



# Collaborating for Children Communiqué



Volume 1 Issue 6

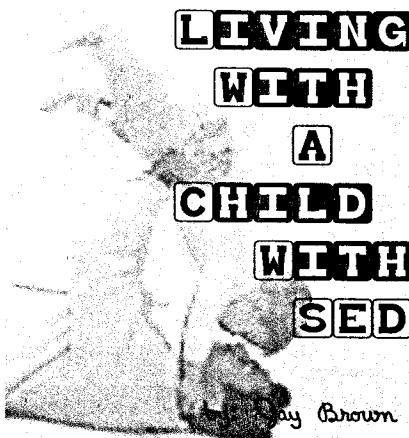
Fall 2003

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I remember seeing him for the first time at 4 lbs. He was 8 weeks premature, to the day. I knew he was going to be special from the beginning. I had no idea what "special" meant at that time. By the age of two, his abundant energy was very noticeable. I know people talk about children "bouncing off the walls", but that is exactly what he did. I thought about all the fun things I would be able to experience with him when he was old enough; baseball, football, basketball, and even my favorite sport of fishing.

I had no idea those were only going to be my dreams, and because of his disabilities, those have not come to pass at the writing of this letter. His attention span is about 3 minutes on any one thing other than computers and video games. He is now 10 years old, and will watch some sports on TV, but he has no interest in actually playing any of them. Watching him grow and having experienced his nightmares since the age of 5, the challenges continue to come like waves over a beach. My wife and I had a bed made for him in our room from the age of 3, as he experienced "night terrors."

He was unable to sleep anywhere but with one of us, or in our room. Our son is gifted in many ways; his IQ is tested in the 140 range, with verbal skills in the 170s. This however, comes with its own set of problems for him. He has been



computer literate since he was 2 years old, he is sensitive to loud noises, he can't ride elevators for fear of being stuck in them, and only recently was he able to use stairwells. (This made for some interesting trips to the doctor who had an office on the 5th floor.) Our son doesn't have friends his own age, because most kids think he is "weird." He is the last to be picked for games at school, and his self-esteem suffers dramatically for it. He has often said to me, "Dad, I know I'm smart, but I would trade my brain for a normal one anytime." There are a lot of nights my wife and I lie in bed, and just hold each other and cry. Neither

one of us knowing exactly where his life will end up, and reading everything we can get our hands on to help him be as comfortable as possible with who he is. He is very coordinated, and probably would excel at any sport he tried, but his main interest is computers. We have been able to get him interested in yoga, which helps his aches and pains, which are overly dramatized due to all of his sensitivities. Anything he focuses on is taken to extremes, whether it is computers or a cramp in a leg. Small cuts or scrapes are tragedies, and we have eliminated the news from his TV diet because of the nightmares triggered by any sort of violence he might see.

I know God gave my wife and me this boy to teach us patience and understanding. Our lives are centered around him, and his needs. The drugs offered by the "specialists" are experimental at best. We are still trying to find the right combination so he can sleep through the night, be able to wake up in the morning, focus at school, not get so depressed, stop talking of suicide, have an appetite, not have bladder or kidney problems, and God only knows what tomorrow will bring. I couldn't love anyone more than I love my son. With the challenges and the rewards, I know he was given to me to raise because I have what it takes to see him through all of who he is. The times he is happy and laughing outweigh the times he is sad and confused. We hold him, talk to him, and continue to experience him on his way to becoming a grown man.

## TRUANCY DIVERSION PROJECT

by: Nick

Carpenter

Court Appointed Special  
Advocate (CASA) Program  
Administrator

"This is the first time my son has been to school three days in a row since the third grade." A statement uttered by a father of a seventh grader involved in the Truancy Court Diversion Project upon learning that his son had two weeks of perfect attendance.

The Project is a partnership of the Clark County School District, the Juvenile Court of the Eighth Judicial District, PEP, and the Children's Advocacy Alliance to address the problem of rising truancy in Clark County. The spring semester of 2003 found the Project in four pilot schools: Bridger MS, Cortney MS, Monaco MS and O'Callaghan MS. The hope of the program was, and is, that it will be an effective tool to reduce absenteeism and reduce the number of students entering the formal juvenile court system due to truancy. Preliminary results show that the project is a success. This summer is being spent fine-tuning the processes for the fall semester utilizing the same schools.

The two PEP family advocates that were involved on the front lines of this Project were certainly instrumental in the success of the pilot, and will be even more important in the days to come. Involving the family and the child in the process is an integral part of the project and PEP was a key element in implementing this.

In the next installment we will explore the process in more detail and the use of judges in a family-friendly manner.



EXHIBIT <u>K</u> Mental Health	Document consists of <u>8</u> pages
<input checked="" type="checkbox"/> Entire document provided.	
<input type="checkbox"/> Due to size limitations, pages _____ through _____ provided.	
A copy of the complete document is available through the Research Library (775-684-6827 or e-mail library@lcb.state.nv.us).	
Meeting Date <u>11/1/03</u>	



# Collaborating for Children



## Communiqué

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## LIVING WITH A CHILD WITH SED

by: Jay Brown

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Collaboration Specialist

Kathy Hughes  
Family Specialist

# UPCOMING EVENTS AND ACTIVITIES

## Reno/Sparks

### Hidden Miracles

Support for families of children with special needs. Tuesday nights at Sparks Christian Fellowship, 7 pm. Contact Chris or Kathy at 857-2631.

### Aspergers Support Group

Meets the last Tuesday of each month. For details please see their website at [www.asgonn.wampi.org](http://www.asgonn.wampi.org).

### Grandparents Support Group

Meets the 1st and 3rd of the month.

### Adoption Exchange

Support for adoptive families and those considering adoption. Meets monthly. Call 762-6366 or 786-6366 for details.

### CHADD

Support for families of children with Attention Deficit Disorder. Meets the third Tuesday of the month at the Reed High School Library, 7 pm. Contact Susan at 626-6957.

### Special Olympics

Has a variety of local sport opportunities for children and young adults with disabilities. Call 1-800-417-2742 for more details.

### Grandparents Raising Grandchildren

Meets the third Saturday of the month at Reno Senior Center. Call 328-2575 for more details.

### Parents of Children With Autism Support Group

Meets the third Thursday of each month at Lincoln Park Elementary School at 6:30 pm. Contact Leslie Delage at 850-6212 for details.

### Tourettes Syndrome Support Group

Contact Warren Lenhart at 783-1025 for more details.

### SibShops

Support for siblings of special needs children. Contact Nicole at 688-1341 for details.

### Grandparents Support Group

Meets the 1st and 3rd of each month.

### Opportunity Village

Has various social functions. Call 259-3700.

### CHATS

Support group for all disabilities meets on the first Tuesday of every month from 7-9 pm. Contact Lee Foley at 645-7080.

### City of Las Vegas, Adaptive Recreation Division

3333 W. Washington  
Offers a variety of recreational activities for youth of all ages with and without developmental disabilities, in sports, drama, roller skating, swimming, arts and crafts and field trips. Call 229-4905 for details.

## Carson City



## Las Vegas

### Special Olympics of Nevada

Offers a variety of athletic activities for children and young adults with disabilities. Contact Andrea Montano at 474-0690 ext. 205 for details.

### Children With Special Needs Support Group

Meets the first Saturday of the month from 10 am - 12 pm. Contact Terry Phelps at 256-8098 for details.

### FAS of Southern Nevada

Support group for families with children with Fetal Alcohol Syndrome/Effect, and/or ADD/ADHD, ODD, OCD or Bipolar Disorder. Contact Sheri Coy at 643-7574 for details.

### Spanish Speaking Families

Support group for Spanish speaking families meets monthly on the last Thursday of each month. Contact First Step at 486-7400 for details.



# teens dealing with the stigma of a mental health disorder

By: Kim Hernandez

The symptoms of Happy Messenger Failure are: sleeping problems, aches and pains, lack of energy, lack of enjoyment of life, crying, depression, and panic attacks. Ten percent of our population is functioning in the Overstress Mode right now. In the United States at least twenty million people use "pick-me-ups" regularly to try and get themselves to feel "normal" again, to sleep well, to have enough energy, to enjoy life, to stop anxiety or depression. The major drawback of the "pick-me-ups" is that you can never accurately rebalance your brain messengers. Rebalancing your brain is something only your own body can do, and try as you will, you will never be able to make yourself feel right using "pick-me-ups." Teens with Mental Health Disorders are not aware of the risks of self-medicating and because this is an accepted behavior by their peers, can easily become addicted. This is why, as parents or caregivers, we need to help our teens accept their illness(es) and the medication prescribed their doctor.

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First, a little history: In 1975, Senate Bill 374 created an 11-member Mental Hygiene and Mental Retardation Advisory Board. In 1985 the legislature changed the name and size to the (7-member) Commission on Mental Health and Mental Retardation. In 1999, the name was changed to the Commission on Mental Health and Developmental Services and an 8th member was added. This body was designed to review and oversee services provided to Nevadans (adults and children) who have mental illnesses or developmental disabilities. Because we are appointed without salary, (only a stipend is provided), the commission is largely free from political and financial influences that can affect state employees or elected officials.

Created by the state legislature, but designed to be a part of the executive branch, members of the commission are appointed to 4-year terms by the Governor, and function within the Division of Mental Health and Developmental Services. We also work closely with the DCFS (Division of Child and Family Services.)

Make-up of the commission includes members representing Psychiatrists, as well as Psychologists, Physicians (not practicing primarily in mental health), Registered Nurses, Social Workers, and Marriage and

Growing up today is very stressful for our teens. They have more responsibilities, more decisions to make, and more peer pressure than their parents did. More than ever, teens are being diagnosed with ADD/ADHD, Bipolar Disorder, depression, and anxiety.

Developing a sense of belonging, learning, and contributing can help your teenager develop a healthy self-esteem. However, many of our teens will also need medication(s) to help with their illness(es). As parents, we know how important it is for our teens to fit in and feel accepted by their peers and taking medications may not be part of that equation.

Teens, as well as adults, look for ways and things to make them feel better when they are feeling depressed. It turns out that all around us are substances, which can temporarily make us feel better. Nature has provided a host of these "pick-me-ups" that you can eat, drink, inhale or inject. All these "pick-me-ups" work by chemically boosting one or more of your Happy Messenger Levels, thus helping to temporarily restore balance to your OVERSTRESSED brain. This is often referred to as self-medicating, even though prescription drugs are not used.

A "pick-me-up" can temporarily help you sleep better, help relieve an ache or pain, or give you the energy you need to complete a task. Some of the common "pick-me-ups" used are: sugar, caffeine, alcohol, nail polish remover, paint thinner, marijuana cocaine, amphetamine, cigarettes, chewing tobacco, snuff and/or you may boost your adrenalin with shopping sprees, gambling, or thrill seeking activities.

## What IS Nevada's Commission on Mental Health and Developmental Services?

Family Counselors. In addition, the statutes call for two members of the public, (one with a special interest in mental health, and one with special interest in developmental disabilities). I fit the latter category because I have a son, Ryan, who has severe mental retardation. Formal meetings are scheduled at least 6 times per year (1 or 2 days per meeting). Half of the meetings are in Southern Nevada and half in the North. They are public meetings and anyone interested is welcome to attend and/or speak.

Each year the Commission makes its recommendations to the Governor for improving services provided. We also produce a bi-annual report to state legislators. We testify on relevant legislation and visit agencies and service providers in order to get the first-hand perspective of clients, staff and administrators. Our Sub-committee on Suicide Prevention just completed the state's first comprehensive directory of agencies and resources. We encourage members of P.E.P. to share with us any ideas and concerns you have about services for Nevada's kids. By collaborating, our voices can carry much more weight. I can be reached at [david@emediarena.com](mailto:david@emediarena.com) or at (775) 825-7300.

by: David Ward, Chair



# President's New Freedom Commission on Mental Health

## Nevada Mental Health Plan Implementation Commission

by: Senator Randolph J. Townsend

In preparation for the release of the report to President George W. Bush from the New Freedom Commission on Mental Health, the Nevada Legislature has established the Nevada Mental Health Plan Implementation Commission to determine actions necessary to reconfigure the delivery of mental health services for adults and children in Nevada [Senate Bill 301 (Chapter 445, *Statutes of Nevada 2003*)].

The Nevada commission shall consist of three Senators and three Assemblymen as well as administrators from Nevada's Department of Human Resources, including administrators from the Division of Mental Health and Developmental Services, the Bureau of Alcohol and Drug Abuse, the Division of Health Care Financing and Policy, and the Division of Child and Family Services.

The Nevada commission is to determine strategies for integrating treatment and support with the goal of reducing or eliminating the fragmentation in delivery of services. The commission will present a plan to the 73<sup>rd</sup> Legislature by January 1, 2005.

Although the report of the New Freedom Commission has not yet been released to the public, as a member of the commission, I am confident that the report will call for a transformation of our mental health systems. The New Freedom Commission received compelling testimony that the current system is plagued by compartmentalization in case management, lack of services for early intervention, and deficiency in coordination on any continuum from adolescence to adulthood.

With reports from consumers and practitioners at our foundation, we Commissioners concluded that we can achieve a system where recovery is the expected outcome, and we are also committed to the prevention or cure of mental illness. While much of the financial support for research must come from other sources, the Nevada mental health delivery system can be transformed from one that is controlled by regulations of funding sources to one that is driven by needs of consumers.

Undoubtedly, comments from concerned parents, such as those who support Nevada PEP (Parents Encouraging Parents), encouraged Nevada legislators to enact S.B. 301. Those activists deserve my gratitude. Nevertheless, enactment of the legislation is only the first step. You must now participate in drawing the plans for the transformation of our delivery system. Even though representatives from the state agencies and state legislators comprise the commission, the practitioners and the consumers will do the real work to create a consumer-oriented system.

The Nevada Mental Health Plan Implementation Commission will begin its work following the release of the New Freedom Commission report. Pursuant to S.B. 301, it must conclude its work within six months. Dedication will be required to achieve its admirable goals in such a compressed time frame. Yet, we must resolve to realize the goals of the national commission. Indeed, we cannot allow this opportunity to pass.

(Senate Bill 301 can be accessed on the Legislature's Web site at <http://www.leg.state.nv.us/>. Click on *Session Info* and follow the links via 2003 Session, Bill Information, and Senate Bills. Scroll down to Senate Bill 301.)

*Randolph J. Townsend, Washoe County Senatorial District No. 4, has served in the Nevada Senate since 1983. In 1997 and 1999, he was responsible for securing funding to enhance mental health services throughout the state. The Dini-Townsend Hospital, a new facility at the Northern Nevada Adult Mental Health Services, was named for him. In 2002, President George W. Bush appointed Senator Townsend to serve on the New Freedom Commission on Mental Health. Senator Townsend chaired the Nevada Subcommittee to Study Mental Health Issues.*

# Clark County Mental Health Consortium

by: Kathy Hughes

The Clark County Consortium has filed their second annual report to the Legislature. The new data that was gathered supports all of the findings and priorities of the first report and determines that the need for behavioral health services is even greater than had first been reported.

The Consortium decided to expand the sample of children who were assessed for the need for mental health services and this need was compared to the current level of services. An additional 30 children were assessed from the Clark County Children and Family Services and 44 additional youth were assessed from the Clark County Department of Juvenile Justice Services. Their assessment showed that 60% of the children in the public child welfare and juvenile justice systems are not receiving the behavioral health services they need and that over 28.5% of the children with SED in these systems are receiving no behavioral health services at all. The Division of Child and Family Services (DCFS) with the Neighborhood Care Project and Children's Behavioral Health Services is meeting a larger proportion of the need.

Based on the assessment and discussions of Clark County, Washoe County and the Rural Consortia, the Clark County Consortium developed a vision of what the behavioral health system for children and families should be in Nevada. This is expressed in these four goals:

1. A coordinated and integrated behavioral health system for children and families in Nevada that is seamless and easy to access.
2. A system of services and supports that is customized to meet the needs of families, and not focused on agencies and providers.
3. Development and expansion of human resources so that we can use the resources of our local communities and grow them to better meet the needs of our local children and families.
4. Consumer involvement at all levels of decision-making around services and supports for children and families.

From these goals the Consortium developed a set of priority recommendations for actions to be taken by the Nevada Legislature and the Nevada State Departments and Divisions to support movement towards these goals. In addition, the Consortium has developed a set of action steps that can be accomplished at a local level to move toward these goals. To provide good emotional health for children and families requires a partnership effort between families, local agencies and providers, state departments and divisions, and the Nevada Legislature. Progress has been made toward these goals in the past year, but that there is still a long way to go. The Clark County Children's Mental Health Consortium is committed to this effort and are encouraged that we have good partners in the state administration and legislature.

*Compiled from information received from the Clark County Mental Health Consortium Second Annual Plan.*



# Washoe County Mental Health Consortium

by: Kathy Hughes

Parent participation in the Washoe County Children's Mental Health Consortium is always encouraged. Parents are welcome to come to the meetings and speak during the Public Comment portion of the meeting.

The Consortium's current plan also indicate some areas that they are working on to get more parent involvement and the progress they have made so far. Some of the action steps are:

- ◆ Involve parents and representatives of all cultural groups as partners in the development of an integrated service delivery system-*Parent representatives actively participate on all Consortium workgroups.*
- ◆ The Consortium will establish a working committee to specifically address family empowerment-*Parent Involvement Workgroup was formed and has met. The workgroup is chaired by a Nevada PEP representative.*
- ◆ The Consortium will establish a working committee to specifically address family empowerment-*Consortium member agencies have agreed to disseminate training material distributed by Nevada PEP with the goal of engaging parents.*
- ◆ Develop policy to protect parents who participate in any Consortium activity from any adverse or retaliatory actions or effects from Consortium agencies-*Adopted a grievance procedure in the Consortium By-Laws.*

The Consortium members are working hard to include all parent input into their plans. If you have a child with SED, let your voice be heard by attending the next Consortium meeting on September 18, 2003, from 3-5pm at Children's Behavioral Services, 2655 Enterprise Road.

# Rural Mental Health Consortium

by: Kathy Hughes

Nevada PEP continues to work with the Rural Consortium to expand consumer participation at all levels of decision-making involving services and supports for children and families. They have accomplished this by providing the following training:

- Elko-Understanding Individual Disability Education Act (IDEA) and What is Collaborating for Children (CfC)?
- Carson City-What is CfC?
- Douglas County-Individualized Education Plan (IEP)
- Battle Mountain-IEP
- Ely-Understanding IDEA

PEP has also sponsored two parents from rural communities to attend the Clark County School Special Education Conference and assisted children in the Juvenile Justice System from Lander County to access services.

The next steps that the Consortium and Nevada PEP want to take are:

- Expand training in rural counties
- Develop trainings, which directly address the general goals of the Consortium in serving SED children

The Rural Consortium and Nevada PEP are committed to providing an integrated behavioral health system for children and families in Rural Nevada. Parent input and involvement is always welcomed. Let your voice be heard.

## Collaborating for Children

The Nevada PEP, Collaborating for Children (CfC) Project, is always looking for parents and family members of children with SED to volunteer their talents to our project. The CfC Project offers Parent Representation Orientation Training for Parents of Children with emotional and behavioral disabilities. This training will educate parents and family members to have a voice on boards and committees that will help with systems change that serve children and families. CfC volunteers can also assist PEP staff in the office and with information booths at community information fairs. Giving of your time in many different ways can help families understand that they are not alone. If you would like to become a CfC volunteer, please call Kim Hernandez or Kathy Hughes at 775-448-9950 or 1-800-216-5188.

## Volunteer Opportunities!

by: Retta Dermody



# ...new online resource for youth violence prevention!

The National Youth Violence Prevention Resource Center (NYVPRC) was established as a central source of information on prevention and intervention programs, publications, research, and statistics on violence committed by and against children and teens. The resource center is a collaboration between the Centers for Disease Control and Prevention and other federal agencies. Together, the NYVPRC Web site, [www.safeyouth.org](http://www.safeyouth.org), and call center, 1-866-SAFEYOUTH (723-3968), serve as a user-friendly, single point of access to federal information on youth violence suicide and prevention.

## For Teens

This site helps teens find information about violence, including how to prevent it, and how violence influences the decisions that they and other teens make. Teens can also find articles discussing the latest trends in violence and suicide; what is being done to prevent violence and suicide; tips on how to end disagreements peacefully; resources for help; and suggestions and recommendations for what they can do personally to make their neighborhood and school safer.

## The Professionals

The resource center helps professionals find key information and tools to increase the effectiveness of their youth violence prevention and intervention efforts. It also directs them to resources that address the underlying causes of youth violence, including easy access to firearms, substance abuse, behavioral problems, poverty, and racism. The resource center offers the following information:

- information on community-based organizations providing youth violence prevention resources and services;
- research on risk and protective factors related to youth violence, suicide, and firearm injury.
- school-based projects that assess the effectiveness of violence prevention interventions;
- surveillance summaries on interpersonal violence, suicide, and intimate partner violence;
- strategies to help youth who are at risk steer clear of gangs;
- suicide prevention and intervention information;
- up-to-date statistics and research information;
- best practices, policies, and model programs.

## MENTAL HEALTH PLANNING ADVISORY COUNCIL (MHPAC)

by: Kim Hernandez

There were several pieces of legislation under consideration that pertain to prescriptions drugs prescribed for mental illness that MHPAC was advocating for on behalf of Nevadans with mental illnesses. These bills related to cost, coverage, access to, and reuse of such medications. AB 430 and AB 327 both were approved by the governor; however, pursuant to Joint Standing Rule NO. 14.3.1., no further action was allowed on SB374.

SBR11 urges the Department of Human Resources to establish a statewide informational and referral system for health, welfare, human and social services was adopted.

SB462 creating a Division of Minority Health with the Department of Human Resources was indefinitely postponed pursuant to Joint Standing Rule NO. 14.3.1.; no further action was allowed.

by: Marcia  
O'Malley  
Coordinator,  
Family Voices  
of Nevada



## For Parents

The resource center is a gateway to finding information to address the challenges that youth violence presents, and to prevent it before problems occur. The resource center provides information on hot topics such as youth violence in schools, youth violence prevention programs, teen suicide, and strategies to foster healthy youth development. The site also includes a section on frequently asked questions about youth violence, and features an extensive collection of links to other sites that offer information on youth violence, as well as tools and technical assistance to prevent violence in our communities.

# We've Moved!

As you may know, both the central and satellite offices of Nevada PEP have been looking for new homes for a few months. The central site has found a bigger, nicer office and has been operating from the new office as of August 26. The office is located at 2355 Redrock Rd., Suite #106, off Sahara Avenue (between Decatur and Jones) and behind the Bank of America building. The satellite office in Reno has a new suite number, Suite #C128. We're looking forward to using the new offices to expand Nevada PEP and continue providing assistance to families. Stop in and check it out!





# Drug Court

by: Kim Hernandez

On July 10th, Kim Hernandez and Kathy Hughes of Collaborating for Children (CFC), a Project of Nevada PEP met with members of the Washoe County Juvenile Justice's newest program, "Juvenile Drug Court." Nevada PEP is very excited to support the families going through drug court.

Drug court is a yearlong program that combines aggressive treatment with frequent court appearances. Drug court is designed to assist the juvenile using a team approach. Probation officers and/or primary counselors can make a recommendation that the child and their families can be assessed for involvement with drug court. They will staff their case with a drug court Probation Officer and a clinical staff from SageWind Family Service Clinic. The staffing will include appropriateness and availability. The final decision on whether the juvenile will be accepted will be decided at a court hearing by a judge or a Juvenile Court Master.

Members of the team include; Steve Calabrese and Mike Wright from the Juvenile Justice Probation Department; Denise Salla, of SageWind; Ryan Sullivan, Deputy Public Defender; Jo Lee Wickes, Deputy District Attorneys Office; and Cheri Barnes from CASA.

Their vision is that the community views and approaches behavioral health care from a preventive, family-based perspective, resulting in healthy function families. The agency is recognized as an industry leader because of its outcomes, research, and innovative approaches to care and treatment. They set the standard for behavioral health care.

by: Cassey Hughes

# Living With SED

Hi, my name is Cassey. I'm an addict. I started using around November of last year. I did this so I would fit in better. It did help for a while, but it got out of hand. It was to the point that I was only going to my friend's house to use drugs or drink alcohol.

I was never having any trouble until I went off my meds. I have been told by professional that I was trying to self-medicate myself. The reason I got off my meds was to join the Marines. The Marines require their recruits be off all medications.

I was admitted to West Hills Psychiatric Hospital at the end of March because my addictions were out of control and I was not making good choices. I was sent to the McGee Center while I waited a spot at Willow Springs Residential Treatment Center for Adolescents and Children. Being the impatient person I am, I asked to leave the McGee Center (it is a voluntary placement facility). Not long after I went home I ran away for over five weeks. When I returned home I was arrested for Minor in Consumption (MIC). I was taken to Wittenberg Juvenile Facility for the MIC and because I had missed a court date for something else I had done. I was at Wittenberg for a couple of weeks. Now I am at Willow Springs getting the help I need.

As a child I was told many times that you can lose your life to drugs. In my opinion there is nothing more true. I've missed my sister's wedding, I missed graduating from high school, I've lost friends and I've missed out on a family trip to Hawaii. But, if I get the help I need, it will be worth it.

inspirational thought!

WHAT YOU SEE IN  
OTHERS SHOWS YOU  
YOURSELF. SEE

THE BEST IN  
OTHERS, AND YOU  
WILL BE

YOUR BEST.

--- ANONYMOUS

# NCC Update!

Integration, integration, integration!

The system of care is focusing on integration. The county staff has moved into and is settling into the West campus, thereby changing the name of the campus to the West Neighborhood Family Service Center. This is a benefit for families due to the fact that they will have the convenience of only one location for most of their service needs.

Parent orientation is taking place at all the neighborhood centers. Parent orientation is designed to introduce families to their service centers, to let them know their rights and to inform parents about the core values that the centers have adopted. If you are interested in attending a parent orientation near you contact TJ at Nevada PEP at (702) 388-8899. The neighborhood centers also have family support groups. For more information about these support groups, contact Nevada PEP at (702) 388-8899. We would like to welcome Cozetta Williams to the Neighborhood Care Center Project. Cozetta is the newest member of our team and is the project manager. Cozetta will be focusing on data collection, satisfaction, and family outcomes.

by: TJ Rosenberg





A project of  
Nevada PEP

# Collaborating for Children

Communique

## NEVADA P.E.P.

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Office: (775) 448-9950  
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[www.nvpep.org](http://www.nvpep.org)

## ask the advocate

by: Georgia Bithos

**Q:** If a student with a disability is protected under Section 504 of the American Disabilities Act, can he or she be suspended by a district for more than 10 consecutive school days for conduct that is related to that disability?

**A:** No, not if the conduct was related to the student's disability. A suspension of more than 10 consecutive days is considered "a significant change of placement" by OCR under the Section 504 regulation. Prior to imposing a long term suspension the district must first conduct a reevaluation of the student. The first step in that reevaluation is a determination, by a group of knowledgeable persons, of whether the behavior in question is related to the student's disability. If it is determined that the behavior in question is caused by the student's disability, then that student may not be suspended for more than 10 consecutive school days.

Project developed under a grant from the Center for Mental Health Services 5HS5SM54003-02. Endorsement is not assumed and does not necessarily reflect the views or policies of the Center of Mental Health Services.

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### In this issue...

\*Children With SED \* Resources \* President's New Freedom Commission  
on Mental Health \* Mental Health Consortiums \* Volunteer Update \*

NEVADA P.E.P.  
Parents Encouraging Parents  
Professionals Empowering Parents  
Parents Educating Professionals

Our Mission  
To increase the opportunities for home, community and school success for children with disabilities, including those who are at risk or who have serious emotional disturbances, their families and their service providers, through education, encouragement and empowerment activities.

### Nevada P.E.P Annual Membership Information

Annual membership dues are \$25.00 per family, organization or professional. Please provide the following information:

Your Name

Professional Affiliation

Address

City

State

Zip

Phone

Fax

Child's Name

Date of Birth

- ☐ I am a parent/caregiver.
- ☐ I am a professional working with children.
- ☐ I am a concerned member of the community.
- ☐ Enclosed is a tax deductible donation in the amount of \$\_\_\_\_\_ to help support the efforts of Nevada P.E.P.

Please make checks payable to:  
Nevada P.E.P., Inc.  
2355 Red Rock Street Suite 106  
Las Vegas, Nevada 89146

- ☐ I would like to be a member of P.E.P., please waive the annual dues.
- ☐ I would like to volunteer.
- ☐ I want to join the CFC Network.

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