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September 5, 2008

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Mr. Mike Willden, Director
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State of Nevada
4126 Technology Way, Suite 100
Carson City, NV 89706

Mr. Thomas Morton, Director
Department of Family Services
601 N. Pecos
Las Vegas, NV 89101

Dear Mike and Tom:

As you know, our attorneys with the Children's Attorneys Project have become increasingly concerned about the quality of mental health services our clients receive as patients in psychiatric hospitals and residential treatment centers as well as in outpatient settings. As set forth in more detail below, the problems facing children's mental health services are both systemic and of such magnitude as to actually put our clients at risk. Our clients are routinely misdiagnosed, over-medicated, subjected to potentially risky diagnostic tests of unproven value and multiple hospitalizations. There appears to be no governmental oversight over most of the mental health facilities that treat our clients and little follow-up care for them after discharge.

Because of the scope and magnitude of the risk to our clients, we request a meeting with you both as soon as possible.

Our specific concerns include, but are not limited to, the following:

1. The volume of psychotropic medications being prescribed to our clients, many as young as 6, 7 and 8 years old. Of particular concern is the number of very young



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children being diagnosed as bipolar. Indeed, with rare exception, almost all of the children admitted to Montevista Hospital are diagnosed bipolar. In our experience, court-ordered independent second opinions almost never support the bipolar diagnoses. These medications in most cases are not FDA approved for children and carry potentially serious medical and psychiatric consequences.

2. Dr. Collins' routine ordering of brain spectra for children admitted to Montevista Hospital. Dr. Collins uses brain spectra to confirm his bipolar diagnoses and other mental illnesses, although the American Psychiatric Association questions their value and notes that the radioactive isotopes used in the test have not been tested and determined safe for children.
3. At least one psychiatrist that treats our clients (Dr. Fontillas) prescribes psychotropic medications based upon information provided by parents and/or foster parents without actually talking to the child.
4. Clients bouncing from Montevista Hospital to Spring Mountain Treatment Center to Willow Springs to Desert Willow. With every hospitalization, the diagnosis and medication regime changes with no consultation between current and former treatment providers.
5. The State of Nevada does not provide outpatient clinics for children as it does for adults. Psychiatry for children is exclusively medication prescription and management. We strongly believe that many of our children could be treated in outpatient – rather than hospital settings – if the appropriate clinics were available.
6. There appear to be conflicts of interest among service providers and hospitals. For example, Montevista Hospital and Willow Springs Residential Treatment Center in Reno both are owned by the same Florida for-profit corporation. Also, Dr. Collins is medical director for Montevista, as well as on contract to the foster care agencies of SAFY and Agape. Thus, it is not uncommon for Dr. Collins to specify residential treatment at Willow Springs or foster care in a SAFY home upon discharge from Montevista.

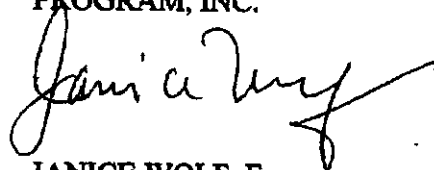
We have attached some case specific information as examples. We are also attaching second opinions which contradict these diagnoses and treatment.

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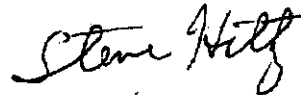
We are extremely concerned about the state of mental health care for children and the issues set forth in this letter. Please contact Barb Maxfield at (702) 386-1070, ext. 129 to arrange a meeting to discuss these issues. We are, of course, willing to discuss any of these issues prior to the meeting.

Sincerely,

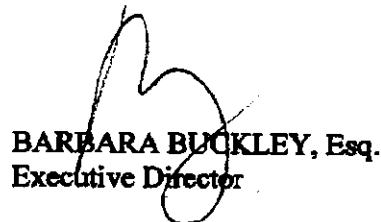
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Enclosures

BEB/bm

cc: Diane Comeaux
Chuck Duarte

ADDENDUM

The following examples from our case files are being provided to illustrate our concerns:

1. Charles M. Charles, 15, has been in foster care for almost 10 years. He was determined to be of average intelligence with no special educational needs but did have mental health issues because of the physical and sexual abuse he experienced. In or about 2001, Dr. Collins at Montevista diagnosed Charles with ADHD and manic depression for which he prescribed Seroquel, Depakote and Tenex. Between 2001 and 2007, Charles' diagnoses included pervasive development disorder, bipolar disorder, ADHD, PTSD, Reactive Attachment Disorder, impulse control disorder and a number of other sexual, mood and cognitive disorders. Over the years, he cycled between Montevista, Spring Mountain Treatment Center and Desert Willow Treatment Center, where he was prescribed cocktails of psychotropic medications including but not limited to Haldol, Lexapro, Klonopin, Trileptol, Ritalin, Zyprexa, Depakote, Geodon, Seroquel, Trazadone Abilify, Welburtrin, Lamectal, Augmentin and Prozac. The psychotropic cocktails changed depending on the prescribing doctor and treating facility. Charles' IQ and level of functioning deteriorated, and his physical aggressiveness increased until Charles qualified for and ultimately was placed in the dual diagnosis unit at Oasis. In 2007, after an independent psychiatrist discovered what appeared to be cysts on Charles' brain, the court ordered a five-week multidisciplinary team evaluation at UCLA medical center. UCLA rejected all of these diagnoses except for cognitive disorder. Charles' IQ was assessed at 53. He was taken off of all of his medications except for 80 milligrams of Geodon. Since being removed from his medications, there have been NO aggressive incidents at home and only two at school. He is now ready to leave Oasis for placement in a DRC group home.
2. Nathaniel M. Nathaniel, 8, was the subject of two mental health petitions (Montevista Hospital) on 4/17/08 and 5/8/08. In his report to the court, Dr. Collins stated that a brain spect showed "classic aspects of Bipolar Disorder and ADHD with significant hyperfusion of frontal, temporal and parietal lobes, which are reflected in his poor impulse control and aggression." However, brain spect records subpoenaed from Sunrise Hospital stated only: "There is a slight decreased perfusion to the right temporal lobe. The remainder of the cerebrum and cerebellum have normal appearing symmetric perfusion." Nathaniel's discharge medications included Tegretol, Abilify, Eskalith and Daytrana patch. However, a court-ordered independent psychiatric evaluation raised concern about the accuracy diagnoses and medical risks of exposure to psychotropics. The validity of using brain spect as a diagnostic tool also was questioned.
3. Jeremiah S. Jeremiah, 9, was the subject of two mental health petitions (Montevista) on 10/1/07 and 11/19/07. Diagnosed with Bipolar Affective Disorder, PTSD and Oppositional Defiant Disorder. Recommendation was residential treatment center. Discharge medications: Geodon, Lamictal and Cogentin. Discharged to foster home. Foster father advocated to have medications drastically reduced. There was an extended period of time when Jeremiah was without his medication while in foster care, and the foster father saw no regression or negative behavior. Consequently, foster father does not believe Jeremiah needs

medications and is asking that they be discontinued.

4. Jeremiah J. Jeremiah, 9, was the subject of a mental health petition filed on 11/7/07 (Montevista), where he underwent a brain spect to confirm a bipolar diagnosis. He left the hospital wearing a medicated patch. A subsequent neuropsychological evaluation suggested autism. The recommendation was for a level of care higher than his current placement at St. Jude. CAP advocated instead for his placement in a particular foster home with a track record for working with children with mental health needs. Jeremiah was placed in the home, where he has thrived for the past six months. He no longer needs psychotropic medications, is successful in the regular classroom setting, and the foster family is adopting Jeremiah and his three siblings. There is no evidence of bipolar disorder or autism.
5. Nicholas J. Nicholas, 8, was recently reunified with his mother. His former foster father believed Nicholas needed medication for behavior control. However, an independent psychiatric evaluation disagreed and recommended environmental and behavioral modification. Mother took Nicholas to Dr. Fontillas, who, according to Nicholas' mother, prescribed psychotropic medications for her son without ever having spoken with him. Mother said she would describe Nicolas' behavior, and she would receive a prescription. When there was no behavioral change, she would get another prescription.
6. Ollie H. Dr. Collins recently prescribed anti-anxiety medication for this college bound 16-year-old without the knowledge and consent of the DFS case worker, who is the legal guardian. The SAFY case manager and therapist arranged the appointment with Dr. Collins, who is the psychiatrist for SAFY. He diagnosed her with an Anxiety Disorder, which client denies, and prescribed 900 mg of Neurontin a day. Neurontin is an epilepsy drug that has potentially major side effects.
7. David S. David, 15, was on a trial home visit when he became the subject of two mental health petitions arising out of Montevista. Dr. Collins, using a brain spect, identified David as a homicidal risk to staff and peers "secondary to his mania and psychosis." He recommended long term residential treatment at Willow Springs, an RTC owned by the Montevista parent company. CAP entered a denial and the matter was set for trial. However, a few days after the filing of the petition, David was released from Montevista and returned home to his mother. According to the client, the family did not have Medicaid to pay for continued psychiatric care. David remained at home with his mother without further incident, and his case closed and wardship terminated.
8. Jana E. Jana was a 12 year old prostitute who was the subject of eight mental health petitions within a period of less than a year, all at Montevista. Jana was given a brain spect and was diagnosed with bipolar disorder, major depression with psychosis and over the course of her hospitalizations was treated with Prozac, Augmentin, Zyprexa, Benedryl, Trazadone, Wellbutrin, among other drugs. Dr. Collins recommended long term placement in a locked residential treatment center because of her reported hallucinations and suicidal ideations. The court-ordered independent psychiatric evaluation roundly disputed all of Dr. Collins' diagnoses. The independent evaluator diagnosed Jana as having conduct disorder and who preferred life on the street to life in foster care. He recommended a placement that

could address her prostitution-specific issues. Jana is currently at Southern Peaks, an unlocked facility in Colorado.