	8,310	1,541,500	15,186
Visual	1.6	3.29	24,300	3,560	1,541,500	15,186
Hearing	2.1	0.26	31,900	4,070	1,541,500	15,186
Ambulatory	4.9	0.40	75,500	6,210	1,541,500	15,186
Cognitive	2.8	0.31	43,600	4,750	1,541,500	15,186
Self-Care	1.6	3.29	25,300	3,630	1,541,500	15,186
Independent Living	2.9	0.31	44,000	4,770	1,541,500	15,186

Prevalence of disability among non-institutionalized people ages 65 to 74 in Nevada in 2009.

Quick Statistics

- In 2009, the overall percentage (prevalence rate) of people with a disability ages 65 to 74 in NV was 23.0 percent.
- In other words, in 2009, 40,500 of the 175,800 individuals ages 65 to 74 in NV reported one or more disabilities.
- In NV in 2009, among the six types of disabilities identified in the ACS, the highest prevalence rate was for "Ambulatory Disability," 14.5 percent. The lowest prevalence rate was for "Visual Disability," 3.1 percent.

Disability Type	Percent	MOE	Number	MOE	Base Population	Sample Size
Any Disability	23.0	2.30	40,500	4,580	175,800	2,330
Visual	3.1	0.95	5,400	1,690	175,800	2,330
Hearing	8.4	1.51	14,700	2,770	175,800	2,330
Ambulatory	14.5	1.93	25,600	3,650	175,800	2,330
Cognitive	3.5	1.00	6,100	1,790	175,800	2,330
Self-Care	3.8	1.04	6,600	1,860	175,800	2,330
Independent Living	6.9	1.38	12,100	2,510	175,800	2,330

Prevalence of disability among non-institutionalized people ages 75 and older in Nevada in 2009.

Quick Statistics

- In 2009, the overall percentage (prevalence rate) of people with a disability ages 75 and older in NV was 49.4 percent.
- In other words, in 2009, 62,400 of the 126,200 individuals ages 75 and older in NV reported one or more disabilities.
- In NV in 2009, among the six types of disabilities identified in the ACS, the highest prevalence rate was for "Ambulatory Disability," 34.9 percent. The lowest prevalence rate was for "Visual Disability," 11.3 percent.

Disability Type	Percent	MOE	Number	MOE	Base Population	Sample Size
Any Disability	49.4	3.23	62,400	5,650	126,200	1,472
Visual	11.3	2.04	14,200	2,720	126,200	1,472
Hearing	21.8	2.66	27,500	3,780	126,200	1,472
Ambulatory	34.9	3.08	44,100	4,770	126,200	1,472
Cognitive	14.1	2.24	17,700	3,040	126,200	1,472
Self-Care	13.5	2.20	17,000	2,980	126,200	1,472
Independent Living	25.4	2.81	32,000	4,070	126,200	1,472

Prevalence of disability among non-institutionalized people by gender and age group in Nevada in 2009.

Quick Statistics

- In NV in 2009, the overall percentage (prevalence rate) of males with a disability of all ages was 10.0 percent.
- In other words, in 2009, 133,500 of the 1,329,400 males of all ages in NV reported one or more disabilities.
- In NV in 2009, the overall percentage (prevalence rate) of females with a disability of all ages was 10.5 percent.
- In other words, in 2009, 135,400 of the 1,291,500 females of all ages in NV reported one or more disabilities.

Gender & Age	Percent	MOE	Number	MOE	Base Population	Sample Size
Males						
Males: All Ages	10.0	0.68	133,500	9,320	1,329,400	12,780
Males: Ages 4 and under	0.4	3.29	400	400	103,900	803
Males: Ages 5-15	5.9	1.35	12,200	2,880	207,300	1,853
Males: Ages 16-20	4.1	1.74	3,600	1,580	89,100	852
Males: Ages 21-64	8.9	0.84	70,000	6,830	787,900	7,454
Males: Ages 65-74	23.7	3.81	20,300	3,720	85,500	1,165
Males: Ages 75+	48.6	5.54	27,100	4,290	55,800	653
Females						
Females: All Ages	10.5	0.71	135,400	9,390	1,291,500	13,100
Females: Ages 4 and under	0.2	3.29	200	400	98,000	826

Females: Ages 5-15	3.7	1.11	7,300	2,240	197,600	1,766
Females: Ages 16-20	4.2	1.85	3,500	1,540	81,600	792
Females: Ages 21-64	9.2	0.87	69,000	6,790	753,600	7,732
Females: Ages 65-74	22.4	3.63	20,200	3,710	90,300	1,165
Females: Ages 75+	50.1	4.94	35,300	4,890	70,400	819

* Note: Children ages 0-4 were only asked about visual and hearing disabilities, children ages 5-15 were not asked the "Independent Living Disability" question.

Prevalence of disability among non-institutionalized people by Hispanic / Latino origin and age group in Nevada in 2009.

Quick Statistics

- In NV in 2009, the overall percentage (prevalence rate) of disability among people of Hispanic/Latino origin of all ages was 6.2 percent.
- In other words, in 2009, 43,300 of the 695,300 people of Hispanic/Latino origin of all ages in NV reported one or more disabilities.
- In NV in 2009, the overall percentage (prevalence rate) of disability among people of non-Hispanic/Latino origin of all ages was 11.7 percent.
- In other words, in 2009, 225,700 of the 1,925,600 people of non-Hispanic/Latino origin of all ages in NV reported one or more disabilities.

* Note: Children ages 0-4 were only asked about visual and hearing disabilities, children age 5-15 were not asked the "Independent Living Disability" question.

Hispanic/Latino Origin & Age	Percent	MOE	Number	MOE	Base Population	Sample Size
Hispanic						
Hispanic - All Ages	6.2	0.66	43,300	4,730	695,300	5,799
Hispanic - Ages 4 and under	0.3	3.29	300	400	83,400	589
Hispanic - Ages 5-15	4.0	1.14	6,200	1,810	155,700	1,290
Hispanic - Ages 16-20	4.4	1.91	2,700	1,180	60,500	552
Hispanic - Ages 21-64	6.2	0.91	22,800	3,440	366,800	3,121
Hispanic - Ages 65-74	26.4	7.84	4,400	1,510	16,600	158
Hispanic - Ages 75+	56.1	10.24	6,900	1,900	12,300	89
Non-Hispanic						
Non-Hispanic - All	11.7	0.53	225,700	10,410	1,925,600	20,081

Ages						
Non-Hispanic - Ages 4 and under	0.2	3.29	300	400	118,600	1,040
Non-Hispanic - Ages 5-15	5.3	1.03	13,200	2,630	249,200	2,329
Non-Hispanic - Ages 16-20	4.0	1.36	4,400	1,520	110,200	1,092
Non-Hispanic - Ages 21-64	9.9	0.63	116,100	7,640	1,174,700	12,065
Non-Hispanic - Ages 65-74	22.7	2.40	36,100	4,320	159,200	2,172
Non-Hispanic - Ages 75+	48.7	3.39	55,500	5,340	113,900	1,383

* Note: Children ages 0-4 were only asked about visual and hearing disabilities, children ages 5-15 were not asked the "Independent Living Disability" question.

Prevalence of disability among non-institutionalized working-age people (ages 21 to 64) by race in Nevada in 2009.

Quick Statistics
In 2009, among working-age people in NV:

- 8.9 percent of persons who were White reported a disability.
- 11.3 percent of persons who were Black/African American reported a disability.
- 19.3 percent of persons who were Native American reported a disability.
- 5.8 percent of persons who were Asian reported a disability.
- 9.5 percent of persons who were some other race(s) reported a disability.

Race	Percent	MOE	Number	MOE	Base Population	Sample Size
White	8.9	0.60	105,500	7,290	1,183,700	11,565
Black/African American	11.3	2.15	12,900	2,590	113,800	965
Native American or Alaska Native	19.3	6.83	3,400	1,330	17,500	261
Asian	5.8	1.58	6,600	1,850	113,900	1,221
Some other race(s)	9.5	2.00	10,700	2,360	112,500	1,174

Employment of non-institutionalized working-age people (ages 21 to 64) by disability status in Nevada in 2009.

Quick Statistics

- In 2009, the employment rate of working-age people with disabilities in NV was 40.9 percent.
- In 2009, the employment rate of working-age people without disabilities in NV was 75.4 percent.
- The gap between the employment rates of working-age people with and without disabilities was 34.5 percentage points.
- Among the six types of disabilities identified in the ACS, the highest employment rate was for people with a "Hearing Disability," 61.8 percent. The lowest employment rate was for people with a "Independent Living Disability," 21.2 percent.

Disability Type	Percent	MOE	Number	MOE	Base Pop.	Sample Size
No Disability	75.4	0.83	1,057,900	18,200	1,402,500	13,712
Any Disability	40.9	3.02	56,800	5,400	138,900	1,474
Visual	48.5	7.34	11,800	2,480	24,300	238
Hearing	61.8	6.24	19,700	3,200	31,900	344
Ambulatory	31.4	3.87	23,700	3,510	75,500	793
Cognitive	29.6	5.01	12,900	2,600	43,600	457
Self-Care	25.7	6.29	6,500	1,850	25,300	273
Independent Living	21.2	4.46	9,300	2,210	44,000	480

Percentage who are not working but actively looking for work among non-institutionalized working-age people (ages 21 to 64) in Nevada in 2009.

Quick Statistics

- In 2009 in NV, the percentage of working-age people with disabilities who were not working but actively looking for work was 14.7 percent.
- In 2009 in NV, the percentage of working-age people without disabilities who were not working but actively looking for work was 36.3 percent.
- The difference in the percentage not working but actively looking for work between working-age people with and without disabilities was 21.6 percentage points.
- Among the six types of disabilities identified in the ACS, the highest percentage of not working but actively looking for work was for people with a "Hearing Disability," 29.8 percent. The lowest percentage was for people with a "Self-Care Disability," 6.3 percent.

Disability Type	Percent	MOE	Number	MOE	Base Pop.	Sample Size
No Disability	36.3	1.61	125,100	6,780	344,600	3,394
Any Disability	14.7	2.43	12,100	2,150	82,200	876
Visual	13.9	6.07	1,700	820	12,500	130
Hearing	29.8	8.14	3,600	1,180	12,200	138
Ambulatory	9.1	2.48	4,700	1,340	51,800	539
Cognitive	13.8	3.87	4,200	1,280	30,700	322
Self-Care	6.3	3.48	1,200	680	18,800	207
Independent Living	7.9	2.84	2,700	1,030	34,700	381

Full-Time/Full-Year employment of non-institutionalized working-age people (ages 21 to 64) by disability status in Nevada in 2009.

Quick Statistics

- In 2009, the percentage of working-age people with disabilities working full-time/full-year in NV was 27.2 percent.
- In 2009, the percentage of working-age people without disabilities working full-time/full-year in NV was 57.0 percent.
- The difference in the percentage working full-time/full-year between working-age people with and without disabilities was 29.8 percentage points.
- Among the six types of disabilities identified in the ACS, the highest full-time/full-year employment rate was for people with "Hearing Disability," 46.1 percent. The lowest full-time/full-year employment rate was for people with "Independent Living Disability," 13.8 percent.

Disability Type	Percent	MOE	Number	MOE	Base Pop.	Sample Size
No Disability	57.0	0.89	799,300	15,890	1,402,500	13,712
Any Disability	27.2	2.54	37,800	4,110	138,900	1,474
Visual	36.2	6.55	8,800	1,990	24,300	238
Hearing	46.1	5.94	14,700	2,570	31,900	344
Ambulatory	21.5	3.18	16,300	2,710	75,500	793
Cognitive	15.0	3.64	6,500	1,720	43,600	457
Self-Care	17.4	5.07	4,400	1,410	25,300	273
Independent Living	13.8	3.50	6,100	1,660	44,000	480

Median annual earnings of non-institutionalized working-age people (ages 21 to 64) who work full-time/full-year by disability status in Nevada in 2009.

Quick Statistics

- In 2009, the median earnings of working-age people with disabilities who worked full-time/full-year in NV was $35,900.
- In 2009, the median earnings of working-age people without disabilities who worked full-time/full-year in NV was $40,000.
- The difference in the median earnings between working-age people with and without disabilities who worked full-time/full-year was $4,100.
- Among the six types of disabilities identified in the ACS, the highest annual earnings was for people with "Hearing Disability," $40,000. The lowest annual earnings was for people with "Visual Disability," $30,000.

Disability Type	Median Earnings	MOE	Base Pop.	Sample Size
No Disability	$40,000	$970	799,000	7,755
Any Disability	$35,900	$3,900	38,000	402
Visual	$30,000	$5,910	9,000	74
Hearing	$40,000	$7,130	15,000	149
Ambulatory	$39,000	$5,950	16,000	178
Cognitive	$30,000	$8,090	7,000	75
Self-Care	$40,000	$14,200	4,000	45
Independent Living	$40,000	$11,930	6,000	58

Type of Health Insurance Coverage of non-institutionalized working-age people (ages 21 to 64) by disability status in Nevada in 2009.

Quick Statistics

- In 2009, 42.2 percent of working-age people with disabilities in NV reported health insurance coverage through a current or former employer or union (theirs or another family member).
- In 2009, 62.9 percent of working-age people without disabilities in NV reported health insurance coverage through a current or former employer or union (theirs or another family member).
- In 2009, 11.2 percent of working-age people with disabilities in NV reported purchasing health insurance coverage directly from an insurance company (by themselves or another family member).
- In 2009, 19.4 percent of working-age people with disabilities in NV reported Medicare coverage and 22.8 percent reported Medicaid coverage (or other government-assistance plan for those with low incomes or a disability).

Disability Status/ Insurance Type	Percent	MOE	Number	MOE	Base Pop.	Sample Size
Any Disability						
Uninsured	22.3	3.29	31,000	5,160	138,900	1,474
Employer/Union	42.2	3.90	58,600	7,050	138,900	1,474
Purchased	11.2	2.49	15,500	3,660	138,900	1,474
Medicare	19.4	3.13	27,000	4,820	138,900	1,474
Medicaid	22.8	3.32	31,700	5,210	138,900	1,474
Military/VA	10.1	2.38	14,000	3,480	138,900	1,474
Indian Health Service	1.3	3.29	1,800	1,260	138,900	1,474
No Disability						
Uninsured	26.6	1.10	373,400	16,680	1,402,500	13,712
Employer/Union	62.9	1.20	882,800	22,590	1,402,500	13,712

Purchased	10.6	0.77	149,100	11,050	1,402,500	13,712
Medicare	0.9	3.29	12,800	3,320	1,402,500	13,712
Medicaid	3.2	0.44	45,100	6,200	1,402,500	13,712
Military/VA	4.2	0.50	58,400	7,040	1,402,500	13,712
Indian Health Service	0.6	3.29	7,900	2,610	1,402,500	13,712