

# Engagement Conference-Volunteers

Deaf Seniors of America (DSA) Advocacy (12/13/25): "Empowering Deaf Seniors: Advocacy Strategies for Building a Stronger Community in Nevada" → Sherri Collins (DSA), President.

- **Brief takeaways from presentation:**

- Goal of this workshop/breakout room: inspire and equip local leaders for state-level impact
- DSA Mission: enhance the quality of life for Deaf older adult citizens
- "Deaf adults tend to be 'invisible' because you don't realize the disability until they speak."
- QR code provided for all Deaf Senior citizens over the age of 50, data is needed:
  - [https://docs.google.com/forms/d/e/1FAIpQLSfNK7J-xamzzAMepv10\\_dmN4uJfuuByLhCKKGSCy0A1SelJEA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfNK7J-xamzzAMepv10_dmN4uJfuuByLhCKKGSCy0A1SelJEA/viewform)
    - Results will be made public in the summer of 2026
- Deaf Seniors - an organization by Sean Mullholland, was mentioned
  - Regarding advocacy to talk about issues and partner with state departments. Inviting them to come to meetings and learn from them.
    - "Town Hall meetings"
    - "Sean is a strong advocate trying to get more members to help advocate."

- **Q & A/Comments/Concerns:**

- How many 'Aging Centers' do we have in Nevada?
  - "None."
  - "We are the state unit of aging, one of 7 states that does not have AAA (Area Agency on Aging)."
    - "Money from the government comes into the subunit of aging, then it is subawarded to community partners for the 'Older American' services that come into."
- How many 'Deaf or ASL friendly' caregivers do we have in the state of Nevada compared to 'Hearing' caregivers?
  - "One person living in Las Vegas."
    - Showing how the health system standard is really low for the Deaf elderly.
  - Are the caregivers inviting deaf people to encourage them to become caregivers?
    - To get training?
      - Are interpreter services provided for the needed training?
        - No

- **Questions proposed by Sherri for the crowd to think about:**
  - What scares you when you grow older?
    - "Isolation"
    - "Medicare not covering cost of nursing home."
    - "Loss of my independence."
    - "Worst fear is being put into a nursing home and becoming isolated—it's the road to dying."
- "We would like to have a deaf center or location where Deaf people could lead, where senior citizens could go and live, possibly."
- Define your quality of life now. What would you say?
  - "I have Medicare, and I am suffering. I am worried about a nursing home, about taking care of my house, my financial plans. I have to look and set up trusts, and then I have to figure out what I'm going to do 5 years after I have the trust, and how do I prevent the government from taking what's in my bank account or taking my home away, so I can afford to go to the nursing home. I need to find an attorney. I have to figure out how to set a trust fund, set up a 5-year plan in case I have to move to a nursing home, and I'm worried about that."
  - Have you seen an attorney? - "Yes."
  - "When my mother died, she had \$500,000, and the nursing home took all of it, because she was not protected, so her assets were not protected. The government was able to take away our money."
    - You are learning now because your mother passed away. What'd you learn from your mother? Have you set up things so that your house and finances cannot be touched?
      - "House not to my name."
        - You feel safe and satisfied with the plan you have currently? - "I don't know, I'm not sure, I'm not very trusting. I'm not sure what people are going to do with my money."
        - You hired an attorney and set up protection for your property? - "Yes."
  - "My mother is Deaf, and she is declining; my father passed away, and I am the caretaker for my mother. I thought she would do better in a nursing home because she started to forget things. My mother's pension and social security were recorded so that she could get on Medicaid, filled out all the paperwork, but we didn't know what to put down: stocks, pension, and my mother responded saying she thought she had stocks. When she got to the nursing home or wanted to get in, they weren't accepted, and again needed to file for Medicaid, again denied. They had to after her pension, flat rate

on a fluctuating scale, and so she filled out all the paperwork and was transferred over to a nursing home, and then changed to Medicaid, which was 100% covered. It was \$8000 a month rent-free, Medicaid or not, so after 3 months, they threw her on the street. I started asking my family member questions, talking about transitioning assets to other family members' names, and applying for Medicaid."

- "I wonder, if I don't have any family members and I get put in a nursing home, who is going to do all that work for me to get the money?" - How do I protect my assets?
  - Something to consider
  - Goes back to your will and trusts
  - You can ask Fiduciary Oversight: an agency or organization that protects your assets, but you need to look at the law of your state and have your situation explained in your will or trusts. - Legal question, and important that you look into this.
- How many of you know the meaning of SHIP? What does it mean? - Where do you make contact to learn about the Medicaid and medicare programs?
  - "In Nevada, it's called MAP."
  - They don't know what that means. Make notes - this was directed to the government individuals who were present at the conference.
  - "Medicare assistance program."
  - How do people contact the program in general?
    - "The MAP is if you need to contact them and ask questions, you need to go through ADSD."
      - "Has a community partnership: Dignity Health has a number to contact them directly. We recently awarded communications services for the Deaf for some of our MAP funding, and it will be an outreach specifically for events of the Deaf and Hard of Hearing about Medicare and those without medicaid assistance. We have a partnership in the north to have access to the healthcare network."
    - Good information for Medicare (CSD), but how do they get in contact for Medicaid? - "Do not know."
      - "It is going to be an operationalized intake for that process. All that information is on our website, alongside the applications, go through the division of social services (previously known as the division of welfare and supported services)."
      - "We have a booth at the exhibit hall, see us there."
  - Need to apply a CMS - Medicare, which is a SHIP

- Do you know what a POA is? - “Power of attorney.”
  - Do you have one in your trust and your will? Do you know there are 2 different kinds?
- Where would you start, here in the state of Nevada? Do you know what step 1 is? Who would be your first point of contact?
  - Maybe CSD?
  - You need to know the list of resources.
- “Do Deaf seniors of America use Deaf clubs?” - No, it is like the NAD.

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ADSD accessible long-term care for Deaf and Hard of Hearing Communities 12/14/25 - Marie Coe

● **Brief takeaways:**

- Marie Coe is an Ombudsman: an advocate who helps consumers voice concerns and address complaints.
- “Honoring the dignity of every Nevadan” - ADSD Motto
- Visit [adsd.nv.gov](http://adsd.nv.gov) for more information

**Contact Information:**

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 number: 1-888-282-1155 (toll-free help line)

● **Questions/Comments/Concerns/Interests:**

- “What a great initiative that you have. This is a model right here. You already have the model, so grab this opportunity and work with this group whose huge concern is the facility. When they audit and do communication access. The government always overlooks the care facilities. With the whistleblower about the gentleman in the wheelchair not getting care, and no communication access. Nothing, zero. He was not given an iPad because he couldn’t afford one. His hair was down to his elbows, his glasses were broken, half-blind because he had diabetes. That was a huge case of neglect and care from a provider and facility. Caretaker said everything was fine, but he just nodded his head-”
  - The reason we need a partnership because they would not be able to communicate
- “What is your timeline for your vision with the initiative and partner with the community?”

- Now!
- The team is going to reach out to Deaf Seniors of Las Vegas to communicate what is happening and do a collaboration.
  - Sean is pulled into the meeting, and the Deaf seniors are mentioned.
  - “They have a model, and you have a model. It’s approved 100%. I want to encourage everyone in the community to ask what’s next. To talk to them about that potential partnership.”
- “You work for Enrich Nevada under ADSD, a new program, and I work closely with Jen and their team about equipment distribution. We are setting up Deaf services. I wouldn’t mind working with you on that.”
- “Thinking about the Deaf seniors, about employee training and the placements in the state of Nevada, all the staff nursing and doctors, and learning about how to work with them better. To engage with them better, how do we serve them better? There are many horror stories about neglect. I want to get involved in that in the long-term plan and will reach out to you this week.”
  - We need partners and connect with services to integrate technology. Agree that there are a lot of horror stories, and people don’t know how to take care of others and communicate.
- Has anyone been to a nursing home or a living assistance facility?
  - “no”
  - “I would be interested in going.”
  - Will be bringing the group (LVDS) on a tour of those areas to see what the experience is like
- “My mother was Deaf and sent to a nursing home, and found out she was lonely, not a lot of Deaf people there, asked a social worker, can you find some help so she can have a conversation. They said no because of HIPAA,” - “How do we solve that?”
  - Have resident councils that say what is beneficial and not, and it is a perfect example of what can be brought up. If you have advocates that new, it helps reduce isolation. HIPAA is not violated. We would look for solutions.
- “For the next two years, what is your vision?”
  - Now is the best time to understand what is offered, seeing Sean’s group, Lexi’s group with technology, and what they have to improve the quality of life that can be implemented now. Then look at the major changes to improve access to communication in settings. - identify what the needs are
- “Where is the money coming from to do all this?”
  - programs funded by the state and federal government, it is mandatory, but technology (TDDSurge charges).

- “What does your intake process look like? Is access provided there? How does that work?”
  - If someone arrives at a nursing home, we don’t know that. They are an advocacy group when there is a complaint. They receive a brochure, not accessible, things we need to recognize. The number is capturing if interpreters are needed, so complaints and concerns can be learned about and solutions/resources. → need to collaborate for more
  - “Do staff go in and visit them or just wait for a complaint?”
    - Go in to build a rapport with the people in the care to check up on them. It is personal engagement that is done with the person in care.”
- “Do you have to qualify by income level, be homeless, on Medicare, or need Medicaid?”
  - Services are free for anyone who is in the facilities, no matter age or setting. If there is a care concern, then they can assist and advocate.

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Nevada Bureau of Services for the Blind and Visually Impaired: Nevada DeafBlind Resources and Services (12/14/25) - Lora Turner & Richele Pennock, statewide rehabilitation supervisor

- **Brief Takeaways:**

- Deaf Blind Services in Nevada - the main goal is to convey
  - “Here in Nevada, we have a lack of services, and we want to shed light on that.”
- VRNevada @DETRNV.com → website

- **Questions/Comments/Concerns/Interests:**

- “I’m curious, what do you recommend for support for Deafblind to build a better community here in Nevada? What–your presentation about?”
  - Misinterpretation/understanding & clarification follows:
    - “In your presentation, you talked about–for Congress. Are you trying to propose legislation for the Deafblind community? If you want to get something passed, how do you go about doing it?”
      - Here to address the state of Nevada services for the DeafBlind, there are gaps in the program, but they are trying to bridge the gaps, not through legislation.
        - Richelle talks about a situation in Colorado, where two of her clients recognized they did not have funding in the state for service support providers; therefore got together and used a grassroots

approach and went to the legislature to request funding.

- “VocRehab doesn't do any legislative work but provides the training, information, and the things needed for DeafBlind individuals to make that request. For those who have low vision/vision loss, sometimes they are missing information to develop that skill, and then lack encouragement to seek the services they need. Those individuals need that support. So if you can clarify what they needed.”
  - Nevada rehabilitation does have a council, so that is how the VRE works with the public and helps improve policies and programs. That is what drives our state plans on how they make improvements.
  - Have had blind individuals sit on the panel, but never had a DeafBlind individual in that counsel. → encourage to make that counsel more diverse
    - We don't refer clients to advocacy agencies only provide services and training so they can self-advocate with the skills they learned.
- “Colorado, the people could get the support and funding needed to support SSP” - clarification occurred on the situation by the CDI
  - The hope was that the story could be mimicked here in Nevada. Do something like that here as well.
- “In order to improve the services for those who are Deaf & low vision clients, in this state, what percentage of clients are DeafBlind or Low-Vision? You really need the stats and number of people who are deafblind.”
  - Very small percentage - had about 25 people across all the cases they went through, who were in the older blind program (over age 55) and not seeking employment.
  - “How many clients do the services help statewide?”
    - Not sure about how many clients – about 200 clients? - 11% – about 240 clients
  - “The reason I asked about statistics is that you want to look and see them as individuals, you also recognize that there are younger people who also may be blind and deaf. Seeing that in their youth, they are not identified, and their needs are different from older individuals. There is a gap there; we need to change how we get statistics. something that needs to be discussed here because you have that concern within the blind community. It takes a lot of mental practice to learn how to communicate with a Deafblind individual, and so that gap needs to be shortened so we have the services we need. It's a focus for VR but state-wide as well, not just yours.”
    - We cover all our cities, regarding youth, Lora is active in the department of education with a strong partnership. VocRehab does

get the bulk of all the child count data. They know exactly how many students are identifying as DeafBlind and have low vision.

Working with the schools in the state to capture the youth early on.

The data has improved through the years.

- “Chad Etcalf, from LA, how often does he come here and provide support to the Deafblind community?”
  - Not sure, usually met through Zoom.
  - Met in person twice, but have not talked in the past 3 years.

Audrey

## IEP/504 Plans and more- Nevada Hands and Voices (NVHV): Advocacy from a Parents Perspective W/ Beth Jones

- Putting the I in IEP
- Start time 1:39 – End time 2:40
- Her son presented her last year so she will present both her and her son's perspectives
- Skills that the student can develop at an early age.
- IFSP Individual family service plan, ages birth- three family service plan because it aims to serve the whole family. 3 and older can qualify for an IEP or 504 to allow accommodation
- IEP is formulated by professionals and implements goals
- Self-advocacy is important for all involved
- If referring to "the student" it's in reference to her son
- The impact of having deaf and hard of hearing role models along with help and support from professional
- Her role as the parent 2/3 are D/HH
- Son started in an oral program 3-5
- 2% his involvement 98% parent involvement
- Had to involve herself in the community because she had no help and in order to learn as much as she could about the community and what the options are, are the choices she's making the right choices
- She wanted to learn from professional and parental experiences

- Volunteered as often as she could to see how he interacted with his peers, teachers, how he treated his hearing aids
- K-3<sup>rd</sup> grade Self-contained but still mainstreamed himself and his sister were the old deaf students in the school
- 14 < deaf and hard of hearing students must provide student preference for their IEP
- Educational advocate at NVHV 8-hour basic training
- Parents are equal members of the IEP
- 4<sup>th</sup>- 5<sup>th</sup> grade
- Entire 4<sup>th</sup> graded year online during covid
- Google translation during covid on zoom
- Participation started growing, learning to advocate for what works and what didn't
- Started becoming more involved with the community, learning from other deaf peers or deaf adults
- Middle School
- Officially passed the parent in involvement in the IEP
- During COVID the meetings became over zoom and he became more of an advocate for himself what worked and what didn't
- He started to be the one running the meeting
- Sometimes as a parent you don't always agree with what they advocate for. As a parent you can monitor but you can't make decisions for them
- Goals for the future, High School
- Discuss what will happen in the future. Full self-advocacy

- Leads his own IEP meeting. Became a leader in the community and continues to learn from other Parents and Professionals
- As a parent it is crucial to be a cheerleader for your child.
- Wants parent support but doesn't exactly need parent involvement in the meeting
- He now understands his options, knows how the meetings run, knows his wants and don't want
- Skills gained from IEPs at an early age: Confidence, humor, accountability, leadership, communication, trust, and joy
- If he waited until 14 when he's required to be there, he would have missed out on so many beneficial experiences and life skills.
- He was able to create meaningful relationships with teachers starting at a young age.
- All the skills he learned can be skills for all members involved in the meeting.
- This goal is attainable for all students regardless of behavior or language acquisition
- Tips to personalize your child's involvement: Pay attention to their interests not what yourself or others perceive their interests to be, Listen to your child on what their concerns are, Believe in their capabilities,
- Even if the Teacher running the IEP doesn't ask what the student interests are you should still be asking those questions, but don't overstep those boundaries and answer on their behalf.
- Keep your information organized. Knowing this is the 'binder' where I keep all my information about passed IEP meetings. Makes a big difference when you come in prepared and willing to learn versus knowing nothing but assuming you know everything

- Try finding the joy in the journey, take photos of the good and bad so you can remember why its worth. Don't give up on your kid, be there for your child.
- **Do you have presentations or workshops for parents not native or coming from out of the country?**
- We have a NVHV Spanish coordinator as well as the national Latina counsel at NVHV sends out a feedback/informational form twice a year just get in contact with a member of NVHV to be put on the email list for that. We can also always request a Spanish interpreter or more Spanish lead workshops.
- **What about if the parents themselves aren't educated?**
- We believe in education in empowerment we have plenty of workshops like this one today as well as providing one-on-one educational meetings.

## Support Service Provider (SSP)/Co-Navigator (CN) Role & Advocacy W/Hunta Williams

- SSP Vs Co-Navigator SSP is the helper model Co-navigator offers more autonomy for the individual who is deaf blind
- The interpreter can not be the co-navigator and vis versa
- Any time you're working with a deaf blind individual remember it's always a team effort.
- You should never be making the decision for the deaf-blind individual you want and deserve their independence
- It's important to set boundaries and stick to them.

- Important to give them an adequate description of the environment to make the client feel safe
- Performed a Demo with 4 volunteers Two using SSP two using CN, Hunta and Yash then asked the following questions:

**Question:** What are some differences you notice between SSP and CN?

**Answer:** SSP felt more time focused in a hurry pulling and tugging whereas the CN felt more relaxed and comfortable

**Question:** How did you feel about using an SSP?

**Answer:** Felt confusing

**Answer:** Felt awful I hated feeling like I was yanking and pulling someone

**Question:** How did it feel with CN?

**Answer:** More comfortable felt safer in the environment because they had used mapping beforehand. It also felt reassuring to feel the different textures of the wall, and chairs, and people. It gave a better understanding of the environment, and it feel like I had more autonomy

**Question:** How was the mapping? Did you feel it was beneficial?

**Answer:** Yes it was, it felt like I had a better understanding of the distance in the room and where the door was compared to where I was standing.

**Audience Questions:**

**Question:** Do you have any experiences being mistreated or experiences with oppression? If you feel comfortable sharing personal stories.

**Answer Huntta:** Yes I have been the problem is in terms of trying to sue its difficult without consistency its not about the money it's about accessibility. It happens to deaf blind people all the time its about making change encouraging change.

**Answer Yash:** The problem with the legal system is that the legal system isn't accessible. Having the information of what to do, getting an interpreter specifically one that knows pro tactile.

**Hunta:** Judges don't understand deaf blind people the culture the importance of the touch contact. Navigating the system is tough the judge is not open to deaf blind or their culture, they are not open to it

**Question:** Is there any information or technology that you use that we can have available in the future or to be aware of?

**Hunta:** Honestly its impossible, a lot of standard tactile equipment is not meant for deaf and blind. All caps can be seen as aggressive but that just how I see better. Plus a lot of the equipment is very expensive. The biggest struggles are also mobility, really small text, changing color, that can be incredibly expensive.

**Yash:** You can have braille equipment but that's about 3,000 dollars and what if it breaks. You have VRI but you that's also not accessible.

**Hunta:** Deaf blind can use braille or large colored text. Black with yellow txt works best for us but everyone is different so always as what that individual needs. No one size fits all.

**Yash:** I asked for a new laptop and asked for apple because they set up for zoom and everything. It has a wrist stand because I have nerve problems in my wrist. Screen can fold out to make a

larger screen or can zoom in. You can get things that vibrate the floor but people would prefer something you can carry around. Some people use iPhone with accessibility apps. Some want to amplify the sound.

**Hunta:** Even preparing for this it wasn't deaf blind friendly. The software is not deaf blind friendly you need to find out what they're preferences are. What's best for me is zoom

**Question:** Where can I go to learn and train more about Deaf blind and working with Deaf blind?

**Hunta:** Start with people around you who are DB and asking if they have a CN and see if you can work with them to learn hands on, attend deaf blind socials and events. We don't bite, reach out and come to our events.

## Navigating through Nevada Vocational Rehabilitation (VR) Transition Services for Youth with Meg and Mickey

- Transition age 14-22
- Audience Introduction
  - I want to attend this workshop to be able to provide my own experiences and learn more about VR
  - DHHR speaker I want to learn because we have D/HH students
  - General Ed I but I want to transition into teaching the deaf and hard of hearing
  - As a student interpreter I want to become more knowledgeable about the deaf student I may be working with in the future
  - A student from Gallaudet graduating in 2027

- Junor at Liberty
- Senior at Liberty
- Teacher at Roundy PreK and UNLV for the teaching program
- K-12 interpreter wanting to learn more about NV and their VR services because I'm from Virginia
- Retired Interpreter now working NEIE interpreters working in a k-12 setting and I want to learn more about the connections between interpreters in the k-12 setting connects with VR transitions.
- Works global marketing and life coach wants to learn more about VR policy and how it works in NV and the knowledge to help fight for BIPOC people.
- Clinical Psych I believe VR is the reason I was able to get that degree, so I want to learn how it's been updated
- Meg is a coworker so she's here to support
- Licensed Marriage and family therapist and an addiction counselor. Have private practice, hearing but work with D/HH clients preferably Teens but work with all ages. Supervisor for the clinical professional counselors in NV and supervises the students here.
- Licensed clinical social worker, I'm here because my undergrad was VR in Illinois my supervisor had a PHD in Psychology so I'm curious to see how NV does it.
- Coda working at row elementary school with the deaf and HH I'm working on getting my master's at Gallaudet in clinical mental health

- Role's consultant and I work at the national deaf center that works with 14-24 year olds

**Question from Speaker:** What do you think VR is what do they do?

**Audience Answers:**

- Help people get ready to join the workforce.
- Job training and evaluation of skills
- Help with college work evaluations, life plan, provide needs and support
- Help people set up career goals
- Resume building
- Help with interview skills
- To provide role models for the students and resources and referrals
  - What do you mean role model?
    - Exposer to similar disabilities to ensure socialization from peers
- Hear from clients VR can help get clothes for interviews
- VR helps with navigation of the system

**End of Answers**

- We approach adults very differently than students and how you transition from being the student to being an adult
- WIOA the Workforce Innovation and opportunity Act
- I wanted to clarify WIOA started with Obama. He didn't start it but he signed it in and was a big supporter

- Need to set aside 15% of their federal funds to provide pre-employment transition services
- Generally speaking, I know with the current admin there are certain controversies with majors which are relevant that are becoming not relevant.
- To be honest we don't have an answer we haven't addressed that. There has been no impact yet.
- So right now, we just proceed with process as usual until we get confirmed change
- Developed timeline throughout their high school career
- Goal is the end of HS they are job ready career ready they know what they want to do
  - If interested start application process online we have different languages including ASL
  - After application within a couple days you'll have a pre assessment with different forms to get different information to determine eligibility
  - 60 days the counselor determines the eligibility
  - After developing the plan the services will be provides and it can last from 6 months to 5 years
- Transition age is from 14-24 youth then transitions to adult VR

**Audience Question:** Did Nv make up this timeline?

**Speaker Answer:** Recently VR updated the marketing this is more conceptually correct and accurate we received a grant from the Department of Education Nevada trip map for children 10 and up now they navigate their journey to adulthood with VR. Everyone has access to this website. The grant is good for 5 years. This timeline is only a year old and we're very proud of it.

- What is pre-employment services
  - Job Exploration
  - Work-based learning experience
  - Workplace readiness training
  - Self Advocacy training post secondary educational training
- Must have an IEP to apply for VR
- Early services include
  - Career exploration counseling
  - Work based learning
  - Workplace readiness training
  - Self Advocacy instructions
- I am thinking myself 14- I didn't know I wanted to be a psychologist so if student wants to become a vet do you lead them to that career
- If that student is 14 they don't know what they want to do we start the process
- First year of HS apply for VR services, better to start young to get those services
- Sometimes at people who are 18-19 apply and they don't have the documents or drivers license so applying early they will help you
- Provide interpreters at job fairs

**Audience Question:** Who refers the student to VR, does the school refer the child or the parent?

**Speaker Answer:** Yes, many referrals come from the school or a psychologist. Most come from the school but anyone can refer you to VR.

**Audience Question:** Can a person refer themselves?

**Speaker Answer:** Yes, you can. We collaborate with CCSD, which is who we work with, every HS that has it's own transitional specialist. And special educational services. You can apply yourself but we don't get a lot of self-application.

**Audience Question:** What about homeschooled student can they apply for VR?

**Speaker Answer:** Yes absolutely

- Sophomore and Junior year
- VR offers drivers Ed and the interpreter needed, we also have behind the wheel training, they also paid for the service to use they car at the DMV for the test
- Offer information about adult services such as Residential programs, guardian ship, financial etc.
- Have transportation services to people can learn how to use the bus so they can go to jobs or schools
- Drivers ed also teaches self advocacy maybe it's the first time they've used an interpreter outside of the school setting
- Senior Year- 22
- Review IEP transcript to monitor progress and the diploma status Discuss transfer of rights to the student at 18
- Find and maintain a part time paid or volunteer job within the community
- If the student lives in a group home request collaboration between the school team and group home team
- If college is the next chapter
  - Take college entrance test

- Apply for financial aid
- Complete application to colleges

**Audience Question:** Can they pick a college out of state

**Speaker Answer:** Yes absolutely, we make exceptions its very individual to the person. Right now we have to Gallaudet students and two RIT students

- 18 Years Old
  - Re apply for SSI and Medicaid Benefits prior to the students 18<sup>th</sup> birthday
  - Apply to vote
  - Can help provide hearing aid only if they need it for school or work
- Vocational Camps
  - 1 week long for D/HH only
  - Go over self advocacy, role play,
  - VR Services

**Audience Question:** Do we have camps for adults or only children?

**Speaker Answer:** No, we have a specific age range the youth transitional students. Classes during the day and social events at night so it's a great opportunity to co habitat and share resource and create connections in the community

## **PANNEL ACTIVITY**

- We offer summer youth internship program. Every July we refer student to different locations, offices, places where students are interested. Some involved with arts, some with the accounting office in VR and many more.

- We emphasize hands on work and experiences. Average 6-12 weeks of internship No limit. It is paid
- VR paid for his glasses

**Speaker Question:** If you could tell younger kids like you what you wish you could have done what would you tell them?

**Pannel Answer:** I would share about the permit I wasn't aware of that at the time, I wish I had learned all the services they provided at a younger age like 14

**Audience Question:** Curious about the drivers ed program do you offer something for adults

**Speaker Answer:** I'm not sure I don't think there's an age limit we'd have to talk to our vendor

## PK-12 Students: Access to communication

- Compare and contrast K-12 vs Post secondary
- Just because there is an interpreter does not mean the communication needs are being met

NAIE

- 1) Student Autonomy
- 2) Provide access to language at all times
- 3) Maintain Confidentiality
- 4) Member of the Educational Team
- 5) Participate in continuing education
- 6) Avoid conflict of interest
- 7) Engage in all ethical practices

RID

1) Confidentiality

2) Professionalism

3) Conduct

4) Respect the Consumers

5) Respect Colleges

6) Business Practices

7) Professional Development

- What is a “qualified interpreter” That means different things to different people or different organization
- Ethical service provider has a voice compared to accommodation
- Interpreters are not language professionals
- Myth of Neutrality in Interpreting
  - We all have biases cultural understanding, educational background, ethical considerations
  - Experiences in specialized fields empathy and mentorship style Can you embody the people you’re interpreting for to create an accurate representation of the world around them.
  - My trauma looks different than yours and how does that show up in the work
- Teaching the child to have autonomy I asked the student can I join then I ask the other students can I join
- As an interpreter your behavior is reflected on the student
- When you have a student and they have a question instead of saying ask the teacher

- Are you asking me? Who are you asking? Maybe ask your neighbor? You need to ask the teacher lets go together? How do you want to communicate? Do you want me to be involved or do you want to talk to the teacher yourself?
- Teacher can also ask the interpreter for clarification
- Respect how your student chooses to communicate
- You're not going to lose your job because students have CO or Hearing Aids Don't take away their right to being bilingual.
- [www.NAIEDU.org](http://www.NAIEDU.org)

Time ran out so there was no Q & A session

stwen

## **Saturday (12/13) Session 1B: How to Achieve Legislative Gains**

### **Presenters:**

Kerry Durmick, State Director  
Chanel Cassanello, Campaign Manager  
All Voting is Local Action

### **Core Values:**

Non-partisan  
Partnership with marginalized communities  
Empowerment of partners  
Partnership with state and local officials  
Unfair and discriminatory practices

### **Start:**

Connect with legislator and explain idea  
Build working group and/or team  
Find other nonprofits  
Talk now, not until after the election  
Think about \$

### **Driving Forward:**

Register as nonprofit lobbyist  
Develop lobbying strategy  
Work with other nonprofits  
Travel to Carson City  
Attend Lobby Days  
No enemies and no friends

### **Manage Expectations:**

Process not easy  
Move after one session vs. multiple  
External factors  
Focus on can control

## **Language Access:**

### **2022:**

Developed language access legislation

### **2023:**

SOS hotline with 200+ languages and ASL

Translate materials in seven most common languages (5,000+ per language)

Original 2,000 - compromise is key

Passed both Houses

Vetoed

Clark = Mandarin

SOS = general practice

### **2024:**

Removed county language mandate

New sponsor

### **2025:**

### **AB 367:**

#### **Bill**

SOS = codify telephonic, including ASL, Website in minimum of seven most common languages

Authorize use of cell phones and related AT inside polling places

Mandate SOS communications in both English and Spanish

Fund Language Access Coordinator in SOS

**Personal Practice:**

**Passion:**

700 Hour Program - unfavorable data since 2017 mandate

**Similar Passion:**

DD Council killed previous version of bill (poorly written by Legal; completely missed Legislative intent)

**Who's My Legislator?:**

Majority Leader Cannizzaro  
Assemblywoman Backus

SPPT Dondero Loop  
Assemblywoman Miller

**Stakeholders:**

VR (makes referrals)  
State HR (certifies candidates as eligible)  
Existing VR candidates for work  
Non-present VR registrants (of age 14+)  
Non-VR and State HR State Agency management  
Governor

**Helpers:**

ACLU  
Department of Admin. ADA Project  
NCED Family Navigation Network

**Others' Practice:**

**Passion:**

CCSD DHH kiddos - 348

Tiered system of activity - NSU  
Recognition of ASL - UNLV  
Personal interpreter relationship vs. legal compliance - cost of doing business

**Passions:**

Accreditation - high school and college  
ASL - primary language from birth

**Passion:**

Ballot differences jurisdictionally (urban vs. rural)

**Tips and Tricks:**

Meet with Legislators early  
Reach out for help  
Create community  
Host travel fundraiser  
Use experience to advantage  
Always next Session

**Saturday (12/13) Session 2B: Using Data for Legislative and Community Change**

**Presenters:**

Dr. Liann Osborne, CSD Works Director  
Laura Fussell, CSD Works Program Manager  
Dr. Genelle Sanders, CSD Learns Director

**Learning Becomes Systems Change:**

Every learner deserves high-quality, accessible education  
ASL & EI - in-person and virtual  
Courses accessible, culturally relevant, built from lived experience  
Track outcomes so individual learning becomes collective proof  
Data drives policy, funding, and legislative change

One learner. One course. One data point @ a time - we change the system.

**Why Data Matters:**

Visibility  
Credibility  
Accountability  
Advocacy  
Narratives

Data is a Building Block for Change

**Data Use:**

Facts inform, but people transform  
Interpretation holds key  
Framing, sharing, and applying

**Facts Inform, But People Transform:**

Data gives facts, but transformation happens when facts connect to human stories  
People act when they feel the data, not just when they see it

**Example:**

Report shows that only 40% of Deaf job seekers secure employment w/in six months  
Hearing from one Deaf job seekers who was denied multiple interviews

**Interpretation Holds the Key:**

Can be misread, misused, or misunderstood if interpreted outside the community  
Lack of participation = lack of access

**Example:**

State data might say Deaf clients declined services, when those clients weren't offered communication access

**Framing, Shaming, and Applying:**

Sharing data through visual dashboards, stories, or legislative brief makes it actionable  
What outcomes do we see from applying data

**Example:**

**How to Elicit Change:**

Individual transformation  
Community & organizational action  
System & policy change

**Individual Transformation:**

Self-awareness and data literacy  
Storytelling  
Modeling

**Community & Organizational Action:**

**System & Policy Change:**

Turn community fundings into legislative briefs  
Push for data driven legislation  
Engage with state and federal agencies

**Local Legislative Opportunities:**

Problem  
Data

Policy action

**Identify, Outline, Prepare:**

Identify a current pinch point in work

Outline how data can be used to describe it, gain allies, propose solutions

Prepare a one-sentence policy or action statement

### **Personal Practice:**

Identify = Registry capacity

Outline = Registry itself, create national/local alliances (e.g., NAD, ACLU, etc.), utilize out-of-state travel costs for interpreters and registry/exam policies to identify barriers to in-state retention, regional registry reducing costs, etc.

A \$100K role with ADSD has remained unfilled for a significant period of time; while such a salary might seem attractive on its face, the question is why it remains unfilled

### **Others' Practice:**

Open captioning in theaters = better accessibility

Join a census to gain Deaf Blind data

### **Resource Sharing:**

#### **Federal:**

Census Bureau

Bureau of Labor & Statistics (BLS)

Rehab Services Admin (RSA) annual reports

NIDLRR data & research

#### **Deaf-Centric:**

Nat'l Deaf Center (NDC)

Gallaudet Research Institute

American Society for Deaf Children (ASDC)

DeafNation reports & community surveys

#### **Legislative:**

LCB

Nat'l Conference of State Legislatures (NCSL)

WIOA Sections 188 & 503 compliance data

#### **NV:**

BVR

ADSD

OMHE

Medicaid

Office of Labor Market Information (LMI)

### **Data to Dignity:**

Data more than just numbers, it's truth in service of justice



**Q & A:**

Data conversion and transmittal to people that need to see it - direct communication vs. interpretation cost

**CSD Works:**

Lexi Bullock, Program Manager

Jay Mills, Marketing & Outreach Coordinator, NV Equipment Distribution Program (EDP)

**Sunday (12/14) Session 3B: American Civil Liberties Union (ACLU) of NV: Building Rapport with Legislators**

**Presenter:**

Kaylah Maese, Policy Manager

**Mission and Values:**

Liberty - Constitutional freedoms (First Amendment focus)

Justice - Equal access to remedy

Democracy - Meaningful participation in governance

Equality - Fourteenth Amendment

**Legislative Composition/Factors:**

Senate - 13/8

Assembly - 27/15

Biannual - TX, MT, and ND

**Q & A:**

Purpose of bills

Ignorance of ADA

**Sunday (12/14) Session 4B: American Civil Liberties Union (ACLU) of NV: Accountability through Allyship**

**Presenter:**

Kaylah Maese, Policy Manager

**Q & A:**

None

## WC C211- Deafblind Resources and Advocacy

12/13/2025 1:30

By Bree McGuire

Hunta started with rules, access for all with communication.

Introductions,

Yash- Deafblind Agenda Co Present topic

Multi-Point Contact incorporated

Deaf and Blind, Deaf-Blind, Deaf/Blind, DeafBlind which? Any personal preference, DeafBlind is best. Deaf and Blind not correct, Dual identity

Statistics – 1.5 million estimated in the USA, largest communities in Washington, Texas, Minn.

Law- Helen Keller Act- 20/200 or less vision.

2 different canes- called "Aqualetta" blue cane,

White- typical cane – protect in legal situation. White cane in the law so it can be seen

"Medical Diagnosis"

Which fits me? Sticklers!

Sticklers Syndrome, super rare disease, genetic conflict, parents both cousins. Mean both mother and father their genes clashed, causing health issues.

Communication styles-

Example- Close Vision method

Mix of ASL and protractile- so I change TASL -Tactile American Sign Language

P.O.P Print on Palm- people who don't know ASL, drawing the letters on palm

Haptics – completely different from Protractile, it's not a language- it's a system of codes and 1 direction communication, Protractile is bi-directionally, recognized under NSF as a language

Q- what exactly is happening on the back or is it the reaction of the audience, what are you feeling? Haptics or something different?

A- Our interpreters environmental feedback, giving access to what's happening in the room, gasping, looking at your phone, is your hand up, so I know what you are all doing, if someone is taking photos.

Q- Back in Helen Kellers time, she was learning the manual alphabet, used all her life without signs, is that typical when learning as a deaf child, which Rochester method or that. Clarifying is it better to learn letters and sign simultaneously

A- So, the video you saw, just clarifying. Helen Keller was specific person- used TODNA method, she was taught to use that method, it's a touch method. There are still people that use that tone and vibration. Later in life she was taught fingerspelling

Challenges:

Availability – number of interpreters, QUALIFIED interpreters, and trained interpreters, not a large enough interpreter. PT takes about a year to learn the basics. We have options to learn,

Ergonomics- if I'm tall and they are short; differences will impact how we are able to work together.

Appointment time length- 15 min is not enough time, challenges setting up having enough time

Cultural barriers- if we don't have enough people of color to match the need.

Q- where can you learn now? PT?

A- Hard question- laughing hard! We don't have enough programs! Not enough teachers, money, qualified interpreters.

Having a picture description is very important, ChatGPT can help with that, incredible.

Senario1:

VIDISM- kind of like audism, not inclusive

DISTANTISM- not announcing who they are, but in the room.

To get their attention, use a whole hand and wait for them to acknowledge you and then start communication.

Dropping my cane- Pointing to the can is not access, how would you support me, guide my hand

Don't ask how much I can see, its offensive.

"Unlearning to relearn". Constantly changing

PT411 – FB

Q- I want to know more about your cane and the colors? Two different canes, need more clarification

A- Blue/Purple, Hunta's Green/Black

Many different colors, different organizations, (green because I love green, and black match well, purple one reminds me of my sister, can match events, or sparkles or fancy canes, I have multiple colors

Q- what about seeing you at night, color you can't see

A- Yes, the law states I need a white one for people to see my cane, Law says must be red/white,

Q- other states have different laws?

A- Legals requirement- yes must be red/white, for safety at night yes, I change to red/white.

## Mental Health and Deaf/Hard of Hearing Youth

12/13/2025. 3:15

Dr Grady Gallagher,

Nevada

Introductions: Grady, Tiarra, Sharon, Alana

Using L1 for today, some signing some speaking.

**Main risk**, not “being deaf” it is growing up without full access to language and communication.

D/HH kids with access same mental health problems

Visual representation of how the deaf person takes on weight of limited access

D/HH youth have 2-4x more likely to have significant anxiety, depression, behavior problems

D/HH 2x risk for neglect, 4x for physical abuse

Need more research for things like LGBTQ

Schools block participation, feel left out, not safe, experience overload.

Language and communication are most important,

Strongest predictors of better mental health in D/HH are how well they communicate at home.

How to get full access and expand communication level.

## **Key Protective Factors:**

Identify hearing status early.

Strong constant communication at home.

Parent who accepts the child's deafness and actively includes them

"Dinner table syndrome"

Positive deaf identity, connection with DHH peers and adults

Inclusive school, accommodations, teachers who understand need

Culturally and linguistically accessible mental health care

## **Concrete Takeaway**

Don't wait to see if speech works, use sign! Visual access to language. Higher risk for delay.

Provide visual access to learn and find acceptance in themselves helps less fatigue.

Regularly check in, ask do you understand, if no- take seriously

Advocate for interpreters, etc

## **Attachment Theory-**

Important because when a child can bond it sets the development to life. Being able to connect. Children are programmed to form attachments, helps to feel secure and navigate their environment. Emotional bonds and care given is before 2.5 years

**Secure attachment-** helps create healthy relationship pattern through life, child learns my voice matters, I'm safe and have what I need, I can rely on others, I am safe and worthy of care. Called co-regulation development until about 8-year-old. Two-way bonding ensures that child needs are met.

**Insecure attachment-** bond and development is disrupted, through abuse or ignored, even in utero. Loses trust. Failure to develop healthy attachment. May result in challenges and behavior. Long term cognitive, intellectual social and emotional regulation. Increased risk for anxiety disorders depression, mood disorders.

## **Skills to develop secure attachment**

Respond to crying child

Telling deaf child when you leave the room and when you get back

Mirror child actions during play

“Hands and Eyes”- holding hands and looking into eyes- breath Deaf child “warm touch” very important

20 sec hugs- (more science) oxytocin is released.

Words not behaviors- big emotions- that is communication, so change it to words(sign)

## **Supporting Deaf HH children's emotional needs**

When don't have full access

Anger

Frustration

Anxiety/fear

What is the function of their behavior- what is that communicating, what's the function, behavior gets attention even neg attention

Anger Iceberg

Gestalt Therapy- the whole is more than the sum of its parts

Parts make a whole, like ingredients and a cake

Empty chair technique- speaking to parts of ourselves or speaking our emotions

Personification

## **Coping Skills**

**"Tools in your toolbox"- techniques used to regulate emotions**

**First take three deep breaths,**

**5- name 5 things you can see**

**4- 4 things you can feel**

**3- name three things you can hear -**

**2- name two things you can smell**

**1- Name something you can taste**

**Take 3 deep breaths again!**

**5 finger breathing- tracing your fingers, up breath in HOLD down breath out.**

**Progressive Muscle Relaxation- find quite space, relax, tense and release each muscle groups, focus on the feeling of release.**

**Drawing to help:**

**Series of circles**

**Infinite sign repeatedly**

**Draw your breath**

**Scribble**

**Tightly wound spirals**

**Turn a scribble into a creation**

**Design a mandala**

**Let your mind wonder**

**Ways to help regulate your emotions**

**Deaf Mental Health Hub website– new!**

**Q- Recently at the White House they cancelled, the Trevor project in June 2024- Trump demanded, they end, cancelled the 988**

**A- Malibu- my understanding taken on by different nonprofit to keep going, not completely gone**

**A- You make a great point, and this is why we need legislation for people – Trevor Project gives resources to LGBTQ kids**

**Q- Where are you located**

**A- Located in LV looking to recruit, just got a new fluent therapist and provide services here, each mental health therapist has different laws in each state, but Grady has license for everywhere.**

**B- Private practice in Summerlin**

**Q- When you say you are network; do you mean insurance (child in VA how can they contactor get the services)**

**A- People that have collaborated- list of people within the therapy community**

**B- We are not insurance connected, just helps with getting what you need, email them**

**Q- Are you accepting only therapist**

**A- have addiction counselor, any degrees that lead to mental health, we also have interns**

**Q- I'm a student now do I have access to the PP**

**A – everyone who attended the conference will**

**Update with TP – project is still running; the three options were the only thing cut.**

**All are free, voice/text option**

**Day 2**

**12/14/2025**

**ADSD Office of Consumer Health Assistance (OCHA) Insured**

**Fabiola Chavez-Jimenez/Ombudsman**