

Nevada's Plan for Community Integration



NEVADA
AGING & DISABILITY
SERVICES DIVISION

Acknowledgements

This page recognizes the individuals who lead or participated significantly in the planning process or in the development of the plan.

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Executive Summary

This section summarizes the key information from all sections of the strategic plan into a 3-4 page executive summary. It will be written so that an outsider can easily read and understand the purpose of the Olmstead Plan, the most important issues identified for persons with disabilities in Nevada, as well as the goals and key strategies to address such issues.

Setting the Stage

Background

The State of Nevada Aging and Disability Services Division (ADSD) represents Nevada's elders, children, and adults with disabilities or special health care needs. The mission of ADSD is to ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful, and dignified lives. One element of achieving this mission is through implementation of an Olmstead Plan which sets forth a strategy to ensure that older adults and persons with disabilities have the opportunity to achieve optimal quality of life in the community of their choice.

Purpose of the Plan

Title II of the Americans with Disabilities Act (ADA) of 1990 established a mandate that public entities ensure people with disabilities are offered the opportunity to live in the most integrated settings possible. In the landmark *Olmstead v. L.C.* decision (1999), the U.S. Supreme Court reaffirmed this obligation and encouraged the development of 'Olmstead plans' to establish actionable strategies that would support community integration efforts.

According to the U.S. Department of Justice (DOJ) Civil Rights Division, a comprehensive, effectively working plan must:

"...do more than provide vague assurances of future integrated options or describe the entity's general history of increased funding for community services and decreased institutional populations. Instead, it must reflect an analysis of the extent to which the public entity is providing services in the most integrated setting and must contain concrete and reliable commitments to expand integrated opportunities. The plan must have specific and reasonable timeframes and measurable goals for which the public entity may be held accountable, and there must be funding to support the plan"

The required components of an Olmstead Plan include:

1. **State System Description:** The Olmstead plan must include a description of the state's current system of providing community-based services and supports to people with disabilities.
2. **Asset & Gaps Analysis:** Data must be gathered that helps to inform an assessment of the strengths and weaknesses of that system.
3. **Plan of Action:** A plan of action must be developed to address how the state intends to expand opportunities for community-based services. The plan must have measurable goals, timeframes and there must be funding to support implementation.

This plan addresses each of these areas and will guide ADSD in ensuring an accessible person/family centered State system that provides services where and when they are needed. That said, ADSD understands that to achieve sustainable change for all of Nevada's residents who are disabled and seeking opportunity within communities of their choice will require partnerships and efforts that are beyond the scope of the State service system. Because of that, this plan will explore the variety of supports needed by Nevadans with a disability but will focus its action on what ADSD has the authority to implement.

Methods and Approach

To develop this plan, a three-phased approach was used to include: Phase I – Project Organization and Data Collection; Phase II – Assessment of Current System and Needs; and Phase III – Establishment of the Olmstead Plan for Community Integration. The three phases took place between November 2012 and October 2023.

Phase I – Project Organization and Data Collection

The planning process began with the establishment of the Olmstead Planning Steering Committee (herein referred to as the Steering Committee) that would guide and support all planning efforts. This Steering Committee was made up of ADSD staff as well as representatives from the various communities that are impacted by the Olmstead Plan. A full list of Steering Committee Members is provided below.

Name	Organizational/Community Representation
Cheyenne Pasquale	Nevada DHHS, Aging and Disability Services Chief I, Planning
Jennifer Richards	Nevada DHHS, Aging and Disability Services Chief Elder and Disability Rights Attorney
Jennifer Frischmann	Nevada DHHS, Aging and Disability Services Manager of Quality Assurance
Megan Wickland	Nevada DHHS, Aging and Disability Services Health Program Manager III
Diane Thorkildson	Nevada Center for Excellence in Disabilities (NCED)
Korri Ward	Commission on Autism Spectrum Disorders (ASD Commission)
Steven Cohen	Assistive Technology Council (AT Council)
Dorothy Edwards	Commission on Aging (COA)
Cindi Swanson	Commission on Services for Persons with Disabilities (CSPD)
Julie Weismann-Steinbaugh	Statewide Independent Living Council (SILC)
Chuck Duarte	Task Force on Alzheimer’s Disease (TFAD)
Dierdre Manley	Nevada Lifespan Respite Care Coalition
Eli Schwartz	Nevada Commission for Persons Who are Deaf, Hard of Hearing, or Speech Impaired
Kimberly Palma-Ortega	Governor’s Council on Developmental Disabilities

During the first two meetings with the Steering Committee, the planning approach was finalized as was the method for data collection. There were four methods to data collection, each of which is described more fully below.

Public Data

The number of individuals in Nevada with a disability was taken from the U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates. The 2021 American Community Survey (ACS) data generally reflect the March 2020 Office of Management and Budget (OMB) delineations of metropolitan and micropolitan statistical areas. In certain instances, the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB delineations due to differences in the effective dates of the geographic entities. Additionally, it is important to note that data related to children with cognitive difficulty, ambulatory difficulty, and self-care difficulty, that children under 5 are not included in these measures.

Key Person Interviews

Interviews were conducted with individuals identified by the Steering Committee as having specialized knowledge about the systems that provide home and community-based services and supports. Interviews took place between March 13, 2023 and March XX, 2023 and were conducted either over the phone, through zoom technology or through written correspondence.

Consumer Survey

The Nevada Center for Excellence in Disabilities (NCED) conducted a statewide survey in the summer of 2022 regarding Nevada's Aging and Disability Services Division's Olmstead Plan and its programs and services. 300 respondents completed the survey which were comprised of 170 people with lived experience (people with disabilities, older adults, and their family members) and 130 professionals.

Consumer Workshops

A total of nine consumer workshops were conducted. The locations, dates and the total number of individuals that participated are provided below.

- The Reno workshop occurred on February 21, 2023, and had a total of 10 participants.
- The Fallon workshop occurred on February 21, 2023, and had a total of 12 participants.
- The Winnemucca workshop occurred on February 22, 2023, and had a total of 1 participant.
- The Elko workshop occurred on February 23, 2023, and had a total of 19 participants.
- The Mesquite workshop occurred on February 27, 2023, and had a total of 5 participants.
- The Pahrump workshop occurred on February 28, 2023, and had a total of 6 participants.
- The Las Vegas workshop occurred on March 1, 2023, and had a total of 21 participants.
- A virtual workshop occurred on March 6, 2023, and had a total of 35 participants.
- A virtual workshop occurred on March 10, 2023, and had a total of 19 participants.

These workshops were held to gather feedback directly from consumers, family members, care providers, and advocates about what is needed to improve community-based services and supports to people with disabilities across the lifespan.

The workshop discussions were structured around 11 questions that were developed to assess the extent that people knew about the Olmstead decision as well as the services available to support community integration. The bulk of each workshop focused on what services were needed for community integration purposes and how well the existing service systems met such needs.

The structure of the workshops was consistent across all in-person gatherings. To ensure sufficient time for all participants in the virtual settings, the structure for input was slightly modified. Input received from the in-person gatherings was summarized and then presented to participants in the virtual settings. Participants in the virtual settings were then asked to indicate, through polling, the extent to which they agreed with what had already been identified. Following polling, participants were offered the opportunity to add any additional thoughts they had on the subject either verbally or through use of the chat function within Zoom.

Phase II – Assessment of Current Systems and Needs

Input received through data collection efforts was analyzed to identify the key needs and most critical issues of individuals who are disabled and seeking community integration opportunities. This information, combined with an assessment of efforts taken since the 2016 DHHS Olmstead Plan, were reviewed by the Steering Committee and served as the foundation for the goals and objectives contained in the plan.

Phase III – Establishing the Olmstead Plan

The Steering Committee held eight working meetings March through October to complete the Olmstead Plan document, building specific goals, objectives, and actions to be taken over the next five years. Public input was received on the draft plan which was finalized at the last Steering Committee meeting held in October 2023.

Having a Strategic Orientation

The Olmstead Plan will be implemented within the unified framework of the Nevada State Department of Health and Human Services. This framework includes the following vision, mission, and guiding principles.

Vision for Nevadans

Nevadans, regardless of age or ability, will enjoy a meaningful life led with dignity and self-determination.

Mission

Nevadans have the opportunity to achieve optimal quality of life in the community of their choice.

Guiding Principles

Guiding principles are the values or mutually held beliefs that are used for all decision making. The Steering Committee confirmed the following guiding principles in the process of establishing the plan contained herein.

- **Independence:** People should have options and the ability to select the manner in which they live.
- **Access:** People's needs are identified and met quickly.
- **Dignity:** People are viewed and respected as human beings.
- **Integration:** People can live, work and play as a part of their community.
- **Quality:** Services and supports achieve desired person-centered outcomes.
- **Sustainability:** Services and supports can be delivered over the long term so individuals can be self-sufficient.
- **Equity:** Systems and services will center the priorities of people with diverse backgrounds and identifies and include marginalized and under-represented groups in planning, strategies, and resource allocation toward equitable outcomes.

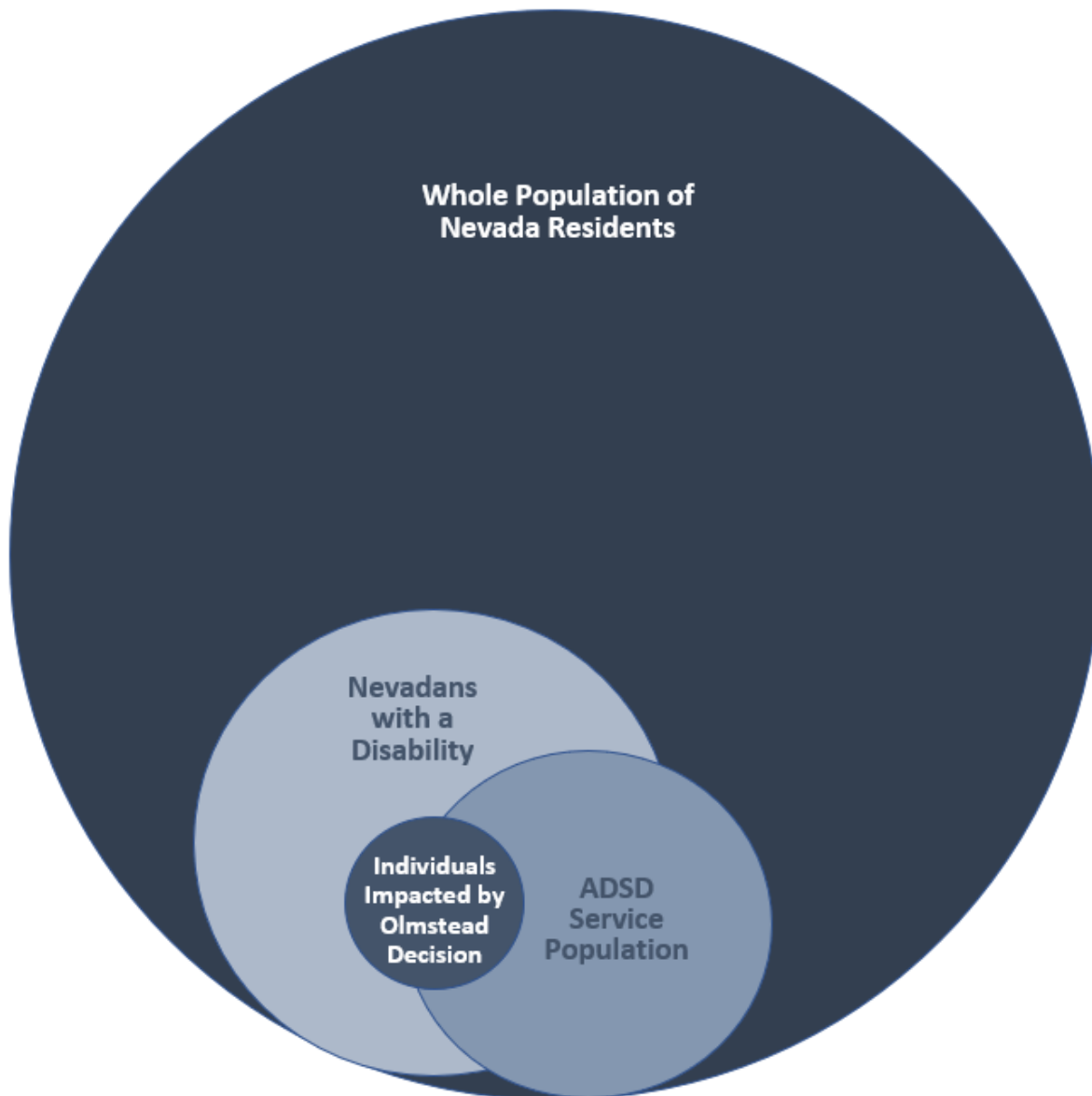
In addition to this framework, the Steering Committee added contextual considerations to their work in creating this plan which acknowledges the following:

- **Cross Coordination:** Cross coordination between state, county and local government systems, as well community service providers, are necessary for community inclusion to become a reality.
- **Directed Funding:** Funding should be directed to efforts that expand the opportunity for community inclusion as opposed to simply sustaining existing services and supports.

In addition to these two contextual considerations, the Steering Committee emphasized the need to align efforts within the Center for Medicaid Services Home and Community Based Services Settings Rule, which simply stated offers that "people with disabilities deserve the same rights to make choices, access the broader community and interact with the broader world as anyone else."¹

¹ Retrieved on January 27, 2023 from: https://www.aclu.org/sites/default/files/field_document/aclu_faq_-_hcbs_settings_rule-final-1-10-18.pdf

Understanding the Current Reality



As an initial step in developing a plan to best support community integration for Nevadans who are disabled, a review of the impacted population as well as the State system that serves this population was conducted. The graphic above depicts the specific population that this plan was developed for within the larger context of those served by ADSD, those who live in Nevada with a disability, and finally within the context of the entire Nevada State population.

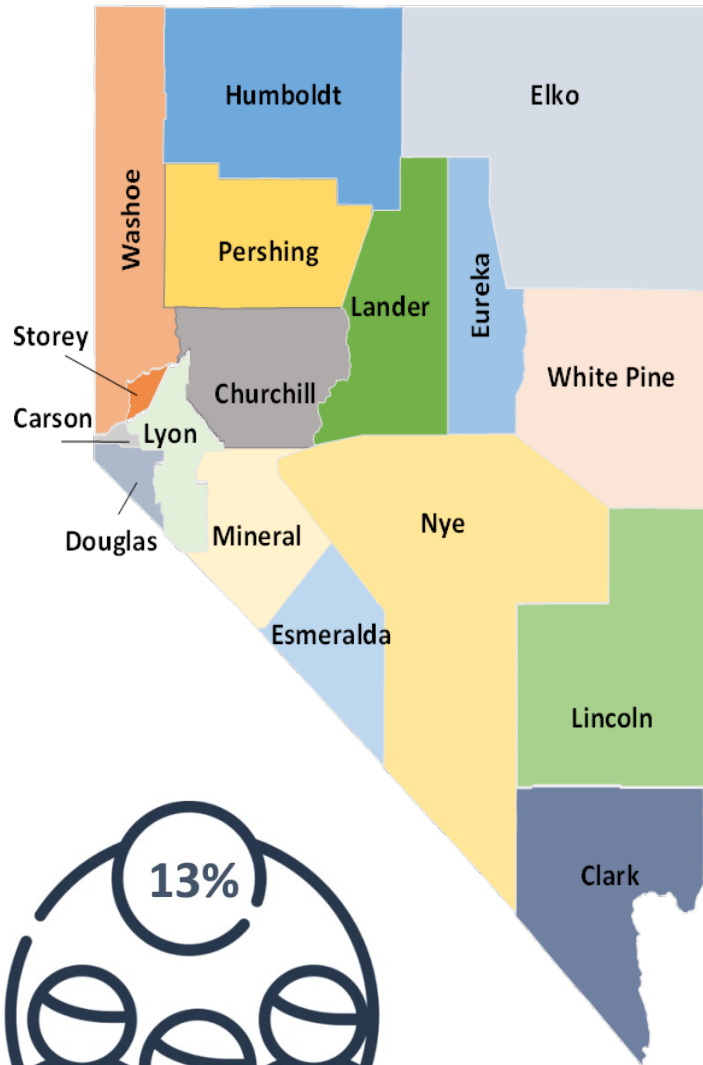
Individuals impacted by the Olmstead decision include individuals with disabilities who are unnecessarily institutionalized, or who are at risk of unnecessary institutionalization, and who could live in a more integrated setting² with appropriate supports and services.

² For the purpose of this plan, integrated settings is defined as “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.” *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581, 605–06 (1999); 28 C.F.R. pt. 35 app. A (2010).
Olmstead Plan I **2023**

Landscape of Individuals in Nevada with a Disability

According to the US Census Bureau’s American Community Survey (ACS) 1-year population estimates, there are approximately 375,254 Nevadans with a disability. The total number of individuals with a disability by county is provided in the graphic and corresponding table below.

Number of Individuals with a Disability by County³



County	Total Population	Number of People with a Disability	Percent of People with a Disability
Carson	53,077	8,739	16%
Churchill	23,367	3,592	15%
Clark	2,204,659	267,031	12%
Douglas	48,245	6,926	14%
Elko	51,827	5,775	11%
Esmeralda	1,024	217	21%
Eureka	1,834	272	15%
Humboldt	16,623	2,104	13%
Lander	5,518	789	14%
Lincoln	4,542	910	20%
Lyon	55,395	9,190	17%
Mineral	4,418	636	14%
Nye	45,054	10,825	24%
Pershing	4,715	592	13%
Storey	4,030	859	21%
Washoe	461,256	55,580	12%
White Pine	8,048	1,217	15%

13% of the state’s population has a disability.

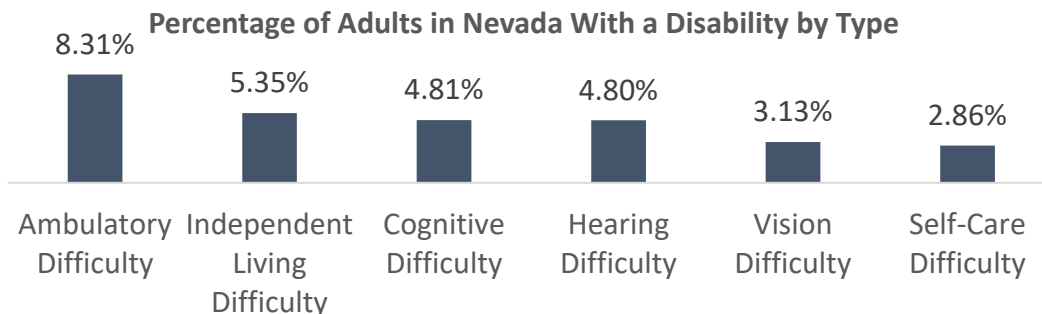
Nevada	2,993,632	375,254	13%
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³ U.S. Census Bureau. (2021). 2021 American Community Survey 5-year Estimates Subject Tables. Retrieved on November 18, 2022 from:

<https://data.census.gov/cedsci/table?q=nevadans%20with%20a%20disability&g=0400000US32,32%240500000&tid=ACSST1Y2021.S1810>

Adults with Disabilities⁴

The number of adults with any disabilities in Nevada totals 347,478 or approximately 15.06% of the total adult population. A breakdown of the number and percent of adults with a disability by type is provided below.



Of adults with a disability in Nevada, the most prevalent type experienced is ambulatory difficulties. It is estimated that 8.31% of the adult population in Nevada have some difficulty walking or climbing stairs. The chart below provides estimates of the number of adults living with various disabilities by county.

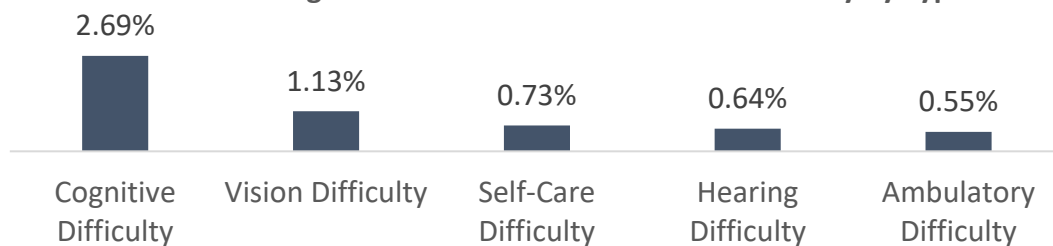
County	Total Number of Adults with a Disability	Total Number with Hearing Difficulty	Total Number with Vision Difficulty	Total Number with Cognitive Difficulty	Total Number with Ambulatory Difficulty	Total Number with Self-Care Difficulty	Total Number with Independent Living Difficulty
Carson	8,043	3,427	1,887	2,767	4,279	1,657	2,695
Churchill	3,388	1,478	822	859	1,700	458	1,071
Clark	246,993	72,517	50,524	79,877	137,883	47,176	89,199
Douglas	6,697	2,917	1,278	1,905	3,515	1,031	1,844
Elko	5,464	2,532	1,063	1,413	2,394	825	1,686
Esmeralda	209	109	35	62	144	31	86
Eureka	206	115	48	32	73	12	85
Humboldt	1,888	807	329	313	1,034	184	504
Lander	772	294	160	141	400	88	179
Lincoln	871	195	76	194	669	161	364
Lyon	8,499	2,926	1,593	2,713	4,857	2,067	3,295
Mineral	636	274	118	284	363	81	117
Nye	10,349	3,802	2,348	2,991	5,385	1,465	3,096
Pershing	566	246	75	125	315	109	209
Storey	859	364	242	396	561	283	309
Washoe	50,904	18,234	11,159	16,628	27,661	10,188	18,276
White Pine	1,134	454	421	259	532	150	359
Nevada	347,478	110,691	72,178	110,959	191,765	65,966	123,374

⁴ U.S. Census Bureau. (2021). 2021 American Community Survey 5-year Estimates Subject Tables. Olmstead Plan I 2023

Children with Disabilities⁵



Percentage of Children in Nevada With a Disability by Type



The number of children with disabilities in Nevada totals 27,776 or approximately 4.05% of the total child population. A breakdown of the number and percent of children with a disability by type is provided below.

Of children with a disability in Nevada, the most prevalent type experienced is cognitive difficulties. 2.69% of the child population in Nevada have some difficulty concentrating, remembering, or making decisions. The chart below provides estimates of the number of children living with various disabilities by county.

County	Total Number of Children with a Disability	Total Number with Hearing Difficulty	Total Number with Vision Difficulty	Total Number with Cognitive Difficulty	Total Number with Ambulatory Difficulty	Total Number with Self-Care Difficulty
Carson	696	292	447	386	213	191
Churchill	204	58	31	128	30	55
Clark	20,038	2,288	4,823	13,320	2,440	3,442
Douglas	229	6	18	184	0	111
Elko	311	49	44	232	27	21
Esmeralda	8	0	6	0	2	2
Eureka	66	0	38	28	0	0
Humboldt	216	28	66	122	0	6
Lander	17	0	0	17	0	0
Lincoln	39	0	0	39	0	0
Lyon	691	144	196	641	205	249
Mineral	0	0	0	0	0	0
Nye	476	0	122	425	0	0
Pershing	26	0	0	26	0	0
Storey	0	0	0	0	0	0
Washoe	4,676	1,507	1,966	2,818	852	924
White Pine	83	0	1	82	0	0
Nevada	27,776	4,372	7,758	18,448	3,769	5,001

⁵ U.S. Census Bureau. (2021). 2021 American Community Survey 5-year Estimates Subject Tables. Olmstead Plan I 2023

ADSD Systems Description

This section will describe the state's current system of providing community-based services.

Assets and Gaps in Care

- Description of the assets and gaps in care as identified through an analysis of state system, and information gathered through UNR survey, key person interviews and consumer workshops.

Critical Issues

- A list of the prioritized critical issues as identified through the asset and gaps in care.

A Plan for the Future

This section will address how the state intends to expand opportunities for community-based services. It will include measurable goals and timeframes as well as a plan to fully fund implementation.

Goals, Objectives, and Timing of Efforts

Being Accountable for Change

This section describes how ADSD will measure its progress in implementation of the plan. Specific milestones for progress are described along with the method and frequency for reviewing and reporting results. It also describes the process and timing for updating the plan document to reflect significant changes over time.

Key Performance Indicators / Measures of Success

Evaluating Efforts

Updating the Plan

Appendix

A brief description of each of the documents contained within the appendix is offered below.

Appendix A

INSERT AS NEEDED

Appendix B

INSERT AS NEEDED

Appendix C

INSERT AS NEEDED