

Final Report

Nevada Special Needs Housing Assessment

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Prepared for

State of Nevada
Department of Business and Industry
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In late 2001, BBC Research & Consulting (BBC) was contracted by the State of Nevada Department of Business and Industry, Housing Division, to conduct a housing needs assessment of special needs populations in the greater Las Vegas and greater Reno/Sparks areas.

The purpose of the special needs housing study was twofold:

1. To obtain estimates of special needs populations in the Las Vegas and Reno areas; and
2. To determine the rental housing needs of special needs populations in these areas.

The information provided by the study will be used by the Housing Division to facilitate in-house planning and resource allocation.

Special Needs Populations

For the purposes of the study, special needs populations included:

- Persons with Alzheimer's/dementia;
- Persons 55 years and older;
- Persons with physical disabilities;
- Persons with developmental disabilities;
- Persons with mental illness;
- Persons and families who are homeless;
- Victims of domestic violence;
- Persons with HIV/AIDS; and
- Parolees.

The population counts, available housing, and needs of many of these populations overlap. Data on overlapping needs and services are included in this report.

Geographic Areas

The study covered the two urbanized areas of Clark and Washoe Counties. These geographic areas included:

- **Greater Las Vegas area.** The cities of Las Vegas, North Las Vegas, Boulder City, Henderson, and unincorporated Clark County; and
- **Greater Reno/Sparks area.** The cities of Reno, Sparks and unincorporated Washoe County.

The scope of work used in this study consisted of five major tasks:

- Collection of existing quantitative and secondary data on population counts and housing inventory;
- Design, administration, and analysis of a mail survey of special needs service and housing providers in the greater Las Vegas and greater Reno/Sparks areas;
- Facilitation and analysis of focus groups and interviews with special needs housing and service providers in the greater Las Vegas and greater Reno/Sparks areas;
- A determination of housing supply and demand for each special needs population included in the study; and,
- Preparation of a report of findings and recommendations.

These tasks are discussed in more detail below.

Quantitative and Secondary Data

This task began with collection of existing reports containing population estimates, demographic information, and incidence rates for the special needs groups covered in the study. Much of this information was gathered from local or state sources; in some cases, the only available information was national data.

Relevant state and county agencies were also contacted about existing data on the special needs populations they serve. In most cases, agencies did not maintain demographic information about their clients due to confidentiality restrictions.

The population estimates and demographic information collected as part of this task was compared with the population estimates and demographic information collected through the mail survey and focus groups.

Mail Survey

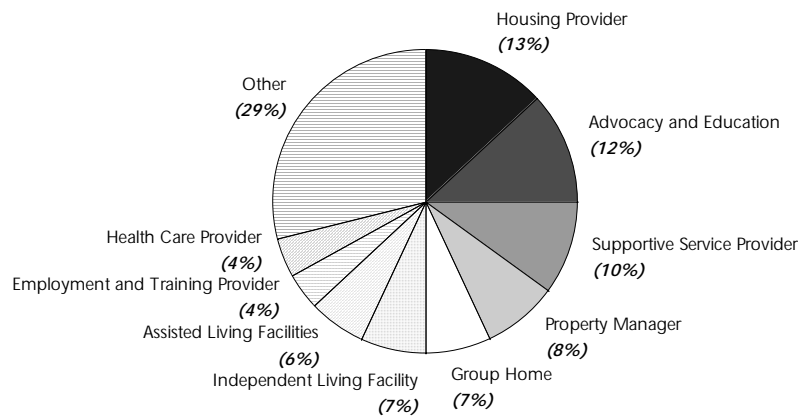
BBC designed a comprehensive mail survey for organizations that provide services and housing to the special needs populations included in the study. The survey instrument was pre-tested with 12 representatives of service and housing organizations by sending them a draft survey instrument and conducting phone interviews to discuss their reactions to the survey. The survey instrument was modified based on their suggestions.

The survey mailing list was compiled from resource guides, organizational membership lists, databases of housing providers, and key organizations identified through interviews.

Approximately 2,100 surveys were distributed. About 200 surveys were returned for bad addresses and 217 were completed and returned, for a response rate of about 11.4 percent. (Appendix B lists all of the survey respondents who did not reply anonymously). Follow-up calls were made to approximately 50 key organizations that did not respond to the survey.

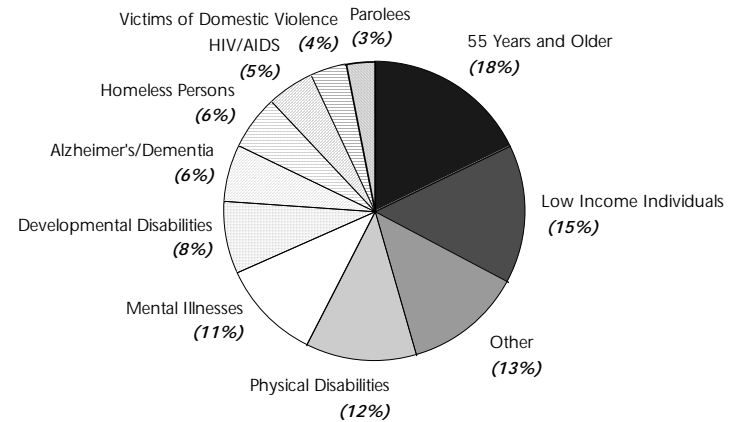
A wide variety of social service and housing organizations were surveyed, which provided a broad distribution of populations served. Exhibit 1 shows the types of organizations that responded to the survey. Exhibit 2 shows the types of special needs populations the respondent organizations serve.

Exhibit 1.
Types of Organizations Surveyed



Source: BBC Research & Consulting.

Exhibit 2.
Population Types Served by Respondent Organizations

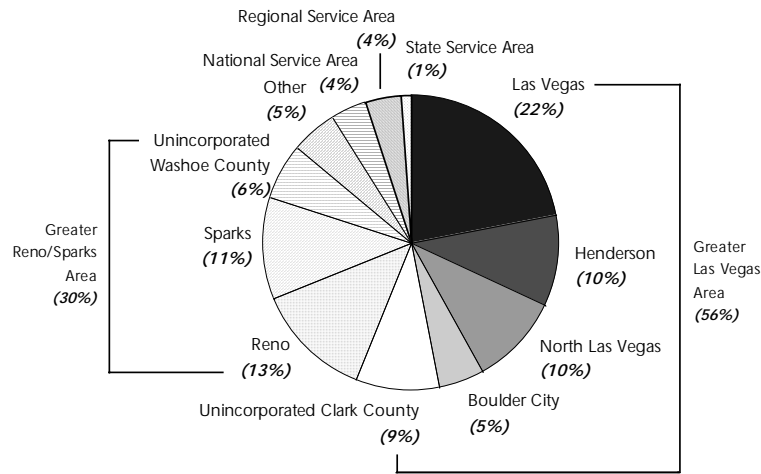


Source: BBC Research & Consulting.

As shown in Exhibit 2, approximately 18 percent of survey respondents provide services to seniors; 15 percent serve low income individuals; 12 percent serve persons with physical disabilities; 11 percent serve persons with mental illnesses; 8 percent serve persons with developmental disabilities; 6 percent serve persons with Alzheimer's/Dementia; 6 percent serve persons who are homeless; and the remaining survey respondents serve other special needs populations.

As shown in Exhibit 3 on the following page, 56 percent of survey respondents reported serving the greater Las Vegas area and 30 percent serve the greater Reno/Sparks area. About 14 percent of respondents reported regional, state, national or other service areas.

Exhibit 3.
Geographic Areas Represented by Survey



Source: BBC Research & Consulting.

Focus Groups and Key Person Interviews

Between May 20 and 23, 2002, 37 housing and social service providers attended focus groups in Las Vegas, Reno and Carson City. All of the special needs groups that were the focus of the study were represented. Focus group respondents were asked to react to the population estimates developed through secondary research and analysis of the surveys. They also provided information about the demographics and housing arrangements of their clients and identified the top housing needs of the special needs populations covered in the study.

In addition, throughout the course of the study, interviews were conducted with key service and housing providers in the greater Las Vegas and greater Reno/Sparks areas. These interviews were used to collect feedback about the survey instrument; understand the housing and services available to special needs populations; refine population estimates, overlapping needs and housing arrangements; and identify other sources of data and information about the special needs groups in the study. Exhibits C-1 and C-2 in Appendix C list the focus group participants and key persons interviewed during the study.

Housing Supply and Demand

The housing supply and demand analysis task in the study consisted of the following:

- “Top Down” population estimates were gathered from secondary data research. “Bottom Up” population estimates consisted of estimates from survey respondents and focus group participants. These estimates were compared and analyzed to produce a study population estimate. In some cases the study population estimate is closer to the Top Down estimate; in other cases, the Bottom Up estimate is the primary basis for the study estimate. The rationales for the study estimates are documented throughout the report.
- Beds and units in housing facilities and developments designated to serve a particular special needs population were identified. For those individuals not housed in designated facilities, service providers’ estimates of their clients’ housing arrangements were used and combined with secondary data to estimate housing situations.

- These data were analyzed to estimate the number of persons in each special needs group most likely to have housing needs.
- Finally, the types of housing most needed for each special needs group was identified using information from the surveys, focus groups, and key persons interviews.

Report of Findings

This report contains the findings resulting from completion of the above tasks, including population estimates and demographic information, housing arrangements, estimates of the number of persons with housing needs, and housing solutions for each of the special needs population included in the study.

Challenges and Limitations of the Study

Any study of special need populations faces a number of methodological and logistical challenges due to the nature of the populations. Despite the thorough approach of this study, we faced a number of challenges in estimating special needs populations' numbers and identifying their housing situations and needs. These challenges included the following:

- Individuals with special needs are often hidden or transient, particularly those who are homeless or are living with friends or family. For most of the special needs groups covered in this study, little data existed on the percentage living with friends, family or living alone independently.
- Disabilities and illnesses may be undiagnosed or unreported. Service providers felt that the numbers of persons with certain special needs are continually underestimated due to their reluctance to undergo testing and diagnosis and/or failure to disclose their health information.
- Many individuals with special needs populations have overlapping needs, making it difficult to compartmentalize them into one special needs category. The majority of housing providers surveyed and interviewed in the study identified multiple special needs in the clients they serve and noted that this is a growing trend.
- Because of overlapping needs, service providers' housing facilities and developments rarely serve a single special needs population. In some cases, this is intentional. For example, housing facilities that are designed to serve persons who are mobility impaired could accommodate a number of special needs groups including frail elderly, persons with physical disabilities, and persons with HIV/AIDS. In most cases, however, housing providers end up serving multiple special needs populations because of the increasingly common occurrence of overlapping needs. This report attempted to classify housing facilities and developments by the populations they were most likely to serve. However, with some housing types, this changes frequently. On one night the majority of clients in a homeless shelter may be victims of domestic violence; a month later, clients may be mostly single persons with mental illnesses and/or substance abuse problems.

- Little secondary data exist for comparison of special needs population estimates. A comprehensive search identified all available data on the special needs groups covered in the study. In several instances, national sources supplied the best information available.
- This study covered nine special needs groups. It is by no means a comprehensive study of the need of a specific group, but instead a broad assessment of housing needs.

This study incorporates the best data available at the time it was completed. Additional data that become available, particularly from more specific studies of special needs groups and detailed Census data, should be taken into account along with the findings in this study.

How to Read the Study

The remainder of this report is organized around the housing needs assessment conducted for each of the special needs groups covered in the study. For each group, a narrative is included with the following:

- A description of how population estimates were derived;
- The designated housing available to each population;
- Nondesignated housing available and/or other living arrangements;
- An identification of the segment of the population with the greatest housing needs;
- Demographic information about each population group, including the cost of housing that could be afforded; and
- Top housing needs.

Attached to each narrative are exhibits that graphically illustrate the housing supply and demand comparison and determination of housing gaps for each special needs population. The graphics show how the Bottom Up and Top Down population estimates were combined to create a study estimate of each special needs population. As discussed in the Methodology section of the report, Top Down refers to the estimates gathered from secondary data sources. They also represent the application of state or national incidence rates to study area populations to produce local estimates. The sources of the Bottom Up estimates were the service and housing provider survey, focus groups, and key person interviews.

Following the individual housing needs assessments are conclusions and recommendations for prioritizing housing needs and providing housing solutions for the special needs groups covered in the study. We have also included additional findings relevant to all special needs groups.

Greater Las Vegas Area

Population. Service and housing providers estimate the population of persons with Alzheimer's/Dementia in the greater Las Vegas area at 32,000 individuals. The Southern Nevada Alzheimer's Association estimates the number at 30,000. The national incidence rate for Alzheimer's is 1.42 percent, which, if applied to Clark County, suggests 22,000 persons with Alzheimer's in the area¹. Approximately one in ten persons over the age of 65 (equivalent to about 16,500 persons in Clark County) and half of persons over the age of 85 (equivalent to about 6,000 persons) have Alzheimer's or Dementia². The average of these Top Down estimates of persons with Alzheimer's in the greater Las Vegas area is about 23,000. Averaging the service providers (Bottom Up) and Top Down estimates produces a midpoint estimate of about 27,500 persons with Alzheimer's or Dementia in the greater Las Vegas area

Housing. There are approximately 650 beds in group homes and assisted living facilities located in the Las Vegas area that are licensed to serve persons with Alzheimer's/Dementia³. Persons with Alzheimer's/Dementia also live in nursing homes. Based on patient statistics from the federal Centers for Medicare and Medicaid Services (CMS), there are an estimated 300 beds in the Las Vegas area occupied by persons with

¹ National Alzheimer's Association, 2002.

² Southern Nevada Alzheimer's Association, 2002.

³ Bureau of Licensure and Certification, State Health Division, April 2002.

Alzheimer's/Dementia⁴. Care facilities that are not specifically licensed to serve persons with Alzheimer's/Dementia are estimated to house an additional 3,200 persons with Alzheimer's/Dementia, based on estimates from service and housing providers who completed surveys and attended focus groups, along with incidence rates of Alzheimer's applied to the number of residents at such facilities. Accounting for these facilities leaves approximately 23,500 persons with Alzheimer's/Dementia living at home or with friends and family, which is similar to national estimates.

Outstanding Needs. The Southern Nevada Alzheimer's Association estimates that 45 percent of persons with Alzheimer's/Dementia in the Las Vegas live alone without the assistance of caregivers. Based on the above estimates, this would suggest that about 12,000 persons with Alzheimer's/Dementia are currently living alone without caregiver assistance. This segment of the population of persons with Alzheimer's/Dementia has the greatest housing needs.

Greater Reno/Sparks Area

Population. Service and housing providers estimate the population of persons with Alzheimer's/Dementia in the greater Reno/Sparks area between 4,700 and 8,500 individuals, or an average of 6,200. The Northern Nevada Alzheimer's Association estimates that the number is closer to 9,000. National incidence rates applied to the Washoe County population puts the number of persons with Alzheimer's/Dementia at

⁴ This estimate is derived from CMS data on the percentage of nursing home residents with behavioral symptoms, including Alzheimer's/Dementia. Assumes 50 percent of patients with behavioral symptoms have Alzheimer's/Dementia.

between 3,800 and 5,200⁵. Averaging the Bottom Up and Top Down estimates produces a midpoint estimate of 6,000 persons with Alzheimer's or Dementia in the greater Reno/Sparks area.

Housing. Residential care facilities in the greater Reno/Sparks area provide approximately 170 beds to persons with Alzheimer's/Dementia. In addition, CMS data based on the number of patients in nursing homes who have behavioral symptoms such as Alzheimer's/Dementia, there are an estimated 100 persons in the greater Reno/Sparks area nursing homes have Alzheimer's. Service providers estimate that approximately 550 persons with Alzheimer's live in non-licensed care facilities. Accounting for these designated facilities leaves 5,100 persons with Alzheimer's/Dementia who live alone or with friends or families, which is slightly higher than national estimates.

Outstanding Needs. The Northern Nevada Alzheimer's Association estimates that very few of persons with Alzheimer's or Dementia in the greater Reno/Sparks area live alone without caregivers. Association estimates suggest that less than 5 percent of this population (or fewer than 250 people) lives alone without caregivers, which is much lower than the estimates in the greater Las Vegas area. Estimates of living arrangements from the Alzheimer's Associations of Southern and Northern Nevada suggest that person's with Alzheimer's/Dementia in the greater Las Vegas area are much more likely to be living alone without assistance from

caregivers, including families. This is most likely explained by the differing characteristics of the two areas – Las Vegas being more transient, a large metropolitan area, and faster growing.

Demographics

Income. According to service and housing providers, about two-thirds of clients with Alzheimer's/Dementia earn less than \$1,000 per month. The maximum rent or mortgage payment affordable at this income level is \$300 to \$500 per month (assuming persons who are older bear a greater housing cost burden).

Race/ethnicity. According to service and housing providers, the majority of their clients with Alzheimer's/Dementia in the greater Las Vegas and Reno/Sparks areas are white and English speaking. The percentage of persons of other races and ethnicities is very small.

Overlapping needs. Service and housing providers estimate that less than 25 percent of persons with Alzheimer's/Dementia have a physical disability. Some providers report that they are starting to see a crossover between mental illnesses and Alzheimer's and estimate that around 20 percent of persons with Alzheimer's could also have a mental illness.

⁵ National Alzheimer's Association and national statistics from the Southern Nevada Alzheimer's Association.

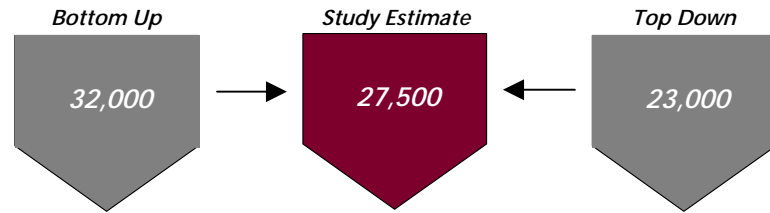
Top Housing Needs

The exhibit on the following page illustrates the housing demand and supply for persons with Alzheimer's/Dementia. The persons with Alzheimer's/Dementia with the greatest housing needs are those individuals currently living alone without caregivers – an estimated 12,000 individuals in the greater Las Vegas area, but less than 250 in the greater Reno/Sparks area. These individuals will require caregiver support in the early stages of their diagnosis, and could require more advanced care as their Alzheimer's disease progresses. Caregiver support, particularly family support, is reportedly lacking in the greater Las Vegas area, leading to individuals being unnecessarily placed in institutions. Expanded caregiver programs for persons with Alzheimer's/Dementia (primarily in the Las Vegas area) and more facilities to serve the low-income segment of this population are the greatest housing needs of persons with Alzheimer's or Dementia. These needs will only increase in the future: the Alzheimer's Association projects that the population of Alzheimer's/Dementia will double in the next 20 to 25 years.

Persons with Alzheimer's/Dementia

Persons with Alzheimer's/Dementia, Greater Las Vegas Area

Population:

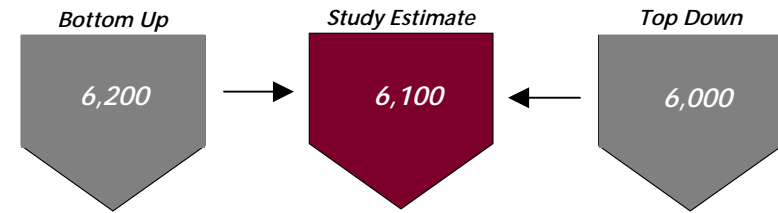


Housing:

<p>Designated Housing: Residential care facilities for Alzheimer's patients: 650 beds</p> <p>Other Housing Arrangements/Housing Gap: Individuals in beds at skilled nursing facilities with Alzheimer's patients: 300 Individuals in group homes, assisted living, other facilities: 3,200 Individuals living with friends, family, alone: 23,500</p> <ul style="list-style-type: none"> ■ Living alone, no caregivers: 12,000

Persons with Alzheimer's/Dementia, Greater Reno/Sparks Area

Population:



Housing:

<p>Designated Housing: Residential care facilities for Alzheimer's patients: 170 beds</p> <p>Other Housing Arrangements/Housing Gap: Individuals in beds at skilled nursing facilities with Alzheimer's patients: 100 Individuals in group homes, assisted living, other facilities: 650 Individuals living with friends, family, alone: 5,100</p> <ul style="list-style-type: none"> ■ Living alone, no caregivers: < 250
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Population Sources:

Bottom Up Estimates: BBC survey and key person interviews.
Top Down Estimates: National Alzheimer's Association, Southern Nevada Alzheimer's Association.
Study estimate is average of Bottom Up and Top Down.

Housing Sources:

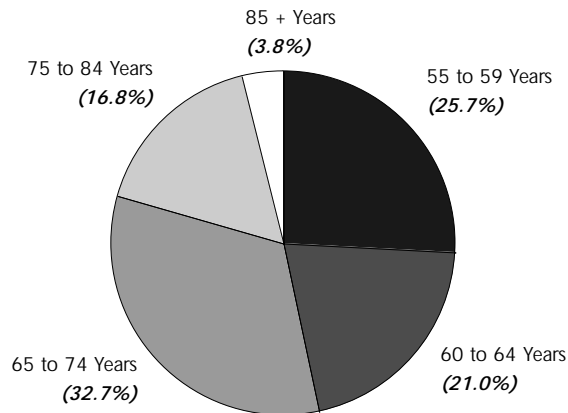
Bureau of Licensure and Certification, State Health Division, 2002, and Centers for Medicare and Medicare Services.
Estimates on living arrangements from service providers.

Greater Las Vegas Area

Population. The U.S. Census reported a population of 272,900 persons 55 years and older living in Las Vegas, North Las Vegas, Henderson, Boulder City, and unincorporated Clark County. This population is estimated at 310,200 for 2002, assuming growth between 2000 and 2002 continued at the same rate experienced during the last decade.¹

The largest segment of this population group is the 65 to 74 year age cohort, which makes up nearly one-third of the total 55 years and older population. Exhibit 4 shows the distribution of this population by age cohort.

Exhibit 4.
Distribution of Persons 55 Years and Older, Greater Las Vegas Area, 2000



Source: U.S. Census Bureau and BBC Research & Consulting.

¹ The compound average annual population growth for individuals 55 years and older was 6.62 percent between 1990 and 2000.

Housing. Persons 55 years and older have a variety of housing options. Their housing preferences and situations are largely dependent on three variables: need for care or assistance, level of income, and family support or caregiver options. In the greater Las Vegas area, there are five types of housing primarily designated for persons 55 years and older: skilled nursing facilities; group homes, including those specifically designated for persons with Alzheimer’s disease; active 55+ housing developments; assisted living facilities and subsidized independent living apartments.

Nursing facilities and group homes. Approximately 3,200 beds are provided by nursing facilities in the greater Las Vegas area.² Beds in licensed group homes total 3,300, with 650 targeted to persons with Alzheimer’s.³ Together, these facilities and homes have the capacity to serve approximately 2 percent of the population of persons 55 years and older and 10 percent of the population 75 years and older.

Assisted living and 55+ apartments. Assisted living complexes in the greater Las Vegas area have approximately 3,100 units.⁴ These complexes serve about one percent of Las Vegas area households with persons 60 years and older – close to the national average. Monthly rental rates for assisted

² Bureau of Licensure and Certification, State Health Division, April 2002 list of licensed skilled nursing facilities.

³ Ibid.

⁴ Department of Business & Industry, Housing Division, 2002 apartment survey.

living complexes range between \$800 and \$3,900, depending on the level of care provided.⁵ These facilities largely cater to moderate and high-income households.

Active 55+ developments in the greater Las Vegas area report about 12,500 units, serving about 4 percent of senior households, which is about the national average. Rents in active 55+ complexes range from a low of \$300 to \$850 per month. At this range of rents, many of the units are affordable to individuals earning between 30 and 80 percent of the area median income.

Subsidized housing. Public housing authorities in the greater Las Vegas area have more than 2,000 units designated for low-income elderly housing.⁶ Survey respondents and focus group participants reported an additional 1,500 low-income units serving persons 55 years and older. Low-income seniors also are eligible for Section 8 vouchers and other subsidized housing units not specifically designated for seniors.

Other housing arrangements. Persons 55 years and older who do not have medical needs warranting nursing facilities, do not desire or cannot afford assisted living facilities or active 55+ communities and are not in subsidized housing live independently, in market rate housing or with family. Census data suggest that an estimated 136,000 households in Clark County with persons 55 years and older lived in owner-occupied housing in 2002. An estimated 26,000 individuals aged 65 years and older lived alone

in their own home.⁷ Low-income seniors who do not have their own homes, do not live with families, and for whom subsidized housing is unavailable live in weekly motels, shelters, or are homeless.

Income. An estimated 129,000 households with at least one householder aged 55 years and older earned less than 80 percent of the median income (\$44,616) for Clark County in 2000⁸. These low-income households represented 66 percent of total households of this population group. The maximum monthly rent that could be afforded by a household earning 80 percent of the area median income is about \$900. Many independent living, market rate units are affordable to senior households at this level; however, assisted living units are largely cost prohibitive.

Overlapping Needs. The most common overlapping needs identified by survey respondents and focus group participants who provide services and housing to persons 55 years and older included physical disabilities, substance abuse, and domestic violence. Physical disabilities were estimated to be prevalent in 60 and 80 percent of elderly clients; the U.S. Census reports that 40 percent of the population 65 years and older in Clark County has some form of disability. Estimates of substance abuse ranged between 20 and 40 percent. Service providers estimated that 15 to 20 percent of the 55 and older population experiences domestic violence.

Housing Needs. The exhibit on page 18 illustrates the demand and supply of housing for persons 55 years and older. In 2002, there were an estimated 310,200 individuals 55 years and older living in the greater Las

⁵ Ibid.

⁶ Clark County Housing Authority , North Las Vegas Housing Authority, Clark County Consolidated Plan 2001.

⁷ U.S. Census 2000 and BBC Research & Consulting.

⁸ Ibid.

Vegas area.⁹ We identified approximately 22,100 beds or units in the greater Las Vegas area designated to serving elderly and/or disabled individuals and households (including beds in nursing homes, group homes, assisted living facilities, and 55+ housing). The majority of the 55 years and older population lives in owner-occupied housing (an estimated 136,000 households, based on 2000 Census numbers). The remainder of households – an estimated 58,000 – currently live with family members or in apartments not specifically designated for this population, are in precarious housing situations or are unsheltered.

Most persons 55 years and older are able to live independently, with spouses/partners, family support, or limited supportive services. National studies of senior housing arrangements show that five percent or less of seniors live in designated senior housing. Low-income seniors are much more likely to reside in senior housing than high-income seniors.¹⁰

The majority of seniors in the Las Vegas area are adequately housed. Those individuals in the 55 years and older population with the greatest housing needs include the following:

- Older individuals living alone without family or friend support (according to preliminary Census data, 40,000 households with persons 65 years and older in Clark County live alone);

- Individuals earning less than \$22,000 (lower than 50 percent of the area median income), particularly those who cannot live independently due to mobility or self care limitations;
- Individuals living in weekly motels because of a lack of permanent or transitional housing;
- Individuals in homeless shelters or who are unsheltered; and
- Individuals with overlapping needs (primarily physical disabilities or substance abuse) or in situations of domestic violence.

In general, the type of housing to best serve persons 55 years and older in the greatest need are affordable ground level apartments, with rents affordable to those earning less than 50 percent of the area median income (i.e., rents ranging between \$350 and \$550). Housing units should be designated for independent living with accessibility. Where services are provided they should include a social/caseworker onsite, substance abuse and domestic violence counseling, and access to transportation.

⁹ Ibid.

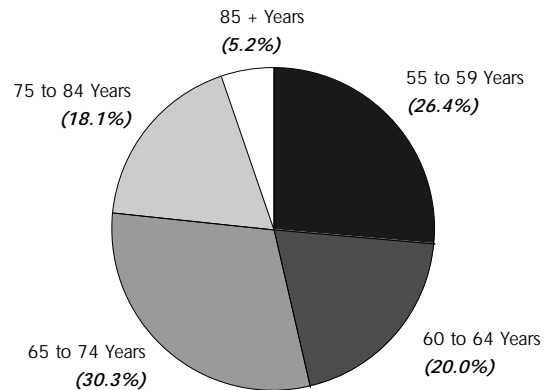
¹⁰ National Housing Survey of Adults Age 60+, National Investment Center, 1999.

Greater Reno/Sparks Area

Population. The 2000 population of persons 55 years and older living in Reno, Sparks and unincorporated Washoe County was 66,800.¹ Assuming the same growth rate between 2000 and 2002 as in the past decade, the population is estimated at 71,400 in 2002.²

Similar to Clark County, the largest segment of this population is the 65 to 74 year age cohort. Exhibit 5 shows the distribution of the population by age cohort.

Exhibit 5.
Distribution of Persons 55 Years and Older, Greater Reno/Sparks Area, 2000



Source: U.S. Census Bureau and BBC Research & Consulting.

¹ U.S. Census Bureau 2000.

² The compound average annual population growth for persons 55 years and older was 3.4 percent between 1990 and 2000.

Housing. Seniors in the greater Reno/Sparks area have similar types of housing options to those in the greater Las Vegas area, although on a smaller scale. There are five types of housing primarily designated for persons 55 years and older: skilled nursing facilities; group homes, including those specifically for persons with Alzheimer’s disease; active 55+ housing developments; assisted living facilities and subsidized independent living apartments.

Nursing facilities and group homes. The greater Reno/Sparks area has approximately 1,000 beds in skilled nursing facilities and an estimated 950 beds in licensed group homes, including those occupied by persons with Alzheimer’s.³ Together, these facilities and homes have the capacity to serve approximately 2.7 percent of the population of persons 55 years and older and 12 percent of the population 75 years and older – both higher than the percentages served in the Las Vegas area.

Assisted living and 55+ apartments. There are very few assisted living complexes and active 55+ developments in the greater Reno/Sparks area. Through an online search and interviews, we identified approximately 350 units of assisted living and 250 units in active 55+ developments.

Subsidized housing. Through surveys and focus groups, we identified approximately 1,000 subsidized housing units in the greater Reno/Sparks area serving persons who are elderly. In addition, low-income seniors have

³ Bureau of Licensure and Certification, State Health Division, April 2002 list of licensed skilled nursing facilities.

access to the approximately 1,900 units targeted to all low-income households.⁴ Low-income seniors are also eligible for Section 8 subsidized housing.

Other housing arrangements. The majority of persons 55 years and older in the greater Reno/Sparks area live in their own homes. Based on 2000 Census data, an estimated 32,000 households with persons 55 years and older in Washoe County lived in owner-occupied housing in 2002 and 5,700 of individuals aged 65 years and older lived alone in their own home.

Low-income seniors who do not have their own homes, do not live with families, are not in nursing or assisted living facilities and for whom subsidized housing is unavailable live in weekly motels, shelters or are homeless.

Income. About 62 percent of total households with at least one householder aged 55 years and older earned less than 80 percent of the median income for Washoe County in 2000 (\$45,815).⁵ This is equivalent to approximately 28,000 households. To be affordable to households at this income level, rents and mortgage payments would have to be below \$900. Fair market rents in the Reno area range between \$650 and \$700, which would be affordable to households earning 80 percent of the median, but not households earning less than 50 percent of the median.

⁴ Washoe County Affordable & Income Based Housing, Washoe County Senior Services, October 1999.

⁵ U.S. Census Bureau 2000 and BBC Research & Consulting.

Overlapping Needs. Overlapping needs for persons 55 years and older living in the greater Reno/Sparks area were similar to those in the greater Las Vegas area: the most common overlapping needs included physical disabilities, substance abuse, and domestic violence.

Housing Needs. In 2002, there were an estimated 71,400 individuals 55 years and older living in the greater Reno/Sparks area.⁶ We identified approximately 2,500 beds or units in the greater Reno/Sparks area designated to serving elderly and/or disabled individuals and households. An estimated 32,000 households 55 years and older live in owner-occupied housing. The remainder of households with persons 55 years and older live with family members, in apartments not specifically designated for this population, are in precarious housing situations or are unsheltered.

The needs of seniors in the greater Reno/Sparks area are similar to the needs of those in the greater Las Vegas area. Seniors earning less than 50 percent of the area median income (or earning less than about \$23,000), seniors who are mobility or self-care limited, and seniors with overlapping needs are the groups most in need of housing.

The greater Reno/Sparks area has more nursing homes and group homes per the senior population than in the greater Las Vegas area, but the availability of assisted living facilities and active 55+ housing is much more limited. Service and housing providers identified affordable independent living, congregate care, and assisted living as top needs for persons 55 years and older living in the greater Reno/Sparks area. In addition, service and

⁶ Ibid.

Persons 55 years and older

housing providers reported that it is common for seniors to seek housing at weekly motels because of the lack of transitional housing. Another identified need was an emergency shelter for seniors. Seniors reportedly do not always feel secure in the weekly motels or shelters currently available in the Reno area.

Persons 55 Years and Older, Greater Las Vegas Area

Population

Total Population (2002 estimate based on 2000 Census): 310,200

- 55 to 64 years: 145,000
- 65 to 74 years: 101,300
- 75 years and older: 63,900

Housing

Beds in nursing and group homes:

- Skilled nursing facilities: 3,200 beds
- Group homes serving elderly/disabled: 3,300 beds

Designated units:

- Assisted living facilities: 3,100 units
- Active 55 and older housing: 12,500 units

Own home: 136,000 households

- 65 years and older living alone: 26,000

Rental housing:

- Subsidized housing: 3,700 designated units for seniors, plus 500 general units

Other Housing Arrangements/Housing Gap: 58,000 households:

Living with family, in other subsidized and market rate apartments, weekly motels, homeless shelters, or are unsheltered.

Persons 55 Years and Older, Greater Reno/Sparks Area

Population

Total Population (2002 estimate based on 2000 Census): 71,400

- 55 to 64 years: 33,100
- 65 to 74 years: 21,600
- 75 years and older: 16,700

Housing

Beds in nursing and group homes:

- Skilled nursing facilities: 1,000 beds
- Group homes serving elderly/disabled: 950 beds

Designated units:

- Assisted living facilities: 350 units
- Active 55 and older housing: 250 units

Own home: 32,000 households

- 65 years and older living alone: 5,700

Rental housing

- Subsidized housing: 950 units designated for seniors, plus 1,900 general units

Other Housing Arrangements/Housing Gap: 14,000 households

Living with family, in other subsidized and market rate apartments, weekly motels, homeless shelters, or are unsheltered.

Greater Las Vegas Area

Population. Service and housing provider estimates of persons with physical disabilities in the greater Las Vegas area range between 5,700 and 15,000. Data from the U.S. Census for 2000 report that 265,000 persons in Clark County are disabled; however, the Census definition includes persons with developmental disabilities and some types of mental illnesses. These data are not yet available by type of disability. 1990 Census data by disability type applied to 2000 population data suggest that approximately 110,000 persons in the greater Las Vegas area have some type of physical disability. These data also indicate that, if persons with physical disabilities have similar types disabilities as they did in 1990, 11,700 people in the greater Las Vegas area are unable to see or hear; 26,500 people use a wheelchair, cane or crutches; and 19,700 people have self-care limitations.¹ For the purposes of this study, the Census (Top Down) number of persons with physical disabilities was used because of its comprehensiveness and broader coverage of actual households.

Housing. Depending on the extent of their disability, persons with physical disabilities may live in a variety of housing types. They may live alone in accessible housing; with a spouse, partner, family member or friend; in group quarters; in assisted living or in other care facilities. The living arrangements for persons with disabilities are not yet available from the 2000 Census. Data from the 1990 Census suggest that in the greater Las Vegas area, approximately 55,000 persons with physical disabilities were married and lived with their spouse in 2000. Approximately 18,000

persons with physical disabilities lived alone in 2000. The 1990 data also suggest that in 2000, 1,500 persons with physical disabilities lived in group quarters such as nursing or group residential facilities.²

There are several types of housing designated to serve persons with physical disabilities, in addition to certain other special needs. Assisted living facilities typically serve both persons who are elderly and persons with physical disabilities. There are approximately 3,100 units of assisted living in the greater Las Vegas area. Persons with physical disabilities may also live independently in units with accessibility modifications. Through the surveys and focus groups, service and housing providers identified approximately 800 units in the greater Las Vegas area occupied by persons with disabilities. These units include approximately 380 units in housing authority developments in the greater Las Vegas area.³

Persons with physical disabilities may also live with unmarried partners or other family and friends, or be in precarious housing situations or unsheltered. Accounting for the living arrangements identified above leaves approximately 31,600 persons with physical disabilities whose housing situations are unknown.

Greater Reno/Sparks Area

Population. Service and housing providers estimated that there are approximately 1,800 persons physical disabilities in the greater Reno/Sparks area. Data from the U.S. Census for 2000 report the number of persons

¹ U.S. Census Bureau 1990 and 2000 and BBC Research & Consulting.

² Ibid.

³ BBC survey results and housing authority data.

with *all types* of disabilities at 59,000. (These data are not yet available by type of disability). 1990 Census data by disability type applied to 2000 population data suggest that approximately 24,000 persons in the greater Reno/Sparks area have some type of physical disability. If persons with physical disabilities have similar types disabilities as they did in 1990, 2,600 people in the greater Reno/Sparks area are unable to see or hear; 5,700 people use a wheelchair, cane or crutches; and 4,100 people have self-care limitations.⁴ For the purposes of this study, the Census (Top Down) number of persons with physical disabilities was used because of its comprehensiveness and broader coverage of actual households.

Housing. Data from the 1990 Census suggest that in the greater Reno/Sparks area, approximately 12,000 persons with physical disabilities are married and live with their spouse and 5,000 persons with physical disabilities live alone. The 1990 data also suggest that 700 persons with physical disabilities live in group quarters such as nursing or group residential facilities in the Reno area.⁵

Through an online search and interviews, we identified approximately 350 units of assisted living in the greater Reno/Sparks area. Survey respondents reported approximately 25 units occupied by persons with disabilities and the Reno Housing Authority has approximately 25 units designated for persons with disabilities. Accounting for these living arrangements leaves approximately 5,900 persons with physical disabilities whose housing arrangements are unknown.

⁴ U.S. Census Bureau 1990 and 2000 and BBC Research & Consulting.

⁵ Ibid.

Outstanding Needs. Persons with physical disabilities who are not in accessible housing or are living in precarious housing situations or are unsheltered have the greatest housing needs. The number of individuals with physical disabilities in this situation is unlikely to be as high as the 31,600 identified in the greater Las Vegas area or the 5,900 identified in the greater Reno/Sparks area. (If the service provider estimates of physical disabilities are used, the estimates of persons in the above situations would be 6,000 in the greater Las Vegas area and 800 in the greater Reno/Sparks area). More specific data on the physical limitations of these individuals is required to fully understand the extent of their housing needs. In addition to those persons living in non-accessible housing or who are in precarious housing situations, persons with severe physical disabilities who require care and are living with family, friends or another guardian who is aging are likely to have future needs for housing.

Demographics

Income and employment. The income level and employability of persons with physical disabilities are dependent upon the severity of the disability. On average, 15 percent of service and housing providers' clients are employed full time; 12 percent are employed part time.⁶ These low rates of employment likely reflect clients who are elderly. An average of 43 percent of clients with physical disabilities earn less than \$1,000 per month;

⁶ BBC survey.

13 percent earn between \$1,001 and \$2,000; and 9 percent earn between \$2,001 and \$3,000.⁷ At these income levels, persons with physical disabilities could afford housing costs ranging from less than \$300 to \$900.

Race/ethnicity. Service providers report that the majority of their clients are white English speakers. Between 5 and 15 percent are Latino, Spanish speakers; the remainder are other races.⁸

Overlapping needs. The overlapping needs identified by service and housing providers were scarce. Providers reported some overlap with mental illnesses (approximately 10 percent) and chronic diseases such as cancer and HIV/AIDS. In general, physical disability is more highly correlated with age than the other special needs included in this study.

Top Housing Needs

The exhibit on the following page illustrates the housing demand and supply for persons with physical disabilities in both the greater Las Vegas and greater Reno/Sparks areas. Using the Census estimates of persons with physical disabilities, we find that approximately 31,600 persons with physical disabilities in the greater Las Vegas area have unknown housing arrangements. Service provider estimates place this number at 6,000. In the greater Reno/Sparks area, use of Census data suggests 5,900 persons with physical disabilities have unknown housing arrangements; service provider estimates are around 800.

According to service and housing providers, the top housing types most needed by persons with physical disabilities include small rental units that are accessible and affordable (rents ranging from \$300 to \$1,000 per month).

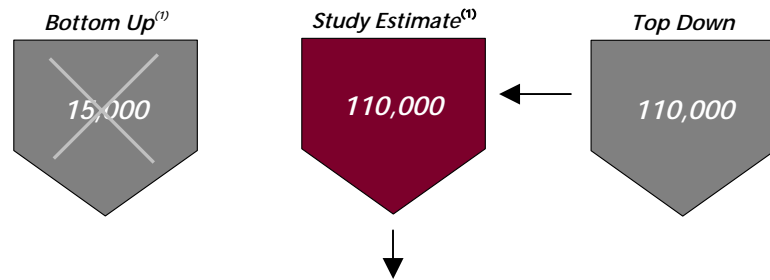
⁷ Ibid.

⁸ Ibid.

Persons with Physical Disabilities

Persons with Physical Disabilities, Greater Las Vegas Area

Population:



Estimates of Type of Physical Disability, 2000 (based on 1990 Census):
 Unable to see or hear: 11,700 individuals
 In wheelchair, using cane or crutches: 26,500 individuals
 Self care limitations: 19,700 individuals

Housing:

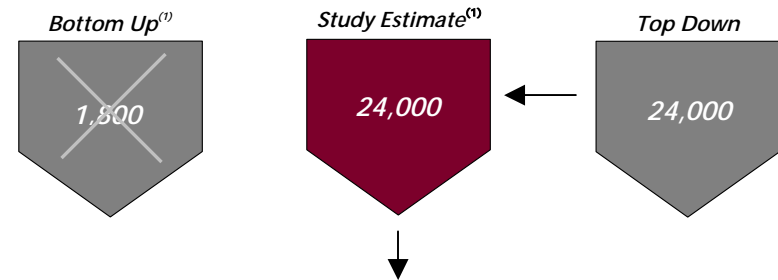
Designated Housing:
 Assisted living: 3,100 units
 Independent living/housing authorities: 800 units

Living Arrangements:
 Live with spouse: 55,000 individuals
 Live alone: 18,000 individuals
 Live in group quarters: 1,500 individuals

Other Housing Arrangements/Housing Gap: 31,600 individuals
 Living with other family/partner, friends, in precarious housing, unsheltered.

Persons with Physical Disabilities, Greater Reno/Sparks Area

Population:



Estimates of Type of Physical Disability, 2000 (based on 1990 Census):
 Unable to see or hear: 2,600 individuals
 In wheelchair, using cane or crutches: 5,700 individuals
 Self care limitations: 4,100 individuals

Housing:

Designated Housing:
 Assisted living: 350 units
 Independent living/housing authorities: 50 units

Living Arrangements:
 Live with spouse: 12,000 individuals
 Live alone: 5,000 individuals
 Live in group quarters: 700 individuals

Other Housing Arrangements/Housing Gap: 5,900 individuals
 Living with other family/partner, friends, in precarious housing, unsheltered.

Greater Las Vegas Area

Population. Service and housing provider estimates of persons with developmental disabilities in the greater Las Vegas area range between 7,800 and 19,200. National incidence rates suggest that the population is around 19,400.¹ This study uses the estimate based on the national incidence rate, since it was the most widely agreed upon by service providers.

Housing. State Regional Centers are the primary conduits through which persons with developmental disabilities receive housing services. The Desert Regional Center in Las Vegas provides residential placement services to approximately 675 individuals. As of January 2002, approximately 50 individuals were living in group or residential homes, 475 were in supported living arrangements, and 150 were in intermediate care facilities.² Persons with developmental disabilities who are not in these facilities are most likely living with family or friends. The Desert Regional Center also provides respite care families who are the primary caretakers of persons with developmental disabilities. In 2000, the center provided approximately 400 families with such services.³ It is unknown how many persons with developmental disabilities are unsheltered, although the number appears to be small. Providers of services and housing to persons who are homeless report serving very few persons with developmental disabilities.⁴

¹ U.S. Department of Health and Human Services, Administration for Children and Families.

² Desert Regional Center, 2002.

³ Ibid.

⁴ BBC focus groups and key person interviews.

Outstanding Needs. Persons with developmental disabilities who are currently receiving care from family, friends or another guardian who is aging are likely to have the greatest need for housing and supportive service in the future. The State Division of Health reports that in 2000, 36 percent of individuals receiving developmental services were between 21 and 34 years old; 27 percent were between 35 and 54 years old.⁵ During the next 10 to 20 years, individuals in these age cohorts will be at the greatest risk of needing housing and services as their caregivers (primarily parents and spouses/partners) age and are less able to care for them. The number of persons in this situation could be very large: the number of persons with developmental disabilities between the ages of 21 and 54 years old in the greater Las Vegas area could be as high as 12,000 assuming the entire population of persons with developmental disabilities has a similar age distribution as the individuals served by the State Regional Centers.

Greater Reno/Sparks Area

Population. Service and housing provider estimates of the number of persons with developmental disabilities ranged between 1,000 and 4,700. National incidence rates applied to the greater Reno/Sparks area suggest 4,800 persons have developmental disabilities.⁶ As with the Las Vegas estimate, the estimate based on the national incidence rate is used as the study estimate since it was the most widely agreed upon by service providers.

⁵ State of Nevada, Division of Mental Health and Developmental Services, Biennial Report, 2000.

⁶ U.S. Department of Health and Human Services, Administration for Children and Families.

Housing. The Sierra Regional Center is the primary conduit through which services and housing are provided to persons with developmental disabilities in the greater Reno/Sparks area. Approximately 110 clients at the center live in supported living arrangements.⁷ We also identified 110 adult residential facilities in the greater Reno/Sparks area that have beds available to persons with developmental disabilities.⁸ The Sierra Regional Center reports that the majority of its clients live with family, primarily parents.

Outstanding needs. Similar to Las Vegas, persons with developmental disabilities with the greatest future housing needs are those who are currently receiving care from family, friends or another guardian who is aging. Applying the same age distribution statistics used above suggests that as many as 3,000 persons with developmental disabilities could be at risk of losing their caregivers and as such, their supportive housing arrangements in the next 10 to 20 years.

Demographics

Income and employment. The income level and employability of persons with developmental disabilities are dependent upon the severity of the disability. Most service and housing providers report that between 80 and 100 percent of their clients with developmental disabilities earn less

than \$1,000 per month.⁹ Persons with developmental disabilities are most likely to be enrolled in job training programs, employed at work centers, or employed in the community part time.

Race/ethnicity. The State Health Division reports that recipients of developmental services in 2000 were 74 percent white, 13 percent African-American, 9 percent Latino, 2 percent American Indian and 3 percent Asian.¹⁰ The service and housing providers surveyed report slightly higher percentages of clients who are white and fewer African-American clients.

Overlapping needs. Service and housing providers identified two primary overlapping needs of persons with developmental disabilities: mental illnesses and physical disabilities. Estimates of the percentage of persons with developmental disabilities who also have mental illnesses range between 20 and 50 percent. The estimated percentage of persons with developmental disabilities who also have physical disabilities is between 25 and 40 percent.¹¹

Top Housing Needs

The exhibit on the following page illustrates the housing demand and supply for persons with developmental disabilities in both the greater Las Vegas and Reno/Sparks areas. According to the service providers we surveyed, it appears that the State of Nevada is currently able to support

⁷ BBC survey.

⁸ Ibid.

⁹ BBC survey.

¹⁰ State of Nevada, Division of Mental Health and Developmental Services, Biennial Report, 2000.

¹¹ BBC survey.

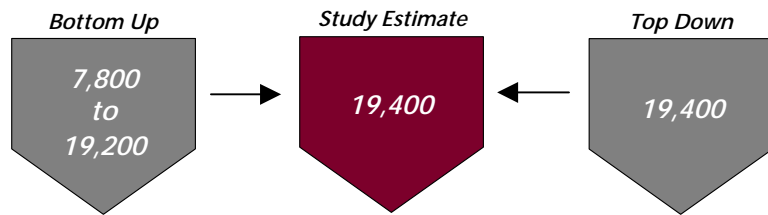
persons with developmental disabilities with the highest level of housing needs. Waiting lists for residential services are fairly modest (around 200 persons).¹² For those persons with developmental disabilities who do not need intensive residential services, the top housing need is for affordable, supportive rental housing. Rents should range between \$300 and \$400 per month and the units should be accessible. In the future, there is likely to be an increased need for residential services for those persons with developmental disabilities currently in their 30s and 40s who are receiving care and housing from their parents.

¹² State of Nevada, Division of Mental Health and Developmental Services, Biennial Report, 2000.

Persons with Developmental Disabilities

Persons with Developmental Disabilities, Greater Las Vegas Area

Population:



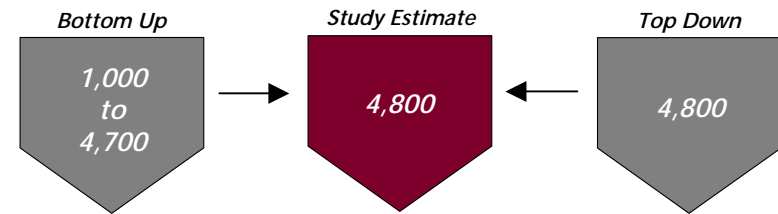
Housing:

Designated Housing:
 Group or residential care facilities: 50 individuals
 Supported living arrangements: 475 individuals
 Intermediate care facilities: 150 individuals

Other Housing Arrangements/Housing Gap:
 Living with family, friends/guardians: 18,600 individuals
 Respite care services: 400 families

Persons with Developmental Disabilities, Greater Reno/Sparks Area

Population:



Housing:

Designated Housing:
 Group or residential care facilities: 110 individuals
 Supported living arrangements: 110 individuals

Other Housing Arrangements/Housing Gap:
 Living with family, friends/guardians: 4,500 individuals
 Respite care services: 200 families

Population Sources:

Top Down: U.S. Department of health and Human Services.
 Bottom Up: BBC survey.

Housing Sources:

Desert Regional Center, Sierra Regional Center, BBC survey.

Greater Las Vegas Area

Population. Estimating the number of persons with mental illnesses is complicated by varying degrees and types of mental illnesses. Service and housing provider estimates of persons with mental illnesses in the greater Las Vegas area range widely, from just a few thousand to 100,000. This variance is undoubtedly due to differing methods of defining mental illness. The National Institute of Mental Health estimates that 22 percent of the U.S. population has a diagnosable mental disorder; this would indicate that 300,000 persons in Clark County have such a disorder. The State Division of Mental Health reports that, based on national estimates, 5.4 percent of persons in Nevada have a serious mental illness and 1.8 percent of persons are dysfunctional because of a serious mental illness.¹ Applied to Clark County, these percentages suggest that 74,000 persons have a serious mental illness and 25,000 are dysfunctional because of a serious mental illness.

In the last fiscal year, the Division of Mental Health served 11,500 persons with mental illnesses in Clark County.² This number includes persons who were served only and does not account for persons who did not seek services, who are undiagnosed, or whose illness has not been reported. This study uses the 25,000 estimate of “persons dysfunctional because of a serious mental illness” to capture those individuals who are most in need of supportive housing.

¹ 2002 Needs Assessment, Division of Mental Health and Developmental Services and State of Nevada, Division of Mental Health and Developmental Services, Biennial Report, 2000.

² 2002 Needs Assessment, Division of Mental Health and Developmental Services.

Housing. Persons with mental illnesses are housed in a variety of arrangements. Many of the residential group care facilities that also serve persons who are elderly and/or disabled also serve persons with mental illnesses. We identified approximately 900 beds in these facilities in the greater Las Vegas area available to persons with mental illnesses.³ Persons with mental illnesses also live in supportive living arrangements, ranging from one or two people living in an apartment with minimal supportive services, to homes with 24-hour supervision and care. In its 2002 needs assessment, the State Health Division identified approximately 275 individuals living in supportive living arrangements in Clark County. Homeless shelters and transitional housing also serve persons with mental illnesses. Approximately 25 emergency shelter beds and 65 beds in transitional housing in the greater Las Vegas area are designated for persons with mental illnesses who are also homeless.⁴ Finally, there are approximately 550 beds of permanent supportive housing designated for persons who are homeless and have mental illnesses.⁵

The remainder of persons with mental illnesses lives alone, with friends and family, are in homeless shelters or are unsheltered.

Outstanding Needs. Based on national and local estimates of the percentage of the homeless who have mental illnesses, approximately 700 persons with mental illnesses are in homeless shelters and 3,400 are

³ Bureau of Licensure and Certification, 2001.

⁴ Southern Nevada Homeless Coalition, housing inventory, 2002.

⁵ Ibid.

unsheltered or living on the street.⁶ The majority of persons with mental illnesses live alone or with friends and family. Depending on the situation, these individuals may also be in need of housing.

Greater Reno/Sparks Area

Population. Service and housing provider estimates of persons with mental illnesses in the greater Reno/Sparks area ranged between 15,000 and 43,000. Similar to the greater Las Vegas estimates, the variance in the greater Reno/Sparks estimates is likely explained by differing methods of defining mental illness. The National Institute of Mental Health estimate of persons with diagnosable mental illnesses in Washoe County is 75,000 persons. National and state estimates of persons in the greater Reno/Sparks area with a serious mental illnesses approximate 18,000 persons; estimates of persons who are dysfunctional because of a serious mental illness are around 6,000.⁷ In the last fiscal year, the State Health Division served 4,000 persons with mental illnesses in Washoe County.⁸ This number includes persons who were served only and does not account for persons who did not seek services, who are undiagnosed, or whose illness has not been reported. Consistent with the estimate used in the greater Las Vegas area, this study uses the 6,000 estimate of “persons dysfunctional because of a serious mental illness” for the greater Reno/Sparks area to identify those individuals with the greatest housing needs.

⁶ BBC survey and focus groups.

⁷ 2002 Needs Assessment, Division of Mental Health and Developmental Services and State of Nevada, Division of Mental Health and Developmental Services, Biennial Report, 2000.

⁸ 2002 Needs Assessment, Division of Mental Health and Developmental Services.

Housing. We identified approximately 130 beds in residential group care facilities in the greater Reno/Sparks area available to persons with mental illnesses.⁹ According to the State Health Division, 130 individuals are in supportive living arrangements in Washoe County.¹⁰ There are approximately 80 beds in transitional housing and 230 beds in permanent supportive housing in the greater Reno/Sparks area designated for persons with mental illnesses who are also homeless.¹¹ The remainder of persons with mental illnesses lives alone, with friends and family, are in homeless shelters or are unsheltered.

Outstanding Needs. Approximately 100 persons with mental illnesses are in greater Reno/Sparks area homeless shelters and 300 are unsheltered, or living on the street.¹² As in Las Vegas, the majority of persons with mental illnesses in the greater Reno/Sparks area live alone or with friends and family. Depending on the situation, these individuals may also be in need of housing.

Demographics

Income. According to service and housing providers, 85 to 100 percent of their clients who have mental illnesses earn less than \$1,000 per month.¹³ The maximum rent or mortgage payment affordable at this income level is \$300 per month. The State Division of Mental Health reports that

⁹ Bureau of Licensure and Certification, 2001.

¹⁰ 2002 Needs Assessment, Division of Mental Health and Developmental Services.

¹¹ Ibid.

¹² BBC survey and focus groups.

recipients of mental health services from the state are largely from lower income brackets, with 91 percent of the Mental Health Divisions' clients earning less than \$16,000 per year.¹⁴

Employment. The employment status of persons with mental illnesses ranges considerably depending on the extent of their illness. Service and housing providers who serve persons with mental illnesses who are also homeless report that very few, if any, if their clients are employed or employable.¹⁵

Race/ethnicity. Service and housing providers in southern Nevada report that about half of their clients with mental illnesses are white English speakers, 40 percent are African-American, and 10 percent are Latinos who speak Spanish. In northern Nevada, the majority of clients who have mental illnesses are white English speakers.

Overlapping needs. Service and housing providers identified homelessness as the most prevalent overlapping need for persons with mental illnesses. Approximately 40 percent of persons who are homeless also have mental illnesses.¹⁶

Top Housing Needs

The exhibit on the following page illustrates the housing demand and supply for persons with mental illnesses in both the greater Las Vegas and Reno/Sparks areas. We estimate that there are at least 4,100 persons with mental illnesses in need of housing in the greater Las Vegas area. The actual number is likely to be higher, however, due to the large number of persons with mental illnesses living alone or with friends or family. As family members age and/or mental illnesses progress, these living arrangements may not be stable long term. In the greater Reno/Sparks area, at least 400 persons with mental illnesses are in need of housing.

The top housing need for persons with mental illnesses is affordable, permanent supportive housing. This need is particularly great for persons who are released from state institutions or care facilities and are without housing. Emergency beds and transitional housing to serve persons with mental illnesses are also needed. Many of the housing needs identified for the homeless – e.g., a drop in shelter that provides supportive services – would also serve persons with mental illnesses due to the high crossover of these population groups.

¹³ Ibid.

¹⁴ Division of Mental Health and Developmental Services, Biennial Report, 2000.

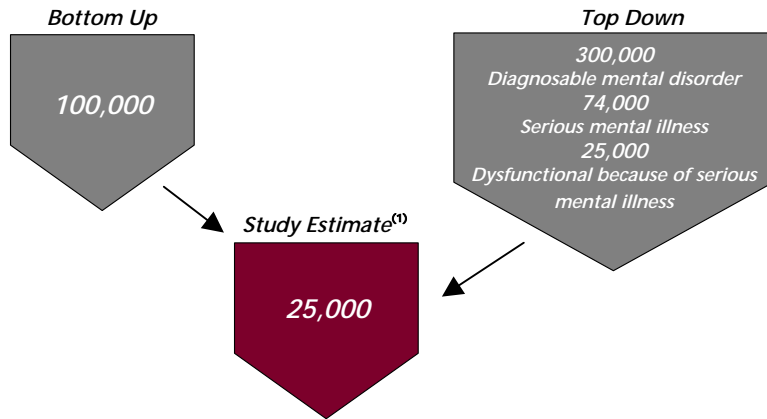
¹⁵ BBC survey.

¹⁶ BBC survey.

Persons with Mental Illnesses

Persons with Mental Illnesses, Greater Las Vegas Area

Population:



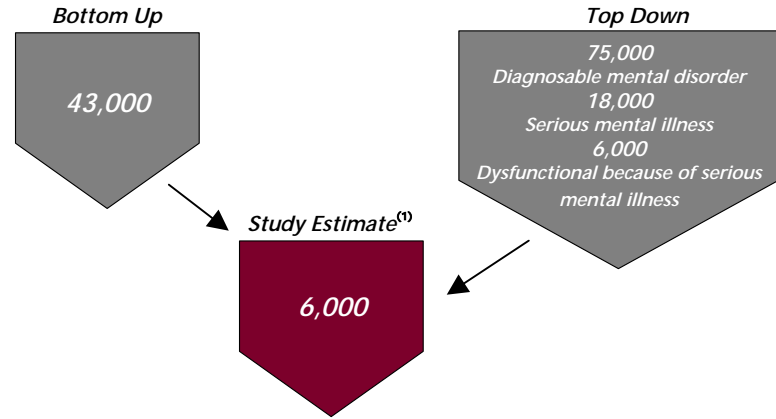
Housing:

Designated Housing:
Residential group care facilities serving elderly, disabled persons with mental illness: 900 beds
Supported living arrangements, shelter and care: 275 individuals
Homeless shelters for mentally ill: 25 beds
Transitional housing: 65 beds
Permanent supportive housing: 550 beds

Other Housing Arrangements/Housing Gap:
Living with friends, family/living alone: 19,000 people
Other homeless shelters: 700 people
Unsheltered: 3,400 people

Persons with Mental Illnesses, Greater Reno/Sparks Area

Population:



Housing:

Designated Housing:
Residential group care facilities serving elderly, disabled persons with mental illness: 130 beds
Supported living arrangements, shelter and care: 130 individuals
Transitional housing: 80 beds
Permanent supportive housing: 230 beds

Other Housing Arrangements/Housing Gap:
Living with friends, family/living alone: 5,000 people
Other homeless shelters: 100 people
Unsheltered: 300 people

Greater Las Vegas Area

Population. Perhaps the most difficult task in estimating population numbers for special needs groups is defining a particular population. Most of the populations included in this study are defined by a physical or social characteristic. Persons who are homeless are defined by their state of housing, which can change daily. The majority of homeless population counts focus on individuals who are living on the street or in shelters; for the purposes of this study, this population is referred to as *literally* homeless. Another component of the homeless population, but one that is much more difficult to measure, consists of persons living in temporary or unstable housing. This study refers to this segment of the population as *precariously housed*.

A 1999 study of persons who are homeless in the greater Las Vegas area estimated that there were 6,700 homeless individuals in the area.¹ This number included persons living on the street as well as in emergency shelters (i.e., the literally homeless). Service and housing provider estimates of the current number of literally homeless range from 7,500 to 15,000. The National Center on Homelessness and Poverty estimates that about .25 percent of the U.S. population is homeless. Applying this percentage to Clark County yields an estimate of about 3,400 individuals, which is far lower than the number of persons revealed by the 1999 count. For the purposes of this study, the number of persons who are homeless is estimated

using the midpoint of the 1999 count and the average number estimated by service and housing providers. This produces an estimate of 10,000 persons who are literally homeless in the greater Las Vegas area.

The number of precariously housed in the greater Las Vegas area was estimated by averaging service and housing provider estimates and the number suggested from the responses to survey questions asked in the 1999 count and as part of the city's annual Stand Down for the Homeless. The number of persons who are precariously housed, and as such, at great risk of homelessness, is estimated at 6,300.

Outstanding Needs. Persons who are literally homeless live on the street and find beds in emergency shelters. There are currently 630 beds for women and children and 1,195 beds for single men in emergency shelters the greater Las Vegas area, leaving 8,175 persons who are homeless living on the street.²

Persons who are precariously housed may be living in transitional housing units, with family or friends, or in weekly motels. There are currently about 2,650 beds of transitional housing in the greater Las Vegas area, leaving 3,700 persons living with friends and family or in weekly motels.³

¹ Southern Nevada Homeless Study: Final Report, University of Las Vegas, Department of Sociology, 1999.

² Southern Nevada Homeless Coalition inventory, 2002 and BBC survey and key person interviews.

³ Ibid.

Greater Reno/Sparks Area

Population. Service and housing providers estimate the number of persons who are literally homeless in the greater Reno/Sparks area at 1,100.

The number of persons who are literally homeless identified in the November 2001 Reno Area Alliance for the Homeless street count was approximately 875. Nationwide estimates of the homeless applied to the greater Reno/Sparks area would suggest that 850 persons are literally homeless.⁴ Averaging these numbers yields an estimated 1,000 persons who are literally homeless.

Service and housing providers estimate the number of both literally homeless and precariously housed to be around 3,700. In its study, the Reno Area Alliance for the Homeless identified 4,000 persons living in weekly motels; therefore, the number of precariously housed is at least this high. Adding the number of persons who patronized food pantries and kitchens on the day of the Reno count places the number of precariously housed at between 4,750 and 5,500.⁵

Outstanding Needs. There are currently 89 beds for families and children and 179 beds for individuals in emergency shelters the greater Reno/Sparks area, leaving 732 persons who are homeless living on the

street.⁶ Transitional housing beds in the greater Reno/Sparks area total 820.⁷ Therefore, there are between 3,200 and 4,700 persons in the greater Reno/Sparks area living in weekly motels or with friends and family.

Demographics

Income. Service and housing providers report that the vast majority of their clients who are homeless (between 85 and 100 percent) earn less than \$1,000 per month. The homeless counts conducted in the greater Las Vegas area estimate that between 60 and 80 percent of persons who are homeless earn less than \$400 per month.⁸ Individuals at this income level (\$400 per month) could only afford to pay \$120 per month toward housing costs without being cost burdened. Providing housing to individuals with income levels this low requires heavy subsidies.

Employment. The recent homeless counts in the greater Las Vegas area collected the most comprehensive information about the employment status of the persons who were homeless and interviewed in the studies. Between 20 and 30 percent of the persons interviewed were working; most said they were looking for work.⁹ According to service and housing providers, the major barriers persons who are homeless face in trying to find

⁴ National Center on Homelessness and Poverty, 1999.

⁵ Reno Area Alliance for the Homeless count, 2001 and 2002 and BBC.

⁶ City of Reno Continuum of Care, 2002, Reno Area Alliance for the Homeless.

⁷ Ibid.

⁸ Southern Nevada Homeless Study: Final Report, 1999, and Stand Down for Homelessness, 2001.

⁹ Ibid.

employment are child care, transportation, criminal backgrounds, inability to afford a Sheriff's card or other costs, and distrust and lack of understanding about their situation (on behalf of employers).¹⁰

Race/ethnicity. Persons who are homeless are most often white and African-American English speakers. According to housing and service providers, whites represent about 50 to 60 percent of the population; African-Americans represent between 30 and 40 percent; and Latinos, between 10 and 15 percent.¹¹

Overlapping needs. The overlapping needs of persons who are homeless are extensive. Mental illness was the overlapping need most often mentioned by service providers; estimates of the homeless population with mental illness range from 40 to 60 percent. Substance abuse is also prevalent in the population of persons who are homeless; estimates range from 50 to 80 percent. The percentage of the population with HIV/AIDS is estimated at between 10 and 15 percent. About 30 to 50 percent of the population is estimated to be victims of domestic violence and 50 percent of homeless youth are estimated to have experienced sexual abuse.¹²

Top Housing Needs

The exhibits on pages 35 and 36 illustrate the housing demand and supply for persons who are literally homeless and precariously housed. We estimate that there are approximately 8,200 persons who are literally

homeless and unsheltered and 6,300 persons who are precariously housed (including those in transitional housing) in the greater Las Vegas area. In the greater Reno/Sparks area, we estimate that there are 730 persons who are unsheltered and between 4,000 and 5,500 who are precariously housed (including those in transitional housing).

Because the needs of persons who are homeless are so extensive, a variety of housing solutions are needed to meet their needs. In general, all of the components along the homeless continuum of care – from emergency shelters to transitional housing to permanent supportive housing – are needed in both the greater Las Vegas and Reno/Sparks areas to serve the population of persons who are homeless.

Meeting the specific needs of persons who are homeless can be complicated, however, and serving this population demands more than simply providing sleeping space. For example, service and housing providers in both the greater Las Vegas and Reno/Sparks areas identified a growing number of persons who are homeless with mental illnesses.

More specific recommendations for serving the housing needs of the homeless include the following:

- Emergency shelters that allow pets and serve unmarried couples with children;
- A drop-in center for the homeless that focuses on services for the mentally ill;

¹⁰ BBC survey and focus groups.

¹¹ BBC survey.

¹² Ibid.

Persons and Families Who Are Homeless

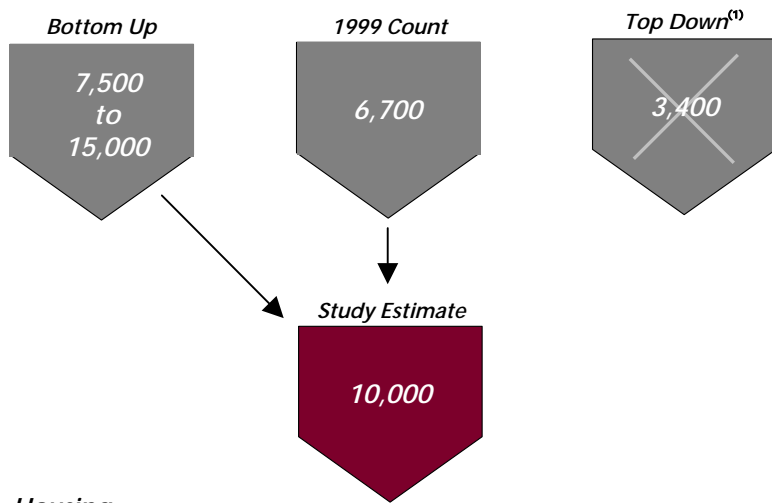
- Day or drop-in shelters for the homeless that provide connections to employment and are located near public transit;
- Transitional housing for families and persons who are homeless and mentally ill;
- Permanent supportive housing for persons who are mentally ill, released from state institutions and have nowhere to go;
- Emergency shelters for persons who are elderly;
- Concentrated supportive services for the homeless to reduce the number of persons who are living on the streets in addition to intensive intervention to assist the chronically homeless; and
- Rental housing to serve extremely low-income household, earning less than \$13,000 per year.

Persons and Families Who Are Homeless

Persons and Families Who Are Homeless, Greater Las Vegas Area

Literally Homeless

Population:



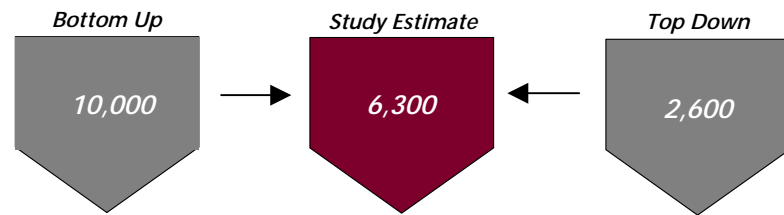
Housing:

Designated Housing:
 Emergency shelter beds:
 Women/families: 630
 Men: 1,195
Housing Gap, Literally Homeless: 8,175

Persons and Families Who Are Homeless, Greater Las Vegas Area

Precariously Housed

Population:



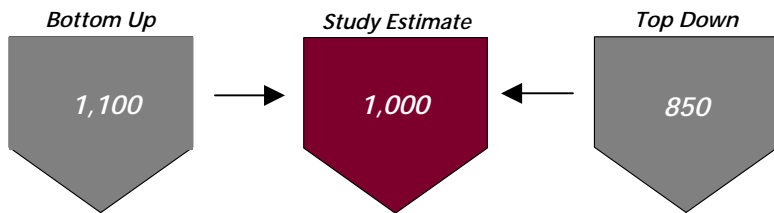
Housing:

Designated Housing:
 Transitional housing beds: 2,650
Housing Gap, Precariously Housed: 3,700

Persons and Families Who Are Homeless, Greater Reno/Sparks Area

Literally Homeless

Population:



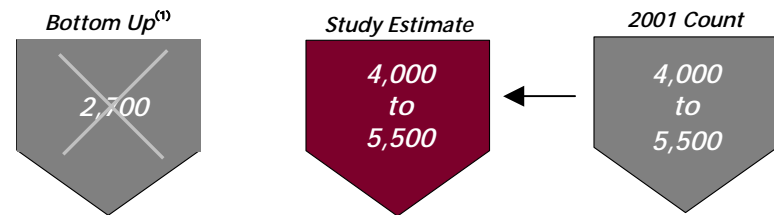
Housing:

Designated Housing:
 Emergency Shelter Beds:
 Families/children: 89 beds
 Individuals: 179 beds
Housing Gap, Literally Homeless: 732

Persons and Families Who Are Homeless, Greater Reno/Sparks Area

Precariously Housed

Population:



Housing:

Designated Housing:
 Transitional housing: 820
Housing Gap, Precariously Housed: 3,200 - 4,700
 ■ Housed in motel/hotel: 4,000

Population Sources:

Top Down: Reno Area Alliance for the Homeless. National Center on Homelessness and Poverty.
 Bottom Up: BBC survey and focus groups.

⁽¹⁾ Estimates of individuals precariously housed in the greater Reno/Sparks area were much lower than the actual number of individuals identified in weekly motels in 2001 as part of the Reno Area Alliance for the Homeless count. Therefore, the Alliance number is used to derive the study estimate.

Housing Sources:

City of Reno Continuum of Care, 2002 and BBC survey.

Greater Las Vegas Area

Population. Service and housing providers estimate the population of victims of domestic violence in the greater Las Vegas area to be between 13,500 and 15,000 individuals. The Nevada Network Against Domestic Violence is the best source of statistical information on annual contacts made by victims of domestic violence. Between July 2000 and June 2001, 14,530 first time contacts were made by victims in Clark County; these represented 38 percent of all first time contacts in the state. Repeat contacts are not available by county. However, if repeat contacts are distributed similar to first time contacts, 12,400 repeat contacts are estimated to have occurred in Clark County. Together, these statistics suggest that 26,900 individuals experienced domestic violence between 2000 and 2001.

Housing. Victims of domestic violence seek safe, secure housing away from the perpetrator of violence. In the greater Las Vegas area, victims of domestic violence have access to 467 beds at secure women’s and children’s shelters, domestic violence shelters, and transitional housing.¹ We also identified 40 private, independent living units occupied by victims of domestic violence.² Victims of domestic violence also have non-dedicated shelters, transitional housing and affordable and market rate housing available to them. However, these types of housing may not meet victims’ needs for security or immediacy of obtaining shelter due to waiting lists and screening procedures. Market rate units are likely to be cost prohibitive.

¹ Beds were identified from BBC survey, focus groups, and key person interviews.

² BBC survey.

Outstanding Needs. If it is assumed that each victim of domestic violence stays in a shelter for four weeks, the available beds in the greater Las Vegas area could accommodate 6,000 victims per year, leaving 8,500 first time victims in need of housing. Not all of these individuals are unsheltered: most have moved in with friends and family, have found independent housing or are still living with perpetrators. According to the Nevada Network Against Domestic Violence, 7,600 victims of domestic violence statewide sought referrals for housing assistance between 2000 and 2001. The number of housing referrals by victims in Clark County is estimated at 2,930 per year, based on the county’s share of first time contacts.

Greater Reno/Sparks Area

Population. Service providers estimate of the number of victims of domestic violence in the greater Reno/Sparks area at about 12,000 individuals. Statistics from the Nevada Network Against Domestic Violence show 7,900 first time contacts made by victims in Washoe County between 2000 and 2001, or 21 percent of all state contacts. Repeat contacts are estimated at 6,800. Together, these statistics suggest that 14,700 individuals in the greater Reno/Sparks area experienced domestic violence between 2000 and 2001.

Housing. There is only one shelter in the greater Reno/Sparks area dedicated to victims of domestic violence, which provides 21 beds of emergency shelter and 7 transitional housing units.³ A transitional housing provider/shelter also has 14 beds available to victims of domestic violence

³ BBC survey.

provided they have children and are in no immediate danger.⁴ Victims also have homeless shelters, other transitional housing, and affordable and market rate housing available to them. However, as mentioned above, general shelters, transitional housing, and market rate housing may not adequately meet the unique needs of victims of domestic violence.

Outstanding Needs. Assuming a four-week stay, the shelters in the greater Reno/Sparks area accommodate approximately 270 victims per year, leaving an estimated 7,600 first time victims potentially in need of housing. The number of referrals for housing assistance by victims in Washoe County is estimated at 1,600 per year, based on the county’s share of first time contacts.

Demographics

Income. According to service and housing providers, an average of 70 percent of their clients who are victims of domestic violence earn less than \$1,000 per month. About one third earn between \$1,000 and \$2,000 per month. The maximum rent or mortgage payment affordable at these income levels is \$300 to \$600 per month. On average, more than 50 percent of clients who are victims of domestic violence pay more than 30 percent of their monthly income in a rental or mortgage payment, and as such are cost burdened.⁵

Employment. Service and housing providers reported that, on average, about 20 percent of their clients are employed part-time, 25 percent are employed full-time, 15 percent are enrolled in job training, and 26 percent are unemployed but job ready. Permanent or temporary housing, subsidized childcare, transportation, and counseling/support are most needed to ensure that victims of domestic violence become employable and remain employed.⁶

Race/ethnicity. The majority of clients who are victims of domestic violence both the greater Las Vegas and Reno/Sparks areas are white and English speaking. The second most common race is African-American, followed by Latinos.⁷

Overlapping needs. Mental illness, substance abuse, and physical disability are the most common overlapping needs of victims of domestic violence, as identified by service and housing providers. Estimates of mental illness ranged between 20 and 30 percent. The mental illness experienced by victims of domestic violence is often in the form of traumatic stress disorder related to the violence experienced. This is often a short-term disorder that can be overcome with sufficient counseling and removal of the victim from the unsafe environment. The percentage of victims of domestic violence with physical disabilities was estimated at 20 percent; estimates of substance abuse and addiction ranged between 15 and 40 percent.⁸

⁴ BBC key person interview.

⁵ BBC survey.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

Top Housing Needs

The exhibit on the following page illustrates the housing demand and supply for victims of domestic violence. In the greater Las Vegas area, between 2,900 and 8,500 victims of domestic violence are in need of housing each year. In the greater Reno/Sparks area, 1,600 to 7,600 victims are in need. Victims of domestic violence are in the greatest need for two types of housing: 1) a secure emergency shelter to provide short-term housing immediately after they have left their perpetrator, and 2) affordable long-term housing, preferably with some type of security such as controlled access. The affordable housing units should have play areas and activities for children and provide a sense of community and peer support.

Victims of Domestic Violence

Victims of Domestic Violence, Greater Las Vegas Area

Population:



Housing:

Designated Housing:
 Domestic violence shelter/transitional housing: 467 beds
 ■ Victims per year: 6,000
 Independent living: 40 units

Other Housing Arrangements/Housing Gap:
 Other living arrangements: 8,500 victims
 Spouse/partner
 Friends/family
 Living alone, may be in need of housing
 Unsheltered in need of housing

Housing referrals sought by first-time contacts, 2000-2001: 2,900 victims

Victims of Domestic Violence, Greater Reno/Sparks Area

Population:



Housing:

Designated Housing:
 Domestic violence shelter: 21 beds
 ■ Victims per year: 270
 Transitional housing (families only): 14 beds, 7 units

Other Housing Arrangements/Housing Gap:
 Other living arrangements: 7,600 victims
 Spouse/partner
 Friends/family
 Living alone, may be in need of housing
 Unsheltered in need of housing

Housing referrals sought by first-time contacts, 2000-2001: 1,600 victims

Population Sources:

Top Down: Nevada Network Against Domestic Violence, 2002.

Bottom Up: BBC survey and key person interviews.

⁽¹⁾ The Top Down estimates were used for the study since they are actual counts

Housing Sources:

BBC survey and key person interviews, Nevada Network Against Domestic Violence, 2002.

Greater Las Vegas Area

Population. Service and housing providers estimate the population of persons with HIV/AIDS in the greater Las Vegas area at between 3,000 and 6,200 individuals, with the most estimates around 6,000. The State Health Division’s Annual Surveillance Report from 1999 places the number of *known* HIV/AIDS cases in Clark County (when adjusted for mortality) at about 3,600. The Clark County Health Department estimates the number of HIV/AIDS cases at around 3,700. The midpoint of these estimates is 4,800 cases of HIV/AIDS. However, the actual number of persons with HIV/AIDS is unknown due to undiagnosed and unreported cases and could be closer to the higher estimates of around 6,000.

Housing. A small number of housing units in the greater Las Vegas area – just 21 existing and 40 planned – are designated for persons with HIV/AIDS.¹ The vast majority of housing assistance to persons with HIV/AIDS is provided in the form of rental or mortgage payment subsidies and funded through the federal Housing Opportunities for Persons with AIDS (HOPWA) program. An estimated 750 persons with HIV/AIDS in the greater Las Vegas area receive rental assistance each year, based on service provider data.²

Persons with HIV/AIDS who do not live in designated units or receive rental assistance live independently in market rate or subsidized housing or live with their partners, friends, or family. Estimates from service providers indicate that between 60 and 80 percent of persons with HIV/AIDS have

¹ BBC survey and key person interviews.

² Ibid.

these living arrangements.³ These estimates place the number of persons with HIV/AIDS in the greater Las Vegas area who are living independently or with family and friends at between 2,400 and 4,000.

Outstanding Needs. The remainder of persons with HIV/AIDS in the greater Las Vegas area – between 1,200 and 1,600 individuals – are in care facilities such as group homes or nursing homes, living in transitional housing or weekly motels, or are homeless. Service providers estimate the percentage of persons with HIV/AIDS living in nursing and group homes to be very small, at only 1 to 3 percent.⁴ Therefore, the number of persons with HIV/AIDS in need of housing is somewhere between 1,200 and 1,600 individuals. Housing and service providers estimate that between 10 and 30 percent of persons with HIV/AIDS are homeless, which would suggest that at least 500 of those identified in need are unsheltered.⁵

Greater Reno/Sparks Area

Population. Service and housing providers estimate the population of persons with HIV/AIDS in the greater Reno/Sparks area at between 1,000 and 2,500 individuals. The State Health Division reports the number of *known* HIV/AIDS cases (adjusted for mortality) in Washoe County at about 500. The Washoe County Health Department estimates the number of cases to be closer to 800. The study estimate ranges between 1,200 and 2,000 cases due to undiagnosed and unreported cases.

³ BBC survey.

⁴ Ibid.

⁵ Ibid.

Housing. We did not identify any housing units or beds in the greater Reno/Sparks area designated to serving persons with HIV/AIDS. HOPWA grantees in the area provide approximately 250 persons with HIV/AIDS per year with rental assistance.⁶ The number of persons with HIV/AIDS in the greater Reno/Sparks who live independently in market rate or subsidized housing or live with their partners, friends, or family is estimated to range between 700 and 1,600.

Outstanding Needs. Persons with HIV/AIDS who are not living independently, with family or friends or receiving housing assistance are in need of housing. We estimate the number of persons with HIV/AIDS in the greater Reno/Sparks area in need of housing assistance to be between 250 and 650 individuals. According to service and housing provider estimates, at least 120 of these individuals are unsheltered.

Demographics

Income. According to service and housing providers, an average of 85 percent of their clients who are persons with HIV/AIDS earn less than \$1,000 per month. The remainder earns between \$1,000 and \$2,000 per month. The maximum rent or mortgage payment affordable at these income levels is \$300 per month. The vast majority of clients with HIV/AIDS are cost burdened and an average of 50 percent are severely cost burdened, according to service and housing providers.⁷

⁶ BBC survey and key person interviews.

⁷ BBC survey.

Employment. According to service and housing providers, less than half of the persons with HIV/AIDS they serve are employed. Most of those employed work part time. Undoubtedly, the health status of persons with HIV/AIDS (especially those individuals with AIDS) affects their ability to work.⁸

Race/ethnicity. According to the State Health Division, whites make up about two-thirds of known AIDS cases in Nevada; African-Americans make up about 20 percent; and Latinos, 12 percent. Asians represent just one percent of the cases. HIV cases had a similar distribution.

Overlapping needs. Service and housing providers identified a number of overlapping needs for persons with HIV/AIDS. As mentioned above, between 10 and 30 percent of persons with HIV/AIDS are estimated to be homeless. Substance abuse and addiction was the overlapping need listed most often by service and housing providers; estimates of the percentage of persons with HIV/AIDS who have substance abuse or addiction problems range between 25 and 80 percent. Mental illness was another frequently mentioned overlapping need, afflicting an estimated 20 to 25 percent of persons with HIV/AIDS.⁹

Top Housing Needs

The exhibit on the following page illustrates the housing demand and supply for persons with HIV/AIDS. As shown in the exhibit, between 1,200 and 1,600 persons with HIV/AIDS in the greater Las Vegas area and

⁸ Ibid.

⁹ BBC survey and focus groups.

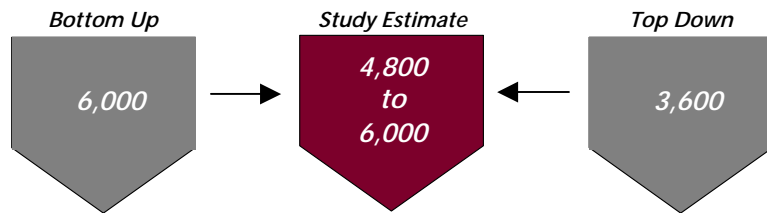
Persons with HIV/AIDS

250 to 650 persons with HIV/AIDS in the greater Reno/Sparks area are in need of housing. The types of housing needed to serve this population are small, studio/one or two bedroom, ground level apartments. Rents should range between \$300 and \$600 per month. Transitional housing and housing with supportive services is also needed.

Persons with HIV/AIDS

Persons with HIV/AIDS, Greater Las Vegas Area

Population:



Housing:

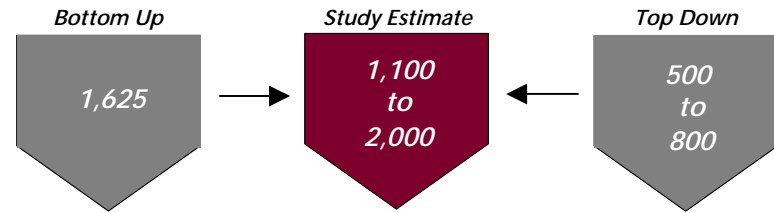
Designated Housing:
 Transitional and permanent housing: 21 existing units, 40 planned units
 Rental/housing assistance: 750 persons served per year

Other Housing Arrangements:
 Living independently or with friends/family: 2,400 – 4,000

Other Housing Arrangements/Housing Gap:
 Group homes, nursing homes, transitional housing, weekly motels, homeless shelters, and unsheltered: 1,200 – 1,600

Persons with HIV/AIDS, Greater Reno/Sparks Area

Population:



Housing:

Designated Housing:
 Transitional and permanent housing: 0 units
 Rental/housing assistance: 250 persons served per year

Other Housing Arrangements:
 Living independently, or with friends/family: 700 – 1,600

Other Housing Arrangements/Housing Gap:
 Group homes, nursing homes, transitional housing, weekly motels, homeless shelters, and unsheltered: 250 – 650

Population Sources:

Top Down: Known HIV/AIDS cases, State Health Division, 1999 and County Health Department estimates.
 Bottom Up: BBC survey and focus groups.
 Study Estimate: 4,800 and 1,000 are midpoints of Top Down and Bottom Up.
 6,000 and 2,000 are upper estimates to account for undiagnosed and unreported cases.

Housing Sources:

BBC survey and key person interviews.

Greater Las Vegas Area

Population. Service and housing providers estimate the population of parolees in the greater Las Vegas area at 3,000, which approximates the number of parolees released annually. The Department of Corrections reports that there are currently 1,425 active parolees in the greater Las Vegas area.

Housing. Parolees must have evidence that they will be housed upon their release from prison. The Department of Corrections inspects their housing situation before the release. According to the department, the vast majority of parolees – between 85 and 90 percent – initially find housing with family and friends. Parolees may also be housed initially at halfway houses or in substance abuse facilities. There are approximately 145 beds in halfway houses and 500 beds in substance abuse facilities in the greater Las Vegas area.¹

Outstanding Needs. Parolees may have their housing needs met upon release from prison, but according to service and housing providers, these arrangements do not often meet long-term needs. In the greater Las Vegas area, we estimate that between 400 and 1,000 parolees are currently housed in precarious situations and have housing needs. This housing gap assumes that parolees living with friends or family are currently in stable housing arrangements; however, these arrangements may not be viable in the future.

¹ BBC surveys, key person interviews, and Internet search.

Greater Reno/Sparks Area

Population. The Department of Corrections reports that there are currently 607 active parolees in the greater Reno/Sparks area. Service and housing providers estimate the number of active and parolees in need to be closer to 900. About 1,000 parolees are released annually in the greater Reno/Sparks area, according to the Department of Corrections.

Housing. There are approximately 175 beds in halfway houses and 200 beds in substance abuse facilities in the greater Reno/Sparks area.² As in Las Vegas, the majority of parolees in the greater Reno/Sparks area initially find housing with family and friends.

Outstanding Needs. We estimate that between 100 and 250 parolees are currently living in transitional housing, weekly hotels or are homeless in the greater Reno/Sparks area, and as such, have housing needs.

Demographics

Income. Service and housing providers report that between 80 and 100 percent of their clients who are parolees have incomes less than \$1,000 per month.³ At this income level, affordable housing would need to cost less than \$300 per month.

² Ibid.

³ BBC survey.

Employment. Service and housing providers report that most parolees are unemployed but job ready or are enrolled in job training. Few parolees are employed full time; most of those employed work part time. One provider mentioned that job training in prison is necessary to ensure that parolees are job ready upon release.

Race/ethnicity. Most parolees who receive services from providers are white and speak English. The second most common races/ethnicities of parolees are English-speaking African-American and Spanish-speaking Latino, each representing between 15 and 20 percent of parolees in need, according to service and housing providers.⁴

Overlapping needs. The most common overlapping needs identified by service and housing providers include substance abuse and mental illness, with an estimated 50 to 85 percent of parolees having one or more of these overlapping needs.⁵

Top Housing Needs

The exhibit on the following page illustrates the housing demand and supply for parolees in the greater Las Vegas and Reno/Sparks areas. We estimate that between 400 and 1,000 parolees are in need of housing in the greater Las Vegas area and between 100 and 250 are in need of housing in the greater Reno/Sparks area. This assumes that parolees living with friends or family are currently in stable housing arrangements; however, these arrangements may not be viable in the future. The types of housing needed

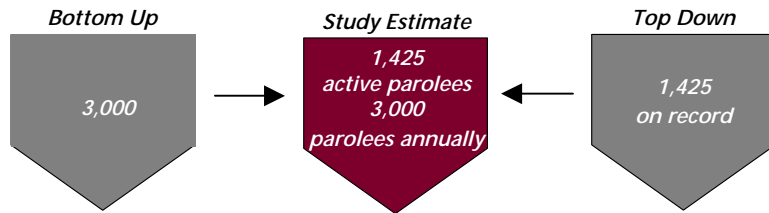
the most by parolees include transitional housing and affordable single family and rental housing. Housing should be located within access of public transportation.

⁴ Ibid.

⁵ Ibid.

Parolees, Greater Las Vegas Area

Population:



Housing:

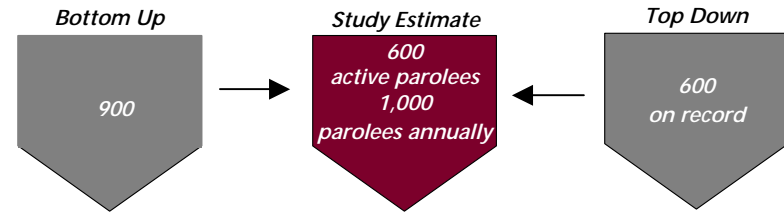
Designated Housing:
 Halfway houses: 145 beds

Other Housing Arrangements:
 Living independently or with friends/family: 850 to 1,800

Other Living Arrangements/Housing Gap:
 Transitional housing, weekly hotels, homeless shelters, unsheltered: 400 to 1,000
 Individuals needing substance treatment facilities: 500 beds

Parolees, Greater Reno/Sparks Area

Population:



Housing:

Designated Housing:
 Halfway houses: 175 beds

Other Housing Arrangements:
 Living independently or with friends/family: 350 to 600

Other Living Arrangements/Housing Gap:
 Transitional housing, weekly hotels, homeless shelters, unsheltered: 100 to 250
 Individuals needing substance treatment facilities: 200 beds

Population Sources:

Top Down: Nevada Department of Corrections. Number of parolees on record is as of June 2002.
 Bottom Up: BBC survey.

Housing Sources:

BBC survey, key person interviews and Internet search.

At Risk of Homelessness

Survey respondents were also asked to estimate the number of their clients currently at risk of becoming homeless. Approximately 60 survey respondents answered this question. The percentage of survey respondents' clients believed to be at risk of homelessness ranged from five percent to 100 percent; the average was 48 percent. The total number of clients estimated to be at risk of homelessness as of the survey date was 16,500.

Changes in Service Demand

Survey respondents were also asked about trends in their services during the past three years. Fifty-six percent of respondents agreed that demographic and economic changes in the Las Vegas and Reno areas have affected demand for services. Exhibit 6 shows the average percent increase in service demand identified by service providers for each special needs population.

Exhibit 6.
Average Percent Increase in Demand for Services, Past 3 Years

<i>Special Needs Clients</i>	<i>Average Percent Increase</i>
Alzheimer's/dementia	52%
Developmental disability	39%
Domestic violence	32%
HIV-AIDS	63%
Homeless	33%
Mental illness	52%
Parolees	30%
Physical disability	40%

Source: BBC Research & Consulting, survey results.

One-fourth of survey respondents said they are serving a different population than they were three years ago. The reasons for growing and changing populations most frequently listed by service providers include:

- The effects of September 11th;
- A growing elderly population;
- An increase in populations with overlapping needs that require more intensive supportive services;
- An increase in substance abuse and mental illness; and
- Increases in high-risk populations.

Cultural Differences

In the BBC survey and focus groups, housing and service providers were asked about the racial and ethnic distribution of their clients. This was compared with the racial breakdown in the greater Las Vegas and Reno/Sparks areas. In general, there is a disproportionately higher percentage of African Americans who are receiving services; this is true across types of special needs populations. Conversely, a disproportionately lower percentage of Latinos receive services. The percentage of whites receiving services is, in general, proportionate to the population for most special needs groups. Service providers attribute the variances by race and ethnicity to cultural differences among the populations. Latinos in particular are less likely to seek services from people other than family members and whites and African Americans are more comfortable about seeking outside services and housing support.

The purpose of this study was to provide estimates of the populations of special needs groups in the Las Vegas and Reno areas and assess their housing needs. This section contains a summary of findings from the study and recommendations for prioritizing housing needs.

Summary of Needs

The study identified the following housing gaps for the nine special needs groups included in the study:

- **Alzheimer's/Dementia.** An estimated 12,000 persons in the Las Vegas area and less than 250 persons in the Reno area with Alzheimer's/Dementia are living alone without caregivers. Expanded caregiver programs (primarily in the Las Vegas area) and residential care facilities to serve the low-income segment of this population are the greatest housing needs of persons with Alzheimer's or Dementia.
- **Persons 55 years and older.** An estimated 58,000 senior households in the Las Vegas area and 14,000 senior households in the Reno area are living with family members, in subsidized and market rate apartments not designated for seniors, or are in weekly motels, homeless shelters, or are unsheltered. The housing most needed to serve this population is ground level apartments affordable to those earning less than 50 percent of the area median income. Seniors are more in need of affordable housing than housing with amenities. In the Reno area, transitional housing and emergency shelters designated for seniors is also needed.
- **Persons with physical disabilities.** An estimated 32,200 individuals with physical disabilities in the Las Vegas area and 5,900 individuals with physical disabilities in the Reno area are living with family members and friends or are in weekly motels, homeless shelters, or are unsheltered. The housing most needed by persons with physical disabilities include small rental units that are accessible and affordable with rents ranging from \$300 to \$1,000 per month. Caregiver assistance is also needed for those receiving inadequate care from family and friends.
- **Persons with developmental disabilities.** Families, friends, and guardians provide living arrangements and care to 18,600 individuals with developmental disabilities in the Las Vegas area and 4,500 individuals with developmental disabilities in the Reno area. For those persons with developmental disabilities who do not need intensive residential services, the top housing need is for affordable, supportive rental housing with rents ranging from \$300 to \$400 per month. In the future, there is likely to be an increased need for residential care facilities for persons receiving care and housing from aging parents.
- **Persons with mental illnesses.** An estimated 18,600 persons with mental illnesses in the Las Vegas area are living with family and friends or alone; 700 are in homeless shelters; and 3,400 are unsheltered. An estimated 5,000 persons with mental illnesses in the Reno area are living with family/friends or alone; 100 are in homeless shelters; and 300 are unsheltered. The top housing need for persons with mental illnesses is affordable, permanent supportive housing,

particularly for persons released from state institutions. Emergency beds and transitional housing to serve persons with mental illnesses are also needed.

- **Persons and families who are homeless.** There are an estimated 8,175 individuals living on the street and 3,700 precariously housed in the Las Vegas area, and 732 individuals living on the street and at least 3,200 precariously housed in the Reno area. All types of housing along the continuum of care is needed to serve persons and families who are homeless – from emergency shelters to drop in centers with mental health services, to transitional and permanent supportive housing.
- **Victims of domestic violence.** An estimated 8,500 victims of domestic violence in the Las Vegas area and 7,600 victims in the Reno area are living with their spouses/boyfriends or other family members, living alone, or are unsheltered and in need of housing. Victims of domestic violence are in the greatest need for secure emergency shelters to provide immediate short-term housing and affordable long-term housing, preferably with some type of security such as controlled access.
- **Persons with HIV/AIDS.** Between 1,200 and 1,600 persons with HIV/AIDS in the Las Vegas area are living in nursing or groups homes, precarious housing arrangements, or are unsheltered. Between 250 and 650 persons with HIV/AIDS in the Reno area are living in nursing or groups homes, precarious housing arrangements, or are unsheltered. The types of housing needed to serve this population are

small, studio/one or two bedroom ground level apartments, with rents ranging from \$300 to \$600 per month. Transitional housing and housing with supportive services is also needed.

- **Parolees.** An estimated 400 to 1,000 parolees in the Las Vegas area and 100 to 250 parolees in the Reno area are living in transitional housing, weekly hotels, homeless shelters, or are unsheltered. The types of housing needed the most for parolees include transitional housing and affordable single family and rental housing.

The attached exhibits summarize the housing gaps and housing and supportive service needs for greater Las Vegas and Reno/Sparks areas. Exhibits 7 and 8 provide a comprehensive overview of both housing and service needs, in addition to indicating where private sector is unlikely to fulfill the needs and public sector support and assistance is needed. Exhibit 9 summarizes the specific needs identified in the key persons interviews and focus groups conducted by BBC.

Recommendations

As demonstrated above, the needs of special needs populations in the Las Vegas and Reno area are extensive. *Where should one start in trying to address the varying and many housing needs of these population groups?* One way of prioritization is to allocate resources to provide the maximum benefit to those in need. Exhibit 10 shows the various types of housing needed and the ability to satisfy the needs of special population groups. Fields marked with a double X are most needed by the special needs groups; those with a single X are needed by certain segments of the groups.

In addition, we suggest the following criteria for prioritization of housing to serve the special needs populations covered in this study:

- ***Ability to meet overlapping needs.*** An increase in overlapping needs of clients was overwhelmingly identified by the social service and housing providers surveyed and interviewed in this study. For example, many of the clients in homeless shelters also have mental illnesses or substance abuse/addictions. Where possible, housing that accommodates a variety of special needs populations and overlapping needs is more valuable than housing that is very specific. Of course, some special needs populations, such as persons with severe developmental disabilities, require housing and services that are tailored to their needs. In addition, some populations do not mix well and should not be housed together.
- ***Increasing or decreasing populations.*** Housing dollars should be allocated to populations that are growing in size rather than declining. As the baby boomers age, the senior population in both the greater Las Vegas and Reno/Sparks areas will experience significant growth. This will also affect the needs of other special needs groups, especially those individuals who are currently dependent on their parents as caregivers.
- ***Reuse potential.*** Housing should be flexible to accommodate a variety of uses, since housing built today for a specific population may not be needed to serve the needs of that population tomorrow.
- ***Likelihood of private provision of housing.*** The presence of the private sector in developing housing should be evaluated before committing to a development. Public dollars should be allocated to provide housing that private dollars will not.
- ***Extent of community/organizational support.*** Unfortunately, for many special needs groups, community opposition to developing housing to serve a specific group can be great. Having a strong advocacy and educational organization in the community to assist in overcoming any potential opposition can lower administrative costs and help to achieve a more successful and welcoming environment for new residents.
- ***Availability of other funding sources.*** Financial support from local governments, private and nonprofit organizations is obviously a desirable factor but should not be used exclusively to make housing decisions, since the organizations and areas in the most need often have the least to offer in additional financial support.

Summary and Recommendations

Exhibit 7.
Summary of Needs, Greater Las Vegas Area

<i>Special Needs Group</i>	<i>Housing Gap</i>	<i>Housing Needs</i>	<i>Supportive Service Needs</i>	<i>Subsidies Required?</i>	<i>Likelihood of Private Market Filling Gap</i>	<i>Public sector role</i>
Alzheimer's/ Dementia	12,000 individuals living alone without caregivers	Residential care facilities for low-income seniors	Home health aides, caregiver programs	Yes, bricks and mortar and ongoing operations.	Low for the low-income segment of the market.	1) Development and financing subsidies. 2) Client-based rental subsidies. 3) Client-based supplemental payments for caregiver services.
Persons 55 years and older	58,000 households live alone, with family, or are precariously housed.	Ground level, affordable apartments with few amenities, rents < \$550/month and controlled access	As population ages - home health aides, caregiver programs	Yes, for extremely low-income households. June 2002 vacancy rates for 1 bedroom, active 55+ units and 2001 rental rates do not support need for subsidies for households earning 50% of AMI.	Probable for higher end of market, as long as vacancy rates remain fairly high.	1) Development subsidies for units affordable to extremely low income households. 2) Client based rental subsidies for same households. 3) Client-based supplemental payments for caregiver services.
Persons with Physical Disabilities	31,200 live with family or are precariously housed.	Small, accessible rental units between \$300 and \$1,000 per month and modifications to existing housing.	Home health aides, caregiver programs	Yes, bricks and mortar for accessible units, accessibility modifications, rental subsidies for extremely low-income households.	Unlikely to absorb costs of developing accessible units without subsidies or public sector intervention.	1) Development subsidies for affordable, accessible units. 2) Grants/loans for accessibility modifications to existing units. 3) Client based rental and caregiver service subsidies.
Persons with Developmental Disabilities	Largely filled by housing provided through licensed facilities, family and friends. Need is likely to grow as current caregivers age.	Residential care facilities, programs/services for those able to live in own home with some support.	Home health aides, caregiver programs	Yes, bricks and mortar and ongoing operations for residential care facilities.	Unlikely.	1) Residential care facilities and services. 2) Client based caregiver service subsidies.
Persons with Mental Illnesses	19,000 living with family or alone; 700 in homeless shelters; 3,400 unsheltered.	Affordable, permanent supportive housing, emergency shelters, transitional housing.	Mental health services.	Yes, bricks and mortar and ongoing operations.	Unlikely.	1) Development subsidies for emergency shelters, transitional housing, affordable housing for lowest income households. 2) Operating subsidies for shelters and transitional housing. 3) Client based rental subsidies. 4) Mental health services.
Persons and Families who are Homeless	8,175 individuals living on street; 3,700 precariously housed.	Emergency shelters - overnight and day; transitional housing; permanent supportive housing	Mental health services, job training.	Yes, for all types of housing along continuum.	Unlikely.	1) Development and operating subsidies for all types of housing along continuum. 2) Client based rental assistance. 3) Mental health services, job training programs. 4) Child care assistance for working families.
Victims of Domestic Violence	8,500 individuals living with prepetators, families, alone, or unsheltered.	Affordable long term, family-friendly housing with controlled access.	Counseling, child care.	Yes, for housing affordable to lowest income households.	Depending on income levels and security needs of victims, may provide affordable housing.	1) Development subsidies for units affordable to lowest income households. 2) Client based rental subsidies for same households.
Persons with HIV/AIDS	1,200 to 1,600 individuals living in nursing/group homes or precariously housed	Small, ground level apartments with rents ranging from \$300 to \$600 per month	Supplemental payments for health care, medications, rent and utility payments.	Yes, development and rental subsidies for units affordable to lowest income households and transitional housing.	Unlikely.	1) Development subsidies for transitional housing and units affordable to lowest income households. 2) Client based rental and utility assistance. 3) Client based health care assistance
Parolees	400 to 1,000 are precariously housed or homeless.	Transitional housing and affordable single family and rental housing.	Substance abuse treatment and counseling.	Yes, transitional housing and affordable housing for extremely low income individuals.	Unlikely for transitional housing. Because parolees incomes are so low, unlikely to provide affordable housing.	1) Development subsidies for transitional housing and affordable housing. 2) Operating subsidies for transitional housing. 3) Client based rental subsidies.

Summary and Recommendations

Exhibit 8.
Summary of Needs, Greater Reno/Sparks Area

<i>Special Needs Group</i>	<i>Housing Gap</i>	<i>Housing Needs</i>	<i>Supportive Service Needs</i>	<i>Subsidies required?</i>	<i>Likelihood of Private Market Filling Gap</i>	<i>Public Sector Role</i>
Alzheimer's/ Dementia	Current gaps are minimal (< 250), but needs are likely to increase with the aging population.	Residential care facilities for low-income seniors	Home health aides, caregiver programs	Yes, bricks and mortar and ongoing operations.	Low for the low-income segment of the market.	1) Development and financing subsidies. 2) Client-based rental subsidies. 3) Client-based supplemental payments for caregiver services.
Persons 55 years and older	14,000 households live alone, with family, or are precariously housed.	1) Transitional housing and emergency shelters for seniors. 2) Ground level, affordable apartments with few amenities, rents < \$575/month, and controlled access.	As population ages - home health aides, caregiver programs	Yes, for extremely low-income households. June 2001 rental rates do not support need for subsidies for households earning 50% of AMI.	Shelters/transitional housing: Unlikely. Apartments: Probable for higher end of market, as long as vacancy rates remain fairly high.	1) Development subsidies for shelters, transitional housing, and units affordable to extremely low income households. 2) Client based rental subsidies for same households. 3) Client-based supplemental payments for caregiver services.
Persons with Physical Disabilities	5,900 live with family or are precariously housed.	Small, accessible rental units between \$300 and \$1,000 per month and modifications to existing housing.	Home health aides, caregiver programs	Yes, brick and mortar for accessible units, accessibility modifications, rental subsidies for extremely low-income households.	Unlikely to absorb costs of developing accessible units without subsidies or public sector intervention.	1) Development subsidies for affordable, accessible units. 2) Grants/loans for accessibility modifications to existing units. 3) Client based rental and caregiver service subsidies.
Persons with Developmental Disabilities	Largely filled by housing provided through licensed facilities, family and friends. Need is likely to grow as current caregivers age.	Residential care facilities, programs/services for those able to live in own home with some support.	Home health aides, caregiver programs	Yes, bricks and mortar and ongoing operations for residential care facilities.	Unlikely.	1) Residential care facilities and services. 2) Client based caregiver service subsidies.
Persons with Mental Illnesses	5,000 living with family or alone; 100 in homeless shelters; 300 unsheltered.	Affordable, permanent supportive housing, emergency shelters, transitional housing.	Mental health services.	Yes, bricks and mortar and ongoing operations.	Unlikely.	1) Development subsidies for emergency shelters, transitional housing, affordable housing for lowest income households. 2) Operating subsidies for shelters and transitional housing. 3) Client based rental subsidies. 4) Mental health services
Persons and Families who are Homeless	732 individuals living on street; 3,200 precariously housed.	Emergency shelters - overnight and day; transitional housing; permanent supportive housing.	Mental health services, job training.	Yes, for all types of housing along continuum.	Unlikely.	1) Development and operating subsidies for all types of housing along continuum. 2) Client based rental assistance. 3) Mental health services, job training programs. 4) Child care assistance for working families.
Victims of Domestic Violence	7,600 individuals living with prepetators, families, alone, or unsheltered.	Secure emergency shelter most needed. Currently only one in Reno area.	Counseling, child care.	Yes.	Unlikely. Depending on income levels and security needs of victims, may provide affordable housing.	1) Development and operating subsidies for secure, emergency shelters. 2) Development subsidies for lowest income, secure housing. 3) Client based rental subsidies for lowest income.
Persons with HIV/AIDS	250 to 650 individuals living in nursing/group homes or precariously housed.	Small, ground level apartments with rents ranging from \$300 to \$600 per month.	Supplemental payments for health care, medications, rent and utility payments.	Yes, development and rental subsidies for units affordable to lowest income households and transitional housing.	Unlikely.	1) Development subsidies for transitional housing and units affordable to lowest income households. 2) Client based rental and utility assistance. 3) Client based health care assistance.
Parolees	100 to 250 are precariously housed or homeless.	Transitional housing and affordable single family and rental housing.	Substance abuse treatment and counseling.	Yes, transitional housing and affordable housing for extremely low income individuals.	Unlikely for transitional housing. Because parolees incomes are so low, unlikely to provide affordable housing.	1) Development subsidies for transitional housing and affordable housing. 2) Operating subsidies for transitional housing. 3) Client based rental subsidies.

Exhibit 9.

Top Needs Identified in Interviews and Focus Groups

Persons with Alzheimer's/dementia

- Lack of adequate living space/beds within facility
- Housing is too costly because of services required
- Premature placement of persons in institutions because of lack of support/caregivers

Persons 55 years and older

- Critical need for subsidized/public housing for low income elderly
- Need for mixed income housing with mixed amenities
- Seniors would rather pay lower rents than have amenities
- Elderly need secure facilities to feel safe

Persons with physical disabilities

- Assisted living is inadequate
- Relatives not trained adequately to serve as caregivers

Persons with developmental disabilities

- Need to be protected in affordable housing; many feel unsafe in public housing
- Would like to live independently in own home or with fewer roommates

Persons with mental illnesses

- Need to move people out of hospitals and into independent living

Persons/families who are homeless

- A place to clean up when living on the streets
- Inadequate space, old buildings
- Need for emergency beds and transitional housing

Victims of domestic violence

- Short term needs are met; long term needs are not
- Lack of housing with adequate security. Some need gated communities/onsite security.
- Need more transitional housing.
- Low income housing to allow female headed households to live independently, without boyfriend/spouse

Persons with HIV-AIDS

- Need for supportive and transitional housing
- Cost of housing is too high for most; Section 8 waiting lists are too long
- Clients feel isolated in current housing

Parolees

- Housing is difficult to find because of discrimination

Source: BBC Research & Consulting.

Summary and Recommendations

Exhibit 10.
Types of Housing and Services Most Needed, by Special Needs Populations

	<i>Alzheimer's/ Dementia</i>	<i>Persons 55 years+</i>	<i>Persons with Physical Disabilities</i>	<i>Persons with Developmental Disabilities</i>	<i>Persons with Mental Illnesses</i>	<i>Persons/ families who are Homeless</i>	<i>Victims of Domestic Violence</i>	<i>Persons with HIV/AIDS</i>	<i>Parolees</i>
Housing Needs									
Assisted living, residential care facilities	XX	X		XX	X			X	
Rental housing:									
Ground level apartments		XX	XX					XX	
\$300-\$500 per month		XX	XX			X	XX		XX
Accessibility modifications	X	X	XX					XX	
Family-friendly (playgrounds, child care)						X	XX		
Controlled access		XX		XX	XX		XX		
Minor supportive and health services	X	X	X	XX	XX	X	XX	XX	X
Public transit nearby		X	XX	XX	XX	X		X	XX
Emergency shelters		X (Reno)			XX	XX	X (especially Reno)	X	XX
Transitional housing		X (Reno)	X		XX	XX	XX	XX	XX
Service Needs									
Home health aides, caregivers	XX	X	X	XX	X			X	
Mental health counseling					XX	XX	XX	X	
Substance abuse counseling					XX	XX		XX	XX
Job training, education						X			XX

Source: BBC Research & Consulting.

Appendix A.

Survey Instrument



KENNY C. GUINN
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
HOUSING DIVISION

1771 E. Flamingo Road, Suite 206-B
Las Vegas, Nevada 89119
(702) 486-7220 • Fax (702) 486-7226

Charles L. Horsey, III
Administrator

March 8, 2002

Re: State of Nevada Special Needs Housing Survey

To all interested parties:

The State of Nevada Department of Business & Industry, Housing Division, has recently initiated a housing needs assessment of special needs groups in the Las Vegas and Reno areas. BBC Research & Consulting (BBC), a consulting firm with expertise in special needs housing analyses, has been hired to help the Housing Division with the study.

This study will provide the state with current population and housing information for the following groups and subgroups:

- Elderly persons;
- Persons with Alzheimer's/dementia;
- Persons with physical disabilities;
- Persons with developmental disabilities;
- Persons with mental illness;
- Persons and families experiencing homelessness;
- Persons with HIV/AIDS;
- Victims of domestic violence; and
- Parolees.

As part of the study, we are conducting a survey of organizations that provide services and housing to special needs populations. Your organization was referred to us through State social service networks and/or resource guides. We are surveying a wide variety of organizations ranging from advocacy and educational groups, to social service providers, to public housing authorities.

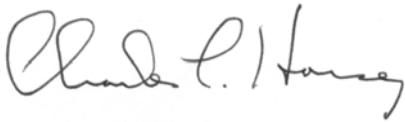
This is a very important project: The findings will help guide state housing policy and provide information on special needs groups and their housing needs.

Please take the time to complete the enclosed survey and share your knowledge of your clients' needs. A postage-paid envelope has been enclosed for your convenience. You may also fax the survey to 303.399.0448. Please return the completed survey before March 31, 2002.

Your responses will remain *strictly confidential*. We will only report this information in combination with the other survey responses and in summary format to protect your organization's and your clients' privacy.

Thank you in advance for taking time to share your opinions. If you have any questions about this survey, please feel free to call Heidi Aggeler of BBC at 1-800-748-3222, extension 256, or e-mail at aggeler@bbcresearch.com. You may also contact Jean Norton of the Housing Division at 702-486-7220, extension 224.

Sincerely,

A handwritten signature in black ink that reads "Charles L. Horsey, III". The signature is written in a cursive style with a large initial "C" and "H".

Charles L. Horsey, III
Administrator

SPECIAL NEEDS HOUSING SURVEY

Thank you for taking the time to complete this survey. Your response will help the Housing Division better understand and meet the housing needs of the state's special needs groups.

This survey form is separated into four sections:

- Section I asks for information about your organization.
- Section II asks for information about the clients you serve.
- Section III asks questions about housing supply and is for housing providers and managers.
- Section IV asks for your additional comments about your client's needs.

If you have several programs or housing facilities/properties, please complete the housing supply worksheet in Section IV for each program or housing facility/property. For example, if you are a public housing authority and own and manage 5 properties, you would make 5 copies of the worksheet and complete one for each property.

Your responses will be kept strictly confidential. We will only report this information in combination with the other survey responses and in summary format to protect your organization's and your clients' privacy. If you have questions about the use of the survey information, please call Heidi Aggeler at 1-800-748-3222, x 256.

Section I. Tell us about your organization

1. Which of the following best describes your organization or the types of activities in which your organization is involved? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Advocacy/education | <input type="checkbox"/> Housing provider |
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> Independent living facility |
| <input type="checkbox"/> Day care (adult and child) | <input type="checkbox"/> Property manager |
| <input type="checkbox"/> Economic or community development | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Employment/training provider | <input type="checkbox"/> Skilled nursing facility |
| <input type="checkbox"/> Financial institution/lender | <input type="checkbox"/> Special needs housing provider |
| <input type="checkbox"/> Group home | <input type="checkbox"/> Supportive service provider |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Homeless shelter | |

2. What is the name of your organization? (Optional) _____

3. What is your primary service area? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> City of Las Vegas | <input type="checkbox"/> City of Sparks |
| <input type="checkbox"/> City of North Las Vegas | <input type="checkbox"/> Unincorporated Washoe County |
| <input type="checkbox"/> City of Henderson | <input type="checkbox"/> Regional (List region) _____ |
| <input type="checkbox"/> Boulder City | <input type="checkbox"/> National |
| <input type="checkbox"/> Unincorporated Clark County | <input type="checkbox"/> State |
| <input type="checkbox"/> City of Reno | <input type="checkbox"/> Other _____ |

4. What types of populations do you primarily serve? Check all that apply.
- | | |
|--|---|
| <input type="checkbox"/> Persons who are 55 years and older | <input type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Persons with Alzheimer's and dementia | <input type="checkbox"/> Victims of domestic violence |
| <input type="checkbox"/> Persons with a physical disability | <input type="checkbox"/> Parolees |
| <input type="checkbox"/> Persons with a developmental disability | <input type="checkbox"/> Persons with substance abuse/addiction |
| <input type="checkbox"/> Persons with a mental illness | <input type="checkbox"/> Low income individuals |
| <input type="checkbox"/> Persons and families who are homeless | <input type="checkbox"/> Other _____ |
5. What age ranges do you primarily serve?
- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 - 10 | <input type="checkbox"/> 40 - 54 |
| <input type="checkbox"/> 10 - 19 | <input type="checkbox"/> 55 and above |
| <input type="checkbox"/> 20 - 39 | |

Section II.
Tell us about the populations you serve

Population Estimates

6a. Please provide your best estimates of the size of the following population groups in the Las Vegas and Reno areas. Include an estimate even if you do not serve a particular group but have an idea of the population size. *If you are not knowledgeable about a particular group, you do not need to provide an estimate.*

	Las Vegas Area	Reno Area
Persons with Alzheimer's and dementia	_____	_____
Persons with a physical disability	_____	_____
Persons with a developmental disability	_____	_____
Persons with a mental illness	_____	_____
Persons and families who are homeless	_____	_____
Persons with HIV/AIDS	_____	_____
Victims of domestic violence	_____	_____
Parolees with special needs	_____	_____
Persons with substance abuse/addiction	_____	_____
Persons with dual diagnosis (Please list diagnosis) _____	_____	_____

6b. What percent of the populations you provided numbers for in question 6a have overlapping special needs?

Example, if 40% of persons who are homeless also have mental illness:

Primary Population	Additional Special Need	Percent
<u>Homeless</u>	<u>Mental illness</u>	<u>40%</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clientele

The following questions ask about the clients served by your organization. Clients include anyone your organization serves (e.g., residents of public housing or a skilled nursing facility, beneficiaries of advocacy work, participants in job training programs, etc.)

If you do not provide housing or services to clients, please skip to Section IV on page 10.

7a. How many of the following clients are you currently serving?

	Number of Clients
Persons with Alzheimer's and dementia	_____
Persons with a physical disability	_____
Persons with a developmental disability	_____
Persons with a mental illness	_____
Persons and families who are homeless	_____
Persons with HIV/AIDS	_____
Victims of domestic violence	_____
Parolees with special needs	_____
Persons with substance abuse/addiction	_____
Persons with dual diagnosis	_____
(Please list diagnosis) _____	_____
Other _____	_____

7b. What percent of the client group you provided numbers for in 7a have overlapping special needs?

Example, if 40% of persons who are homeless also have mental illness:

Primary Population	Additional Special Need	Percent
<u>Homeless</u> _____	<u>Mental illness</u> _____	<u>40%</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. What percent of your clients (if any) do you believe are *at risk* of homelessness because they do not have permanent places to live or may lose their housing? _____ **Percent**

9. What percent of your clients live in shared living arrangements (e.g., living with families, friends), and do not have a residence of their own? _____ **Percent**

10. If you work with persons who are homeless, what percent of your clients are homeless for the following reasons? If you do not work with the homeless, skip to question 11a.

- | | |
|---|--|
| <input type="checkbox"/> Discharge from juvenile treatment facility/prison _____% | <input type="checkbox"/> Unable to pay medical bills _____% |
| <input type="checkbox"/> Eviction/foreclosure _____% | <input type="checkbox"/> Substance or alcohol abuse _____% |
| <input type="checkbox"/> Inability to maintain steady job or income _____% | <input type="checkbox"/> Victims of domestic violence _____% |
| <input type="checkbox"/> Job loss _____% | <input type="checkbox"/> Other _____% |

11a. Do your clients receive any types of supportive services from other organizations?

- Yes No

11b. If you answered yes to 11a, please check all of the types of organizations from which your clients receive services. If you answered no, skip to question 12.

- | | |
|---|---|
| <input type="checkbox"/> Advocacy/education | <input type="checkbox"/> Housing assistance provider |
| <input type="checkbox"/> Day care (adult and child) | <input type="checkbox"/> Residential treatment facility |
| <input type="checkbox"/> Employment/training provider | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Social service provider |
| <input type="checkbox"/> Homeless shelter | <input type="checkbox"/> Other _____ |

12. Of the population groups you primarily serve, what percentage of the market do you believe you serve?

<u>Population</u>	<u>% Market Share</u>
_____	_____
_____	_____
_____	_____

13. On average, how much do your clients earn per month?

<u>Monthly Income Range</u>	<u>% of Clients</u>
\$0 - \$1,000	_____
\$1,001 - \$2,000	_____
\$2,001 - \$3,000	_____
\$3,001 - \$4,000	_____
\$4,001 - \$5,000	_____
More than \$5,001	_____

14. On average, what are the household arrangements of your clients?

	<u>% of Clients</u>
Live alone independently	_____
Live with married spouse	_____
Live with unmarried partner	_____
Live with parents	_____
Other _____	_____

15. Please list the primary race/ethnicity and language of your clients.

<u>Race/Ethnicity</u>	<u>Primary Language</u>	<u>% of Clients</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. What percent of your clients are employed or in job training programs or school?

	<u>% of Clients</u>
Employed part time (0 to 35 hours/week)	_____
Employed full time (35+ hours/week)	_____
Enrolled in job training or school	_____

17a. What percent of your clients are unemployed, but job-ready? _____ Percent.

17b. If clients are not job-ready, what is needed to get them there? _____
_____.

18. What percent of your clients moved to the Las Vegas/Reno area in the last year? _____ Percent

Trends

19. Has demand for your services increased or decreased during the past 3 years?
 Increased Decreased No change

20. By what percentage has demand increased or decreased? _____/3 years.

21. Have the demographics and economic changes (e.g., rapid population and housing growth) in the Las Vegas/Reno areas affected demand for your services?
 Yes No

22. Are you serving a different type of population now than you did 3 years ago (e.g., serving more women and children)?
 Yes No

23. What is the primary reason for changes in your clientele or services delivered? (e.g., serving more families as a result of job loss created by September 11th events.) _____

Housing Needs

	<u>% of Clients</u>
Independently in own home	_____
Independently in own apartment	_____
In own home or apartment with home health care/other service	_____
With family or friends	_____
Group home	_____
Residential treatment facility	_____
Assisted living or skilled nursing facility	_____
Homeless shelter	_____
Transitional or temporary housing	_____
Non-sheltered (e.g., living on the street, in abandoned buildings)	_____
State institutions (e.g., hospitals, wards)	_____

25a. Do the current housing arrangements of your clients adequately meet their needs?

- Yes No

25b. Why or why not? _____

26. What percent of your clients pay more than 30% of their income in housing costs? _____ **Percent**
More than 50%? _____ **Percent**

27. Are there adequate housing and supportive services for your clients?

- Yes No

28. If no, please list the reasons why. If yes, skip to question 29.

29. In your opinion, what type of housing is most needed in the Las Vegas/Reno area?

<u>Type of Housing</u>	<u>Population Served</u>	<u>Size</u>	<u>Price Range</u>	<u>Amenities/Services</u>
------------------------	--------------------------	-------------	--------------------	---------------------------

Example:

<i>Single family</i>	<i>Persons w/ physical disabilities</i>	<i>1,200 sq.ft., 1 level</i>	<i>\$60,000-\$100,000</i>	<i>Accessibility improvements, single level</i>
----------------------	---	------------------------------	---------------------------	---

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This is the end of Section II. If you provide housing in addition to services, please continue on to the next page. If you do not provide housing, you are done with the survey. You may write additional comments on page 10.

**Section III.
Housing Supply Worksheet**

If your organization provides, owns or manages any type of shelter or housing, please complete the following worksheet for each of the properties you manage or own. This includes affordable housing, group homes, residential treatment facilities, assisted living/skilled nursing facilities, homeless shelters, etc. If you own or manage several properties, please copy the worksheet and complete one for each of your properties. If you do not provide housing, skip to Section IV on page 10 to make additional comments.

Name of building or facility that you own/manage (Optional): _____

Zip Code: _____ Street Address (Optional): _____

1. What is the number of housing units *or* beds in this building or facility? _____ Units or _____ Beds
2. How many of your beds are Medicaid certified? _____.
3. What type of housing does this building or facility provide? Check all that apply.

<input type="checkbox"/> Assisted living for seniors or persons with disabilities <input type="checkbox"/> Skilled nursing care <input type="checkbox"/> Housing and services for persons with Alzheimer's and dementia <input type="checkbox"/> Independent living for seniors <input type="checkbox"/> Housing and services for persons with developmental disabilities <input type="checkbox"/> Independent, accessible units for persons with disabilities	<input type="checkbox"/> Homeless shelter <input type="checkbox"/> Transitional housing <input type="checkbox"/> Housing and services for persons with HIV/AIDS <input type="checkbox"/> Housing and services for persons with mental illness <input type="checkbox"/> Rentals for low-income individuals and families <input type="checkbox"/> Market rate rentals, not targeted to special populations <input type="checkbox"/> Other _____
---	---
4. Please list the number of your units or beds that primarily serve the following population groups:

	<u>Number of Units</u>	or	<u>Number of Beds</u>
Persons who are 55 years and older	_____		_____
Persons with Alzheimer's/dementia	_____		_____
Persons with a physical disability	_____		_____
Persons with a developmental disability	_____		_____
Persons with a mental illness	_____		_____
Persons and families who are homeless	_____		_____
Persons with HIV/AIDS	_____		_____
Victims of domestic violence	_____		_____
Parolees	_____		_____
Persons with substance abuse/addiction	_____		_____
Low-income individuals	_____		_____
Other _____	_____		_____

- 5a. On the day you fill out this survey, how many of your units or beds are *vacant*? ___ Units or ___ Beds
- 5b. Is this vacancy rate, About average Greater than average Less than average
6. What is the *average* length of time your tenants live in this building or facility?
 _____ Years _____ Months

7. Indicate the approximate cost range *to the client* of each of your units or beds.

<u>Range of Cost</u>	<u>Number of Units</u>	or	<u>Number of Beds</u>
\$0 per month (e.g., homeless shelter)	_____		_____
\$1 – \$300 per month	_____		_____
\$301 – \$500 per month	_____		_____
\$501 – \$650 per month	_____		_____
\$651 – \$800 per month	_____		_____
\$801 – \$1,000 per month	_____		_____
\$1,001 – \$2,500 per month	_____		_____
\$2,501 – \$4,000 per month	_____		_____
Greater than \$4,001 per month	_____		_____

- 8a. Do your tenants pay utilities? Yes No
- 8b. If yes, please list the *average monthly cost* to tenants for all of their utilities: \$ _____.
9. Please indicate the approximate size range of each of the *units* in this building. If you provide beds rather than units, skip to question 10.

<u>Size Range</u>	<u>Number of Units</u>
0 – 250 sq. ft.	_____
251 – 500 sq. ft.	_____
501 – 750 sq. ft.	_____
751 – 1,250 sq. ft.	_____
More than 1,251 sq. ft.	_____

10. Indicate the years between which your building or facility was built.

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Before 1940 | <input type="checkbox"/> 1980 – 1989 |
| <input type="checkbox"/> 1940 – 1959 | <input type="checkbox"/> 1990 – 1999 |
| <input type="checkbox"/> 1960 – 1979 | <input type="checkbox"/> 2000 – 2001 |

11. Please list the repairs most needed in your building or facility, along with an approximate cost if you have an estimate.

Repair/improvement _____	Approximate cost \$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

12. What types of amenities are included with your building or facility? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> 24-hour health care | <input type="checkbox"/> Other health services or referral services |
| <input type="checkbox"/> Air conditioning | <input type="checkbox"/> Shared laundry facility |
| <input type="checkbox"/> Assistance with activities of daily living | <input type="checkbox"/> Skilled nursing care |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Snow removal |
| <input type="checkbox"/> Covered parking | <input type="checkbox"/> Social activities |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Swimming pool |
| <input type="checkbox"/> Exercise room | <input type="checkbox"/> Transportation (e.g., shuttle to medical appts.) |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Uncovered parking |
| <input type="checkbox"/> Housekeeping/laundry | <input type="checkbox"/> Washer/dryer in unit |
| <input type="checkbox"/> Job training/employment/literacy programs | <input type="checkbox"/> Yard care |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Swimming pool | _____ |
| <input type="checkbox"/> Mental health services
(counseling, medication) | _____ |

13a. Are there amenities that your building or facility does not have, but which tenants request?

- Yes No

13b. If yes, what are the amenities requested most often? _____

_____.

Appendix B.
Organizations Surveyed

Appendix B

*Exhibit B-1.
Organizations Surveyed*

<i>Agency Name</i>	<i>Agency Name</i>
2nd Judicial District Court (Drug Court)	Clark County Health District
AARP Nevada State Office	Clark County Health District Public Health Center
Accessible Space, Inc.	Clark County Health District, Office of AIDS
Affordable Housing Resource Council	Clark County Social Services Homeless Assistance
Alterra Villas	Clearacre Partners
Alzheimer's Association	CLV Rafael Rivera Center
Alzheimer's Association - Northern Nevada Chapter	Committee to Aid Abused Women
Alzheimer's Association - Southern Nevada Chapter	Community Cottage Care Home
American Legion BMI Post 40	Community Services Agency and Development Corporation
Arville Park	Continuum
Atlantic/Limetree Apts	Coral Gardens
Austin Crest Apartments	Cottage Crest Group Care
Avalon Health Estates	Country Club at the Meadows
Becky's Home Care	Dayton Village Apartments
Biegger Estates - CCHA	Desert Plaza Senior Apartments
Blindconnect, Inc	Desert Regional Center
Bridge Assisted Living at Life Care Center	Don Dawson Court
Brown Homes -- CCHA	Doolittle Senior Center
Buena Vista Springs Apartments	Dorothy Kidd Mobilehome Park -- CCHA
Canyon View	Down Syndrome Organization of Southern Nevada
Cape Cod Village	Eagle Valley Group Care Center
CARE Chest of Sierra Nevada	Early Childhood Services, Division of Child and Family Services
Carol Haynes Apartments	Emerald Crest
Casa De Vida	Emergency Aid of Boulder City
Casa Norte	Epoch Assisted Living of Las Vegas
Catholic Charities, Inc.	Espinoza Terrace -- CCHA
Center for Independent Living	Eva Garcia Mendoza Plaza
Chancellor Gardens of the Lakes	Fourth Street Project
Chermac Builders Inc	Friendship Arms Apartments

Appendix B

*Exhibit B-1.
Organizations Surveyed, Continued*

<i>Agency Name</i>	<i>Agency Name</i>
Frontline - AIDS Prevention Program	Key Foundation - Osage
Frost Yasmer	Kid's Korner/Senior Korner
Galleria Palms	King's Row Residence
Giving Life Ministries	Lake Tonopah Apartments
Good Shepherds Clothes Closet	Landsman Gardens -- CCHA
Habitat for Humanity International	Las Vegas Home Care, Inc.
Hampton Court	Las Vegas Jaycee Senior Mobilehome Park -- CCHA
Health Care Financing and Policy Division	Lewis Street Apartments
Heartland Realty Investors	Lied Transitional Housing Complex
Help of Southern Nevada	Lighthouse of the Sierra LLC
Henderson Manor	Lutheran Social Services of Nevada
Henderson Manor Senior Apts.	Malibu Bay Budget Suites
High Sierra Industries	Malibu Bay Budget Suites
High Sierra Prime Timers	Manage Inc./Dakota Crest
Highland Management	Manor at Lakeside
Home Suites	Marina Gardens Apartments
Homestead at Boulder City	Maturity Manor Adult Care Facility
Horizon Pines	McKnight Senior Village
Hullum Homes -- CCHA	Mediterranean Villas
Interfaith Hospitality Network of Las Vegas	Mesa Verde Apartments
Janice Brooks Bay -- CCHA	Michael Way Adult Care Home
Jenning's	Mill Place
Join Together Northern Nevada	Miller Plaza -- CCHA
Jones Garden -- CCHA	Montclif
Joseph's Inn	National Multiple Sclerosis Society
Key Foundation - 15th Street	Nevada Children's Foundation, Inc., Eagle Valley Children's Home
Key Foundation - Comstock	Nevada Partnership for Homeless Youth
Key Foundation - Ellis	Nevada Rural Counties RSVP
Key Foundation - OakPond	Nevada Treatment Center

Appendix B

*Exhibit B-1.
Organizations Surveyed, Continued*

<i>Agency Name</i>	<i>Agency Name</i>
Nevadans for Equal Access	Running Springs
New Vista Ranch Inc. #4	Rural Communities Housing Development Corp. Orvis Ring Apartments #1
New Vista Ranch, Inc. #2	S.A.F.E House (SAFE)
New Vista Ranch, Inc. #3	Salvation Army
NOI Management Company	Salvation Army Adult Rehabilitation Program
Norma Jakubowski	Salvation Army Silvercrest Residence
Northern Nevada Adult Mental Health	Sandy Robinson Apartments
Northern Nevada Center for Independent Living	Scattered Sites Housing -- CCHA
Northern Nevada Community Housing Resource Board	Schaffer Heights -- CCHA
Northern Nevada HIV Outpatient Program, Education & Services	Shade Tree
Northwest Group Home	Sierra Manor Apartments
O & R Group Care Home #1	Sierra Regional Center, Inc.
Oak Tree Apartments	Sierra Vista Square
Oasis Glen	Silver Residential Care Home
Offender Funding (Department of Administration)	Silver State Fair Housing Council
Opportunity Village, Inc.	Silverado Residential Care Home
Orvis Ring I & II	Social Security Administration
Palo Verde Gardens	Somerset Apartments
Park Manor Apartments	Southern Nevada Adult Mental Health Services
Parsons Place	Southwest Village
Plaza at Sun Mountain	Spectrum
Portofino Apartments	St. Rose Dominican Hospital, Transitional Housing
Prisoner Integration Experience (PIE)	State of Nevada, Division of Aging Services, Inc.
Project Restart	State of Nevada, Division of Healthcare Financing and Policy
Quinn's Desert Home #1	Stillwater Apartments
Rancho 777 Residence	Sunset Pointe
Recovery Inc	Talavera at Peccole Ranch
Ridge House, Inc.-	Terracina Apartments
Rockwood Apartments	Terracina II Apartments

Appendix B

*Exhibit B-1.
Organizations Surveyed, Continued*

<i>Agency Name</i>	<i>Agency Name</i>
Trembling Leaves	Washoe County Senior Services
Trinibelle Elderly Care	Washoe County Senior Services Law Project
Valley Gardens	Wheeler Enterprises
Veteran's Administration, Department of Veteran Affairs	Wicker Basket
Villa Monterey Apartments	William Raggio Plaza
Vintage Desert Rose	Willow Creek Group Home
Vintage Desert Rose Senior Apartments	Willow Creek Memory Care Residence
Vintage Hill Senior Apartments	Winner Haven Eldercare
Visitations, Inc.	Women's Development Center
Washoe County District Health Department	

Appendix C.
Focus Group Participants and Key Interviews

Appendix C

Exhibit C-1.
Focus Group Participants

<i>Name</i>	<i>Organization</i>	<i>Name</i>	<i>Organization</i>
Shannon Coday	Division for Aging	Shawna Parker	Clark County
Kristin Cooper	Clark County Community Resources Management	Cloyd Phillips	CSA/DC
Zelda Ellis-Long	Las Vegas Housing Authority	Vernamay Propios	The Shade Tree
Monte Fast	Fish-Carson City	Bill Provost	The Salvation Army
Paul Fitzpatrick	Northern Nevada HOPES	Jonnie Pullman	AHRC
Brenda R. Fonseca	Las Vegas Housing Authority	Gus Ramos	Clark County Housing Authority
Lynn Gondorcin	N. Nevada Community Housing R.B.	Frank Richo	Catholic Charities of South Nevada
Sonya Harris	EOB Housing	Carina Robinson	Catholic Charities of South Nevada
Mary Holton	ReStart	Miriam Rodriquez	Nevada HAND
Alex King	The Salvation Army Corps	Paula Rowles	Health Care for Homeless Vets
Sharon King	The Salvation Army Silvercrest	Maurice Silva	South Nevada Adult Mental Health
Wendy Knorr	Alzheimer's Association	Duane Sonnenberg	The Salvation Army
Doug Kuntz	City of Henderson	Susie Spotted Horse	Health Care for Homeless Vets
Karen Marconi	Safe House	Evelyn Stepney	Division for Aging Services–Homemakers
Ellen Martinelli	Division for Aging Services/Elder Protective Services	Alyce Thrash	Juvenile Justice/MHPAC
Karen Mabry	Washoe County Senior Services	Diane Thorkildson	Step 2/Lighthouse of the Sierra
Joanne Mc Donnell	NNAMHS	Laura Valentine	Mental Health and Developmental Services
Evelyn Murphy	P.I.E.	Bart Vandamme	Educare—Nevada
Ernie Nielsen	Washoe County Senior Law Project (WCSLP)		

Appendix C

*Exhibit C-2.
Key Contacts*

<i>Name</i>	<i>Organization</i>	<i>Location</i>
Bill Arent	City of Las Vegas Neighborhood Development Division	Las Vegas
Lynn Bigley	Nevada Disability Advocacy & Law Center	Reno
Brian Brooks	Nevada Health Centers	Las Vegas
Ruth Bruland	MASH	Las Vegas
Shannon Coday	Department of Aging Services	Reno
Kristin Cooper	Clark County Social Services	Las Vegas
Stan Dodd	Desert Regional Center	Las Vegas
Ann Harrington	Housing Division Housing Advisory Committee	Reno
Tiffany Hesser	Aid for AIDS Nevada	Las Vegas
Shawna Parker	Clark County Community Services	Las Vegas
Jonnie Pullman	Affordable Housing Resource Council	Reno
Frank Richo	Catholic Charities	Las Vegas
Maurice Silva	Southern Nevada Mental Health Services	Las Vegas
Duane Sonnenberg	The Salvation Army	Las Vegas
Gloria Sulhoff	United Way	Las Vegas
Diane Thorkielson	Lighthouse of the Sierra	Reno
Jim Vill	Nevada Disability Advocacy & Law Center	Las Vegas