Reno Housing Authority

Needs Assessment

Spring 2025

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Executive Summary

To ensure the agency continues to make data driven decisions with operations, and establish baselines for future reports, the Reno Housing Authority (RHA) conducted a resident survey to better understand the challenges faced by our residents in moving towards self-sufficiency and becoming economically independent. This 2025 RHA Needs Assessment is an overview of the needs identified by RHA's residents.

The data presented in this report combines data from a resident survey administered in March 2025, RHA household demographics, and Resident Services Intake Assessment reports. Three main themes were derived from the analysis. These include (1) transportation is a major barrier for all ages, (2) physical and mental health difficulties are key issues residents face daily, and (3) food and nutrition related matters are a top priority for residents. Survey respondents pinpointed barriers they come across with maintaining employment, accessing community/health services, obtaining educational certificates/degrees, and reasons why they may not be participating in RHA resident events currently.

Proposed solutions are organized into the five levels of influence within the Social Ecological Model. The proposed solutions are categorized into policy, community, organizational, interpersonal, and individual levels of influence. In addition to the proposed solutions, generalized actionable next steps are put forward for the agency. These next steps include: advocating for increased funding for programs that impact residents (transportation, food related, Medicaid/Medicare, social services, et cetera), increase/strengthen community partnerships for the benefit of RHA residents, evaluate the agency's own policies, paperwork, and verbiage to ensure accessibility for all people (residents and community members), and increase networking and workshop opportunities for residents to participate in.

This survey provided RHA with invaluable insight and assisting staff in assessing whether RHA's current programming appropriately aligns with the needs identified by our residents. Going forward, the survey will be conducted annually for data collection purposes, and the report will be updated every three years to evaluate the changes made by the agency and ensure relevant programming that assists clients achieve their goals and aligns with RHA's mission.

Background

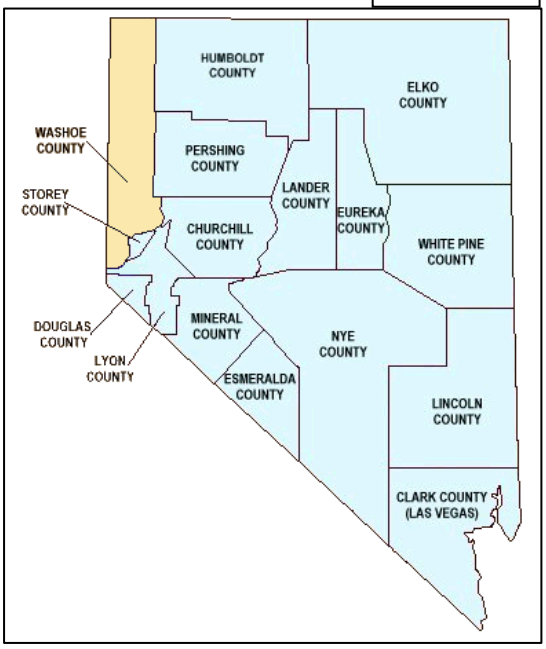
Housing Crisis in Nevada

The state of Nevada is facing an extreme and sweeping affordable housing crisis, impacting renters and homeowners alike. According to 2023 data from America's Health Rankings, 36% of all households (renters and homeowners) in Nevada experienced a housing cost burden, or housing costs over 30% of their gross household income.[1] Over 50% of Nevada renters are encountering housing cost burdens, with Nevada ranking 49/50 in this category nationally.[1] The National Low Income Housing Coalition states that nearly one fifth of renters in Nevada are households with extremely low income (households with incomes at or below 30% of the area median income adjusted for family size), and 86% of those families are faced with a severe housing cost burden.[2] Reno Housing Authority's (RHA) role in providing housing subsidies, affordable units, and resident services is critical to addressing this crisis for the Washoe County community.

The Housing Authority of the City of Reno (Reno Housing Authority or RHA)

RHA is the sole housing authority serving residents in Washoe County, the second most populated county in Nevada. RHA's mission is: "to provide fair, sustainable, quality housing in diverse neighborhoods throughout Reno, Sparks, and Washoe County that offers a stable foundation for low-income families to pursue economic opportunities, become self-sufficient and improve their quality of life." As such, RHA is committed to supporting residents of all ages as they strive to

Figure 1.



achieve their personal goals by providing opportunities that promote the agency's mission.

Currently, RHA owns and manages 503 active Public Housing (PH) units across six complexes within Reno and Sparks that house low-income families, veterans, seniors, and people with disabilities. Additionally, RHA owns and manages 166 scattered site properties throughout Washoe County. While most of these properties house very low-income households, higher income households (households earning up to 120% of the AMI) may apply to live in these affordable units as well.

Moreover, RHA owns 12 other multi-family housing properties; some of which are funded through other federal programs such as HOME or Low-Income Housing Tax Credits and some of which have no deed restrictions but maintain lower than market rents by policy of the Board of Commissioners. These community benefit properties provide an additional 447 units at rates less than Washoe County's Fair Market Rent (FMR) to provide those in need with more housing opportunities throughout the region.

In addition to the public and affordable housing owned by RHA, there are a multitude of rental assistance programs administered by the agency for local assistance. Section 8, created by the 1974 Federal Housing and Community Development Act, provides households with the opportunity to live within the community in privately owned units and receive rental assistance to support a portion of the rent. Under Section 8, RHA has been allocated 2,638 housing vouchers, with the majority being part of a tenant-based Housing Choice Voucher Program (HCV). Participants tend to prefer the HCV program because it gives households more autonomy as to where they choose to live. Furthermore, as part of the federal program, HCV holders can move their rental assistance to different jurisdictions within the United States after residing in their original PHA jurisdiction for a determined amount of time. The preference for the HCV program is reflected in the number of applicants on this waitlist, which has traditionally been RHA's largest waitlist.

Reno Housing Authority also receives and administers several specialty vouchers. These vouchers provide rental assistance for specific populations. The Foster Youth to Independence (FYI) Program is a type of specialty voucher that is available to young adults who have recently aged out of foster care. RHA has 15 FYI vouchers. RHA has partnered with the Department of Veterans Affairs (VA) office to facilitate a HUD-Veterans Affairs Supportive Housing (VASH) voucher program in Washoe County targeted to homeless veterans and those veterans at-risk of becoming homeless. The authority currently has 498 HUD-VASH vouchers, a portion of which are project-based at specific properties. Lastly, RHA initially was awarded 137 Emergency Housing Vouchers (EHV) that are provided to unhoused Washoe County residents working with a community partner of RHA. Through attrition, RHA currently has 108 EHVs. However, EHV funding is set to expire by the end of 2026 unless Congress appropriates additional funding.

For Fiscal Year 2025, RHA's budget is approximately $71 million. RHA anticipates spending approximately $52 million, or 73%, of the annual budget, on Housing Assistance Payments (HAP). HAP are payments the housing authority makes directly to landlords as a rent subsidy on behalf of an HCV participant.

Aside from its housing, RHA has a robust resident services department. The department offers a wide range of activities and programs for residents. In line with RHA's mission, a goal of the department is to increase self-sufficiency amongst participants and support families as they move towards economic independence. As part of this, RHA administers a Family-Self Sufficiency (FSS)/Workforce Development (WFD) program. This program is designed to promote self-sustenance amongst RHA's residents and provides the tools, education, training, and self-efficacy to afford and maintain a life with little external support. The FSS/WFD program includes seniors, adults, and youth. RHA has two Workforce Development Coordinators dedicated to assisting a targeted population of adults over the age of eighteen. Currently, RHA has one Youth Workforce Development Coordinator that oversees youth

enrichment activities as well as the Start Smart program. Start Smart is a program offered to high-school aged residents that helps this population prepare for adulthood while working to break the cycle of poverty. Lastly, the resident services department operates senior specific activities that emphasize improved quality of life and aging in place comfortably.

Why is a needs assessment necessary?

The resident needs assessment will help identify the unmet needs of RHA's assisted households. It is widely understood that affordable housing is only one of the precursors of becoming self-sufficient and improving quality of life, therefore it is important to identify additional barriers RHA's community members encounter. People are dynamic with needs that are ever shifting. The agency believes that hearing directly from those affected will help RHA identify gaps in current programming and facilitate shifts in organizational priorities that aim to address unmet needs. Additionally, finding the voids within current programming will allow RHA to explore other partnerships and engage stakeholders who can help to bridge the gaps.

The authority is interested in reviewing current programming as part of its efforts to expand opportunities for residents and in alignment with the Board of Commissioner's goal of RHA making data driven decisions. This needs assessment will be key in identifying priorities moving forward.

Washoe County Demographics

The 2023 US Census estimated Washoe County's population to be just under 500,000 people with 83.1% of the population identifying as White,[3] an estimated 3.1% as Black, and 26.5% as Hispanic.[3] Washoe County sees an almost equal gender distribution, with 49.2% identifying as female.[3] Veterans account for about 6.2% of the Truckee Meadows population, and the US Census reports that 8.5% of people under age 65 in Washoe County have a disability.[3] Approximately one fifth of the county population is under age 18 and about 18% of the population is over 65.[3] The Median Household Income for

Washoe County in 2023 was $85,600, which was about $10,000 over Nevada's average household income.[3]

Reno Housing Authority's Demographics

RHA's assisted households are much more diverse than Nevada and Washoe County. Of the 4,910 aided residents, 69.5% identify as White and 27.3% identify as Hispanic or Latino. A notable demographic discrepancy between the Washoe County population and RHA residents is those who identify as Black, with a 16% difference (3.1% and 19.3%, respectively). Compared to the 49% identifying as female in Washoe County, RHA reports 63.1% females within the population. A substantial portion of RHA's residents are disabled (31.3%) and 7.8% of those served are veterans (this percentage only represents HUD-VASH participants and does not represent all veterans within RHA housing due to data constraints). In terms of age, RHA's population has a higher percentage of persons under age 18, 32.5% of residents, and seniors, almost 30% being over 65 years old, than Washoe County. Over ninety nine percent (99.5%) of RHA applicants are low, very low, or extremely low income, with a majority (76.1%) reporting extremely low income (see section "Cost, Quality, Sustainability, and Availability" on page 26 for definitions). Lastly, the Median Household Income for RHA residents was slightly under $12,000 annually, substantially less than for Nevada and Washoe County (See Table 1.)

Table 1: Population Overview of Nevada, Washoe County, and RHA residents

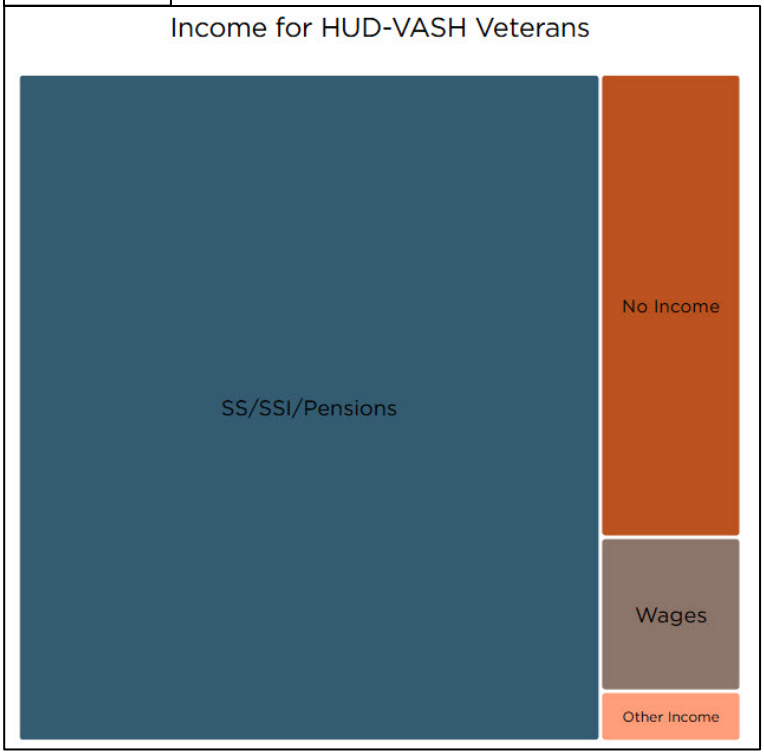
	Nevada 2023	Washoe County 2023	Current RHA residents
Population	3,194,176	498,022	4,910
Persons under 18	21.5%	20.4%	32.5%
Persons over 65	17.4%	18.3%	29.9%
Female	49.7%	49.2%	63.1%
Male	50.3%	50.8%	36.9%
White only	71.5%	83.1%	69.5%
Black only	11.0%	3.1%	19.2%
AIAN (American Indian and Alaska Native) only	1.7%	2.3%	2.6%
Asian only	9.7%	6.4%	3.3%
NHOPI (Native Hawaiian and Other Pacific Islander) only	0.9%	0.8%	1.2%
Two or more races	5.2%	4.3%	4.2%
Hispanic or Latino	29.9%	26.5%	27.3%
Non-Hispanic or Latino	70.1%	73.5%	72.7%
Disabled			31.3%
Veteran status	19%	14.30%	7.8%*
Median Household Income	$75,561.00	$85,600.00	$11,966.91

Sources: US Census and RHA data

*Data includes HUD-VASH participants only, does not include veterans participating in other programs

RHA's assisted households boast a higher percentage of seniors compared to Washoe County's population. This could be due to several factors, one being that RHA previously had numerous public housing (PH) properties specifically targeted for seniors and still maintains two non-PH properties for this population. Also, a substantial number of seniors are on a fixed income and need affordable housing, thus the reason being why RHA has maintained two properties for this age group. Veterans represented in the table (under Current RHA Residents) above are only from the HUD-VA Supportive Housing (HUD-VASH) program, therefore, this data is not fully representative of veterans participating in other voucher programs or living in

Figure 2.

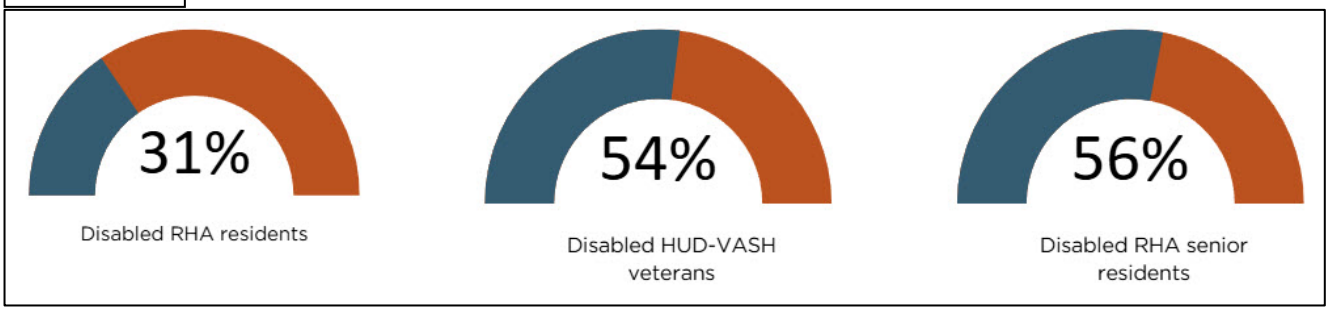


public housing. These two groups of people have an increased number of challenges that are not unique to Nevada. Nationwide, the older adult population saw a 6% increase in poverty and an 8% increase in food insecurity.[5]

The majority of RHA's HUD-VASH participants are living with a disability (54.3%) with most receiving income from Social Security, Social Security Disability Insurance, or pensions. (See Figure 2) Similarly, 94.8% of RHA assisted seniors collect Social Security as their main source of income.

It is important to note that over 50% of senior and veteran RHA residents have a disability (see Figure 3 below) and about one third of the entire RHA population lives with a disability.

Figure 3.



Given these demographics, it is imperative that these populations are considered in RHA programming and in the development of properties due to their higher likelihood of having a disability and greater probability of living on fixed incomes.

Methods

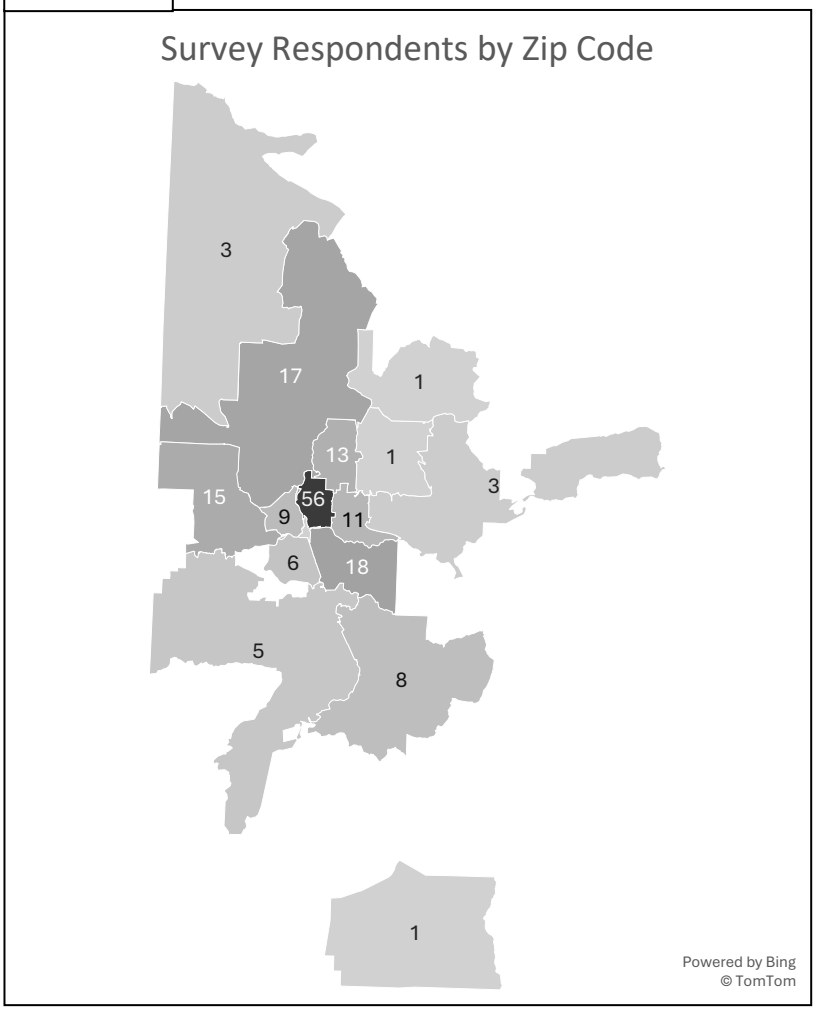
Mixed-Methods Survey

A survey was sent out to gain both quantitative and qualitative insight in the form of a mixed-methods approach. Twenty-two questions were asked on the survey with a variety of closed and open-ended questions. The same set of questions were asked of PH residents and HCV participants because most of RHA's programming applies to both populations. The survey was offered via paper and online, allowing applicants to participate depending on their comfortability with technology. The survey was offered in both English and Spanish. All participants were entered into a drawing for gift cards to incentivize participation.

PH residents were easier to reach due to their proximity to RHA/RHA staff and due to the concentration of residents in PH complexes. HCV participants have historically been a more difficult population for RHA to survey as families are spread throughout the county due to the very nature of the HCV program. This geographic spread remained a challenge during this survey disbursement. Active PH and HCV households were mailed a QR code with the Resident Newsletter and given the option to request a physical survey. The Resident Newsletter yielded little to no participation, so other modes of outreach were explored. QR codes and physical surveys were taken to every PH Resident Council, a Workforce Development event, and multiple Golden Grocery events throughout the month of March. In conjunction with the in-person efforts, RHA utilized Nixle, a messaging app used to send information to subscribers. Two text messages were sent out to active clients registered for the app (approximately 850 people). Lastly, Rent Café, an online client portal offered to RHA's clients for online rental payments, updating information, and submitting documents required to complete recertifications, posted a banner on the site promoting the survey.

Nixle produced the largest participation with nearly three fourths of respondents accessing the survey through text messages. 167 responses were collected within five weeks of the survey being available. Approximately two thirds of respondents were HCV holders, which closely represents RHA's resident population. One third (56) of respondents reside in the 89512 zip code. The average age of participants was 52 years old, with 52 respondents between the ages of 23-40, 57 respondents between the ages of 41-60, and 58 respondents over the age of 61 (See Appendix A for complete map of Washoe County zip codes).

Figure 4.

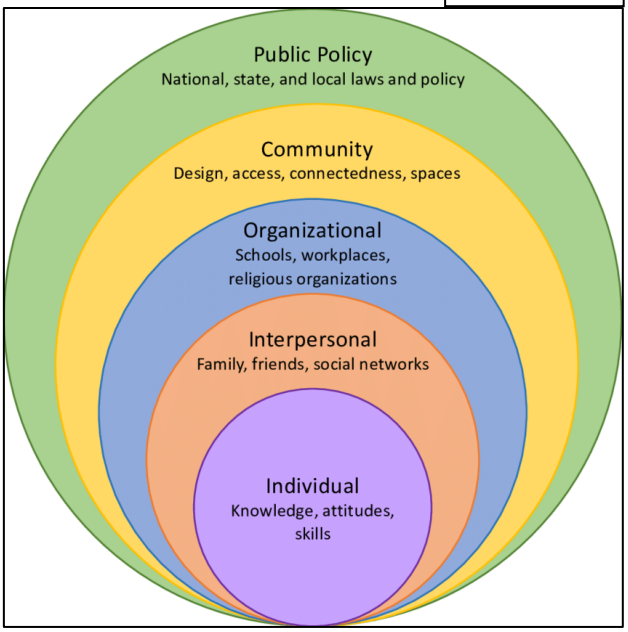


RHA data was gathered from general demographics of the resident population and information from intake assessments done by the Resident Services team. Staff are required to update intake assessments periodically to measure changes and assess whether challenges are lessening for RHA clients. Those who took part in the intake assessments include FSS/WFD clients, Start Smart youth program members, and seniors who demonstrated a need for at least one community resource. The intake assessments were useful in the creation of the survey questions to

build off what was already being assessed. These assessments provided comparison and support to the survey data that was collected and barriers that were identified. Youth residents were not surveyed; therefore, all the youth data discussed in this report are from the intake assessments.

Social Ecological Model

Figure 5.



Frameworks are important tools for analysis and building future intervention strategies. The Social Ecological Model has five levels of influence: individual, interpersonal, organizational, community, and policy. To understand the complexity of the issue, the Social Ecological Model provides a visual of how policy, community, organization, and interpersonal influence can shape behavior and outcomes for an individual.[6] (See Figure 5) An approach such as the Social Ecological Model is more likely to be sustainable and effective due to the multilevel process being taken.

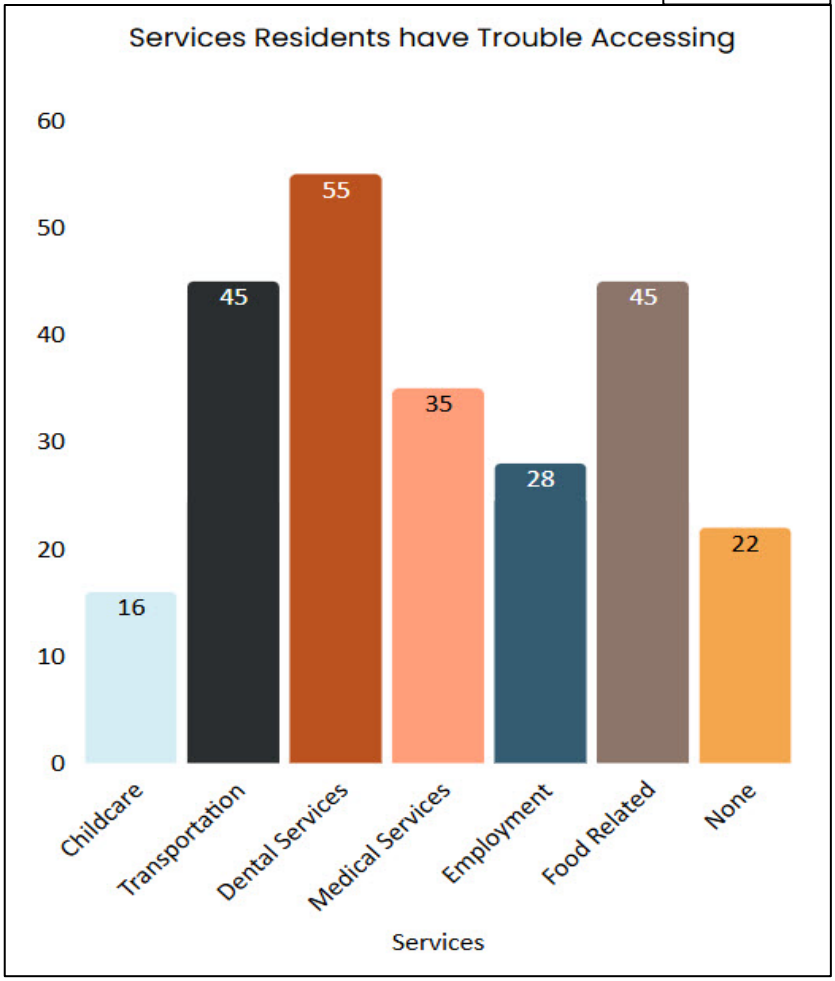
The overarching theme that emerged from data analysis is the need for action at multiple various levels of influence. There is an opportunity for growth, partnership, and progress at all influential levels. To pinpoint specific areas of need, the Social Ecological Model will be used. The levels will be separated to highlight potential areas of impact based on those needs called attention to by this survey and other RHA data.

Findings

Survey Overview

Residents identified a plethora of needs that can be addressed with multilevel intervention. (See Figure 6) Many issues plagued multiple age groups, but some concerns were age specific. The three main themes materialized from the resident survey included: transportation is a universal barrier for all activities and ages, physical and mental health difficulties are key issues our residents face daily, and nutrition/food related issues are a top priority of RHA's population.

Figure 6.



Needs Identification

Transportation

Of the survey participants over the age of 63, 22% need transportation assistance. There are few programs in place for senior transportation, however, there are not enough within our community. The resident survey illuminated that transportation was a barrier for all ages and all aspects of a self-sufficient life. Overall, 17.6% of survey respondents claimed that

transportation was a major barrier for them. When speaking about reasons for unemployment, 14% of RHA residents who are not working claimed that transportation was a barrier. In parallel, 17% of survey participants stated they were not participating in RHA programming due to transportation issues and reliable transportation was ranked as the third most important topic by survey respondents. Many residents voiced that RHA events being held at other locations were barriers to their participation, thus expanding on the barrier that is accessible transportation.

Similarly, FSS/WFD clients echoed the need for transportation assistance in their intake assessments. 79% of FSS/WFD participants claimed to have access to a reliable car and 86% stated they have a valid driver's license. Even though 79% is a substantial number of participants, it is still important to note that access to a reliable car does not necessarily mean that they only travel by car through our community. It does not specify if access to a vehicle means ownership or shared between multiple adults. On the other hand, 15% stated they needed assistance with transportation and 25% of FSS/WFD clients reported reliable transportation as a barrier to consistent employment. From the same intake assessment data, FSS/WFD clients (60%) favored the idea of commuting or carpooling together. Senior intake assessment data expresses the same concerns, with 38% of respondents needing accessible transportation services.

Food Related

Unfortunately, food-related concerns were identified as a primary worry of the surveyed population. Nutrition/food choice resulted as a top priority when ranking important topics, and almost 18% of respondents listed food related services as being difficult to access. More specifically, those age 23–62 expressed a higher likelihood of having trouble accessing food-related services than the 63+ age group. From the senior intake assessments, one quarter of seniors need access to food services, despite current RHA programming aimed at reducing the number of food insecure seniors. Note

that the intake assessments for FSS/WFD clients and youth do not ask specific food-related questions.

Employment

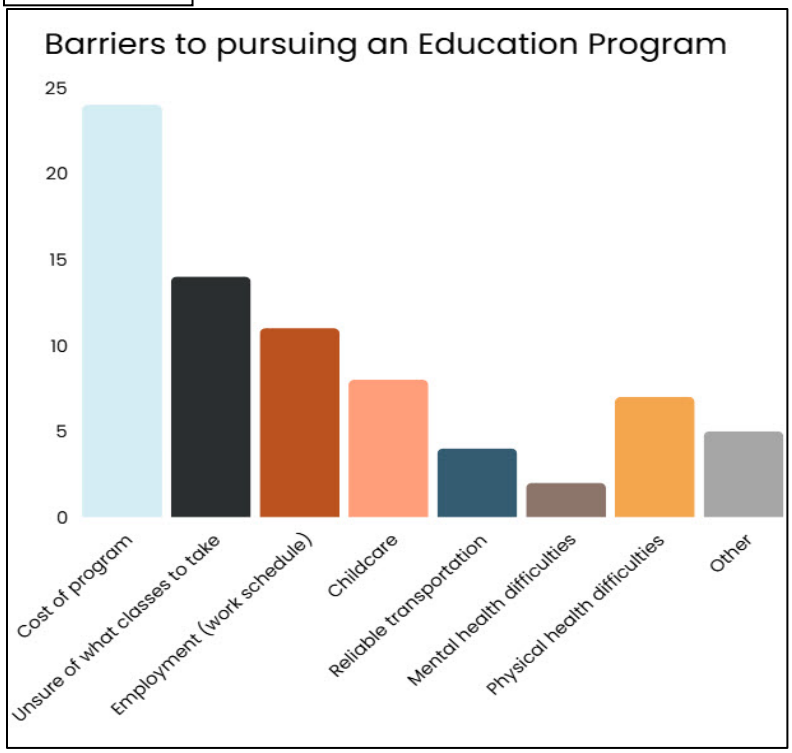
From the survey responses, 27% of people ranked consistent employment as the number one priority in their lives. 59% of current FSS/WFD clients are employed and 30% disclosed the need for help to seek new employment. More specifically, 34 reported working full time, 20 reported working part time, and 3 reported to be self-employed. Only 32% are satisfied with the training choice they made. The youth intake assessment data revealed that 83% need workplace skill training and nearly three fourths need communication training.

Steady employment is a major factor in achieving self-sufficiency and improving one's life, therefore it is important to note why some RHA residents may not be employed. 110 survey responders answered that they were not working, with 30 of those answering that they were not working due to retirement. The reasons for unemployment overwhelmingly were physical and mental health difficulties, totaling 51% of all responses. Of the FSS/WFD clients, 29% feel as if childcare is a barrier to employment. To further understand the barriers to employment by age group, those between 23-62 reported that physical and mental health were 46% of the barriers, with lack of transportation being 14%. For those age 63+, physical and mental health difficulties, along with age, accounted for 61% of answers.

Education

Education is an influential factor in someone's ability to obtain sustainable employment. Per the FSS/WFD intake assessment, 84% of clients have a GED, and 12% are enrolled in adult education classes. From survey results, 99 respondents answered "No, I am not interested in any educational programs". 22% were interested in being enrolled in a program and 11% of contributors are actively enrolled in an educational program. The cost of a program was the top listed barrier for those interested but not actively enrolled in a program. Youth intake assessment data showed that 100% of participants have academic goals, but 89% stated the need for academic success training as well. Youth data also showed that only two thirds of participants attended school regularly and felt as if there was a great need for more accessible scholarships and financial aid opportunities.

Figure 7.

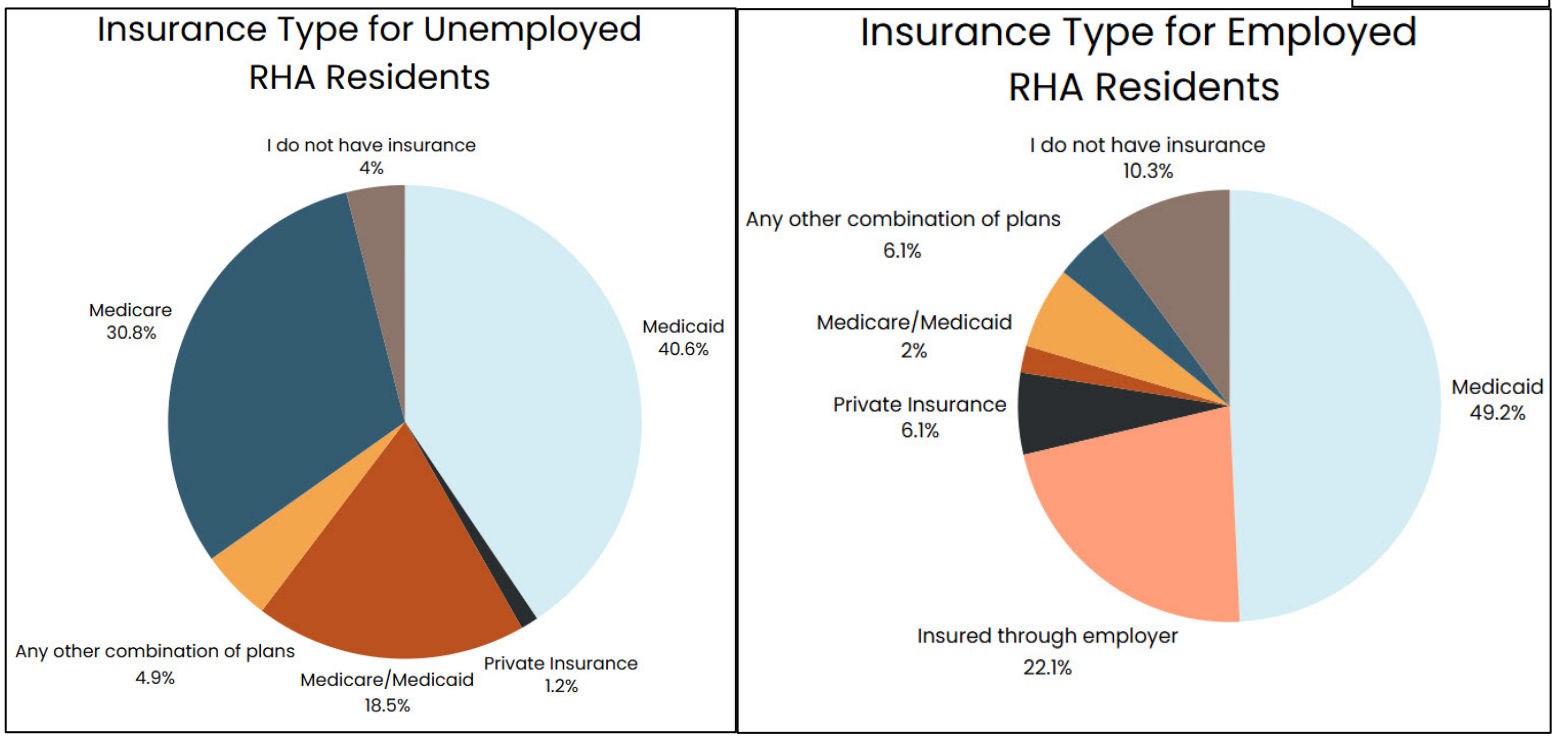


Insurance Coverage

For seniors specifically, 26% of those who completed the intake assessment stated they needed in-home care and 52% reported they needed assistance with filling out the Medicare application. Low-income seniors are not necessarily able to pay for quality in-home care, thus a need for Medicare and Medicaid expansion of covered services/fee schedules and a streamlined application process is crucial to their well-being. Based on survey

results, 44% of survey respondents reported being enrolled in a Medicaid plan, and 35% reported being enrolled in a Medicare plan. A handful of respondents indicated that they are covered by multiple plans (ex: Medicaid and Medicare). It is noteworthy that over 70% of RHA's unemployed population rely on some form of public insurance to support their health needs. (See Figure 8) Another notable item from Figure 8 is that although residents may be employed, 49.2% are still enrolled in Medicaid.

Figure 8.



Health Difficulties and Accessibility of Services

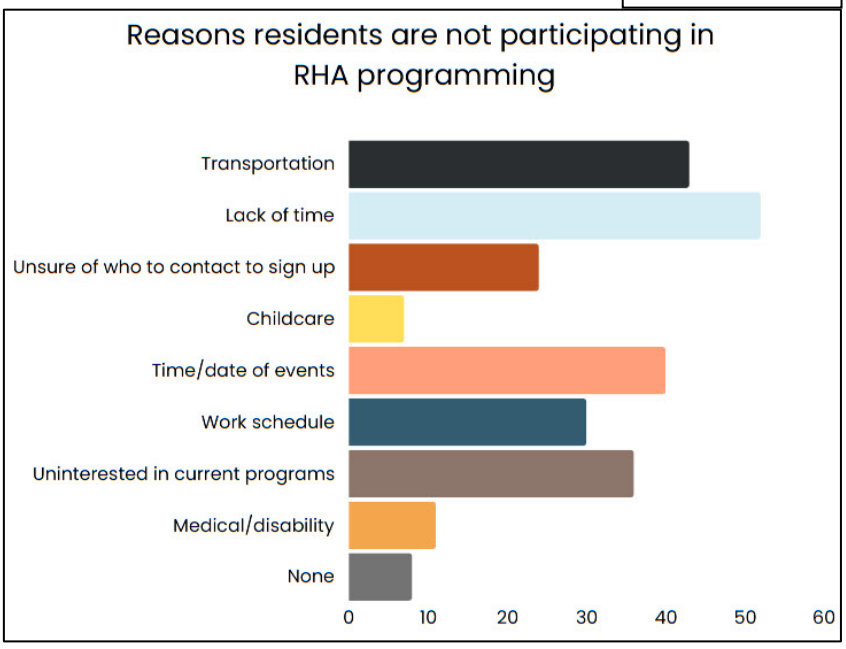
Health difficulties, both physical and mental, were listed as critical barriers to RHA residents. All age groups expressed the need for expanded access to care, accommodations, and navigation assistance for these difficulties. To begin with, data from the youth intake assessment suggests that over 75% of respondents indicated the need for physical and mental health help. A smaller but still significant percentage of FSS/WFD participants need physical, mental, and/or behavioral health assistance (15%). Similarly, about 14% of senior intake participants indicated a need for health services.

From the survey, physical and mental health difficulties accounted for 50% of the barriers that RHA residents face when attempting to gain employment. For age specific groups, 63+ answered that 40% of the barriers faced were due to physical health and 11% were due to mental health difficulties. Comparatively, 28% of the barriers to work were due to physical health and 18% due to mental health difficulties for those between the ages of 23-62. In addition to the difficulties residents face, access to services is a struggle that many face. Of the total respondents, 21.6% reported the need for dental services and 13.8% reported the need for medical services. Ages 63+ indicated a slightly higher need for dental and medical services than the 23-62 age group.

RHA Programming

This survey was designed to provide an understanding of the ways RHA can improve current programming in place. As such, a section of the survey was dedicated to understanding residents' perceptions of current activities and identifying areas for improvement. Of respondents, 14% participated in senior activities, 28% sat on Resident Councils, 17% were in the FSS/WFD program, and 15% had children that participated in youth programming. A slight majority of respondents (21%) stated that they did not wish to participate in RHA programs. Closely following, 20.5% of survey participants indicated that they were not participating in events but would like to be.

Figure 9.



Those who selected “not currently participating in RHA events but would like to be” were asked to specify the reasons why. The top three reasons for non-engagement were lack of time, transportation, and time/date of events. Surprisingly, childcare was listed as the least influential factor for involvement.

Age Specific Findings

Ages 23-62

Understandably, childcare was identified as a barrier to employment by the 23-62 age group of survey respondents and the FSS/WFD participants. Only 10% of survey respondents (age 23-62) listed childcare as a barrier to employment, yet 29% of FSS/WFD participants listed childcare as a barrier to employment on the intake assessment. Even though there is a discrepancy between the survey and intake assessment data, it is still important to note that childcare is a significant barrier for FSS/WFD clients. FSS/WFD clients expressed interest in parenting classes (57%) and family counseling (24%). Survey respondents were not asked about parenting classes or family counseling.

Seniors

In addition to the barriers and needs listed previously, the population of 63 years and older have a few age-specific needs to address. As stated before, a vast majority of RHA seniors are on a fixed income. From the senior intake assessment, 87% of participants expressed a need for energy services. Energy bills can vary depending on the month, thus making sense why a fixed income household may struggle to cover a monthly electricity bill. To add on, 86% also stated that they live alone, and 32% say they are not able to leave their home without assistance.

Gap Analysis- Why is this Important?

The needs and barriers RHA residents encounter are identified in the previous section of the report. This Gap Analysis will combine needs and barriers with evidence of these issues, followed by actionable next steps that RHA can take.

Affordable Housing Access in Relation to Well-being

Housing is a Social Determinant of Health (SDOH) and has an impact on the household's overall health, for better or for worse. Having limited access to safe, affordable, and/or quality housing can negatively affect the health of residents and can have long-lasting consequences.[7] There are known health influences from the types of paint used, what pipe material the drinking water comes from, if there is central air conditioning/heating, et cetera.[7] There are also built environmental impacts on health regarding the neighborhood and surrounding areas. Many low-income families rely on public transportation. Unfortunately, if the neighborhood does not have a nearby public transportation stop/station, it can impede a household's ability to obtain and maintain employment and access critical services.[7]

Why does this matter?

RHA residents pinpointed transportation as a significant obstacle in day-to-day life. Residents also stated that transportation was a key factor that contributed to lower participation in RHA events.

The type of food available in an area is a built environmental factor of health. Some low-income areas are considered "food deserts", or a geographic area that lacks affordable and healthy grocery options.[8] As mentioned before, transportation is a frequent barrier for lower income households and makes travelling to grocery stores more difficult.[8] On the contrary, low-income neighborhoods also tend to be "food swamps", or highly concentrated areas of unhealthy, fast-food options.[9] Based on where people

live and what stores they have access to, risks of obesity-related diseases can increase exponentially.[9]

Why does this matter?
Food accessibility was also a top priority of RHA's residents.

To continue, housing is essential in maintaining other forms of support. Some programs administered by state of federal agencies require an address to be provided to verify residency and eligibility. Medicaid, for example, requires you to re-enroll every year. Per the dhcfp.gov website, a letter is mailed for re-enrollment.[10] Having stable housing increases your ability to maintain other forms of support, especially those organizations that mail updates, changes, and re-enrollment forms.

Why does this matter?
Seniors specifically identified the need for assistance filling out Medicare applications, therefore stable housing removes one difficult piece of the federal program puzzle.

Moreover, stable and quality housing improves family stability, child development and overall success for children.[11] Stable housing increases the chance of children getting to stay with their family unit instead of entering the foster care system (barring no other issues arise) and allows emotional and intellectual needs to be better met.[11] Lastly, studies show that people who age out of the foster care system tend to have a higher chance of homelessness themselves compared to those who did not age out of the system.[11]

Why does this matter?
As mentioned in the previous section, FSS/WFD parents were interested in parenting classes, which coincides with better family stability from consistent housing.

Transition from Unhoused to Housed

On any given night in 2023, an estimated 10,106 individuals were unhoused in Nevada with 49% of those individuals being unsheltered.[12]

Nevada has one of the highest rates of unsheltered homelessness in the United States.[12] From the agency's waitlist data, 355 households are currently unhoused or in unstable housing in the community. The data includes households on all waitlists and is current as of July 3, 2025. RHA gives a preference to households that are homeless at the time they apply, with a goal of housing this population first. It is important to note that these numbers will fluctuate depending on how recently the waitlists have been opened. RHA's most popular waitlist, the Housing Choice Voucher, was last opened in April 2024. After that waitlist opening, 388 households were identified as currently unhoused.

Amongst currently housed PH residents, HCV clients, and Project-Based voucher holders, RHA is assisting 126 previously unhoused households. In addition to the 126 households, HUD-VASH, FYI, and EHV vouchers provide assistance to previously homeless households. Throughout RHA's resident portfolio, 778 households were unhoused prior to receiving housing assistance.

A 2011 report by the National Health Care for the Homeless Council (NHCHC) states that the transition from unhoused to housed is oftentimes a major culture shift.[13] This shift forces a change in mindset from day-to-day thinking to future planning, making decisions that are not normally this person's responsibility (such as finding employment and other benefits), and maintaining this new housing by following other requirements (such as lease demands or PHA rules).[13] The NHCHC report shared that clients struggled to adapt to permanent housing and found it difficult not to relapse into the homeless life they lived previously.[13] Because Nevada has such a high unsheltered homeless population, it is fair to assume that the transition to being housed will be difficult for many individuals RHA houses/will house in the future.

As stated before, it can be difficult to plan for the future during the transition from unhoused to housed due to the life and culture an unhoused individual was living in before. In order to be self-sufficient, employment is key

to subsidy-free living. As indicated earlier in the report by the resident survey, mental and physical health disabilities are major barriers to employment. According to a study done by Thurman et al., approximately 50% of people experiencing homelessness suffer from at least one disability (mental, physical, or both).[14]

By RHA providing permanent housing to low income and unhoused individuals, the chance of the household being able to address other barriers increases, yet it is pivotal to recognize that this population is hard-to-house and needs additional support to remain housed.

Why does this matter?

Securing housing is the critical first step for many households coming off the waitlists to successfully maintain continuous employment and reduce barriers related to physical and mental disabilities. RHA has previously unhoused individuals in all programs the agency offers. The severity of barriers homeless individuals face can vary from those who have been in stable housing prior to living in subsidized housing. Many times, people experiencing homelessness are not quite ready to address these barriers alone and need support to be successful. Understanding all the populations the agency works with is crucial in the development of programming. The establishment and maintenance of outside partnerships to fill in service gaps where RHA's scope of work ends will be significant as well.

Cost, Quality, Sustainability, and Availability

The classification "low income" is divided into three categories to better identify the actual financial state of these families: low income, very low income, and extremely low income. AMI, or Area Median Income, is used to determine the income limits for each group.[15] Low income is categorized as households with incomes at 80% of the AMI adjusted for family size, very low income is households with incomes at 50% of the AMI adjusted for family size, and extremely low income covers households making 30% of the AMI adjusted for family size.[15] Of extremely low-income renter households, only 35% are

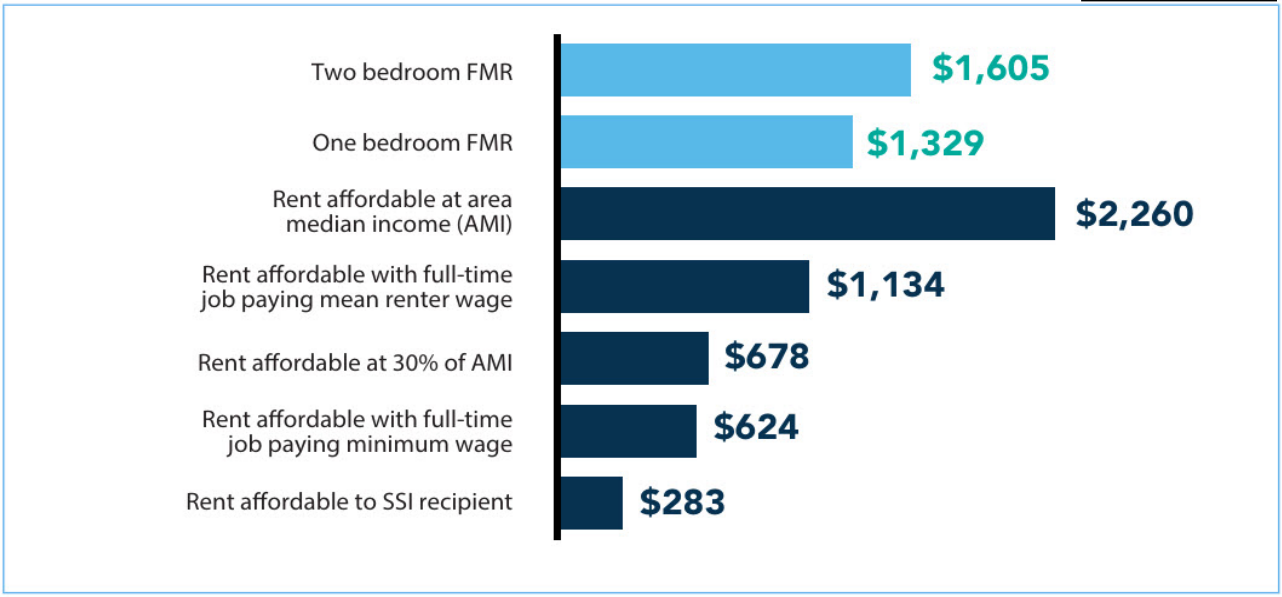
reported to be in the labor force.[2] Single caregivers make up 5% of that population, 16% are disabled, and 31% are seniors.[2] Furthermore, 34% of Nevada renters are below 50% AMI and 19% of renters are below the 30% AMI threshold, as mentioned above.[2]

Why does this matter?
Almost all the households on the RHA waitlists are under 60% AMI.

Wages are not proportionately increasing with the major spike in rent over the last few years. This has created a large cost burden for those in jobs at minimum wage or close to, causing most of their income to be spent on housing. [16] In the state of Nevada, the minimum wage is $12 an hour.[16] It is widely suggested that households spend no more than 30% of their income on housing to afford other aspects of life. Working minimum wage in Nevada, a person would be able to afford a monthly rent of $624, keeping the 30% housing budget in mind.[16] To afford a one-bedroom unit at Fair Market Rent (FMR), an individual earning minimum wage would have to work 85 hours a week. (See Figure 10)[16] For a two-bedroom unit at FMR ($1605), a person working at minimum wage would need to work 103 hours a week, or the equivalent of 2.6 full-time jobs.[16] The average wage of renters in Nevada is $21.80, yet to afford a two-bedroom unit, an hourly rate of $30.87 is required to afford a FMR two-bedroom unit.[16]

Why does this matter?
Without efforts to address identified barriers and overall well-being of RHA residents, residents will continue to be dependent on government programs and will be unsuccessful at becoming self-sufficient. The FSS/WFD program should prioritize sustainable wages for Washoe County's rental climate as income goals for participants.

Figure 10.



Source: NILHC Affordability Snapshot, 2024

More specifically, Nevada does not have enough units that are available and affordable for the Extremely Low-Income (ELI) renters. There are roughly 91,000 ELI renting households and about 20,000 ELI units available throughout the state.[16] For every 100 ELI renters, there are 14 units that are available and affordable for them. Considering Very Low Income (VLI) renters, or those making 50% of the AMI, there are 27 units for every 100 VLI renters.[16] Lastly, there are 72 available units per 100 low income (80% AMI) households.[16]

Similarly, low-cost rental units are not always of the same quality as higher cost rentals.[17] As mentioned before, many low-income units are older buildings, which may expose the household to different building materials that are not used in new buildings anymore.[17] Likewise, these affordable units tend to be in neighborhoods with higher rates of crime and air pollution, and lower rates of accessibility to public transportation, law enforcement, and schools.[17] Even if an ELI family can find a rental that is affordable to them, their unit may not be of the quality which they deserve and accessible to the opportunity's other households in low-poverty neighborhoods have.

Why does this matter?

While housing is tremendously important, it is not the only factor that contributes to personal well-being. An integrated approach that prioritizes well-being, safety, connection to resources, and is geographically opportunistic for families will overall have better outcomes. RHA can be an advocate for bettering other aspects of residents' lives.

Needs to be Prioritized

RHA should prioritize the following needs of their residents: transportation services, food related access, and connection to health resources. Prioritization of these needs will translate to other facets of life, increase the chance of self-sufficiency, and improve overall well-being for households.

While, over the past few years, RHA has increased programming in the areas identified above, the resident needs survey has shown that additional focus is needed. Most recently, the Board of Commissioners has set several goals that dovetail with the identified needs. These include:

- Increasing Opportunities for RHA Residents and Participants to Break the Cycle of Poverty; and
- Continuing to Promote the Health and Wellness of RHA Residents and Participants.

In concert with these goals, RHA partnered with Food Bank of Northern Nevada in opening a Golden Groceries at its Tom Sawyer public housing site. More recently, the agency was awarded private funding to expand these services both in terms of food offered and number of community members served. RHA's Resident Services Department has also forged partnerships with Reno Food Systems and other local agencies to provide nutrition classes, on-site cooking classes, and recipes to RHA's seniors. The Golden Groceries, as well as its partnership with the Food Bank and Reno Food Systems, provides

RHA a foundation from which to further expand the offerings to a wider range of people and better meet the needs of its clients.

RHA continues to grow its on-site and community gardens. These gardens provide participants with access to fresh vegetables and low or no cost. RHA now has on-site community gardens at three of its public housing properties and purchased a community garden plot at Paradise Park in Reno for residents at its Tom Sawyer and Silverada Manor properties. A recent harvest garnered over 15 pounds of vegetables at the Paradise Park plot which was distributed to residents and used at the properties' Fourth of July barbeques.

In terms of transportation, resident services staff worked with interested seniors to help register for the Regional Transportation Commission's (RTC) bus passes, taxi rides, and Uber ride services. Access to public transportation and other transportation routes is of prime importance when RHA analyzes potential sites for future development and is part of its guiding development principles. RHA's two most recent developments, Dick Scott Manor and Railyard Flats, have easy access to bus routes, major highways, and have high walk scores. RHA will continue to seek sites near to transportation and explore other ways to facilitate access to transportation for all its residents and clients.

Staff have also recently expanded intergenerational programming and wellness offerings in an effort to help residents achieve healthy lifestyles and provide stress relief. A sampling of these activities includes the new family walk at Rancho San Rafeal Park and a collaboration with First Tee to provide golf instruction to RHA youth at local golf courses.

While RHA's programming is broader than just these offerings, these recent programs provide a basis from which to continue to grow and address the current needs of residents and serve as a strong launchpad for further efforts.

Recommendations and Action Plans

Proposed Solutions

The proposed solutions will be categorized into the five levels for intervention outlined by the Social Ecological Model mentioned previously.

Public Policy

The Public Policy level intertwines laws, regulations, policies, and high-level funding. Based on the information gathered, there are multiple areas to target from this lens. To better serve the low-income community, increased funding will be essential in allowing RHA to expand the number of people served, but also the variety of services they receive from the agency. Increased funding for HAP, self-sufficiency case work, and other programming will allow for increased reach into our community.

Funding is a universal policy shortcoming for most of the programming financed through government agencies. There is a need for increased funding and community capacity for public transportation, as this is a major issue for our community and residents' ability to become self-sufficient. Survey respondents indicated that the biggest barrier to becoming part of an educational program was the cost, thus calling attention to the need for increased aid to assist those who seek higher education, trade programs, or certificate programs. Lastly, increased funding for the SNAP, WIC, TANF, and local food-related efforts would benefit RHA's population immensely.

Community

The Community level links the physical and social environment, as well as accessibility to resources. Opportunities available at this level of intervention include increased local partnership, commitment to coordination of quality services, and creativity to increase utilization of services once partnerships are created. This is a level that can strategize interventions for all age groups represented in RHA's resident population. Understanding the

social environment will help to pinpoint hesitancies and obstacles that inhibit residents from a subsidy-free life.

Local partnerships can be created or expanded to address transportation access, employment opportunities, food-related education and access, and health care. Utilizing programs that RHA residents are already a part of (Medicaid, Medicare, SNAP, TANF), RHA can coordinate events using resources from those federal programs. In addition, RHA can partner with organizations to create resource maps for streamlined accessibility to services community members may need. Lastly, increasing awareness and advocacy for mental and physical difficulties/disabilities is of increasing importance. A sizeable percentage of RHA's client population has at least one disability, thus advocating for the population RHA represents will only increase their independence within the community.

Organizational

The Organizational level connects rules, policies, and social norms for regional organizations such as RHA, schools, workplaces, et cetera. As an organization, RHA can ensure internal policies, paperwork, and requirements are accessible. RHA can verify that processes are as streamlined as possible for program participants. As an organization, the wording of documents shared with the public can be checked for plain language, added definitions, and included explanations of acronyms. It is important to make sure that current and future residents can understand their program requirements, and that RHA meets residents at all comprehension levels. Another step the agency can take is to ensure clients have accessibility to staff. Offer other modes of communication for residents and staff to use. Communication is essential for the success of all parties involved.

As for other rules, policies, and norms of regional organizations, RHA can lead by example for the community regarding the points mentioned above. RHA can also work with other organizations to encourage the hiring of clients

by promoting certain educational opportunities, assisting residents in finding childcare, and improving access to professional attire of their chosen field.

Interpersonal

The Interpersonal level targets relationships and social networks of residents. Prospective intervention for this level can include promotion of resident benefits. RHA has a diverse community of participants, and all have different skills to offer each other. By utilizing the collective RHA is serving, buy-in and self-worth will increase amongst the community. RHA can improve the independence of complexes and neighborhoods by assisting in the connections between residents.

Similarly, RHA can connect residents to community members and encourage the facilitation of events and activities between the provider and RHA client instead of staff needing to be a liaison constantly. Residents can expand their networks outside of RHA to increase their self-reliance and improve chances of coordinating other services for themselves and others.

Individual

The Individual level focuses on personal knowledge, attitudes, beliefs, skills, and behaviors. Intervention at this position can include expanding educational opportunities, workshops, and staff interactions. RHA already hosts educational workshops throughout the year, but not all residents are able to make the events due to them being on the same day of the week and same at the same time of day. Varying activity days and times may increase attendance and allow more residents to gain new skills. Offering other modes of participation may increase participation and knowledge throughout the community. RHA can vary the educational workshops to be new and innovative, as well as offer opportunities for feedback on what workshops and events clients are interested in.

Lastly, it is key that staff use an integrated approach when collaborating with residents and utilize all services, departments, and partnerships to ensure clients have chances to improve their own lives. RHA

has the opportunity to improve more than just a household's housing status with the correct intervention and buy-in from staff. Staff members may also be encouraged to take Trauma-Informed Care training to better understand client needs.

Actionable next Steps

Below are four actionable steps for RHA leadership's consideration.

1. Advocate for increased funding for the programs that impact RHA clients (transportation, food related, Medicaid/Medicare, social services, et cetera).
2. Increase and strengthen community partnerships for the purpose of connecting residents to and improving resources for RHA's population.
3. Evaluate own policies, paperwork, and verbiage to ensure accessibility for all people RHA currently serves and those who may be served in the future.
4. Increased networking and workshop opportunities for residents to participate in. Additional modes of participation should be explored and the days/times for events should be expanded.

Evaluation Plan

Action plans are as successful as the evaluation plans that follow. This needs assessment is a beginning point, but the evaluation process and recognizing areas for improvement along the way are equally as important as the result. To begin with, annual Resident Surveys will be administered to residents to track progress in the current target areas and help to identify other areas for improvement. Refinement of the survey outreach method will continue to be developed to reach more residents. Furthermore, every third year an in-depth assessment and report (similar to this project) will be conducted to gauge the success of the actionable steps presented in the current report.

Conclusion

Summary

Current residents expressed a need for multiple different services and identified several barriers that hinder complete independence from subsidy programs. With the help of partnerships, RHA can work to better address some of these issues for clients. Transportation, food access, and accessible health services were amongst the top three concerns RHA residents voiced. Housing is one piece of the puzzle. It is important to acknowledge that complete self-sufficiency is attainable when all barriers of a person's life have been addressed. On the other hand, RHA cannot rectify every barrier that residents are facing. Current and future partnerships will be key in this effort to break down identified barriers for this population.

Next steps

The next steps include sharing results with RHA management, staff, board members, and pertinent stakeholders. The Resident Services department has begun a 5-part evaluation to better incorporate the needs of our residents in the programming offered by RHA. The evaluation includes assessing current and potential partnerships and reviewing programming to ensure activities and programs are bridging gaps for residents. The Resident Services team plans to meet annually to compare survey results with current programming to confirm the needs of residents are met. Meetings will continue with other departments to integrate the findings into day-to-day operations and resident interactions. It is important to acknowledge that these findings will yield different results in other departments.

Altogether, RHA is working towards a more accessible and helpful path to better overall well-being and self-sufficiency for our residents.

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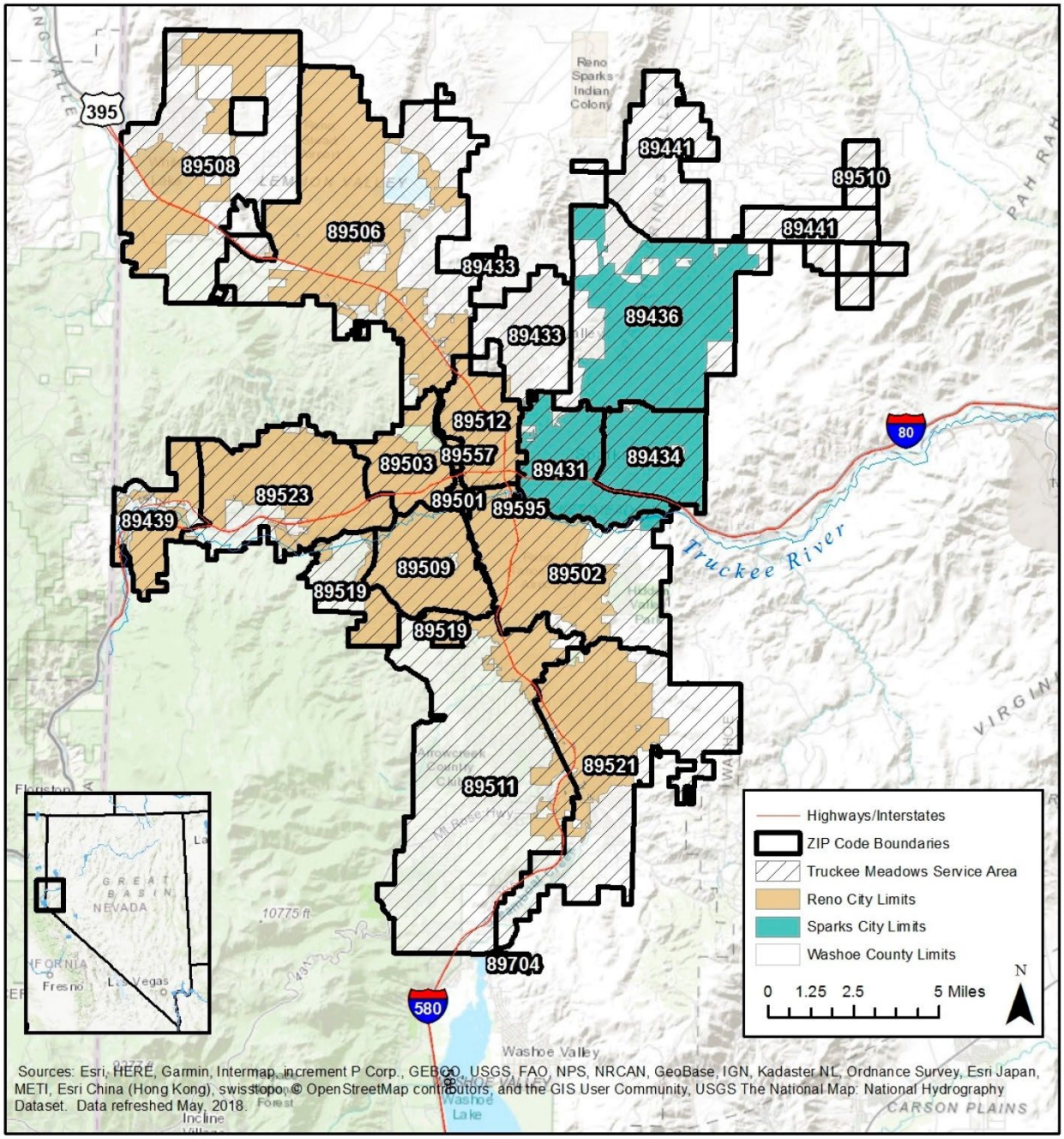
Appendix A



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