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CASES OF CHILD NEGLECT AND ABUSE AT PRIVATE RESIDENTIAL TREATMENT FACILITIES

HEARING

BEFORE THE

COMMITTEE ON
EDUCATION AND LABOR

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED TENTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, OCTOBER 10, 2007

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CASES OF CHILD NEGLECT AND ABUSE AT PRIVATE RESIDENTIAL TREATMENT FACILITIES

Wednesday, October 10, 2007
U.S. House of Representatives
Committee on Education and Labor
Washington, DC

The committee met, pursuant to call, at 10:33 a.m., in room 2175, Rayburn House Office Building, Hon. George Miller [chairman of the committee] presiding.

Present: Representatives Miller, Kildee, Payne, Woolsey, Hinojosa, McCarthy, Tierney, Kuchinich, Wu, Bishop of New York, Sarbanes, Sestak, Loebsack, Hirono, Altmire, Clarke, McKeon, Petri, Castle, Platts, Kline, Boustany, and Kuhl.

Staff present: Tylease Alli, Hearing Clerk; Jeff Appel, GAO Detailee; Sarah Dyson, Investigative Associate, Oversight; Patrick Findlay, Investigative Counsel; Denise Forte, Director of Education Policy; Ruth Friedman, Senior Education Policy Advisor (Early Childhood); Ryan Holden, Senior Investigator, Oversight; Lamont Ivey, Staff Assistant, Education; Thomas Kiley, Communications Director; Ann-Frances Lambert, Administrative Assistant to Director of Education Policy; Danielle Lee, Press/Outreach Assistant; Alex Nock, Deputy Staff Director; Joe Novotny, Chief Clerk; Rachel Racusen, Deputy Communications Director; Dray Thorne, Senior Systems Administrator; Margaret Young, Staff Assistant, Education; Michael Zola, Chief Investigative Counsel, Oversight; Mark Zuckerman, Staff Director; James Bergeron, Minority Deputy Director of Education and Human Services Policy; Robert Borden, Minority General Counsel; Cameron Coursen, Minority Assistant Communications Director; Kirsten Duncan, Minority Professional Staff Member; Taylor Hansen, Minority Legislative Assistant; Victor Klatt, Minority Staff Director; Alexa Marrero, Minority Communications Director; Susan Ross, Minority Director of Education and Human Services Policy; and Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel.

Chairman MILLER [presiding]. A quorum being present, the investigative hearing of the Committee on Education and Labor titled "Cases of Child Neglect and Abuse in Private Residential Treatment Facilities" will come to order.

Pursuant to Committee Rule 12(a), any member may submit an opening statement in writing which will be made part of the per-

manent record, and I will recognize myself, followed by the senior Republican member, Mr. McKeon, for an opening statement.

I want to welcome everybody to today's hearing on cases of child neglect and abuse at private residential treatment facilities. For a number of years now, I have been deeply concerned about the allegations of child abuse in private residential treatment programs, which are often referred to as boot camps or wilderness programs or behavior modification facilities. These allegations range from neglect to torture, a word I do not use lightly.

Today, we will hear about neglect and abuse cases where the outcome was the worst one imaginable, the death of a child. We will hear testimony from parents of children who died, and I thank them for joining us today and for having the courage to speak publicly about their ordeals.

It is estimated that hundreds of private residential treatment programs operate nationwide. The programs are governed for the most part by a weak patchwork of state regulations. In many states, these programs operate without regulation, licensing or accreditation of any kind, despite often exorbitant prices of tuition.

Parents often send their children to these programs when they feel they have exhausted their alternatives. Their children may be abusing drugs or alcohol, attempting to run away or physically harm themselves, or otherwise acting out. They send their children to these programs because the promises of staff members to be able to help children straighten out their lives.

In far too many cases, however, the very people entrusted with the safety, the health and the welfare of these children are the ones who violate the trust in some of the more horrific ways imaginable. We are aware of stories where program staff members have forced children to remain in seclusion for days at a time, to remain in so-called stress positions for hours at a time, to undergo extreme physical exertion without sufficient food or water.

And, today, we will hear evidence of even more horrifying stories of the children denied access to bathrooms, forced to defecate on themselves, or children forced to eat dirt or their own vomit, of children paired with older children, their so-called buddies, whose job it essentially was to abuse them. There is only one word for this behavior, and that is inhumane.

This nightmare has remained an open secret for years. Sporadic news accounts of specific incidents have built a record that should never have been ignored, but shamefully it was and the federal government has completely failed to grasp the urgency of this situation.

In 2003, I urged then Attorney General John Ashcroft to begin an immediate investigation into reports of child abuse at private residential treatment programs. The attorney general refused, as did his successor, Alberto Gonzales.

I also then wrote Secretary of State Colin Powell asking him to investigate the treatment of children in facilities located overseas but serving American children and operated by U.S. companies. Secretary Powell's response was insufficient.

We will learn today that a number of these programs actually operate on federal land, yet no federal agency, not the Bureau of Land Management nor the Department of Interior, no one, has

thought to review problems associated with these federal tenants, despite repeated incidents of injury or death of a child.

No federal agency keeps official data about the number of children enrolled in private residential treatment programs, despite the fact that children are typically transported across state lines, sometimes even by force, in order to be enrolled in the programs, and I believe that that is an outrage.

In late 2005, I asked the Government Accountability Office to launch an investigation of private residential treatment programs. The GAO agreed, and I am pleased that the GAO has devoted its significant resources to this important issue.

Today, the GAO will present case studies of programs where death has occurred. Next year, GAO expects to release an industry-wide review, thus providing us with a comprehensive look at the industry.

In the past, it has been estimated that anywhere from 10,000 to 20,000 children are enrolled in these programs at any one time. I am sure that there are programs staffed by caring professional and competent staff members who do help to improve children's lives, yet there are clearly a number of programs staffed by untrained, unlicensed, poorly paid staff members who simply cannot be entrusted with the child's welfare.

As a result, without regulation, the industry as a whole will continue to present unacceptable risks to children it serves. That is why in 2005 I proposed legislation to provide resources to states to help them create licensing standards for private residential treatment programs. The legislation would also boost the oversight of facilities overseas operated by U.S. companies.

This hearing, as well as the ongoing work by GAO and by the committee's investigative staff, will help determine if it is the appropriate legislative response or if the situation demands something else.

One thing is clear, however, that in light of the findings we will hear today, Congress must act and it must act swiftly to ensure the wellbeing of children participating in these programs. We can all agree we have no mandate more urgent than keeping children safe.

I would like to thank all of our witnesses for joining us today. We will look forward to your testimony and working with you to put a stop to these abuses.

And now I would like to yield to Congressman McKeon for his opening statement.

[The statement of Mr. Miller follows:]

Prepared Statement of Hon. George Miller, Chairman, Committee on Education and Labor

Good morning.

Welcome to today's hearing on "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities."

For a number of years now, I have been deeply concerned about allegations of child abuse in private residential treatment programs, which are often referred to as "boot camps," "wilderness programs," or "behavior modification facilities."

These allegations range from neglect to torture—a word that I don't use lightly.

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Parents often send their children to these programs when they feel they have exhausted their alternatives. Their children may be abusing drugs or alcohol, attempting to run away or physically harm themselves, or otherwise acting out. They send their children to these programs because of the promise that staff members will be able to help children straighten their lives out.

In far too many cases, however, the very people entrusted with the safety, health, and welfare of these children are the ones who violate that trust in some of the most horrific ways imaginable.

We have heard stories where program staff members forced children to remain in seclusion for days at a time; to remain in so-called "stress" positions for hours at a time; or to undergo extreme physical exertion without sufficient food and water.

Today, we will hear even more horrifying stories, of children denied access to bathrooms and forced to defecate on themselves. Of children forced to eat dirt or their own vomit. Of children paired with older children—so-called "buddies"—whose job it is, essentially, to abuse them.

There is only one word for these behaviors: Inhuman.

This nightmare has remained an open secret for years. Sporadic news accounts of specific incidents have built a record that should never have been ignored, but shamefully was.

The federal government has completely failed to grasp the urgency of this situation.

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No federal agency keeps official data about the number of children enrolled in private residential treatment programs, despite that fact that children are typically transported across state lines—sometimes even by force—in order to be enrolled in the programs.

This is an outrage.

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I am sure that there are programs staffed by caring, professional, competent staff members, who do help to improve children's lives. Yet there are clearly a number of programs staffed by untrained, unlicensed, poorly paid staff members who simply cannot be entrusted with children's welfare. As a result, without regulations, the industry as a whole will continue to present unacceptable risks to the children it serves.

That is why, in 2005, I proposed legislation to provide resources to states to help them create licensing standards for private residential treatment programs. The legislation would also boost oversight of facilities overseas operated by U.S. companies.

This hearing, as well as the ongoing work by GAO and by the Committee's investigative staff, will help determine if that is the appropriate legislative response or if the situation demands something else.

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I'd like to thank all of our witnesses for joining us today. We look forward to your testimony and to working with you to put a stop to these abuses.

Thank you.

Mr. McKEON. I thank the chairman for yielding.

Today's hearing will explore a difficult topic. The facilities we will be looking at receive no federal funding and, therefore, are not regulated by the federal juvenile justice legislation under this committee's jurisdiction. Nonetheless, the allegations of mistreatment raise a number of serious questions.

I want to recognize the families who are here today and thank them for their willingness to share their personal stories. The loss of a child is something no parent should have to endure.

I also want to take the opportunity to recognize the Government Accountability Office for its work in this area. Often on issues like these where our jurisdiction as federal lawmakers may be uncertain, the GAO's work can help provide clarity. This includes an analysis of how these programs are funded and regulated and what efforts are in place currently at the state level, but also perhaps at the federal level to ensure the safety and effectiveness of the programs.

We will also hear today from a researcher in this field and, on behalf of practitioners, the National Association of Therapeutic Schools and Programs, who can offer perspectives on the regulatory framework in place as well as steps that can be taken to improve upon current requirements to protect the youth in these facilities.

As I understand it, the work of the GAO has focused on the question of whether allegations of abuse and death at these residential treatment facilities are widespread and on providing a review of the case studies. The GAO was unable to differentiate between public and private programs in determining how prevalent these allegations are, which demonstrates how difficult it may be to address this issue at the federal level.

It seems to me that the question of how widespread these alleged incidents of mistreatment are is critical. Of course, even one incident of abuse or, worse, the loss of life is unacceptable.

But before we consider federal intervention, we need to better understand the breadth of the problem so we can determine the best way to protect the youth in these programs. We need to take a step back to evaluate what an appropriate federal role would be, if any, in regulating these programs. This requires that we first understand current federal involvement, an area I hope we will explore today.

Many of these facilities have been established to serve children who are deeply troubled, whether they are suffering from drug addiction or severe emotional or behavioral problems. Many of the youth who enter these facilities are placed there by their parents as a last resort.

This committee has held a series of hearings this year to examine how we can improve our juvenile justice system. Our efforts have focused on identifying effective strategies that prevent juvenile delinquency and encourage healthy child development. Although these privately funded programs are not currently governed by the juvenile justice statute under our jurisdiction, I hope we can examine this issue through the broader context of juvenile delinquency prevention in order to understand how existing programs can meet the needs of troubled youth.

Once again, let me thank the witnesses for being here to help shed light on these facilities, the role they play in serving troubled youth and the efforts at the state and local level to ensure safety.

I yield back the balance of my time.

[The statement of Mr. McKeon follows:]

Prepared Statement of Hon. Howard P. "Buck" McKeon, Senior Republican Member, Committee on Education and Labor

I thank the gentleman for yielding.

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It seems to me that the question of how widespread these alleged incidents of mistreatment are is critical. Of course even one incident of abuse or worse, the loss of life, is unacceptable. But before we even consider federal intervention, we need to better understand the breadth of the problem so we can determine the best way to protect the youth in these programs. We need to take a step back to evaluate what an appropriate federal role would be, if any, in regulating these programs. This requires that we first understand current federal involvement, an area I hope we will explore today.

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Once again, let me thank the witnesses for being here to help shed light on these facilities, the role they play in serving troubled youth, and the efforts at the state and local level to ensure safety. I yield back the balance of my time.

Chairman MILLER. I thank the gentleman for his statement.

Without objection, all members will have 14 days to submit additional materials and questions for the hearing record.

[The American Bar Association Recommendations, submitted by Mr. Miller, follow:]

American Bar Association Recommendations

February 12, 2007

RESOLVED, That the American Bar Association urges state, territorial, and tribal legislatures to enact laws that require the licensing, regulating, and monitoring of residential treatment facilities that are not funded by public or government systems, but are privately-operated overnight facilities that offer treatment to at-risk children and youth under age 18 for emotional, behavioral, educational, substance abuse, and social issues and problems, including strenuous athletic, mental health, and tough love programs. This legislation should:

1. Require licensure of, or otherwise regulate, private residential treatment facilities by defining clearly which programs must comply with the statute and impose minimum legal requirements to operate and maintain them, including standards regarding staff qualifications and residents' physical and emotional safety, educational, mental health, and other treatment needs.

2. Require government monitoring and enforcement of the operational standards outlined in the statute.

3. Promote the preferred use of appropriate in-home and community-based prevention and intervention programs for at-risk children and youth by requiring enhanced governmental support that provides families with better access to these programs.

FURTHER RESOLVED, That the American Bar Association urges the Congress to enact legislation that would assure the safety of American children and youth placed in U.S-owned, but foreign-based unregulated private residential treatment facilities by requiring U.S. federal agencies to work with foreign governments to monitor such facilities regularly.

Report: The ABA Youth at Risk Initiative and Relevant ABA Policy

In August 2006, American Bar Association (ABA) President Karen Mathis launched the ABA Youth at Risk Initiative geared towards youth ages 13 to 19 who are at risk of entering juvenile and criminal justice systems. Many of these youth and families face problems that elevate this risk, including serious unmet mental health needs, serious emotional or behavioral problems, bad peer choices, and gang involvement.

They require the use of proven, "evidence-based" services including appropriate in-home services that resolve these problems with the youth's family and in the community.[1] Also in August 2006, the ABA House of Delegates approved a recommendation urging state, territorial, and tribal governments to ensure that "community mental health systems serving youth are reinvigorated and significantly expanded to provide greater access to troubled youth and their caretakers."

The ABA has long supported appropriate government regulation and oversight of residential facilities serving children and youth. In 1979, the House of Delegates approved the Institute of Judicial Administration/American Bar Association Juvenile Justice Standards, in which the ABA called for "the provision of a safe, humane, caring environment, and access to required services for juveniles" with the "least possible restriction of liberty" necessary and a "careful adherence to legal rights" (Standard 1.2, Standards Relating to Correctional Administration). The standards also encouraged governments and independent agencies to assure the protection of juveniles' substantive and procedural rights and pertinent laws and regulations were "continuously complied with" (Standards 1.2, 1.3, Standards Relating to Monitoring).

More recent ABA resolutions have addressed similar and related issues. In 2004, an ABA resolution encouraged the use of law to ensure foster care children have "uninterrupted education access" (August 2004). The ABA has also called for an increase in funding and financing "for public mental health services so that * * * juveniles with mental health or emotional illness or disorders can obtain the support necessary to enable them to live independently in the community, and to avoid contact with the criminal and juvenile justice systems." (February 2004). In 1990, the ABA passed a resolution supporting juveniles' right to physical safety "to be protected from abuse, physical violence, and sexual assault while in foster custody" (August 1990).

In August 2004, the ABA approved Standards for the Custody, Placement and Care; Legal Representation; and Adjudication of Unaccompanied Alien Children in the United States. The standards state that unaccompanied alien children in residential facilities must always "be treated with dignity, respect and special concern for [their] particular vulnerability as a child" (III.B). They are "entitled to a reasonable right of privacy" including "the ability to talk privately on the phone without automatic monitoring; to receive and send uncensored mail; and to meet privately with attorneys and other visitors" (III.K). The standards also state that unaccom-

panied alien children must be protected "from all forms of physical, sexual or mental violence, injury or abuse, as well as neglect, abandonment, maltreatment and exploitation" while in residential care (III.L). United States citizen children and youth placed by their parents or others in purportedly "therapeutic" unregulated private residential facilities require and deserve no less protection.

This is by no means the first time the ABA has called for the protection of American children from harm in the international context. Indeed, the safety of American youth who might be placed in foreign-based facilities is also related to earlier concerns for children addressed by the House of Delegates. In August 1997, the Association endorsed U.S. ratification and full implementation of the Hague Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children, which calls for protection of children who cross national borders. In February 1991, the ABA urged U.S. ratification of the Convention on the Rights of the Child (now ratified by over 190 nations but not the U.S.) which contains several provisions focused on the protection of children who cross national borders. Much earlier, the ABA's call for the U.S. ratification of the Hague Convention on Civil Aspects of International Child Abduction (of which the U.S. is a party) demonstrates another instance of the ABA's concern for children's welfare when they are victims of international care and custody disputes.

Unregulated Private Residential Treatment Facilities

Since the early-1990s, parents have been placing their children and youth in unregulated private residential treatment facilities at an increasing rate. Hundreds of U.S. and foreign-based facilities have opened in the last ten years. It is estimated that these facilities serve between 10,000 and 14,000 American youth per year.[2] Despite research on the efficacy of community-based and family-centered intervention and prevention programs and treatment, thousands of parents bypass available public systems and send, at their own expense, their "troubled" children and youth to unregulated private residential treatment facilities.

As relayed in numerous newspaper articles and exposes, many children and youth enrolled in these programs are not afforded basic and fundamental rights and protections. Public media accounts share disturbing reports by youth and parents describing inferior treatments, educational access violations, and instances of mental, physical, and sexual maltreatment, neglect, and abuse.[3] The Bazelon Center for Mental Health Law collected the following documented accounts (through media and Bazelon Center investigations and interviews) that represent only a fraction of the abuses children and youth have experienced:[4]

- Limitations on the ability to contact parents for extended periods of time;
- Overuse of medication to control behaviors. In some cases children and youth were permanently disfigured because of over-medication;
- Confiscation of children's and youths' shoes to prevent them from running away;
- Use of physical restraint techniques that last for hours at a time. The overuse of restraints has led to the death of some children and youth; and
- Sexual abuse by facility staff members, in some instances having young girls exchange sexual favors for food.

Despite egregious abuses, these facilities continue to grow in number and size. The industry is booming and reportedly worth over a billion dollars.[5] A parent may pay between $3,000 and $5,000 dollars a month to send their child or youth to an unregulated private residential treatment facility and not be able to monitor his or her progress because of rules limiting family contact.[6] The industry prospers on promises to modify troublesome behaviors and to make "bad" kids good. Its financial sustainability is assured by frequent deceptive advertising on the internet that market facilities as offering an array of mental health and educational services that are often not available or provided by unqualified staff.[7]

In 2005, Representative George Miller (D-CA) asked the U.S. Government Accountability Office (GAO) to conduct a comprehensive investigation of unregulated private residential treatment facilities in light of repeated reports and allegations of child abuse and fraud. In August of 2005, the Children's Welfare League of America also called upon the GAO to conduct such an investigation, but it has not yet done so.

Regulation, Oversight, and Monitoring of U.S.-Based Unregulated Private Residential Treatment Facilities

The first part of this recommendation calls for state legislatures to pass laws that require states to license, regulate, and monitor unregulated private residential treatment facilities for children and youth. First, the recommendation encourages state legislators to define clearly which programs must comply with the law. Many

unregulated private facilities have easily avoided state licensure and monitoring by claiming exemption in vague exceptions to state licensure requirements. For example, one facility skirted state oversight by designating itself as a "boarding school" rather than a residential treatment facility, despite its lack of educational services.[8] Many state laws include broad provisions regarding oversight of residential treatment facilities that are easily avoided by programs that chose to designate themselves as something else, e.g., a "boot camp" or "boarding school."

The first part of the recommendation also encourages states to establish and enforce standards for licensure that assure the safety, health, and well-being of children and youth placed in these facilities. This standards requirement intends to combat the human rights violations and abuses that have occurred at so many facilities that remain unregulated by state law. Only a handful of states have proposed or passed comprehensive legislation that establish standards to monitor and regulate private residential treatment facilities for children and youth.

For example, in 2005, the Utah legislature passed a law that expands state licensing requirements to all residential treatment programs, including "therapeutic schools."[9] The Utah law requires the Utah Department of Human Services, Office of Licensing to establish health and safety standards for residential treatment licensees that address client safety and protection, staff qualifications and training, and the administration of medical procedures and standards. The new law also empowers the licensing office to revoke licenses if covered residential programs fail to meet the law's standards or engage in conduct that poses a substantial risk of harm to any person. Any facility that continues to operate in violation of the law is guilty of a misdemeanor, if the violation endangers the welfare of clients. The law also requires the licensing office to designate local government officials as residential treatment facility inspectors who are charged with conducting compliance assessments.

Finally, the first part of this recommendation encourages state legislatures to assure families access to in-home and community-based prevention services that have proven effective instead of unregulated private residential treatment facilities that have not shown their efficacy.[10] Studies show that community mental health programs for children and youth with significant mental health and behavioral problems are more effective and less costly.[11] In 1999, the U.S. Surgeon General, in his report on mental health, found that admissions to residential treatment facilities had been justified on the basis of community and child protection. These justifications, however, do not stand up to research scrutiny. Seriously violent and aggressive children and youth do not improve in these settings and community interventions that target change in peer associations are highly effective at reducing aggressive behaviors. Moreover, children and youth who need protection from themselves (i.e., who attempt suicide, persistently run away, or abuse drugs) may require a brief hospitalization for an acute crisis, but subsequent intensive community-based services may be more appropriate than a residential treatment facility.[12]

In 2003, the U.S. President's New Freedom Commission on Mental Health called for better systems of care to detect early childhood emotional disturbances and provide prevention and intervention services to prevent these problems from worsening.[13] A year later, the National Institutes of Health, State of the Science Conference—Preventing Violence and Related Health Risking Social Behaviors in Adolescents issued a statement affirming that "scare tactics" used at "get tough" programs and boot camps don't work and in fact may make children's and youths' behavioral problems worse.[14] Finally, communities all over the country have begun to implement evidence-based community programs for at-risk children and youth, such as treatment foster care, wraparound services, multisystemic therapy, and functional family therapy.

Regulation, Oversight, and Monitoring of Foreign-Based Unregulated Private Residential Treatment Facilities

The second part of this recommendation calls upon the federal government to oversee the operations of U.S.-owned unregulated private residential treatment facilities that are located abroad. To avoid state regulation and monitoring, many U.S. companies have opened private residential treatment facilities in the Caribbean or overseas. Some of the most egregious human rights violations against American children and youth have occurred in foreign-based unregulated facilities where they are restricted from communicating with family.[15]

To respond to these abuses, in 2004, the U.S. Department of State issued a fact sheet on privately-owned overseas behavior modification facilities stating that some facilities ask parents to sign contracts giving staff broad authority to take any action deemed necessary to assure children's and youths' progress in the program.[16] The fact sheet also warns that children's and youths' communication privileges and

contact with family and the outside world may be restricted. Finally, it warns parents that:

The Department of State has no authority to regulate these entities * * * and does not maintain information about their corporate or legal structures or their relationships to each other or to organizations in the United States. The host country where the facility is located is solely responsible for compliance with any local safety, health, sanitation, and educational laws and regulations, including all licensing requirements of the staff in that country. These standards may not be strictly enforced or meet the standards of similar facilities in the United States. The Department of State has, at various times, received complaints about nutrition, housing, education, health issues, and methods of punishment used at some facilities.

Prior to enrolling their minor children in such overseas "Behavior Modification Facilities," the Department of State strongly recommends parents/guardians visit the facility and thoroughly inform themselves about both the facility and the host country's rules governing it and its employees.

In the 109th Congress (2005), Representative Miller (D-CA) proposed the "End Institutional Abuse Against Children Act,"[17] which requires the U.S. Department of Justice to coordinate with foreign countries to investigate and inspect foreign-based private residential treatment facilities, periodically. The proposed legislation also requires the justice department to issue protection and safety rules for foreign-based programs and requires the U.S. Department of State to report any abuses of American children and youth.

Conclusion

In February 2006, then ABA President-Elect Karen Mathis held a planning conference for her Youth at Risk Initiative. Sixty child welfare and juvenile justice experts participated in the conference and recommended that the ABA encourage the passage of legislation that:

Prohibit[s] the operation of unlicensed, unregulated residential treatment facilities that operate programs whose efficacy has not been proven empirically, such as boot camps, tough love, and "scared straight" programs, and require the closing of such facilities. The law should provide for such facilities to be replaced with: better access to preventative services, with a focus on family involvement and community-based resources wherever possible; and carefully regulated "residential treatment facilities" that are reserved for youth whose dangerous behavior cannot be controlled except in a secure setting.

These recommendations are a step towards achieving these goals. State and federal legislators have begun to take action in light of the abuses that have befallen children and youth placed by their parents in unregulated private residential treatment facilities. However, there is no comprehensive collection of data available about the number of programs that exist or the extent to which they are licensed, monitored or regulated. In many states there is a paucity of regulatory oversight or monitoring for these programs and as of yet, there is no federal guidance on the issue. It is time for the ABA to respond to these problems. The ABA must educate itself on the issues relating to this disturbing trend and encourage change that emphasizes the regulation, monitoring, and evaluation of unregulated private residential treatment facilities.

Respectfully submitted by Dwight Smith, Chairperson, Commission on Youth At Risk, February 2007.

Executive summary

1. Summary of the Recommendation

This recommendation encourages efforts to require the licensing, regulating, and monitoring of residential treatment facilities that are not funded by public or government systems, but are privately-operated overnight facilities that offer treatment to at-risk children and youth for emotional, behavioral, educational, substance abuse, and social issues and problems, including strenuous athletic, mental health, and tough love programs.

2. Summary of the Issue Which the Recommendation Addresses

This recommendation addresses the lack of government oversight and monitoring of private unregulated residential treatment facilities by outlining aspects of government regulation that should be instituted to impose minimum legal requirements to operate and maintain these facilities, including standards regarding residents' physical and emotional safety.

3. Explanation of how the proposed policy will address the issue

This resolution calls attention to the problems that face thousands of children and youth who are sent to private residential treatment facilities that are not regulated or monitored by government. It encourages such regulation and promotes the use of community-based services to ensure that these children and youth receive appropriate assistance that meets their educational, mental health and other treatment needs in a physically and emotionally safe environment. By bringing the ABA's influence to bear on the entities that should oversee these programs, this resolution will encourage greater awareness, increased knowledge, improved laws and policies for these children and youth at risk.

4. Summary of Any Identified Minority Views or Opposition

No opposition to this recommendation has been identified.

ENDNOTES

[1] "Evidenced-based" refers to intervention and prevention programs that have been carefully assessed to determine their long-term positive outcomes.

[2] Pinto, A., et. al., Exploitation in the Name of 'Specialty Schooling:' What Counts as Sufficient Data? What are Psychologists to Do? Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida, 2005. *<http://www.nospank.net/pinto.htm>*.

[3] Gorenfeld, J. "No More Nightmares at Tranquility Bay?" AlterNet, January 2006; Dibble, S. "Scrutiny Increased on Centers for Teens," The San Diego Union Tribune, January 2005; Rowe, R. "Tranquility Bay: The Last Resort," BBC News-World Edition, December 2004; Labi, N. "Want Your Kid to Disappear?" Legal Affairs, July/August 2004; Kilzer, L. "Desperate Measures," Denver Rocky Mountain News, July 1999.

[4] The Bazelon Center for Mental Health Law. Fact Sheet: Children in Residential Treatment Centers. Washington, DC. *<http://www.bazelon.org/issues/children/factsheets.rtcs.htm>*.

[5] Chen, M. "At Some Youth 'Treatment' Facilities, 'Tough Love' Takes Brutal Forms." The New Standard, November 2005.

[6] Szalavitz, M. "The Trouble with Tough Love," Washington Post, January 2006.

[7] Pinto, A., Specialty Schooling, 2005.

[8] "Desperate Measures," July 1999.

[9] Licensure of Programs and Facilities, Utah Senate Bill 107 (2005).

[10] Bazelon Center. Fact Sheet; see also U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General—Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999, 169-171.

[11] Surgeon General, Mental Health, 1999, 169-171; McKechnie, M. Children's Mental Health System in Oregon—Past, Present and Future. Portland, OR: Juvenile Rights Project, Inc., 2004. *<http://www.jrplaw.org/MentalHealth.htm>*; Chamberlain, P. "Treatment Foster Care." Washington, DC: Juvenile Justice Bulletin, U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 1998.

[12] Surgeon General, Mental Health, 1999, 169-171.

[13] President's New Freedom Commission on Mental Health. Achieving the Promise: Transforming Mental Health Care in America. Washington, DC, 2003. *<http://www.mentalhealthcommission.gov/reports/Finalreport/FullReport.htm>*.

[14] National Institutes of Health. Preventing Violence and Related Health Risking Social Behaviors in Adolescents: an NIH State of the Science Conference Statement. Rockville, MD: U.S. National Institutes of Health, 2004.

[15] See, e.g., Bay, Gorenfeld, J. "No More Nightmares at Tranquility Bay?" AlterNet, January 2006; Rowe, R. "Tranquility Bay: The Last Resort," BBC News-World Edition, December 2004.

[16] U.S. Department of State. Fact Sheet: Behavior Modification Facilities. Washington, DC: U.S. Department of State, 2004. *<http://travel.state.gov/travel/tips/brochures/brochures—1220.html>*.

[17] End Institutional Abuse Against Children Act, H.R. 1738, 109th Cong. (2005).

[Letters submitted for the record follow:]

October 15, 2007.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: As the mother of a 17 year old son who went through an exemplary wilderness program for eight weeks at the beginning of 2007, and is now in his sixth month of an 18 month program at a top notch therapeutic boarding school, it was with great interest that I watched the approximately two hour hearing referenced above. I want to commend the House Committee on Education and Labor for taking up this important matter. Nothing could possibly be more important than the safety and welfare of our children, especially when we are seeking help for them to overcome serious problems.

Our particular story began in August 2006 just prior to our son starting his junior year in high school. Throughout August, we discovered that our son had been leading a double life, having successfully hidden his drug abuse from us. I refer to a "double life" because our son did not ditch school, always maintained a grade point average of at least 3.0, was not disrespectful to any large degree, participated in family life, was not out until all hours, etc. We discovered that most of his drug use was done (sometimes daily) at our local public high school in our upscale Southern Orange County, California neighborhood in the bathroom during school hours, and went completely undetected. Nevertheless, when it became apparent that our son was troubled more than what we considered to be within the range of normal adolescence angst, we took immediate action to get to the source of the problem. When he admitted to drug use, we took him to an adolescent psychologist, and a local drug education program followed by an intensive outpatient program through a hospital. In addition, at his request, he transferred schools so he could get away from his negative peer group. I cannot adequately express the hell we went through for six months frantically trying to get local help for our son. To say that we were in a state of shock, confusion, exhaustion and fear would be an understatement. Although our son managed to stay off drugs, we could see that his life was still not working; his grades began to fall, he seemed depressed, and appeared to need more help than we were able to find for him locally. When we came across a communication he had with a friend that indicated that although he had stayed away from substances, he missed them, he still identified with that way of life, and he was considering returning to using drugs, we knew we had to look for a different intervention.

Finding a safe, effective residential program proved difficult at first. The personnel at the local drug education program suggested a small boys program in Utah. When we investigated the program and called parents whose children were at the program, we determined that it would not be an appropriate placement for our son. We were then referred by our psychologist to a marketing representative of a particular company that ran a number of programs in different states. She tried to convince us over the phone that we should send our son to one of their programs. Feeling uncomfortable with the limited choices that we were uncovering, I went on the internet and found an educational consultant. I called the consultant who spent a great deal of time explaining options to me, and then gave me other families he had worked with to call as a reference. I finally felt like I found someone who knew this industry well and would be diligent in finding a placement for our son. What still bothers me to this day is that as well read, involved people, my husband and I had no idea where to turn when we needed help for my son. We had to learn by trial and error about the options available, and could have very well made a terrible mistake.

Sending our son out of state for treatment was one of the hardest decisions my husband and I have ever had to make. We are so grateful that through our educational consultant we were able to place our son in two superb programs. We believe with all our heart that our son's life was saved by these programs, and if you spoke directly to him, he would say the same thing. He was never in any physical or emotional danger while in the wilderness or at his school. Quite the contrary—he has been helped by highly competent, dedicated, trained and educated professionals who have mentored him with skill, honesty, love, understanding and compassion. The wilderness program has an incredibly high staff to student ratio, uses the highest quality equipment and communication systems, makes sure the participants are well fed and hydrated, checks their feet for frost bite daily (my son was in Utah during the winter), and watches the students' physical health (my son had a case of shingles when he was there and he was immediately put under the care of a physician who prescribed antibiotics). The clinical staff at the wilderness program are nothing less than brilliant, and they got through to my son with counseling, activities in the great outdoors, assigning books for him to read, having him do written assignments, etc. They included our family every step of the way with weekly family phone sessions and written communications, as well as two visits while our son was there. In March, our son left the wilderness to become a student at a therapeutic boarding school. He has continued on his journey of self-discovery, is taking a full load of college preparatory classes, will graduate high school, and we anticipate that he will go on to college after completing the program. He is rediscovering his talents and passions, and wants a different, better life for himself. Last week, I spoke to his college counselor at his boarding school for over an hour. I am so grateful for this because with the kind of substance abuse in which our son was involved, we very well could have been talking to law enforcement, hospital emergency personnel or even to a morgue instead of a college counselor. Although no one can predict the future, we feel so much hope and confidence for our son's life.

After watching the hearing, and listening to the anguished stories of the parents who testified and the wrenching information brought out in the case studies that the Government Accountability Office (GAO) presented, there is no doubt in my mind that regulation, oversight, licensing and monitoring are needed. As Mr. McKeon so rightly stated, there are "bad actors" in every industry. The programs that deliver unsound, unsafe, abusive, neglectful, and sometimes even fatal, services to our children should be held accountable for their appalling actions. My heart goes out to the parents whose children died, and I understand that they shared their stories to prevent other families from having their children put in perilous situations.

That being said, I hope that the more extensive industry-wide review that the GAO is preparing to present in early 2008 will include information on the many wonderful, clinically sound programs that have not only saved countless lives, but have given the teens the tools they need to have the opportunity to live full, productive and joyous lives. I encourage the Committee to take a bi-partisan approach (what could be more bi-partisan than our children?) in delving deeper into this issue in a careful, deliberate manner. We need sensible legislation, not legislation that could throw the baby out with the bath water and hamstring credible programs from helping our youth. There are programs that are operating ethically and effectively, and they should be consulted as a resource for safe standards and appropriate regulation. I'm sure that the ethical programs do not see it as a benefit to the industry to have substandard, dangerous programs in operation.

The most disappointing facts to come out of the hearing is that the criminal justice system has not properly prosecuted the wrongdoers, and that the Forest Department wasn't even aware that one of the programs in question was in arrears on its rent and that its permit had expired eight years ago. These examples prove that legislating regulation is just the start; making sure that the initiative is backed by funding and training for those charged with oversight, is the only way to make a real difference.

I realize this communication is lengthy; however, this issue is of the utmost importance to me. Please do not hesitate to contact me if you would like any other information.

Respectfully,

MARLA KAUFMAN.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER:

I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My daughter and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program. She was heavily into drugs and alchohol, and was eventually date raped, after dropping out of High School. We chose, after much research to not have her be part of the "system" that gives her a number and wants her to be like everyone else. We chose a wilderness program that had a great reputation with the backing of many educational conslutants. After this program, we sent her to a therapeutic emotional growth boarding school. To put this into perspective, we saved her life and have our independent, strong, willful, and beautiful daughter with us today. No, she is not the perfect person that we all envision as parents, however she is not branded after being in a "system".

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned if problems with a few result in harm to the majority. The majority can be effected by the few, so, I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation, which is your responsibility, is known.

Sincerely,

GREGG HEYNE.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I request that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

I am the parent of a child who has completely turned his life around as a result of both having a "wilderness" experience with highly trained and skilled psychologists and counselors and then being placed in a therapeutic residential campus where he has been able to learn the kinds of life skills that will allow him to be a productive and contributing member of society. This would not, under any circumstance, have happened had he not been spirited away from his destructive home environment and placed in the kind of supportive and substance free environment that allowed him to achieve his potential. One year ago, I would have guaranteed that he would be dead today. Sending him away, against his will (to the extent he had any independent judgment) was the hardest most wrenching moment of my life. He is now my best friend, has become the kind of man I dreamed he would become and is ready to take on society fully aware of his weaknesses, but with a determination to overcome them.

I am concerned that the proposed legislation is seeking to address admittedly harmful "schools" by creating a one size fits all solution. My son's school is fully accredited by both the state and the independent accrediting bodies. It has a staff of highly qualified psychologists and persons trained to deal with adolescents who are at extreme risk. It is also expensive and my greatest sadness is the inability of so many other parents with lesser means to find schools like it. Not only will the creation of additional regulatory bodies create additional regulatory compliance- and yet more expense for parents who are truly at the end of all other options (and often of their finances), but variations among the states will create a nightmare for schools simply seeking to care for their wards. As a former school board president, I know that California's rules relating to residential facilities were created, much like the current proposed legislation, to prevent abuse by effectively banning residential care schools and non-voluntary programs. While this prevents abuse at one level, it does not save the children most in need. Applying those rules to schools in other states would effectively bar California children from participating in programs that are often a last resort.

The wilderness programs of 8-10 weeks where most of the children are first taken before they can enter a therapeutic school are tremendous first steps and have a remarkable track record of awakening kids to the desperate state of their lives. These are regulated by the states and should remain as such. Without this first introduction to assuming responsibility for their actions, the children would never succeed in the longer programs at the therapeutic schools.

I would hope that before this bill is reported out there will be some effort by members or staff to visit some of the very successful schools. If any of those members or staff have teenage children, there first response will probably be: "How I wish my child were in a school like this!" Stories of abuse are legion in our society. Preventing families from having the opportunity to take their children out of a poisonous environment (for the child) and placing him or her in a responsible and caring institution would be just as abusive as the supposed cure.

Thank you for your consideration.

Sincerely,

DEWEY WATSON,
Tierney Watson & Healy, Cornerstone Law Group, San Francisco, CA.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My son/daughter and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program. My daughter had serious problems when she was a young teenager that led us to send her first to a wonderful wilderness program and then to an emotional growth boarding school. The daughter who came back to us after almost 2 years was a changed child and is now a productive young adult. Without these programs we do not think she could have become the person she is.

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned if problems with a few result in harm to the majority. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation, which is your responsibility, is known.

Sincerely,

ILENE FERBER.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My son and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program. My 16 yr. old son was suffering from emotional issues (poor identity, needy, phony face, mother issues, anger, violence, etc) which resulted in his joining a gang and dealing in drugs for acceptance while flunking out of a high quality high school. He has an IQ over 160. We had him abducted into a wilderness program in Utah for 6 weeks which was the best thing in the world for him at that time. I visited the nomadic troop of troubled teens in the winter for only two nights but it was long enough to see the care, concern and love the 2 or 3 ever present counselors had for the 10 or 12 in their particular group. There is no abuse, physical touching, corporal punishment or cold or hunger issues. They were fully equipped for the elements and I was impressed with how these VERY troubled inner city gang members eventually began to pull together, to hold each other accountable, to accept responsibility, to join in and follow the rules and to work like men. No matches, (rub sticks together for fire). They cook their own food over the fire every meal and change camp sites every day packing everything they own on their backs. No knives except with counselors for food preparation, no flash lights, no watches * * * only the sun to keep time. Some kids stayed for 4 to 5 months until clean and emotionally ready to move on. These kids were happy and proud, even while reluctantly accepting the idea of rules and responsibility.

After the wilderness program he attended an emotional growth school for 24 months where he truly gain the life skills to put his life back on track. He accelerated his education (no TV, no phones, no ipods, no electronic games, etc.) and graduated from high school with a 3.1 GPA while also graduating from the schools emotional growth program. My son is now 19 and is a sophomore at Portland State University with a 3.2 GPA. He chose to live with me rather than his mother and has become a very squared away young man. I am very proud of the work he did for himself at both wilderness program and the emotional growth school. He and many others would be lost with out these services. I feel sorry for the many families who cannot afford or are not aware of these fine schools. Unfortunately, many of kids will end up in our court and penal systems instead of these much better programs. The government should help fund, but not regulate this work. Look what the government has done to most school systems. Free enterprise does a much more efficient, effective and economical job.

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned if problems with a few result in harm to the majority. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation, which is your responsibility, is known.

MIKE DUYN,
Macadam Forbes, Oncor Intl., Portland, OR.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I have heard about the bill you are sponsoring about child abuse at Residential treatment centers. I surely applaud any desire to end abuse, but wanted you to know the tremendous good the legit schools do. My son was going down a path of failure and drug abuse in high school. We had tried at the normal ways of helping him, drug counseling, tutors, special education plans, etc. but nothing worked. We were at wits end. Although we are middle class, I am a construction super and my wife was a gov't secretary, we got a second mortgage on our house and got a educational consultant involved. She found a wilderness program for my son, and then a residential emotional growth school. We were reluctant at first of course, sending away our son for someone else to parent. And we had heard some of the horror stories about programs (in Costa Rica I think). But we visited some schools and found one that fit. Our son spend two years there. Two years he may not have had otherwise. the school was amazing, full of love and caring people who helped not only my son, but my wife and I as parents also. My son learned so much there, mainly to have the self esteem to value himself more than he did. He still struggles, as most young people do, but he is alive and happy and drug free. That was a gift to us beyond value. So I wanted you to know that there are many good programs out there. And they do tremendous good for so many families. We could barely afford the school, and I am worried that the passing of this bill as is will only escalate the costs so only the very rich can afford them.

So please in your efforts to help, consider the effect this bill will have on the good, no LIFESAVING programs. The added paperwork and buracratic requirements will only make it harder for the schools to exist.

I have read that many of the states that have abuse problems are handling it themselves with their own bills too. I am sure there are State's right's issues here also. A federal bill might make a school in one state have to meet the licensing requirements in the home state, further adding to the mess.

Your bill is for a noble cause, but please be careful you don't harm more families than you help.

Please add my comments to the Official record regarding the Oct. 10 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

Thank you for you time,

CHARLES H. BIRD JR.,
Waldorf MD.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My son and our family are the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program. Our son was going down a dangerous path of self-destruction and oppositional behavior. Without access to the wonderful wilderness program and unbelievably effective therapeutic boarding school that he is at, he would never have been able to make the incredible changes that were necessary to turn his life around. If all children could attend school like this our jails would be empty.

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned if problems with a few result in harm to the majority. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation, which is your responsibility, is known.

Please exclude emotional growth and therapeutic boarding schools from your proposed bill. It will only serve to place an undue burden on the children, parents, and administrators of such schools by making them devote more time to filling out government forms than teaching and helping.

Thanks for your time.

Sincerely,

DENISE J. GRIGST.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that my comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My son has been through an excellent Wilderness Program and is currently in a wonderful Therapeutic Boarding School. He has never been more happy or productive in his life. I think the end result of this therapy will be to develop a productive member of society in a young man who had little chance of this a year ago.

As in most things, there are good and bad. My wife and I personally put in a great effort and expense to find the right placements for our son and I urge other families to do the same. I hope that your Committee will not throw the baby out with the bath water regarding these treatment programs. Please find a way to preserve the good ones without making them more expensive. They are already a financial burden for most of us who have had to send our child there in the hope of saving their life.

Respectfully,

STEPHEN J. FOLZENLOGEN,
Houston, Texas.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My daughter and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program. Our school district had no viable options for my daughter, and she was on a risky and self-destructive path. At our wits' end, our family life in disarray, we turned to an educational consultant who after meeting with us and interviewing my daughter recommended a wilderness program and therapeutic boarding school that I believe may have saved my daughter's life. As a result of this intervention, today my daughter is doing very well as a healthy and productive student at a major college of art.

I'm sure you would agree that the vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned if problems with a few result in harm to the majority. So, I am requesting that your Committee defer from drafting a bill until care and complete due diligence is accomplished on the complete impact the bill will have on the entire situation.

Thank you.

Respectfully,

NEAL HIRSCH,
Highland Park, IL.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My son and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program. My son had issues growing through adolescence, which as a family we were not able to solve at home. We tried for nearly 15 months. He was and is an exceptionally bright child, who was heading on a path to jail or death. Until his issues surfaced, he was a perfect

son, so to speak. Our need was to protect him, and provide a means for him to grow emotionally, in a safe and therapeutic environment. The program he attended was great for him and for our family. We re-connected and learned a lot about his inner issues and his poor coping mechanisms to deal with stress. He graduated high school at his emotional growth boarding school, came home for the summer and now is off at UC Berkeley. Had we not intervened with this therapeutic boarding school program, he would probably be in a juvenile hall, and if lucky rebuilding his life through community colleges.

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families. I appreciate the need to ensure ALL program are run safely, and as a parent it was a very scary process finding a good one. We found that educational consultants help identify schools, through their network and expertise.

I am extremely concerned if problems with a few result in harm to the majority. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation, which is your responsibility, is known. Placing a bureaucracy upon a system that in the most part is working, may increase costs and dis empower the schools to provide the structure they need. Unfortunately most of these kids have come from public schools, where for various reasons, all administration keep arms length with any issues with the kids, thus creating the legislated low-boundary type environment that kids with emotional issues just flounder in.

Thank you for reading my comments,

ELAINE WUERTZ.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: Please place the following comments on the Official Record regarding the October 10, 2007, House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

I understand that some recent, high-profile cases are propelling you to take action on wilderness programs and residential treatment centers. I would like to urge you to proceed with caution.

My son recently spent several years attending wilderness programs and a therapeutic, emotional growth boarding school, following his explusion in rapid succession from several private and public schools in the Bay Area.

He was making extremely bad choices and his behavior was out of control.

Although he is extremely bright, my son also has ADHD, and his many teachers through the years had managed to instill in him the belief that he was stupid because he couldn't sit still in class. His recourse was to try to position himself as a "bad boy," and he was able to indulge that fantasy to the extreme in the toxic social environment that children encounter in the Bay Area. I had to get him out of there and away from all the terrible peer pressure.

My son spent 10 weeks in a Wilderness Program where he was able to detoxify his body, start to explore his behavior and motivations, and develop tremendous pride in his ability to "bust" a fire and move through the mountains without leaving a trace. He then spent a year at an emotional growth boarding school where he was enveloped in a loving culture far from the influences of TV, video games, gangsta rap, drugs, and negative peer pressure. He developed respect for his own intellect and started to do very well in his academic classes. He also learned to cook for the school, fell trees and remove tree stumps, care for the farm animals, sew clothes, cross-country and telemark ski, and numerous other skills that he never would have developed in the fast-paced, self-indulgent Bay Area.

Our path was not a straight one. My son was not ready to give up his old image that easily, so he ended up back at Wilderness for another 10 weeks, and then attended a residential treatment center for about a year. He was finally able to leave the world of programs to attend his senior year at a more traditional boarding school, and he excelled. He is now enrolled as a freshman in the business school of a California university and is eager to get on with his life. He also believes that he has been fortunate to develop more emotional skills and maturity than any of his peers.

The programs my son attended, along with the vast majority of wilderness programs, therapeutic emotional growth boarding schools, and residential treatment centers, are professional, experienced, ethical, and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

My son continues to tell me that he would be dead by now if I hadn't sent him away.

I am extremely concerned that the problems of a few programs might result in harm to the majority of them because of legislative over-reaction and heavy handedness. Harm to the programs will result in harm to the families that depend on them. Bad or unnecessary legislation will result in:

- Higher costs and loss of resources to administrative functions. These programs are already extremely costly and present significant financial hardship to the families that rely on them. If they were to become more expensive due to unecessary bureaucracy, many families would find them completely unaffordable, and many children would be at risk.
- The lumping of successful and ethical schools with abusive fringe programs.
- Sensationalism that will further stigmatize the parents and children who have benefited so significantly from these programs. Most of us have had little support from our family and friends in this process because they just don't get it—they haven't had to live with our troubled children, and they don't understand what these kids need to get better.

I understand the current hearings are based, in part, on a report requested by you and issued by the Government Accountability Office, entitled "Residential Treatment Programs: Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth." It should be noted that many of the cases cited in the report are over 10 years old. States have been and are currently adopting oversight and safety standards in response to these and other cases. This issue is a state's rights (10th Amendment) issue: the states should retain the authority to regulate such programs as each state feels is appropriate. The concerns are already being dealt with responsibly at the state level so no federal government action should be needed at this time.

In conclusion, I am asking that your Committee defer from drafting a bill until complete due diligence is done and the complete impact of the entire situation is known. Children's lives are at risk if you make these programs less affordable and accessible. We need them.

Sincerely,

BARBARA B. KAMM,
Los Altos, CA.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My son and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program.

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned if problems with a few result in harm to the majority. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation, which is your responsibility, is known.

Sincerely yours,

SETH FINKLESTEIN, M.D.,
Biotrofix, Inc., Needham, MA.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers. There must be a distinction drawn between the types of programs that any new law would cover. The radical, 60 Minutes type of hysteria of the yelling and screaming drill instructor is far different than the type of program my daughter experienced

during her seven weeks spent in wilderness and then eighteen months at her boarding school.

My daughter and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program. The program is a highly successful emotional growth, therapeutic boarding school that provided a miracle by allowing my child to become a happy, resilient, contributing member of society. Many methods were employed to achieve this result, the greatest of all was learning to trust in a very loving encouraging atmosphere. No 'military' tactics were ever allowed, it was not consistent with the founders vision.

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned if problems with a few result in harm to the majority. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation, which is your responsibility, is known.

HOWARD L. PAGE,
Residential & Commercial Broker.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

Our daughter and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program. Our daughter, outside her past environment, has matured. She is now able to articulate her feelings and addressed many issues that were preventing her from being the whole and beautiful young woman, and better citizen, that she is now. This has changed our lives. If there were more attention being paid to the local public schools in our country, many of these problems would be lessened for sure.

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families. The word "professional" is key here. The professional schools are not the problem. They do not need the burden of beuracracy and they need to be subsidized, if anything.

I am extremely concerned if problems of a few, and scattered, results in harm to the majority, that is doing good. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation, which is your responsibility, is known. STOP THE DRAFTING OF THIS BILL.

Don't burden the parents and programs that are professional and well respected.

I am a California resident, a citizen, a voter and a caring parent (who has to struggle with this issue, in large part, because of the abysmal public schools!).

Very sincerely yours,

BILL SMITROVICH.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

Our son's life was saved by the Wilderness Program and following that, the emotional growth boarding school he attended. He went from being a child lost, on his way to certain death via drugs and alcohol (at the base of this behavior—low self-esteem) to a happy, productive, amazing young man who will contribute greatly to our society.

We understand that there are programs that are unethical and can be abusive to children. This was our greatest fear in sending our son away. We did maniacal research on schools and while were fortunate to have found safe and beneficial environments, we certainly read about unethical facilities in business to profit from the

tragedies and desperation of families in crisis. We are in complete agreement that these facilities should be closed. However, widespread legislation that forces the places that are helping our children, would be devastating.

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. I can't imagine where we would be if we hadn't found such a place.

It is vital that the schools that do help our youth are not negatively impacted by this bill. I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation.

I am happy to share our story and have attached a presentation that discusses the impact that low self-esteem can have on individuals and how powerful the change can be when they are in a safe, nurturing environment, with people who know how to deal with these issues. Please feel free to call us if you would like further information.

Regards,

SHELLY AND DAVID SEEGER,
Symantec Corp.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

Our daughter and our family were the grateful recipients of the highly professional services of a wilderness program and a therapeutic emotional growth boarding school from September 2005 through June 2007. Our daughter, who had previously been an honor student and positively active teen, reacted to a boyfriend breaking up with her by slipping into depression and trying to ease those feelings with dangerous behaviors around alcohol, sexual promiscuity, and drugs. During a turbulent downward spiral the summer of '05, she grew angry and defiant and in August ran away to California. We found her 9 days later and brought her home, but she believed her life was over and was intent on destroying herself. We understood that we needed to take action for our daughter and we sought out the help of an educational consultant who helped us to select the right wilderness program for our daughter (she was there for 9½ weeks) and also the emotional growth boarding school where she enrolled in November 2005 and from which she graduated in June 2007. These programs saved her life and our entire family has benefited from the experiences The emotional growth school she attended is founded on the values of honesty and love. We/she wish that all students could grow and flourish in the positive environment that her emotional growth school provided and continues to provide. (Yes, she went back to visit over Labor Day and stays in contact with both staff and other students from the school.) Our daughter is now a freshman at University of Colorado—Colorado Springs and is pursuing a degree in psychology which will allow her to work with troubled teens and "give back".

While there are some less than desirable programs/schools, the vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families. The current expense structure was a significant hurdle for us but we found a way through a second home equity loan to pay for the help our daughter needed. These costs are already extremely high and it is wrong to put more bureaucratic cost onto the backs of parents when it is not needed. Please find a way to bring the poorly run programs into line without adding cost to programs that are well run and extremely effective in saving/changing lives.

I am concerned that your committee will let problems with a few programs/schools result in harm to the majority of well run and effective programs/schools. I am requesting that your committee defer from drafting a bill until complete due diligence is done on the overall impact of the entire situation. It is your responsibility to act with complete knowledge and not with a partial understanding of the "sensational" situations that are in the minority but get all the media attention and coverage. Please take into consideraton what federal legislation will do to the majority of pro-

grams, such as the ones our family experienced. Our daughter will tell you that they "saved my life".

Sincerely,

DEBRA R. BRYANT,
Monument, CO.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: We are requesting that the following comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities".

Our daughter completed a 2 month wilderness program and is currently enrolled in a therapeutic boarding school. Prior to enrolling her in these programs we were keenly aware of, and were very concerned about of mistreatment in such programs.

Of course, we wanted to ensure that our daughter was placed in an environment that was, first and foremost, safe and one where she would receive the type of care she and our family needed to get our lives back on track. We conducted extensive research and engaged with an educational consultant to assist us in our search.

We learned that there is a broad range of programs which may be referred to as "Residential Treatment Facilities". We were convinced that the vast majority of wilderness programs and therapeutic boarding schools which we investigated are professionally run, experienced, ethical and, most important extremely valuable to children and families such as ours. Such programs have saved lives and families.

We are happy to report that our daughter has made remarkable progress as a direct result of the outstanding care and treatment she has received in both the wilderness program and the therapeutic boarding school.

We agree that there is a need to put an end to all mistreatment but we believe this may only occur at only a small percentage of wilderness and residential treatment programs and it is not clear that mistreatment at residential treatment facilities is on the rise or decline. We are extremely concerned that increased regulation, aimed at addressing the problems of a few, could become intrusive and harmful to many reputable programs and affected families such as ours.

We believe it is the committee's responsibility, as it is ours as parents, to do what is in the best interest of our children and for our families. We hereby request that your Committee refrain from drafting legislation or taking any action until due diligence is done to more completely assess the situation.

Respectfully yours,

RICHARD AND DIANE SCHENO,
Fremont, CA.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My daughter and our family were the grateful recipients of the highly professional services of a residential treatment center and a wilderness program in Utah.

Our 15 year old daughter had become practically non-functional due to emotional issues. We had a team of therapists and doctors here at home working with her but it was only when she went to a wilderness program that we started to see real progress. After wilderness, she went to a residential treatment center where she got the care and support of an amazing therapeutic team. It is here that she learned the skills needed to cope with her emotional problems; it was here that real and lasting change was made.

These two programs saved our daughter's life. Many of the therapists and counselors who work at these programs are performing miracles every day, changing the lives of so many troubled teenagers.

While reading the GAO's report of abuse at some facilities is heartbreaking, I believe that the vast majority of residential treatment centers, therapeutic boarding schools and wilderness programs are professional, experienced, and ethically run. I also believe that continued regulations and oversight are critical for the safety of

the residents in the programs. However, I hope that the problems caused by a few will not result in harm to the over all industry.

These facilities provide a much needed level of service for so many families in crisis. Please don't throw the baby out with the bath water.

I am respectfully requesting that your Committee defer from drafting a bill until an assessment of the entire situation is done.

Sincerely,

ANN AND PHIL SHERIDAN,
San Jose, CA.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: As a lifelong democrat and former constituent from the East Bay, I always supported your efforts and hope you will continue to reward my faith. I have some concerns regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers. I am requesting that my comments be placed on the Official Record regarding this hearing.

Our daughter and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program beginning in 2005. Our daughter had previously fought severe depression and low self-esteem which lead her into self-destructive behavior. After years of therapy and even moving to a rural environment in a new state, my wife and I became desperate. We took what we believed to be a huge step and enrolled her in a wilderness program followed by a therapeutic boarding school. We found both programs to be highly professional and rewarding. Our daughter turned 18 while attending the boarding school, and stayed on another 9 months of her own choice as an adult in order to graduate. She is now living at home, attending college full time and working part time. Those programs saved our daughter and positioned her to thrive.

The vast majority of therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned that problems with a few abusive programs may result in harm to the majority of programs. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done to thoroughly explore the residential treatment situation and how legislation might effect the good ethical programs as well as the bad. I agree that abusive programs must be "cleaned up" as quickly as possible, but I hope you can find a way to do that without encumbering the beneficial programs with unnecessary bureacrasy, while burdening the families with added costs.

I wish you well in your efforts.

Sincerely,

PETE SMALL,
Ridgefield, WA.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: We are requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

Our son and our family are the VERY grateful recipients of the highly professional services of a residential treatment center (RTC) and a therapeutic wilderness program. We are quite sure that without the assistance of the professionals at the RTC and the amazing therapist he worked with in wilderness, he would be part of the juvenile system and most likely, hopelessly addicted.

We believe our story is typical for a child without underlying mental illness. The short version is that our son started to experiment with marijuana with his friends at about the age of 14. In his freshman year, his grades nose dived; he was using more and a greater variety of readily available street drugs. Out patient therapy was ineffective in getting the behavior under control. We dug into our retirement funds to send him to a non-therapeutic boarding school that offered "success through structure." Unfortunately, that school enrolled a large group of adolescents

that really needed a therapeutic environment because they had serious drug use and behavioral issues. Many of those children got worse, not better. The result for our child is that he used more drugs more frequently, despite the punishment of longer and longer detention and more severe campus restrictions, and he began to get in trouble with the authorities. He was arrested twice—once for assault and once for minor in possession. The frightening thing for us was that we could tell that he was scared and he was trying to change, but he couldn't * * * he didn't have the skills and by this time, he was not only scared, but angry and defiant. As parents, we knew that at the young age of 16, he was on the verge of making decisions that would have negative, life changing consequences.

We decided to send him to a Wilderness Therapy program that came highly recommended by our educational consultant * * * we hired ed consultants because we realized that doing it on our own had led us to the first bad choice for placement. The wilderness program we used operates in the Blue Ridge Mountains and undoubtedly uses Federal lands. His initial reaction was to try to run and he resisted for about 2 weeks. But, then he finally "worked the program." The program in this case was to help him reconnect with his old self, to become sober, to understand his anger and motivations and to become open to change. He was guided in this journey by a wonderful therapist with over 25 years of experience in working with adolescents. It was hard for him, but he was never in danger physically. We realize wilderness therapy isn't for every kid, but his personnel growth during that period was phenomenal. In his own words, it was the "best worst thing I ever did" and he thanked us for sending him.

We followed wilderness therapy with a private and well respected Residential Treatment Center in Utah (for this we have remortgaged our home). He is thriving. He has the guidance of a skilled therapist, is a leader among the other teen boys (strong positive peer culture environment); he is working a 12-step program to deal with addiction issues, his health has improved and his grades are up. Again he has thanked us. On the home front, we are participating in family therapy with him and with our other children to shore up our parenting skills and the extra skills we will need to support him when he is back. We are working toward bringing him home early next year.

Prior to hearing about your inquiry at the Committee level, we had considered writing to our congressional representatives (Blumenauer, Smith and Wyden) to urge them to help families pay for this kind of life saving intervention. Our insurance (Federal Employee Program through Blue Cross Blue Shield) categorically excludes residential treatment and wilderness. The result is that we have sacrificed retirement and home equity. But we feel fortunate that we had those resources to tap into. Most families that we talk to who are also using these programs make these same sacrifices to afford the care their child needs. Many families cannot afford it and their children are at the very least jeopardizing their health and future, if not filling up juvenile detention facilities and jails. We ask that you avail yourselves to recent studies on the successful outcomes of children placed in well run private RTCs, therapeutic boarding schools and wilderness programs. Take input from juvenile probation officers and others in law enforcement, most of whom consider these interventions as positive alternatives to the juvenile court system.

We realize there has been a virtual boom in the adolescent treatment industry and with that has come the establishment of some disreputable and unsafe places that prey on families in crisis. Our hearts ache for the parents that have lost children while trying to save them. Still, you must find a way to support the work of residential treatment centers, therapeutic emotional growth boarding schools and wilderness programs that are run by professionals, who are experienced, ethical and extremely valuable to the recovery of children and their families. As in our case and many others, they save lives and families.

We are extremely concerned that the problems with a few bad programs will result in harm to the majority. So, we are requesting that your Committee defer from drafting a bill until complete due diligence is done and the entire situation is known.

Thank you for considering and including our comments.

Very respectfully yours,

SHERYL CARRUBBA AND MARK MCCLURE,
Portland, OR.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

My son and our family were the grateful recipients of the highly professional services of a residential treatment center and a wilderness program. We want you to know that at no time in either wilderness or RTC was there anything remotely close to physical abuse.

This is our son's story:

By April, 2006 our 16 year old son was severely depressed, thought he was worthless and was failing in school—and had started self-medicating with a wide range of drugs. We were lucky in that our family has always gotten along with each other and had open communications. As parents, we did all we could and still his situation continued to worsen. We simply did not have the tools, knowledge or skills to help him. It was only a matter of time before he would be in jail or dead. And he didn't care.

We did an intervention and sent him to a wonderful wilderness program. Two months in the Utah desert helped a lot, but he was still not ready to come home. Although he was now clean, he still hadn't done the hard work to look deep within himself to change his way of life and learn the tools that could help him do that. It took 10 months in a residential treatment center for him get his life in order. The RTC staff was demanding, but also loving and kind.

Today our son is a mature young man who has been clean and sober for 18 months. He is happy, confident and looking forward to going to college to become a therapist in order to give other at risk kids a reason to live.

He went back to his wilderness program this past summer as a 12-step volunteer in order to help kids that were like him 18 months ago. He's been invited to work there next summer because of the positive impact he had on the kids.

The vast majority of residential treatment centers, therapeutic emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned if problems with a few result in harm to the majority. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done on the complete impact of the entire situation, which is your responsibility, is known.

Sincerely,

BARBARA DAMM AND JOHN MCKINNEY,
6th California Congressional District.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: Our daughter and our family are recipients of the highly professional services of a therapeutic boarding school and a wilderness program.

Lindsey was fourteen years old when we decided that she could no longer live at home with us without being a danger to herself. Lindsey did not want to abide by our rules and no matter the warnings, consequences, etc. she did not take us seriously. She was drinking, smoking marijuana and behaving in a manner that was totally out of control. We hired an educational consultant and by interviews determined that Lindsey needed to experience being at a Wilderness camp and then on to some type of boarding school. Lindsey stayed at the wilderness camp for ten weeks and in those weeks she began to slowly recognize her lack of self esteem and self confidence that led to her negative choices. The hard work both emotional and physical was facilitated by a highly competent and caring staff and therapist who believed in Lindsey. Although at the end of ten weeks strides of improvements were made we all knew that she was not ready to come back home. Lindsey is now enrolled at an emotional growth treatment school run by a team of administrators, teachers, staff and qualified therapists where she is being positively challenged to be accountable, honest, loving and vunerable in academics, emotional issues and physical abilities. It is good, hard work for her. As her parents, we are also challenged to do our part to improve our communication and relationship with each other. We are committed to this school for helping us navigate through a process of growth which ten months ago looked bleak.

Families like ours are extremely grateful for these types of options such as wilderness camp and emotional growth/residential treatment facilities. This is why we are extremely concerned that problems with a few such facilities (such as neglect and abuse) result in harm to the majority. We are requesting that your Committee defer from drafting a bill until complete due diligence is done on the entire situation and results are known.

We are requesting that our comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

Sincerely,

KURT AND ARLENE BOSSHARD,
Kapaa, HI.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: I am requesting that these comments be placed on the Official Record regarding the October 10, 2007 House Committee on Education and Labor hearing on cases of child abuse and neglect at residential treatment centers.

Our son and our family were the grateful recipients of the highly professional services of a therapeutic boarding school and a wilderness program. Our son had started on a downward spiral in his sophomore year of high school, smoking marijuana and not doing his school work. He ended that year using a multitude of different drugs and binge-drinking alcohol. After desperately exploring what options were available to us, we heard from a friend of the family about a wilderness program that had saved his daughter's life. We worked with an educational consultant whom the friend recommended and chose the same wilderness program. This program was run in a caring and conscientous manner, and their counselors and staff are outstanding. Our son ended up liking the program and learned much about himself. He is even considering working there when he graduates from high school. He is now enrolled in an emotional growth/therapeutic boarding school. Whereas the wilderness program is the first step in taking a young person out of an unhealthy environment, the therapeutic boarding school provides a deep learning of healthy habits and cements them in an 18-month program. The program involves the whole family in this learning process. I can unequivocally say that this experience has saved our son's life!

I have met and spoken with numerous other parents whose children have attended similar programs. They all had excellent experiences and were extremely grateful that those options are available. The vast majority of therapeutic/emotional growth boarding schools and wilderness programs are professional, experienced, ethical and extremely valuable to children and families in crisis. As in our case and many others, they save lives and families.

I am extremely concerned if problems with a few programs result in harm to the majority. So, I am requesting that your Committee defer from drafting a bill until complete due diligence is done and the complete impact of the entire situation is assessed.

Sincerely,

INGE JECHART,
Pleasanton, CA.

[Questions for the record submitted to Dr. Pinto follow:]

CONGRESS OF THE UNITED STATES,
Washington, DC, October 15, 2007.

Allison Pinto, Ph.D., *Complexity Research & Development,*
Children's Board of Hillsborough County, Tampa, FL.

DEAR DR. PINTO: Thank you for testifying at the October 10, 2007 full Committee hearing, "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities." Enclosed are the questions which Committee members have asked you to respond for the record. Please send an electronic version of your written response (in Word format) to the Committee staff by COB on Wednesday, October 24, 2007—the date on which the hearing record will close. If you have any questions, please contact us. Once again, we greatly appreciate your testimony at this hearing.

Sincerely,

GEORGE MILLER, *Chairman.*

Representative Robert Scott (D-VA), has asked that you respond in writing to the following questions:

1) Do "tough love" strategies have an appropriate treatment role for major psychological disorders? If so, what is that role?

2) Is there currently an obligation for mental health professionals who recommend these programs to clients to ascertain their safety and validity as a treatment option?

3) Is there currently any requirement that other treatment options be utilized to address a child's behavioral issues before sending them to such a center?

[Questions for the record submitted to Mr. Kutz follow:]

CONGRESS OF THE UNITED STATES,
Washington, DC, October 15, 2007.

Gregory D. Kutz, *Managing Director,*
Forensic Audits and Special Investigations, GAO, Washington, DC.

DEAR MR. KUTZ: Thank you for testifying at the October 10, 2007 full Committee hearing, "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities." Enclosed are the questions which Committee members have asked you to respond for the record. Please send an electronic version of your written response (in Word format) to the Committee staff by COB on Wednesday, October 24, 2007—the date on which the hearing record will close. If you have any questions, please contact us. Once again, we greatly appreciate your testimony at this hearing.

Sincerely,

GEORGE MILLER, *Chairman.*

Representative Robert Scott (D-VA), has asked that you respond in writing to the following questions:

1) What percentage of youths attending these programs are minorities?

2) Will or can the GAO report disaggregate the deaths/abuses being investigated by the reason the individual is in the program and whether the individual is taking psychotropic medication?

3) Is there currently an obligation for mental health professionals who recommend these programs to clients to ascertain their safety and validity as a treatment option?

4) Is there currently any requirement that other treatment options be utilized to address a child's behavioral issues before sending them to such a center?

[Questions for the record submitted to Ms. Moss follow:]

CONGRESS OF THE UNITED STATES,
Washington, DC, October 15, 2007.

Jan Moss, *Executive Director,*
The National Association of Therapeutic Schools and ProgramsThe National Association of Therapeutic Schools and Programs, Prescott, AZ.

DEAR MS. MOSS: Thank you for testifying at the October 10, 2007 full Committee hearing, "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities." Enclosed are the questions which Committee members have asked you to respond for the record. Please send an electronic version of your written response (in Word format) to the Committee staff by COB on Friday, November 2, 2007. If you have any questions, please contact us. Once again, we greatly appreciate your testimony at this hearing.

Sincerely,

GEORGE MILLER, *Chairman.*

Representative Robert Scott (D-VA), has asked that you respond in writing to the following questions:

1) What mechanism is in place to deal with circumstances where your members have self-certified that they are abiding by NATSAP's ethics and good practices standards when they are in fact not in compliance with these standards?

2) Dr. Pinto testified that she has collected 700 concerns on residential treatment centers over 6 months, while NATSAP has investigated less than 5 claims against its members. Can you please explain the discrepancy in these numbers?

3) Is there currently any requirement that other treatment options be utilized to address a child's behavioral issues before sending them to such a center?

Chairman George Miller respectfully request that you respond to the following questions:

1) What is NATSAP's policy regarding the use of its logo by members. For example, are there any restrictions for using the NATSAP logo on marketing materials and websites? Are NATSAP members using the NATSAP logo required to disclose that use of the NATSAP logo does not represent endorsement by NATSAP of the safety, quality, or effectiveness of the members' program.

2) Ms. Moss indicated that NATSAP will research complaints or reports of alleged misconduct by members. What procedures are in place for reporting misconduct to NATSAP? Are reporting procedures documented? Does NATSAP make its reporting procedures widely available, for example on its website? Do members have a duty, arising from their membership, to report any misconduct to NATSAP that violates NATSAP's Ethical Principles or Principles of Good Practice? How many complaints or reports of misconduct has NATSAP received since its formation, and what steps were taken to research such complaints or reports of misconduct.

3) Ms. Moss indicated that NATSAP researched at least one instance where a complaint was made regarding a member's website. Please describe the complaint, the actions taken by NATSAP, the corrective actions taken by the member; and provide the identity of the member.

4) What actions does NATSAP intend to take in light of the testimony given by the U.S. Government Accountability Office regarding the Alldredge Academy's delinquency in remitting permit fees to the federal government? Is operating on federal land without a valid permit a violation of NATSAP's Ethical Principles or Principles of Good Practice?

5) NATSAP hosts national and regional conferences to foster the professional development of its members. Have any of these conferences ever included lectures, workshops, presentations or discussions concerning cases of abuse, neglect, mistreatment, or death of children; what led to these horrific tragedies; what needs to change; and what NATSAP members need to do in response?

6) NATSAP's new membership requirements mandate that members be licensed by an appropriate state mental health agency, or accredit by a reputable mental health accreditation organization. On what basis is an accreditation organization deemed to be "reputable?"

7) Please provide a chart showing the year in which each NATSAP member joined NATSAP, or lost its membership due to expiration or revocation.

8) It is our understanding that the NATSAP board is primarily comprised of individuals associated with member programs. Given that NATSAP researches and acts upon complaints against members when they are reported to NATSAP, please describe NATSAP's policy regarding conflicts-of-interest for its board members. For example, are board members required to recuse themselves on matters before the board when, by virtue of their affiliation with a particular member, their judgment may be prejudiced in fact or in appearance?

9) Recent reports indicate that a NATSAP member, Youth Care, Inc., has been placed on probation by the Utah Department of Human Services and that criminal neglect charges have been filed against this member due to the death of a child. Youth Care, Inc. uses the NATSAP logo on its website to promote their program. Given these reports and the use of the NATSAP logo by this member, what steps does NATSAP intend to take to research reports of criminal neglect on the part of Youth Care, Inc.?

10) Aspen Education Group, which owns Youth Care, Inc., also operates Aspen Achievement Academy, another NATSAP member. Aspen Achievement Center is currently being investigated for a teen's attempted suicide. While local authorities conduct a thorough investigation, what does NATSAP do to ensure the safety of the students placed in its member facilities?

Chairman MILLER. Before proceeding to introduce our witnesses, let me lay out the process we follow generally in investigative hearings specific to this hearing.

An investigative hearing differs from a legislative or oversight hearing in that the investigations may involve allegations that public officials acting in their official capacity or private citizens or entities have engaged in certain conduct that may suggest the need for a legislative remedy. Because of the importance of getting complete, full and truthful testimony, witnesses at investigative hearings before the committees of Congress are sworn in, and our witnesses will be sworn today.

I understand that some witnesses, as is their right, may be accompanied by counsel. While counsel are welcome to advise their clients, they may not coach them or answer questions on their behalf. House Rule 11 2(k)4 authorizes the chairman of the committee to "punish breaches of order and decorum and professional ethics on the part of counsel by censure or exclusion from hearings, and the committee may cite the offender to the House for contempt."

I will not tolerate any tactics designed to disrupt the purposes of this hearing, and I must say I do not expect any.

To ensure that we have ample opportunity to flesh out the relevant facts for the record, I have exercised my prerogative as chair, pursuant to Committee Rule 2(b), to extend the 5-minute rule for myself and for Mr. McKeon. Following the witnesses' testimony, we will each engage in one round of 15-minute questionings and then go to the other members of the committee under the 5-minute rule.

I would like now to introduce our panel of witnesses.

Mr. Greg Kutz is currently the managing director of GAO's Forensic Audits and Special Investigations unit. Mr. Kutz has testified and written investigative reports about the federal governments' handling of Hurricanes Katrina and Rita and military pay problems in Department of Defense and the smuggling of nuclear materials across our nation's borders, among other important issues.

He will be accompanied by Mr. Andy O'Connell, who is the assistant director for investigations at the GAO.

Mr. Paul Lewis is the father of Ryan Lewis, who died in 2001.

Ms. Cynthia Harvey is the mother of Erica Harvey, who died in 2002.

Mr. Bob Bacon is the father of Aaron Bacon, who died in 1994.

Ms. Jan Moss is the executive director of the National Association of Therapeutic Schools and Programs created in January of 1999. NATSAP is a 501(c)6 not-for-profit trade association that represents therapeutic schools, residential treatment programs, wilderness programs and other similar programs.

And finally, Dr. Allison Pinto is a clinical child psychologist and research assistant professor at the Florida Mental Health Institute at the University of South Florida where she coordinates A START, which is Alliance for Safe Therapeutic and Appropriate Use of Residential Treatment. Dr. Pinto has coordinated public awareness and advocacy efforts relating to the mistreatment of children in private and unregulated residential treatment facilities. She also serves as a principal investigator of a qualitative study regarding experience of youth and families who have participated in the residential treatment programs.

For those of you who have not testified, first, let me welcome you all to the committee and explain that we will have a lighting system. When you begin your testimony, there will be a green light, which is on the table, which will give you 5 minutes to testify. When you see the yellow light, it means you roughly have 1 minute in which to sum up your testimony. And with the red light, your time is expired, although we certainly want you to conclude your testimony in a fashion so you have properly conveyed those thoughts at that time.

And let me remind you that you have to turn on the microphones in front of you.

Before we move on to the testimony, if each of you would stand and raise your right hand for the purpose of being sworn in.

Do you swear that the testimony that you are about to give, that you will tell the truth, the whole truth and nothing but the truth?

Let the record show the witnesses have answered in the affirmative.

Please be seated.

We will now hear from our first witness, Mr. Kutz of the GAO. Welcome.

STATEMENT OF GREG KUTZ, MANAGING DIRECTOR, FORENSIC AUDITS AND SPECIAL INVESTIGATIONS UNIT, GOVERNMENT ACCOUNTABILITY OFFICE

Mr. KUTZ. Mr. Chairman and members of the committee, thank you for the opportunity to discuss residential treatment programs for youth.

There are many who claim positive outcomes for troubled youth at these programs. At the same time, there are widespread allegations of death and abuse. My testimony today addresses these allegations.

My testimony has two parts: first, some background on the scope of our work; and, second, the results of our work.

First, since at least the early 1990s, hundreds of residential treatment programs have been established across the United States. There is no standard definition of these programs and no way to know how many exist. There are no federal laws that regulate private programs. However, some states have statutory regulations that require licensing.

Common names for these programs include boot camps, boarding schools and wilderness programs. The first poster board shows examples of wilderness program settings which are typically in the mountains, the forest or the desert. The second poster board shows first the restrictive nature of some of these programs which you can see by the fencing and the cameras and, second, the military theme of other programs.

All of these programs offer in some way to reform the lives of very troubled youth.

The purpose of our work was to address allegations of death and abuse at these programs. Our focus was on private programs. However, our overall analysis of the extent of death and abuse included both public and private programs. It was beyond our scope to evaluate the benefits of residential treatment programs.

Moving on to the results of our work, we identified thousands of reported cases of death and abuse at these programs. Sources of these allegations include HHS, state agencies, the Internet and pending and closed civil and criminal lawsuits.

Allegations include physical, emotional and mental abuse. Examples of abuse include: youth being forced to eat their own vomit; denied adequate food; being forced to lie in urine or feces; being kicked, beaten and thrown to the ground; and being forced to use a toothbrush to clean a toilet and then forced to use that toothbrush on their teeth.

We took an in-depth look at 10 cases that were closed of teenagers that died between 1990 and 2004. Ineffective program management played a key role in most of these deaths.

The next poster board shows four key themes from our case studies, which include untrained staff, misleading marketing practices, abuse before death and negligent operating practices. I will now use these case studies to discuss these four themes.

First, we found program staff with little or no relevant training. In many cases, program managers and staff misinterpreted signs of treatable conditions, such as dehydration. As a result, many of these kids died slowly while program management and staff continued to believe that they were faking it. It seems the only way staff could be convinced that these kids were not faking it was when they stopped breathing or had no pulse.

For example, in one case, a 16-year-old male exhibited significant signs of distress for nearly 3 weeks, including the loss of bodily functions. In 30 days, this 5-foot 10-inch boy dropped from 131 pounds to 108 pounds. Despite these warning signs, he was forced to continue hiking. There was no emergency response until he collapsed and stopped breathing. Unfortunately at this point, it was too late.

In another case, a 14-year-old male was forced to sit in the 113-degree sun for hours. He began eating dirt due to hunger, became dehydrated and appeared to have a seizure. He was hauled in the back of a pickup truck to a motel where he defecated and vomited on himself. Staff then pressed his stomach and mud oozed out from the boy's mouth. They then cleaned him up, put him into the back of the pickup truck and took him back to the campsite. He died shortly after this in a hospital.

Another 14-year-old male showed signs of excessive body temperature and heavy breathing, but staff assumed that he was faking it. Although the boy became unconscious, staff continued to believe that he was faking it. The final check was for staff to hide behind a tree for 10 minutes to see if this unconscious boy would actually revive himself. When the staff returned to the boy, there was no pulse, which finally triggered an emergency response. But, once again, it was too late.

The second theme was misleading marketing practices. Many of these programs took advantage of desperate parents misrepresenting that their programs were a perfect fit for these kids' unique issues. For example, as shown on the poster board, one program brochure touted their staff as highly trained survival experts with experience that was unparalleled.

However, these experts believed that a 15-year-old female who was not eating, and vomiting water, was faking it. These experts allowed these symptoms to go on for 2 days until the girl finally collapsed on the road and stopped breathing. These experts became so lost that they wandered into another state. Lacking radios, these experts had to build a fire to signal for help.

The next poster board shows the body of this girl who lay dead on the road for 18 hours until help arrived.

Another program marketed its expertise in handling suicidal youth to the parents of a 14-year-old male who had twice attempted suicide. This boy committed suicide 6 days into the pro-

gram by hanging himself by his tent. The parents later found that there was no specific suicide expertise in this program. However, the staff were experts in whitewater rafting.

Our third theme was abuse of these kids before they finally died. For example, a 14-year-old male was forced to wear black clothing and stand in direct sunlight for several hours during the day. Despite strenuous physical exertion, he was fed an apple for breakfast, a carrot for lunch and a bowl of beans for dinner.

A 15-year-old male refused to return to a campsite after urinating. Although his refusal was not violent, two counselors forced him to the ground and held him face down in the dirt until he stopped struggling. One of the counselors was on top of this boy for 45 minutes. This boy died from a severed artery in his neck.

Another 15-year-old male was dragged around when he was unable to exercise. As his condition deteriorated and he lost bodily function, he was forced to wear a 20-pound sandbag around his neck as punishment. The autopsy report for this boy showed 30 contusions and abrasions all over his body.

As I am sure you will agree, there is no need for me to elaborate further on the fourth theme of these cases, the negligent and reckless operating practices of these programs.

In conclusion, today's testimony reveals disturbing facts about the world of residential treatment programs. If you had walked in partway through my presentation, you might have assumed that I was talking about human rights violations in a Third World country. Unfortunately, these human rights violations occurred right in the United States of America.

Mr. Chairman, I want to commend you for holding today's hearing and putting a spotlight on this important issue. I also want to thank the parents who represent three of our case studies for having the courage to testify about the tragic death of their child.

Mr. Chairman, this ends my statement.

[The prepared statement of Mr. Kutz and the GAO report, "Residential Treatment Programs: Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth," may be accessed at the following Internet address:]

http://www.gao.gov/new.items/d08146t.pdf

[Responses to questions for the record from Mr. Kutz follow:]

October 24, 2007.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

Subject: Response to Post-hearing Questions on GAO-08-146T: Residential Treatment Programs: Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth

DEAR CHAIRMAN MILLER: On October 10, 2007, I testified before the House Committee on Education and Labor on the results of our examination of residential treatment programs. This letter provides a response for the record to the four follow-up questions submitted by Representative Robert Scott. His questions and our responses follow.

Question One

What percentage of youths attending these programs are minorities?

Response to Question One

Based on our research, complete information is not available. As I testified, there is no reliable comprehensive data source on public and private programs, so we cannot determine what the total number of children in these programs is or their gender, race, or other characteristics.

However, as part of GAO's ongoing review of state oversight of public and private residential treatment programs for the Committee, GAO has found that information on juvenile offenders placed in various programs is available. Specifically, the Department of Justice through its Census of Juveniles in Residential Placement has race data on children held in various types of public and private residential placement facilities, including boot camps and ranch/wilderness camps.[1] Those data show that, of almost 6,500 children under 21 held in boot camps and ranch/wilderness programs in 2003, the most recent year for which data are available, almost 35 percent (2,263) were black, almost 35 percent (2,257) were Hispanic, over 26 percent (1,714) were white, with American Indians, Asian/Pacific Islanders, and others accounting for the remaining 4 percent (252).

Question Two

Will or can the GAO report disaggregate the deaths/abuses being investigated by the reason the individual is in the program and whether the individual is taking psychotropic medication?

Response to Question Two

As part of GAO's ongoing review of state oversight of juvenile residential treatment programs, we are attempting to provide a range of information about oversight, including information on deaths and abuse at such facilities. This effort has entailed an extensive effort to survey state agencies involved in the oversight of children in such programs, including state departments of education, mental health, and juvenile justice. GAO plans to include information on the cause of death and maltreatment (abuse) in its upcoming report. However, obtaining information as to why children are in these programs or the number of children in these programs who are taking medication was outside the scope of our recent review. Although the U.S. Department of Health and Human Services sponsors a national data collection effort called The National Child Abuse and Neglect Data System (NCANDS) for tracking the volume and nature of child abuse reporting each year within the United States, state reporting of information to NCANDS is voluntary. Moreover, NCANDS does not report on information about why children are in residential treatment programs or whether they take medication.

Question Three

Is there currently an obligation for mental health professionals who recommend these programs to clients to ascertain their safety and validity as a treatment option?

Response to Question Three

The issue as to whether mental health professionals are obliged or required to determine the safety and validity of juvenile residential treatment programs to clients was beyond the scope of our work for the testimony. The issue of program safety is primarily under state, not federal, oversight and is being addressed by GAO's ongoing study regarding these programs. Our ongoing work focuses on treatment programs but does not cover individual mental health professionals. It also does not assess the validity of various treatment options, another complex topic that was beyond the scope of this work.

Question Four

Is there currently any requirement that other treatment options be utilized to address a child's behavioral issues before sending them to such a center?

Response to Question Four

The subject of child behavioral treatment options and assessing which ones are appropriate for a child are complex issues and, as such, were beyond the scope of our work for the testimony. This is also outside the scope of GAO's ongoing review of state oversight of juvenile residential treatment programs.

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[1] Data are available from the Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) within the Office of Justice Programs. OJJDP's Web site provides access to a variety of statistics related to the juvenile justice system—see *http://ojjdp.ncjrs.gov/ojstatbb.*

If you have any further questions, or if you would like to discuss our response, please feel free to contact me.

Sincerely yours,

GREGORY KUTZ, *Managing Director,*
Forensic Audits and Special Investigations.

Chairman MILLER. Thank you very much.

Mr. Lewis?

STATEMENT OF PAUL LEWIS, FATHER OF RYAN LEWIS

Mr. LEWIS. Chairman Miller and members of the committee, good morning.

I am here today with my wife, Diana, and my daughter, Erin. The member of our family who is missing today is Ryan.

Ryan lived his life to the fullest surrounded by his adoring friends and relatives. He was a Boy Scout, a Fire Explorer. He was an avid outdoor enthusiast. He enjoyed kayaking, hiking, camping and mountain biking. He read for hours and was a master at putting together complicated ship and airplane models. He was an all-American boy with sparkling blue eyes and a big smile that lit up his freckled face and our whole world.

Ryan could weave an entertaining story and was oftentimes hilarious in his presentation. He had a remarkable way of relating to people of all ages and could draw anyone into a conversation on a variety of topics. He was sensitive to others and could articulate his views and feelings way beyond someone his age.

He was a history buff and could match any adult conversation about World War II. In fact, one night, we met two World War II vets in a restaurant, and one remarked that Ryan knew more about the war than he did, but he had been there.

With all of Ryan's extraordinary qualities, he sadly suffered from clinical depression. He was a brave and courageous person who battled the darkness valiantly. But as a family, we knew that we needed help from professionals and sought out help from clinical psychologists and a child psychiatrist. In addition, Ryan needed an integrative program where he could continue his schooling and receive therapy while being among his peers.

After exhausting all local resources to help Ryan, we reached out to Steve Bozak, an education consultant. We provided him with all of Ryan's educational and medical records. Given Ryan's background, he strongly recommended a therapeutic wilderness program named Aldredge Academy in Davis, West Virginia. He told us this would be the safest place for Ryan. Ryan's psychiatrist, after speaking to the admissions department, also agreed that this might meet Ryan's needs.

Educational and medical records were then sent. His detailed psychiatric information required an extensive application. We were very hesitant to send Ryan so far away, but the program's marketing was first class, appearing to be just what Ryan needed. Aldredge used Ryan's love of the outdoors as a selling tool. The admissions personnel repeatedly touted their professionalism and expertise with children who had the same psychiatric diagnosis as Ryan.

On February 7, 2001, we enrolled Ryan where, again, we were assured by the program personnel that Ryan would be safe. We called every day to inquire about how Ryan was doing. We were assured that he was just fine.

On February 13, only 7 days into the program, we were startled by a call at 11:15 at night. The news ripped through us like an explosion tearing us into a million pieces. L. Jay Mitchell, the owner of Aldredge Academy, informed us that Ryan had hung himself. He told us that there was no indication that Ryan was in trouble. It caught them all completely by surprise, and there was nothing they could have done.

The next day, we flew to West Virginia and met with L. Jay Mitchell, John Weston White and Lance Wells who repeated the same story as the night before. The story did not make sense to me.

The following day, we met with the investigating West Virginia state trooper who told us we were being lied to about the circumstances of Ryan's death. This news was like losing Ryan all over again. In his view, it was a death that could have been prevented.

He told us that the night before Ryan died, he had slashed his arm four times with a pocketknife issued to him by the program. He told them, "Take this away from me before I hurt myself anymore. I cannot take it anymore, I want to call my mom, and I want to go home." The counselors talked to Ryan for a few minutes, and he was told that the people that could help him were coming out the next day. Then they gave him the knife back.

L. Jay Mitchell and John Weston White arrived the next day. Even though they called themselves therapists, neither one of them had any credentials that could remotely qualify them as mental health professionals. In fact, L. Jay Mitchell is a lawyer.

These individuals decided Ryan's desperate cry for help was manipulation so that he could get out of the program. Ryan was ignored and, consequently, at approximately 7:30 on a cold, rainy night, desperate, alone and abandoned, our son hung himself.

One year later, Aldredge Academy, L. Jay Mitchell and John Weston White were indicted by the State of West Virginia for child neglect resulting in death. We were adamantly opposed to the plea agreement made that allowed Aldredge Academy, the corporation, to plea no contest in exchange for dropping charges against the individuals. Aldredge was fined $5,000 for the horrific death of my son.

We filed a civil suit alleging wrongful death, fraud and a tort of outrage. Once again, L. Jay Mitchell was unable to defend himself and acknowledged fault.

In spite of two court verdicts, L. Jay Mitchell continues in this business today. In my opinion, as we sit here today, children are at great risk. Incredibly, Aldredge continues to be a proud member of NATSAP, the National Association of Therapeutic Schools and Programs.

Losing Ryan has been devastating to our family, our friends and the people in our community. We miss him terribly and live with this nightmare every day. All we have left are the fragile memories of Ryan and the wonderment of the prospects that could have been.

We do not want other families to suffer the overwhelming loss of a child in this fraudulent industry. We ask you, Congressman Miller, to do everything in your power to put an end to this gross abuse of our children.

Thank you for the opportunity to share Ryan's story.

[The statement of Mr. Lewis follows:]

Prepared Statement of Paul Lewis, Father of Ryan Lewis

Our son, Ryan lived his life to the fullest, surrounded by adoring friends and relatives. He was a Boy Scout and a fire explorer. As an avid outdoor enthusiast, he enjoyed kayaking, camping, hiking, and mountain biking. He read for hours and was a master at putting together complicated ship and airplane models. He was an all American boy with sparkling blue eyes and a big smile that lit up his freckled face and our whole world.

Ryan could weave an entertaining story and was often times hilarious in his presentation. He had a remarkable way of relating to people of all ages and could draw anyone into conversation on a variety of topics. He was sensitive to others and could articulate his views and feelings way beyond someone his age. He was a history buff and could match any adult conversation about WW11. In fact, one night we met two WW11 Vets in a restaurant and one remarked that Ryan knew more about the war than he did and he was there!

With all of Ryan's extraordinary qualities, he sadly suffered from clinical depression. He was a brave and courageous person who battled the darkness valiantly. But as a family, we knew that we needed help from professionals and sought help from a clinical psychologist and child psychiatrist. In addition, what Ryan needed was an integrated program where he could continue his schooling and receive therapy while being among peers.

After exhausting all local resources to help Ryan, we reached out to Steve Bozak, an educational consultant. We provided him with all Ryan's educational and medical records. Given Ryan's background, he strongly recommended a Therapeutic Wilderness Program named Alldredge Academy in Davis, West Virginia. He told us this would be the safest, most appropriate place for Ryan. Ryan's psychiatrist, after speaking to the Admissions department also agreed that this might meet Ryan's needs.

Educational and medical records were then sent as well as detailed psychiatric information required on an extensive application. We were very hesitant to send Ryan so far away but the program's marketing was first rate, appearing to be just what Ryan needed. Alldredge used Ryan's love of the outdoors as a selling tool. The admissions personnel repeatedly toted their professionalism and expertise with children who had the same psychiatric diagnosis as Ryan's. On February 7, 2001 we enrolled Ryan and were again reassured by the program personnel that Ryan would be safe. We called every day to inquire about how Ryan was doing and we were assured that he was "just fine".

On February 13, only seven days into the program we were startled by a call at 11:15 at night. The news ripped through us like an explosion, tearing us into a million pieces. L. Jay Mitchell, the owner of Alldredge Academy, informed us that Ryan had hung himself. He told us that there was no indication that Ryan was in trouble, it caught them all completely by surprise and there was nothing they could have done. The next day, we flew to West Virginia and met with L. Jay Mitchell, John Weston White, and Lance Wells who repeated the same story as the night before. The story didn't make sense to me. The following day we met with the investigating West Virginia State Trooper who told us we were being lied to about the circumstances of Ryan's death.

This news was like losing Ryan all over again since, in his view, it was a death that could have been prevented. He told us was the night before Ryan died; he had slashed his left forearm four times with a program issued pocket knife. He told them, "Take this away from me before I hurt myself anymore; I can't take it anymore, I want to call my Mom and I want to go home." The counselors talked to him for a few minutes and he was told that people who could help him were coming out the next day. Then they gave the knife back to him. L. Jay Mitchell and John Weston White arrived the next day. Even though they called themselves therapists, neither of them had any credentials that would remotely qualify them as mental health professionals. In fact, L. Jay Mitchell is a lawyer. These individuals decided Ryan's desperate cry for help was manipulation so that he could get out of their program. Ryan was ignored and consequently at approximately 7:30 on a cold rainy night, desperate, alone, and abandoned, our young son hung himself.

One year later, Alldredge Academy, Ayne Institute, L. Jay Mitchell and John Weston White were indicted by the state of West Virginia for 'Child Neglect Resulting in Death'. We were adamantly opposed to the plea agreement made that allowed Alldredge Academy, the corporation, to plead no-contest in exchange for dropping charges against the individuals. Alldredge was fined $5000.00 for the horrific death of our son.

We filed a civil suit alleging wrongful death, fraud, and a tort of outrage. Once again, L Jay Mitchell was unable to defend himself and acknowledged fault. In spite of two court verdicts, L. Jay Mitchell continues in this business. In my opinion, as we sit here today, children are at great risk. Astonishingly, Alldredge continues to be a proud member of (NATSAP) National Association of Therapeutic Schools and Programs.

Losing Ryan has been devastating to our family, our friends and the people in our community. We miss him terribly and live with this nightmare every day. All we have left are our fragile memories of Ryan and wonderment of the prospects that could have been. We don't want other families to suffer the overwhelming loss of a child in this fraudulent industry. We ask you, Congressman Miller to do everything in your power to put an end to this gross abuse of our children. Thank you for this opportunity to share Ryan's story.

Our family was duped into believing that caring people would help Ryan who was struggling with a learning disability and clinical depression. We thought these were professionals who knew what they were doing. We had no idea that their interest was profit, not healing.

There are also additional details to our story that provide a deeper understanding of issues involved in this fraudulent residential facility claiming to help children by providing therapy and education. We would like to add these to the record.

For example, consider these facts: While he was in the program, Ryan was 5'1 and weighed 90 pounds. He was forced to carry a makeshift backpack with approximately 60 pounds of gear. At one point, he was restrained and had water forced down him.

In addition, Ryan was forced to hike in silence. This was critical because Ryan was very articulate and was not allowed to express his feelings. There is no therapeutic justification for such a policy.

Further, once he had cut his arm with the program-issued knife, there was no monitoring of his behavior. No buddy system was employed nor were counselors vigilant at staying with him at all times. Though he was clearly expressing suicidal thoughts and behaviors—and had been sent to the program with a diagnosis of depression—no mental health professional was consulted to determine whether he should continue in the program or be hospitalized. Nor were we even notified that he'd expressed such despair.

The program was completely unprepared to deal with cases like Ryan's. It operated under the assumption that all teenage misbehavior is "lies" and "manipulation" and that even depression is just "attention seeking," not a mental illness that warrants compassion and support. We believed we were putting our child in the care of people who knew what they were doing—and yet the program didn't even have a protocol in place to deal with suicides. We had no way of knowing that these people had no business dealing with sick children—there was no law in place that said they couldn't sell their services as a treatment for depression.

There were also additional signs of amateurism and complete insensitivity to the children they were supposed to be helping. For one, Ryan died at approximately 7:30 P.M. and we were not notified until 11:15 P.M., a four hour delay. Phone records show that there were 30-40 calls made during that four hour delay. Clearly, they were scrambling to cover up what had gone on and figure out how to make it look better.

Another example: in an early press release, Alldredge claimed that none of the other children saw Ryan. This was not true, in fact, another child found him. This child has been forever traumatized.

In violation of confidentiality rules, another early press release provided enough information about Ryan's funeral service to identify him.

Finally, in yet another press release, personnel at Alldredge claimed that all the children successfully completed the program. This was not the case. In fact, two weeks after Ryan died, another child that had been in his group, slit his wrists. He was evacuated, hospitalized, and sent home.

Four weeks into the program, a third child in his group threatened suicide in a note to his mother. He, too, went home. It was too late for Ryan.

Alldredge Academy has changed its name to Alldredge Wilderness Journey. Although he is not listed as a staff member, L. Jay Mitchell is still actively involved

in the operation of the program. For parents in crisis, it would be very difficult to get an accurate history on the program.

We urge Congress to act to prevent people who do not know how to treat children with dignity—let alone treat mental illness—from selling their fraudulent treatment to other vulnerable parents and children. People with mental illness should have the right to safe, effective treatment that people with physical illness do—and these predators should not be allowed to prey on them and their parents.

Chairman MILLER. Thank you very much, Mr. Lewis, and the rest of your testimony will be placed in the record in its form.

Ms. Clark Harvey?

STATEMENT OF CYNTHIA HARVEY, MOTHER OF ERICA HARVEY

Ms. HARVEY. Good morning. My name is Cynthia Clark Harvey.

Thank you, Chairman Miller and those committee members present today for the opportunity to share our family's story.

Our story is a personal tragedy, but please remember that for each family that has suffered the ultimate damage, the death of a beloved child, there are perhaps thousands of others who have suffered physical or psychological neglect and abuse. For those individual and family victims, there is no public acknowledgement of their sorrow and pain, as there has been of ours.

This is Erica. Our first-born, Erica, was an amazing kid. Everyone says that about their own, but it is true. She was.

So many times during Erica's too short life, she would do or say or create something that just knocked our socks off. Erica was an incredible student, straight A's, with gifted classes in math and language. She was a competitive springboard diver with dozens of medals. Erica was a musician who played clarinet and drums, a prizewinning visual artist, a weekly volunteer with a local animal shelter from the time she was 10 and dragged us along so they got two, three or four for the price of one determined little girl.

But Erica's bright light seemed to flicker when at 14 and in the eighth grade she began to experience mental health problems. Erica became depressed, then suicidal. She engaged in cutting behaviors. To medicate herself, she began abusing and using illegal drugs. Erica was hurting in many ways, and our whole family was suffering.

Erica was in the care of a psychiatrist and a therapist who both recommended that we consider a residential treatment program. Michael and I were desperate to find help for Erica. Our daughter was 15½ years old when we made the decision to send her to what we believed was a legitimate treatment program, a place staffed with people who could help our family move forward from some very dark times.

We compared several programs over a period of many weeks. We eventually focused in on Catherine Freer Wilderness because they were and continue to be leaders in the industry, one of the founding members of NATSAP and of OBHIC. We chose Catherine Freer because they have claimed to be fully licensed, because they were JCAHO accredited, because they claimed experience with teens being treated with psychiatric medications.

We as parents were interviewed by the program. We laid bare our hearts, our souls and our story to the program. They told us

our daughter would be treated by experienced staff, experienced therapists and experienced wilderness guides and emergency medical technicians. They touted their backcountry planning and emergency procedures. They told us we could trust our most precious first-born daughter, Erica, to them.

On May 26, 2002, we arrived at Catherine Freer's Nevada office. We had been advised by Freer not to tell Erica we were placing her until our arrival for the family meeting that would begin the trek. Of all the many profound and tormenting regrets we have about our terrible decision, agreeing to deceive Erica is one of the worst. When we told her why we were there, she was shocked, angry and scared. We will be haunted as long as we live by Erica's cry of "Please, Daddy, don't make me go."

On May 27, 2002, the first full day of Erica's Nevada wilderness trek, Freer's trusted team mistook a dire medical emergency for teenage belligerence, and Erica died that afternoon of heat stroke with dehydration.

Over a period of hours, Erica's condition had worsened as she was pushed to keep hiking. When Erica's eyes rolled into the back of her head and she fell off the trail head first into rocks and scrub brush, she was left to lie where she fell for 45 minutes while two Freer staffers, still unwilling or unable to recognize what was happening, watched Erica died a slow, painful death.

When the Freer team finally responded to Erica's last few tortured breaths, they contacted their on-call medical doctor, but the doctor turned out not to be a doctor at all, rather a physician's assistant located in Oregon.

They called the local authorities to ask for help and a helicopter to get Erica to a hospital, but they did not know where they were, and they sent a search-and-rescue team to the wrong GPS coordinates. The helicopter took hours to arrive because, contrary to the advanced planning that we were told to expect, no arrangements with local authorities had been made, nor was any sort of trip plan filed.

Later, we found out that none of the Freer team had experience with administering psychotropic drugs and no training in how to evaluate those drugs' effects on an individual during a trek. We also found out that the EMT on the team was on his very first trek and had only recently completed coursework in EMT and had never experienced a real medical emergency before.

Six days from today, October 16, is Erica's 21st birthday. The day she was born, we held her and we saw the universe in her fierce, dark eyes. We filled ourselves with dreams for her. We imagined who she would be at 2, at 10, at 12, 21, 30. And today, we are only left with memories—some of them beautiful, some of them harsh—and no dreams for Erica's tomorrows.

[The statement of Ms. Harvey follows:]

Prepared Statement of Cynthia Clark Harvey, Mother of Erica Clark Harvey

Thank you, Chairman Miller, and those Committee members present today for the opportunity to share our family's story. Our story is a personal tragedy, but please remember that for each family that has suffered the ultimate damage, the death of a beloved child, there are perhaps thousands of others who have suffered physical

or psychological neglect and abuse. For those individual and family victims, there is no public acknowledgement of their sorrow and pain, as there has been of ours.

Our first-born, Erica, was an amazing kid—everyone says that about their own, but it's true, she was. So many times during Erica's too-short life, she'd do or say or create something that just knocked our socks off. Erica was an incredible student, straight A's, with Gifted classes in Math and Language. She was a competitive springboard diver with dozens of medals. Erica was a musician who played clarinet and drums, a prize-winning visual artist, a weekly volunteer with a local animal shelter from the time she was 10 (and dragged us along, so they got two, three or four for the price of one determined little girl.)

Erica's bright light seemed to flicker, when at fourteen and in the 8th grade, she began to experience mental health problems. Erica became depressed, then suicidal. She engaged in cutting behaviors. To medicate herself, she began abusing illegal drugs. Erica was hurting in many ways and our whole family was suffering.

Erica was in the care of a psychiatrist and a therapist, who both recommended that we consider a residential treatment program. Michael and I were desperate to find help for Erica. Our daughter was 15 and a half years old when we made the decision to send her to what we believed was a legitimate treatment program, a place staffed with people who could help our family move forward from some very dark times.

We compared several programs over a period of many weeks. We eventually focused in on CF because they were, and continue to be, leaders in the industry, one of the founding members of NATSAP, and of OBHIC. We chose CF because they claimed to be fully licensed, because they were JCAHO accredited, because they claimed experience with teens being treated with psychiatric medications. We, as parents, were interviewed by the program. We laid bare our hearts, our souls and our story to the program. They told us our daughter would be treated by experienced staff: experienced therapists and experienced wilderness guides and emergency medical technicians (EMTs). They touted their back country planning and emergency procedures.

They told us we could trust our most precious firstborn daughter, Erica, to them.

On May 26th, 2002, we arrived at CF's Nevada office. We had been advised by CF not to tell Erica we were placing her until our arrival for the family meeting that would begin the trek. Of all the many profound and tormenting regrets we have about our terrible decision, agreeing to deceive Erica is one of the worst. When we told her why we were there, she was shocked, angry and scared. We will be haunted as long as we live by Erica's cry of Please, Daddy, don't make me go.

On May 27th, 2002, the first full day of Erica's Nevada wilderness trek, CF's trusted team mistook a dire medical emergency for teenage belligerence and Erica died that afternoon of heat stroke with dehydration. Over a period of hours, Erica's condition had worsened as she was pushed to keep hiking. When Erica's eyes rolled into the back of her head and she fell off the trail, head first, into rocks and scrub brush, she was left to lie where she fell for forty five minutes, while two CF staffers, still unwilling or unable to recognize what was happening, watched Erica die a slow, painful death.

When the CF team finally responded to Erica's last few tortured breaths, they contacted their on-call medical doctor, but the "doctor" turned out not to be a doctor at all, rather a physician's assistant located in Oregon. They called the local authorities to ask for help and a helicopter to get Erica to a hospital but they didn't know where they were and sent the search and rescue team the wrong GPS coordinates. The helicopter took hours to arrive because, contrary to the advance planning that we were told to expect, no arrangements with local authorities had been made, nor was any sort of trip plan filed. Later we found out that none of the CF team had experience with administering psychotropic drugs and no training in how to evaluate those drugs' effect on an individual during a trek. We also found out that the EMT on the team was on his very first trek, had only recently completed coursework in WEMT and had never experienced a real medical emergency before.

Six days from today, October 16, is Erica's 21st birthday. The day she was born, we held her and we saw the universe in her fierce dark eyes. We filled ourselves with dreams for her. We imagined who she'd be at two, at ten, at twelve, twenty-one, thirty. Today we're left with only memories, some of them beautiful, some of them harsh, and no dreams of Erica's tomorrows.

Chairman MILLER. Thank you very much.

Mr. Bacon?

STATEMENT OF ROBERT BACON, FATHER OF AARON BACON

Mr. BACON. Chairman Miller and committee members, my name is Bob Bacon, the father of Aaron Bacon. Speaking for my wife and Aaron's mother, Sally, his brother, Jared, and his sister, Tia Sullivan, and speaking on behalf of the many families not at this table whose lives have been shattered by these fraudulent programs, we deeply appreciate your efforts to put a stop to this country's growing industry of institutionalized child abuse.

During our search for the best alternative, the remaining 3 months of Aaron's sophomore year of high school, my wife and I spoke with therapists, counselors, pastors and doctors until we were eventually referred by friends to North Star Expeditions, a now defunct but formerly licensed Utah-based program that billed itself as a wilderness therapy program for troubled teens.

After reading their very compelling brochure, speaking to their office by phone, and finally meeting with the owners for a personal interview, we thought we had found the perfect situation—caring people who were experienced in counseling kids who were struggling with drugs and social pressure—and to top it off, writing in a daily journal we were told was an integral part of their so-called counseling program. As a writer, we felt journaling would help Aaron to sort things out, and we were certain that, as a poet, Aaron would find the awesome beauty of southern Utah to be inspirational and spiritually healing.

Of course, being normal, trusting and honest people ourselves, we assumed we were being told the truth. We were dead wrong. His mother and I will never escape our decision to send our gifted 16-year-old son to his death at North Star. The guilt of our apparent naivete was crippling. We were conned by their fraudulent claims and will go to our graves regretting our gullibility.

Adding further to our regret, we were talked into using their escort service. Aaron was taken from his bed at 5:00 a.m. on Tuesday morning, March 1, 1994, by two burly strangers who announced to Aaron with a tone of authority that any resistance on his part would be countered with whatever physical force was necessary. He was not allowed to speak with us or to put on any shoes. His eyes expressed a strange mixture of anger, despair, fear and loving sadness.

I was able to manage only the briefest of hugs which, being restrained, he could not return. In the trauma of this surreal instant, I offered words of comfort without thinking of their potentially ominous meeting when I said, "Aaron, I know you will find God in the wilderness." Little did I know that these would be the last words I would ever speak to my youngest son.

His mother managed only a fleeting moment to cradle his face in her hands and utter her spontaneous words of love and the assurance that he would later see that this was really for the best.

I cried inconsolably from the depths of my soul as the escort van backed out of our driveway with our terrified son pleading silently with his sad eyes for us not to send him away. This excruciating scene would have to serve for the rest of our lives as the last living memory of our beautiful son.

Aaron arrived in the Escalante wilderness area of southern Utah that same night and waited a few days for a brief intake exam, in-

doctrination into the rules of the program and the issue of ill-fitting shoes and clothing.

Aaron's body and bloody and tattered journal, in fact, would contain no poetry, but would record in his own words an unbelievable account of torture, abuse and neglect, a horrific tale that is corroborated by the journals of the so-called counselors, along with the journals and sworn testimony of his troubled young cohorts.

A calendar was assembled by criminal investigators that chronicles 21 days of ruthless and relentless physical and psychological abuse and neglect. Aaron spent 14 of his 20 days on the trail without any food whatsoever while being forced to hike eight to 10 miles per day. On the days he did have food, it consisted of undercooked lentils, lizards, scorpions, trail mix and a celebrated canned peach on the 13th.

On top of this, with temperatures below freezing, he endured 13 of 20 nights with only a thin wool blanket, plus five nights without any warmth or any protection whatsoever.

Aaron complained of stomach pain and asked to see a doctor as early as the third day of hiking, and by the 10th day, he had lost all control of his bodily functions. But unbelievably, as he got weaker and lost nearly 20 percent of his body weight, they repeatedly refused to send him to a doctor.

Taken from what appears to be the industry's handbook, their policy had predetermined that these kids are all liars and manipulators and, therefore, Aaron was faking. This grotesque skeleton is what Aaron looked like the evening before he died.

He was seen by Georgette Costigan, the registered EMT who is still insisting that he was faking, did not even take his vital signs, but instead took the occasion to barter a meager piece of cheese in return for his promise to try harder and to hike the following day. This company-employed EMT and relative of owner Bill Henry dismissed his final desperate plea to see a doctor who could prove he was not faking and made a conscious decision to prove a point, rather than render aid, thus effectively killing our son rather than saving him.

What you cannot see in these photos are the bruises, cuts, lesions, rashes, blisters and open sores that covered Aaron's body from head to toe. These scars of abuse and the dried skin stretched taut over his bones is what his mother and I were left to discover without any warning when the sheet was pulled back in the mortuary. "This," we screamed, "could not be our son," as we grabbed each other and collapsed to our knees, but the scar above his now sunken right eye, told us that it was. It was in that one shocking moment of proof that our lives changed forever.

The stories of Aaron's death and the others who have died or survived the abuses of these programs are chilling reminders of the dangers of absolute power and point out the extremely high risk we take in allowing these programs to operate without strict regulation and oversight.

This country, this Congress and this committee are faced as never before with several urgent and critically important choices. If we choose economic growth over human rights, if we choose no growth in government over the safety of our children, if we continue to place our faith in the self-regulation of private enterprise

over the mandate of our government to protect our nation's health, safety and welfare, we are choosing to fail in our sacred obligations to our children, our families and our future.

I implore you, as I know Aaron would, to please stop paying lip service to family values and start placing value in families. We can do this in part by investing the resources of the American people in our children who will soon inherit our challenging legacy, and we can start now by putting a stop to these fraudulent and destructive programs of institutionalized child abuse.

[The statement of Mr. Bacon follows:]

Prepared Statement of Bob Bacon, Father of Aaron Bacon

Chairman Miller and Distinguished Committee Members: My name is Bob Bacon, the father of Aaron Bacon.

Speaking for my wife, and Aaron's mother Sally, his brother Jarid and his sister Kia Sullivan; and speaking on behalf of the many families not at this table whose lives have been shattered by these fraudulent programs, we deeply appreciate your efforts to put a stop to this country's growing industry of institutionalized child abuse.

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Aaron arrived in the Escalante Wilderness Area of southern Utah that same night and waited a few days for a brief intake exam, indoctrination into the rules of the program, and the issue of ill-fitting shoes and clothing. This picture of him was taken on March 8th, when he was noted as weighing 131 pounds on a lanky 5'-11" frame.

Aaron's bloody and tattered journal would contain no poetry, but would record in his own words an unbelievable account of torture, abuse and neglect; a horrific tale that is corroborated by the journals of the so-called "counselors", along with the journals and sworn testimony of his troubled young cohorts.

This calendar was assembled by criminal investigators from program records and chronicles 21 days of ruthless and relentless physical and psychological abuse and neglect. Aaron spent 14 of his 20 days on the trail without any food whatsoever, while being forced to hike 8-10 miles per day. On the days he did have food it consisted of undercooked lentils, lizards, scorpions, trail mix, and a celebrated canned peach on the 13th. On top of this, with temperatures below freezing, he endured 13 of 20 nights with only a thin wool blanket, plus 5 nights without warmth or protection of any kind. Aaron complained of severe stomach pain and asked to see a doctor as early as the third day of hiking, and by the tenth day had lost all control of his bodily functions; but unbelievably, as he got weaker and lost nearly 20% of his body weight they repeatedly refused to send him to a doctor. Taken from what appears to be the industry handbook, their policy had predetermined that these kids are all liars and manipulators and therefore "Aaron was faking."

[Slide #3] This grotesque skeleton is what Aaron looked like when he was seen the evening before he died by Georgette Costigan, the registered EMT who, still insisting that he was faking, didn't even take his vital signs, but instead took the occasion to barter a meager piece of cheese in return for his promise to try harder and hike the following day. This company employed EMT, and relative of owner Bill Henry, dismissed his final desperate plea to see a doctor who could prove he wasn't faking and made a conscious decision to prove a point rather than render aid, thus effectively killing our son rather than saving him.

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I implore you, as I know Aaron would, to PLEASE stop paying lip service to "family values" and start placing "value-in-families." We can do this in part, by investing the resources of the American people in our children who will soon inherit our challenging legacy; and we can START NOW by putting a stop to these fraudulent and destructive programs of institutionalized child abuse.

Chairman MILLER. Thank you.

Ms. Moss?

STATEMENT OF JAN MOSS, EXECUTIVE DIRECTOR, NATIONAL ASSOCIATION OF THERAPEUTIC SCHOOLS AND PROGRAMS

Ms. MOSS. Mr. Chairman, Mr. McKeon, members of the committee, good morning. I am Jan Moss. I am a mother of two grown children and a grandmother of three.

To those of you who have spoken today of your devastating losses, I express my condolences, respect and utmost deference. I have not suffered the loss of a child. I do, however, have a nephew who suffered abuse in an offshore program.

I am here as the executive director of the National Association of Therapeutic Schools and Programs, generally known as NATSAP. We were established in 1999 in an effort to raise the bar of the private therapeutic programs serving children and families in crisis. Among our goals is the complete elimination of the abu-

sive and neglectful practices we have heard about today. Clearly, we still have a very long way to go.

Chairman Miller, you acknowledged in your December 2005 letter to the Government Accountability Office that there are, indeed, programs that provide high-quality services to help troubled adolescents get back on track. We are committed to ensuring that these programs remain available to families in dire need of help. We are working to ensure that the only programs on the market are those of the highest quality.

NATSAP is the only entity in this country working with therapeutic schools and programs to improve them. We are a trade organization. We do not provide certifications nor do we conduct investigations.

Our principles of good practice are based on our 12 ethical principles and were formulated using the standards set by the joint commission which accredits nearly 15,000 care programs in the United States. We will not accept or retain members that do not abide by our ethics or attest to following our principles of good practice.

When we receive notification of a concern about one of our members, we review evidence from state licensing authorities, attorneys general, accrediting bodies and other third parties. If a member has acted in a manner inconsistent with the law or our principles, we proceed on a case-by-case basis, either requiring the program to implement change or canceling its membership.

NATSAP will review the findings of the GAO's investigation into NATSAP member programs and will take action as appropriate.

Our professional development activities include a national conference which over 700 people attend annually. We hold six regional conferences with an estimated total attendance of over 800 individuals. Each conference provides continuing education courses led by industry experts, university researchers and other clinical professionals.

In 2006, NATSAP launched its first professional journal. Dr. Michael Gass of the University of New Hampshire is the managing editor.

In 2007, NATSAP launched its research initiative which will provide members an affordable data collection tool to evaluate the effectiveness of their clinical work. The University of New Hampshire will house the database, making it available not only to internal but also external researchers.

Dr. Keith Russell from the University of Minnesota has just released the results of his 4 years of research on outdoor behavioral treatment.

In 2007, the NATSAP board of directors strengthened its membership requirements. We now require members to be licensed by the appropriate state mental health agency or accredited by a reputable mental health accreditation organization, such as the joint commission.

Unfortunately, not all states have licensing requirements. We are working to address this inadequacy. We have worked successfully with the State of Utah to establish regulations for therapeutic boarding schools which had previously escaped licensure requirements by claiming plain boarding school status. In Montana, we

worked diligently to have appropriate licensure requirements put into place, but the stringent bill that we favored lost to a less rigorous bill.

We continue to push for strong state licensure and monitoring requirements. We are hopeful that Chairman Miller, Ranking Member McKeon and this committee will help us in these efforts. We need your assistance.

The American Bar Association has submitted to this committee the ABA's recommendations for legislation to assure the safety of children and youth placed in private residential treatment facilities. We are in fundamental agreement to the extent that the ABA recommends licensure and monitoring of these facilities. We expand on the ABA's recommendations by supporting the licensure and monitoring of all adolescent treatment facilities, including those that are funded by public entities.

Mr. Chairman and Mr. McKeon, NATSAP extends its sincere appreciation for your commitment to eliminating deceptive, abusive and neglectful programs by encouraging state licensure and enforcement. We are committed to working with this committee, other organizations and parents to draft and enact meaningful legislation to put an end to the horrific pain and suffering we have heard today.

Thank you.

[The statement of Ms. Moss follows:]

Prepared Statement of Jan Moss, Executive Director, National Association of Therapeutic Schools and Programs

Mr. Chairman, Mr. McKeon, members of the Committee, thank you for the opportunity to participate in this hearing. I am Jan Moss.

I am a mother of two grown children and a grandmother of three. To those of you who have spoken today of your devastating losses, I express my condolences, respect and utmost deference. I have not suffered the loss of a child. I do, however, have a nephew who suffered abuse in an offshore program.

I am here as the Executive Director of the National Association of Therapeutic Schools and Programs, generally known as NATSAP. We were established in 1999 in an effort to raise the bar of the private therapeutic programs serving children and families in crisis. Among our goals is the complete elimination of the abusive and neglectful practices we have heard about today. Clearly we still have a long way to go.

Chairman Miller, you acknowledged in your December 2005 letter to the Government Accountability Office that there are, indeed, "programs that provide high-quality services to help troubled adolescents get back on track." The three personal narratives I am attaching to my written testimony underscore the value of high-quality therapeutic schools and programs. We are committed to ensuring that these programs remain available to families in dire need of help. We are working to ensure that the only programs on the market are those of the highest quality.

NATSAP is the only entity in this country working with therapeutic schools and programs to improve them. We are a trade organization. We do not provide certifications or conduct investigations.

I am attaching the Ethical Principles of the National Association of Therapeutic Schools and Programs to my written testimony. Our Principles of Best Practice are based on our 12 Ethical Principles and were formulated using the standards set by the Joint Commission, which accredits nearly 15,000 health care programs in the United States. We will not accept or retain members that do not abide by our ethics or attest to following our Principles of Good Practice.

When we receive notification of a concern about one of our members, we review evidence from state licensing authorities, attorneys general, accrediting bodies, and other third parties. If a member has acted in a manner inconsistent with the law or our Principles, we proceed on a case-by-case basis, either requiring the program to implement change, or cancelling its membership. NATSAP will review the find-

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ATTACHMENT 1.—TESTIMONY OF TREVOR MILES HEATON

Chairman Miller and Honorable Committee Members, I would like to thank you for the opportunity to share my testimony of hope and success with you.

To understand my viewpoint regarding the issue at hand, a brief history of my past is necessary. My name is Trevor Heaton. I am a 19 year old recovering heroin addict living in Salt Lake City. I began smoking pot at age 13. From there I rapidly progressed to pain medications and eventually became confined to a vicious heroin addiction. I have been to four different treatment facilities, both in and out of Utah. I have been admitted to the psychiatric ward several instances for drug related problems. I have also been part of the juvenile court system. I stole, lied, cheated, abused, neglected, and rationalized my way through my addiction. My story is no different than any other addict out there in such that I have the disease of addiction and must do everything in my power to keep this demon in remission.

It took years of using and several treatment programs for me to finally make the decision to change my life around. Obviously, the choice to stay sober is made by myself, and only for myself, but the treatment programs I attended were influential in helping me make this choice. The reason I did not remain sober after my first programs was do to a conscious decision on my part. The treatment centers provided me with all the necessary life skills, coping mechanisms, and tools to remain sober, but I simply chose not to apply the knowledge and skills I had been presented with. Two of the programs I went to were very impressive, and two were not. I can't blame a program for my relapses because although a program may not have been as quality as another, I was still made aware of my addiction, yet chose to ignore all the instruction I had been given.

I feel very fortunate to be alive today. I live a wonderful life and could not be happier. I am about to graduate from Salt Lake Community College with my Associates of Science Degree in Social Work. I have a 4.0 college GPA and plan to go for my Masters degree. I have a stable job. Relationships with family and friends have

been restored to the fullest. I attend A.A. meetings regularly. I am on the Alumni Council of the National Association of Therapeutic Schools and Programs. I am also on the Salt Lake Mayors Coalition for Alcohol, Tobacco, and Other Drugs. As I said, life is beautiful at the moment. I have been given a second chance at life. This second chance was made possible by the many professionals and staff I encountered at various treatment centers throughout my journey. As we are all aware, the price of drug rehabilitation is quite expensive, but the lessons learned and the tools that are provided through such programs are priceless.

I am very grateful to my family for providing me with such resources as drug rehabilitation. I am also grateful for those individuals who have helped shape my life into something truly amazing. I respectfully ask that do all you can to eliminate abusive and neglectful programs while also doing whatever is necessary to preserve options for children and families in need of specialized treatment and educational services. Treatment is the greatest tool we have in the fight against addiction. I am proof that there is hope and that recovery is able to breed success and triumph. If you would like more information on my experience, you may contact me at any time. Once again, thank you for the opportunity to participate in this extraordinarily important hearing.

Respectfully submitted,

TREVOR MILES HEATON,
Riverton, UT.

ATTACHMENT 2.—WRITTEN TESTIMONY OF THOMAS AND EMILY VITALE

Chairman Miller and Honorable Committee Members, thank you for the opportunity to share our testimony with you. Chairman Miller, we share your urgent desire to ensure that abusive and neglectful "boot camps" and "tough love" programs do not harm adolescents in need of special care and nurturing.

However, most therapeutic schools and programs do provide healthy, positive environments in which children may learn while healing. Our daughter Caroline is one child who benefited greatly from a therapeutic boarding school. She had been in and out of many "regular" high schools, never able to get her homework done (she is extraordinarily bright so teachers assumed she was lazy). As she spiraled into depression and self-injury, we realized she needed a school where she would be both safe and able to work on the issues that caused her to de-rail.

Caroline spent 18 months at the King George School, an emotional growth boarding school in Northern Vermont. During that time she attended academic classes, excelled in therapeutic art classes, participated in group and individual therapy sessions. At no time was she or any student there forced to participate in programs like those which you aim to eliminate. Her experience there has changed her life and ours. She is currently back at a "regular" high school and is applying to college for next year. She would never have been able to do this without the support and nurturing of the King George School.

Certainly, you must eliminate abusive and neglectful programs. You must also preserve options for children and families in need of specialized treatment and educational services.

If you would like more information on our family's experience, or better yet, if you would like to hear from our daughter, Caroline, please contact us.

ATTACHMENT 3.—TESTIMONY OF ALEXANDRINE LYONS-BOYLE

Chairman Miller and Honorable Committee Members, I sincerely applaud your desire to ensure that abusive and neglectful "boot camps" and "tough love" programs are not able to harm children who need therapy and care, and need to get on the right track. I've seen news programs that horrified me regarding these programs.

However, I sent my daughter to a wilderness therapy program that was not a boot camp, not a tough love program, but was an outstanding therapeutic program that saved her life.

My daughter had always been a happy child, a good student, and a sweet daughter until she reached high school. At that time, for many reasons, including depression, ADD, and the innate meanness of many teenage girls (the way "her friends" treated her would make you cry), she began to abuse drugs. She was so depressed that she would lie on our kitchen floor and just cry. She went from being an A-B student in high level classes (honors and advanced grades), to receiving straight F's, and being told by the high school principal that they were processing her to have her removed from the school. She was arrested repeatedly.

When I learned of Catherine Freer Wilderness Therapy from her psychiatrist, I immediately sent her to this program. She spent 3 weeks hiking in the wilderness with 5 other teenagers, and 3 adults—two of the adults were trained counselors, and

one a licensed therapist. All operated in close contact with a licensed therapist back in the home office who was in constant contact with the parents. These were wonderful, caring people, who, through their program, changed my daughter's life.

They taught her self-reliance and self confidence (she had to cook for herself, set up her own tent at night, and carry her own supplies during the day). She is proud of what she did. They structured all conversation so the kids couldn't just trade war stories, but had to really think about why they had made the decisions they had made, what they wanted from life, what their values were, and were they living by those values? How had they affected the people in their lives? What was their future going to be like? For 24 hours a day, every day for 3 weeks, my daughter was in therapy—caring, educational, and successful therapy. She was also in the healing environment of nature, which is awesome and cannot be duplicated indoors.

After only 3 weeks, she was a changed person. The last day, when she walked into the room where her family was waiting, she had a huge smile on her face, she looked tanned, a bit heavier, much healthier; she looked confident and proud of herself, and happy! I was amazed! She was proud of all she'd accomplished, of how she'd changed, and she was looking so forward to sharing her experiences with her family.

Much, much more amazing is how now, six months later, she is again an "A" student, a smiling, happy person, who has excellent values. In fact, she has an appreciation for life that she never had before.

She has thanked me many times for sending her to Catherine Freer Wilderness Therapy. She changes her mind frequently now about what she will major in at college, but neither of us have any doubt that she will be a college graduate, a responsible member of society, and a good person.

I could give you much more detail, but in the interest of being brief, I will simply say that you are welcome to contact either my daughter or myself to learn more of the outstanding wilderness program she attended.

The people at Catherine Freer are very, very caring. They are NOTHING like I've seen on the news programs about the boot camps and tough love programs. Please, please do not lump them in with those other extremely scary, dangerous, and ineffective programs that harm children rather than helping them.

Thank you for protecting our youth from those harmful programs, and thank you for finding a way to differentiate the good from the bad in your legislation, and making sure programs like Catherine Freer continue to help children like my daughter.

Sincerely,

ALEXANDRINE LYONS-BOYLE,
Mother of Leilagh Boyle, Schaumburg, IL.

ATTACHMENT 4.—NATSAP ETHICAL PRINCIPLES

Members of the National Association of Therapeutic Schools and Programs (NATSAP) provide residential, therapeutic, and/or education services to children, adolescents, and young adults entrusted to them by parents and guardians. The common mission of NATSAP members is to promote the healthy growth, learning, motivation, and personal well-being of our program participants. The objective of all our therapeutic and educational programs is to provide excellent treatment for our program participants; treatment that is rooted in good-hearted concern for their well-being and growth; respect for them as human beings; and sensitivity to their individual needs and integrity.

In applying to become or continue as a member of The National Association of Therapeutic Schools and Programs, we agree to:

1. Be conscious of, and responsive to, the dignity, welfare, and worth of our program participants.
2. Honestly and accurately represent ownership, competence, experience, and scope of activities related to our program, and to not exploit potential clients' fears and vulnerabilities.
3. Respect the privacy, confidentiality, and autonomy of program participants within the context of our facilities and programs.
4. Be aware and respectful of cultural, familial, and societal backgrounds of our program participants.
5. Avoid dual or multiple relationships that may impair professional judgment, increase the risk of harm to program participants, or lead to exploitation.
6. Take reasonable steps to ensure a safe environment that addresses the emotional, spiritual, educational, and physical needs of our program participants.
7. Strive to maintain high standards of competence in our areas of expertise and to be mindful of our limitations.

8. Value continuous professional development, research, and scholarship.
9. Place primary emphasis on the welfare of our program participants in the development and implementation of our business practices.
10. Manage our finances to ensure that there are adequate resources to accomplish our mission.
11. Fully disclose to prospective candidates the nature of services, benefits, risks, and costs.
12. Provide informed, professional referrals when appropriate or if we are unable to continue service.

[Additional materials submitted by Ms. Moss follow:]

October 23, 2007.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: The National Association of Therapeutic Schools and Programs (NATSAP) respectfully requests the enclosed information be submitted for the record in regards to your hearing "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities".

1. Summary of Research from 1999—2006 and Update to 2000 Survey of Outdoor Behavioral Healthcare Programs in North America—Dr. Keith C. Russell, Ph.D., College of Education and Human Development, University of Minnesota
2. Incident Monitoring in Outdoor Behavioral Healthcare Programs: A Four-Year Summary of Restraint, Runaway, Injury, and Illness Rates—Dr. Keith C. Russell, Ph.D., University of Minnesota, and Nevin Harper, M.A., University of Minnesota
3. A Multi-Center, Longitudinal Study of Youth Outcomes in Private Residential Treatment Programs—Ellen Behrens, Ph.D. and Kristin Satterfield, Ph.D. of Canyon Research and Consulting
4. Copies of agenda for the NATSAP Annual and Regional Conferences, which demonstrates the high quality of education, presented by credentialed individuals, that is provided at these conferences.
5. Volume I, Numbers I and II of the Journal of Therapeutic Schools and Programs (JTSP); Managing Editor Dr. Michael Gass, University of New Hampshire.

Thank you.

Sincerely,

NATSAP BOARD OF DIRECTORS.

[The technical report, "Summary of Research From 1999-2006, and Update To 2000 Survey Of Outdoor Behavioral Healthcare Programs in North America," by Keith C. Russell, Ph.D., Director, Outdoor Behavioral Healthcare Research Cooperative (OBHRC), College of Education and Human Development, University of Minnesota, dated May 2007, may be requested at the following Internet address:]

http://www.obhrc.org/

[The risk incident paper, "Incident Monitoring in Outdoor Behavioral Healthcare Programs: A Four-Year Summary of Restraint, Runaway, Injury, and Illness Rates," by Keith C. Russell, Ph.D., Director, Outdoor Behavioral Healthcare Research Cooperative (OBHRC), College of Education and Human Development, University of Minnesota, may be accessed at the following Internet address:]

http://cehd.umn.edu/kin/research/obhrc/publications/incidentnatsap001.pdf

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NATSAP Membership Report
Response to Chairman Miller Question #7
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Program Name	Status	Current Member Status	1999	2000	2001	2002	2003	2004	2005	2006	2007
Academy at Canyon Creek	Active	Associate									
Academy at Cedar Mountain	Inactive										
Academy at Sisters	Active	Full									
Academy at Swift River	Active	Full									
Academy of the Sierras	Active	Full									
Adirondack Leadership Expeditions	Active	Associate									
Adolescent Male Insight - Chattanooga	Inactive										
Advanced Recovery Center	Inactive										
Alldredge Wilderness Journey	Active	Full									
Alpine Academy	Active	Full									
Alternative Youth Adventures of Utah	Inactive										
ANASAZI Foundation	Active	Full									
Ascent	Active	Full									
Ashby Academy	Inactive										
Aspen Achievement Academy	Active	Full									
Aspen Ranch	Active	Full									
Aspiro, Inc.	Active	Associate									
Auldern Academy	Active	Full									
Avalon Hills Residential Eating Disorders Program	Inactive										
Avalon Hills Residential Eating Disorders Program	Inactive										
Bachman Academy	Inactive										
Behaviorial Studies Program at The Pines	Inactive										
Benchmark Young Adult School	Active	Full									
Betton House	Active	Associate									
Birdseye Boys Ranch	Active	Full									
Blackwater Outdoor Experiences	Active	Full									
Blue Hills Academy, LLC	Inactive										
Boulder Creek Academy	Active	Associate									
Bridges Academy	Active	Full									
Bromley Brook School	Active	Associate									
Brush Ranch School	Inactive										
Building Bridges	Active	Full									
Buxmont Academy	Active	Full									
CALO (Change Academy Lake of the Ozarks)	Active	Associate									
Caron Adolescent Residential Treatment Center	Active	Full									
Cascade School	Inactive										
Catalyst Residential Treatment	Active	Associate									
Catamount Wilderness School	Inactive	Provisional									
Catherine Freer Wilderness Therapy Programs	Active	Full									
Cedar Ridge Academy	Active	Full									

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Program Name	Status	Current Member Status	1999	2000	2001	2002	2003	2004	2005	2006	2007
Community Connections Services, LLC	Inactive										
Copper Canyon Academy	Active	Full									
Copper Hills Youth Center	Active	Full									
Coral Reef Academy	Active	Full									
Cottonwood de Tucson	Active	Full									
Courage Brook Academy	Inactive										
Crater Lake School	Inactive										
Crossroads Educational Institute	Inactive										
Cumberland Hall - Chattanooga	Inactive										
DayBreak Behavioral Resources, LLC	Inactive										
Desert Hills	Inactive										
Discovery Academy	Active	Full									
Discovery Ranch	Active	Associate									
Dragonfly Transitions & Adventures	Active	Full									
Duck River, Three Springs	Active	Full									
Eagle Pines Academy	Inactive										
Eagles Nest School for Boys	Active	Associate									
Echo Malibu Youth Treatment Center	Active	Associate									
Echo Springs Transition Study Center	Active	Full									
Eckerd Academy at Brooksville	Active	Full									
Eckerd Academy at Deer Lodge	Active	Full									
Elan School	Active	Full									
Elk Mountain Academy	Active	Full									
Elk River Wilderness Challenge	Active	Associate									
Emily Griffith Center	Inactive										
Evangel House Christian Academy	Active	Full									
Excel Academy	Active	Full									
Explorations	Active	Full									
F.L. Chamberlain School	Active	Full									
Family Foundation School	Active	Full									
Family Life Center	Active	Full									
First Home Care	Inactive										
Flying 7 Ranch for Youth	Active	Associate									
Fulshear Ranch Academy	Active	Full									
Gatehouse Academy	Active	Full									
Gateway Academy	Active	Full									
Gould Farm	Inactive										
Granite Hill School	Active	Full									
Gray Wolf Ranch	Active	Full									
Grove School	Active	Full									

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Program Name	Status	Current Member Status	1999	2000	2001	2002	2003	2004	2005	2006	2007
Ironwood	Active	Associate									
Island View RTC	Active	Full									
John Dewey Academy	Active	Full									
King George School	Active	Full									
Kolob Canyon	Active	Full									
Kramer Center Newport Beach	Active	Associate									
La Amistad	Active	Full									
La Europa Academy	Active	Associate									
Lakeland	Inactive										
Liahona Academy	Inactive										
Life Designs	Active	Full									
Life-Line, Inc.	Active	Full									
Little Keswick School	Active	Full									
Living Well Transitions	Active	Associate									
Logan River Academy	Active	Full									
Lone Star Expeditions	Active	Full									
Maple Lake Academy	Active	Associate									
Menninger Clinic	Active	Full									
Meridell Achievement Center	Active	Full									
Midnight Mountain Life Skills Training Center	Inactive										
Milestones	Inactive										
Milestones	Inactive										
Millcreek	Inactive										
Mirasol Eating Disorder Recovery Program	Active	Associate									
Mission Mountain School	Active	Full									
Monarch Center for Family Healing	Active	Full									
Monarch School	Inactive										
Montana Academy	Active	Full									
Montcalm Outdoor Challenge Program	Active	Associate									
Montcalm School for Boys	Active	Full									
Montcalm School for Girls	Active	Full									
Moonridge Academy	Active	Associate									
Mount Bachelor Academy	Active	Full									
Mountain Homes Youth Ranch	Active	Full									
National Deaf Academy	Active	Full									
New Direction	Inactive										
New Direction - Three Springs	Inactive										
New Dominion School of Maryland	Active	Full									
New Dominion School of Virginia	Active	Full									
New Haven	Active	Full									

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Program Name	Status	Current Member Status	1999	2000	2001	2002	2003	2004	2005	2006	2007
Open Sky Wilderness Therapy	Active	Associate									
Optimum Performance Institute	Active	Full									
Our Lady of Mount Carmel Residential Treatment	Active	Full									
Outback Therapeutic Expeditions	Active	Full									
Paint Rock Valley	Active	Full									
Pasadena Villa	Active	Full									
Passages to Recovery	Active	Full									
Pendleton Academies	Active	Full									
Peninsula Village	Active	Full									
Penrith Farms	Active	Full									
Pine Ridge Academy	Inactive										
Pine River Institute	Active	Associate									
Prescott House	Active	Full									
Provo Canyon School	Active	Full									
Rancho Valmora	Active	Full									
Red Rock Canyon School	Active	Full									
RedCliff Ascent	Active	Full									
Remi Vista Ranch School	Inactive										
Remuda Ranch Programs for Eating Disorders	Active	Full									
Ridge Creek	Active	Full									
Rocky Mountain Academy	Inactive										
Rogers Memorial Hospital - Child & Adolescent Cer	Active	Full									
Rosecrance Griffin Williamson Campus	Active	Full									
Sage Walk, The Wilderness School	Active	Full									
San Cristobal Academy	Active	Full									
Santiam Crossing	Active	Full									
Second Nature	Active	Full									
Second Nature Blue Ridge	Active	Full									
Second Nature Cascades	Active	Associate									
Second Nature Entrada	Active	Full									
Seven Arrows Academy	Active	Associate									
Shamrock Educational Academy	Inactive										
Shortridge Academy	Active	Full									
Sky Ranch For Boys, Inc	Inactive										
Skyline Journey	Inactive										
Soltreks	Active	Full									
Southwood Schools	Inactive										
Spring Lake Ranch	Inactive										
Spring Ridge Academy	Active	Full									
Spruce Mountain Inn	Active	Full									

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Program Name	Status	Current Member Status	1999	2000	2001	2002	2003	2004	2005	2006	2007
Tamarack Center	Active	Full									
Telos Residential Treatment, LLC	Active	Full									
The Academy	Active	Full									
The Charter School of Tampa Bay Academy	Inactive										
The Child and Adolescent Program at The Pines	Inactive										
The Cleveland Home	Inactive										
The Discovery School of Virginia	Active	Full									
The Edge	Inactive										
The High Frontier, Inc.	Active	Full									
The Kenbridge Program at The Pines	Inactive										
The Oliverian School	Active	Full									
The Phoenix Program	Inactive										
The Walker Center for Alcoholism and Drug Abuse	Inactive										
Three Rivers Montana	Active	Full									
Three Springs Courtland	Active	Full									
Three Springs of Blue Ridge	Inactive										
Three Springs of North Carolina	Inactive										
Thunder Ridge Academy	Inactive	Provisional									
Timber Ridge Treatment Center	Inactive										
Timpanogos Family Services, LLC	Inactive										
Top Flight Academy	Active	Full									
Transitions of Galveston Island	Active	Full									
True North Wilderness Program	Active	Associate									
Turn-About Ranch	Active	Full									
Turnabout/Stillwater Academy	Active	Full									
Turning Leaf Academy	Inactive										
Turning Winds Academic Institute	Active	Full									
Tyler Boys Ranch	Inactive										
Uinta Academy	Active	Full									
University Behavioral Center	Inactive										
Valley View School	Active	Full									
Villa Santa Maria	Active	Full									
Visions Adolescent Treatment Centers	Active	Full									
Vista, RTC	Active	Full									
Waterman Academy	Inactive										
Waterman Academy	Inactive										
Wediko NH School & Treatment Program	Active	Full									
Wediko NH Summer Program	Inactive										
Wellspring	Inactive										
Wendigo Lake Expeditions	Active	Full									

Bylaws of the National Association of Therapeutic Schools and Programs

(A Tax-Exempt/Non-Profit Corporation)

Article 1.—Offices

SECTION 1. REGISTERED AND PRINCIPAL OFFICES

The registered office of The National Association of Therapeutic Schools and Programs, Inc. (the "Corporation", a tax-exempt, non-profit Corporation, shall be 126 North Marina, Prescott, Arizona 86301; and the name of the registered Agent at this address is Janice K. Moss. The mailing address of the initial principle office of the Corporation shall be 126 North Marina, Prescott, Arizona 86301. The registered office need not be identical with the principle office of the Corporation and may be changed at any time by the Board of Directors.

SECTION 2. OTHER OFFICES

The Corporation may also have offices at such other places, within or without the State of Arizona, where it is qualified to do business, as its business may require and as the board of Directors may, from time to time, designate.

Article 2.—Directors

SECTION 1. POWERS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the Corporation managed under the direction of its Board of Directors, subject to any limitation set forth in the Articles of Incorporation, other provisions of these Bylaws relating to action required or permitted to be taken or approved by the Members, if any, of this Corporation, the activities and affairs of this Corporation.

SECTION 2. NUMBER AND ELECTION

The Corporation shall have no more than sixteen Directors excluding ex-officio Members, unless changed by amendment to these Bylaws. Collectively, they shall be known as the Board of Directors. Elections for available board positions shall be held by ballot. The exact number of Directors shall be fixed within the limit by a resolution adopted by the Board of Directors.

SECTION 3. TERMS OF OFFICE

All Directors elected to the board shall serve for two-year terms and may be appointed at the pleasure of the board to serve one additional two-year term. The term of Directors begins and expires at the Annual Member meeting following the annual election.

SECTION 4. QUALIFICATIONS

Directors of the Corporation shall be a Member of the Executive Committee with decision-making authority, or be owner, president, chief executive, or Director of Member programs in good standing

SECTION 5. DUTIES

It shall be the duty of the Directors to:

(a) Perform any and all duties imposed on them collectively or individually by law, by the Articles of Incorporation of this Corporation, or by these Bylaws;

(b) Appoint and remove, employ and discharge, and, except as otherwise provided in these Bylaws, prescribe the duties and fix the compensation, if any, of all Officers, Agents and Employees of the Corporation;

(c) Supervise all Officers, Agents and Employees of the Corporation to assure that their duties are performed properly;

(d) Meet at such times and places as required by these Bylaws;

(e) Register their addresses with the Secretary of the Corporation and notices of meetings mailed or telegraphed to them at such addresses shall be valid notices thereof.

SECTION 6. VACANCIES

Vacancies on the Board of Directors shall exist (1) on the death, resignation, removal, or expiration of term of any Director, and (2) whenever the number of authorized Directors is increased.

Vacancies on the board may be filled by the (1) the Members, (2) the Board of Directors, or (3) if the Directors remaining in office constitute fewer than a quorum of the Board, they may fill the vacancy by the affirmative vote of a majority of all the Directors remaining in office.

SECTION 7. RESIGNATIONS

A Director may resign effective upon giving written notice to the President, the Secretary, or the Board of Directors. A resignation is effective when the notice is delivered unless the notice specifies a later effective date.

SECTION 8. REMOVAL OF DIRECTORS

A Director may be removed, with or without cause, upon the affirmative vote of not less than a majority of the Directors.

SECTION 9. COMPENSATION

Directors shall serve without compensation except that they shall be allowed reasonable advancement or reimbursement of expenses incurred in the performance of their regular duties as specified in Section 5 of this Article. Reasonable expense lim-

its shall be determined by resolution of the Board of Directors. Directors may not be compensated for rendering services to the Corporation in any capacity other than Director unless such other compensation is reasonable and is allowable under the provisions of Section 10 of this Article.

SECTION 10. RESTRICTION REGARDING INTERESTED DIRECTORS

Notwithstanding any other provision of these Bylaws, no persons serving on the board may be interested persons. For purposes of this Section, "interested persons," means either:

(a) Any person currently being compensated by the Corporation for services rendered it within the previous twelve (12) months, whether as a full- or part-time Officer or other Employee, Independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as Director; or

(b) Any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person.

(c) Any person so deemed by vote of the existing board of Directors.

Article 3.—Meetings and actions of the board of directors

SECTION 1. PLACE OF MEETINGS

Meetings shall be held at such place within or without the State of Arizona, which has been designated by resolution of the Board of Directors. Any meeting, regular or special, may be held by conference telephone, electronic video screen communication, or other communications equipment. Participation in a meeting through use of conference telephone constitutes presence in person at that meeting so long as all Directors participating in the meeting are able to hear one another.

SECTION 2. NOTICE OF MEETINGS

Notice of the date, time, place, or purpose of annual and other regular meetings of the Board of Directors need not be given. Notice of any special meeting, setting forth the date, time and place of the meeting, shall be given to each Director by oral or written notice not less that two (2) days before the meeting. The notice need not describe the purpose of the special meeting unless otherwise required by the Articles of Incorporation or other provisions in these Bylaws.

SECTION 3. QUORUM FOR MEETINGS

At all meetings of the Board of Directors, a majority of the Directors then in office shall constitute a quorum. If a quorum is present when a vote is taken, the affirmative vote of a majority of Directors present is the act of the Board of Directors unless the articles of Incorporation, other provisions of these Bylaws or the Code otherwise require the vote of a greater number of Directors. If a quorum shall not be present at any meeting of the Board, the Members present at such meeting may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present.

SECTION 4. PRESUMPTION OF ASSENT

A Director who is present at a meeting of the Board of Directors when corporate action is taken is deemed to have assented to the action taken unless 1) his dissent or abstention from the action taken is entered in the minutes of the meeting, or 2) he delivers written notice of his dissent or abstention to the presiding offer of the meeting before its adjournment or to the Corporation immediately after adjournment of the meeting. The right of dissent or abstention in not available to a Director who votes in favor of the action taken.

SECTION 5. CONDUCT OF MEETINGS

Meetings of the Board of Directors shall be presided over by the President of the Corporation or, in his or her absence, by the Vice President of the Corporation or, in the absence of each of these persons, by a Chairperson chosen by a majority of the Directors present at the meeting. The Secretary of the Corporation shall act as secretary of all meetings of the board, provided that, in his or her absence, the presiding Officer shall appoint another person to act as Secretary of the Meeting.

SECTION 6. ACTION BY WRITTEN CONSENT WITHOUT MEETING

Any action required or permitted by the Board of Directors under any provision of law may be taken without a meeting. Such action by written consent shall have the same force and effect as the majority vote of the Directors. Any certificate or

other document filed under any provision of law which relates to action so taken shall state that the action was taken by unanimous written consent of the Board of Directors without a meeting and that the Bylaws of this Corporation authorize the Directors to so act, and such statement shall be prima facie evidence of such authority.

SECTION 7. NON-LIABILITY OF DIRECTORS

The Directors shall not be personally liable for the debts, liabilities, or other obligations of the Corporation.

Article 4.—Officers

SECTION 1. NUMBER OF OFFICERS

The officers of the Corporation shall be a President, a Vice President, a Secretary, and a Chief Financial Officer who shall be designated the Treasurer. The President shall serve as Chair.

SECTION 2. QUALIFICATION, ELECTION, AND TERM OF OFFICE

Officers of the Corporation must either be an owner, a member of the Executive Committee with decision-making authority, or be president, chief executive, or Director of member programs in good standing. Officers shall be elected by and from the Board of Directors. When a board member is elected to serve as an officer his/her term on the board is extended to coincide with the term of the office Each officer shall hold office for two years and may serve an additional two-year term pending an affirmative vote of the majority of the Board of Directors at the regular meeting immediately preceding the end of the Officer's first term. No President may serve more than two terms. Each officer shall hold office until his or her term expires or until he or she resigns, is removed, or otherwise is disqualified to serve, or until his or her successor shall be elected and qualified, whichever occurs first.

SECTION 3. REMOVAL AND RESIGNATION

Any officer may be removed, either with or without cause, by a majority vote of the Board of Directors, at any time. Any officer may resign at any time by giving written notice to the Board of Directors or to the President or Secretary of the Corporation. Any such resignation shall take effect at the date of receipt of such notice or at any later date specified therein, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

SECTION 4. VACANCIES

Any vacancy caused by the death, resignation, removal, disqualification, or otherwise, of any officer shall be filled by the Board of Directors. In the event of a vacancy in any office other than that of President, such vacancy may be filled temporarily by appointment by the President until such time as the Board shall fill the vacancy. Vacancies occurring in offices of officers appointed at the discretion of the board may or may not be filled, as the board shall determine.

SECTION 6. DUTIES OF PRESIDENT

The President shall be the chief executive officer of the Corporation. The president shall have general executive charge, management and control of the properties, business and operations of the Corporation with all such powers assay be reasonably incident to such responsibilities. The President shall have the authority to agree upon and execute all leases, contracts, evidences of indebtedness and other obligations in the name of the Corporation; and, shall have such other powers and duties as designated in accordance with these Bylaws and as from time to time may be assigned by the Board of Directors.

SECTION 7. DUTIES OF VICE PRESIDENT

In the absence of the President, or in the event of his or her inability or refusal to act, the Vice President shall perform all the duties of the President, and when so acting shall have all the powers of, and be subject to all the restrictions on, the President. The Vice President shall have other powers and perform such other duties as may be prescribed by law, by the Articles of Incorporation, or by these Bylaws, or as may be prescribed by the Board of Directors.

SECTION 8. DUTIES OF SECRETARY

The Secretary shall keep the minutes of all meetings of the Board of Directors and the minutes of all meetings of the Members, in books provided for that purpose; the Secretary shall attend to the giving and serving of all notices; may, in the name of the Corporation, affix the seal of the Corporation to all contracts of the Corporation and attest the seal of the Corporation thereto; shall have charge of such books and papers as the Board of Directors may direct, all which shall at all reasonable times be open to inspection of any Director upon request at the office of the Corporation during business hours; and shall in general perform all duties incident to the office of Secretary, subject to the control of the President and the Board of Directors.

SECTION 9. DUTIES OF TREASURER

The Treasurer shall have responsibility for the custody and control of all the funds and securities of the Corporation. The Treasurer shall perform all acts incident to the position of Treasurer subject to the control of the President and the Board of Directors; and shall, if required by the Board of Directors, give such bond for the faithful discharge of duties in such form as the Board of Directors may require.

Article 5.—Committees

SECTION 1. EXECUTIVE COMMITTEE

The Officers of the Corporation will constitute the Executive Committee. The Board of Directors may delegate to such Committee any of the powers and authority of the board in the management of the business and affairs of the Corporation, except with respect to:

a) The approval of any action which, under law or the provisions of these Bylaws, requires the approval of the Members or of a majority of all of the Members.

b) The filling of vacancies on the board or on any committee, which has the authority of the board.

c) The fixing of compensation of the Directors for serving on the board or on any committee.

d) The amendment or repeal of Bylaws or the adoption of new Bylaws.

e) The amendment or repeal or any resolution of the board, which by its express terms is not so amendable or repealable.

f) The appointment of committees of the board or the Members thereof.

g) The expenditure of corporate funds to support a nominee for Director after there are more people nominated for Director than can be elected.

h) The approval of any transaction to which this Corporation is a party and in which one or more of the Directors has a material financial interest, except as expressly provided in Arizona Nonprofit Corporation Law.

SECTION 2. OTHER COMMITTEES

The Corporation shall have such other committees as may from time to time be designated by resolution of the Board of Directors. Such other committees may consist of persons who are not also members of the board. These additional committees shall act in an advisory capacity only to the board.

SECTION 3. MEETINGS AND ACTION OF COMMITTEES

Meetings and action of committees shall be governed by, noticed, held and taken in accordance with the provisions of these Bylaws concerning meetings of the Board of Directors, with such changes in the context of such Bylaw provisions as are necessary to substitute the committee and its members for the Board of Directors and its members, except that the time for regular meetings of committees may be fixed by the committee. The time for special meetings of committees may also be fixed by the Board of Directors. The Board of Directors may also adopt rules and regulations pertaining to the conduct of meetings of committees to the extent that such rules and regulations are not inconsistent with the provisions of these Bylaws.

Article 6.—Members

SECTION 1. IDENTITY OF MEMBERS

The Members of the Corporation shall be composed of those Members who have been elected as such by a majority of the Board of Directors; and shall retain their status as Members so long as they continue to meet the standards of membership

as determined by the Board of Directors and pay any and all annual dues imposed by the Corporation upon its Members in a timely fashion.

SECTION 2. MEMBERSHIP STANDARDS

The Board of Directors shall establish by resolution standards for each category of membership, if any. The standards for membership may be changed from time to time at the discretion of the Board of Directors. Some categories of Members may not have voting rights.

SECTION 3. MEMBERSHIP DUES

Membership dues shall be set by the Board of Directors from time to time in such amounts, as the Board of Directors deems appropriate. The dues amounts may differ among categories of membership. Membership dues shall be paid annually and the Treasurer shall be responsible for mailing an annual dues statement to each Member.

SECTION 4. ANNUAL MEETING

The annual meeting of the Members shall be held at the national conference of the association of each year or such other date as designated by the Board of Directors. The date, time and place of the annual meeting shall be designated by the Board of Directors and stated in the notice of the meeting. The business to be transacted at the annual meeting shall include the transaction of business as may properly come before the meeting.

SECTION 5. SPECIAL MEETINGS

Special meetings of the Members may be called at any time for any purpose by the President or a majority of the Board of Directors and shall be called by an Officer or Director of the Corporation upon the request in writing of a majority of the Members. Such request shall state the purpose or purposes of the meeting. Business transacted at all special meetings shall be confined to the purpose or purposes stated in the notice of the meeting.

SECTION 6. NOTICE OF MEETINGS

The Corporation shall notify Members of the date, time, and place of each Annual and Special Members' Meeting no fewer that ten (10), nor more than sixty (60) days, before the meeting date. Unless the Arizona NonProfit Corporation Code (the "Code") or the Articles of Incorporation require otherwise, the Corporation is required to give notice only to Members entitled to vote at the Meet. Unless the Code or the Articles of Incorporation require otherwise, notice of an Annual Meeting need not include a description of the purpose or purposes for which the meeting is called. Notice of a Special Meeting must include a description of the purpose or purposes for which the meeting is call. If not otherwise fixed pursuant to the Code, the record date for determining Members entitled to notice of an Annual or Special Members' Meeting is the close of business on the day before the first notice is delivered to Members. Unless other provisions of these Bylaws require otherwise, if an Annual or Special Members' meeting is adjourned to a different date, time, or place, notice need not be given of the new date, time or place if the new date, time or place is announced at the meeting before adjournment. If a new record date for the adjourned meeting is or must be fixed pursuant to these Bylaws, however, notice of the adjourned meeting must be given under this Section to persons who are Members as of the new record date. Any Member may waive notice of any meeting by written waiver filed with the records of the meeting either before or after the holding of such meeting. If mailed, such notice shall be deemed to be delivered when deposited in the United State s mail with first class postage thereon prepaid, addressed to the Member at his address, as it appears in the Corporation's record of Members. If telexed, such notice shall be deemed to be delivered the day such notice is telexed to the Member

SECTION 7. WAIVER OF NOTICE

A Member may waive any notice required by the Code, the articles of Incorporation, or these Bylaws before or after the date and time stated in the notice. The waiver must be in writing, be signed by the Member entitled to the notice, and be delivered to the Corporation for inclusion in the minutes or filing with the corporate records. A Member's attendance at a meeting (1) waives objection to lack of notice or defective notice of the meeting; and (2) waives objection to consideration of a par-

ticular matter at the meeting that is not within the purpose or purposes described in the meeting notice, unless the Member objects to considering the matter when presented. Unless otherwise required by these Bylaws, neither the business transacted nor the purpose of the meeting need be specified in the waiver; provided, however, that any waiver of notice of meeting required with respect to an amendment of the articles of Incorporation pursuant to Code, as amended, a plan of merger pursuant to Code, amended, or a sale of assets pursuant to Code, as amended, shall only be effective upon compliance with Code, as amended.

SECTION 8. QUORUM

Members entitled to vote may take action on a matter at a meeting only if a quorum of those Members, present in person or represented by proxy, exists with respect to that matter. Unless the Articles of Incorporation, other provisions of these Bylaws or the Code provides otherwise, ten percent (10%) of the votes entitled to be cast on the matter by the Members constitutes a quorum for action on that matter; however, unless twenty percent (20%) or more of the voting power is present in person or by proxy, the only matters that may voted upon at an annual or regular meeting of Members are those matters that are described in the meeting notice. When a quorum is once present at a meeting, it is not broken by subsequent withdrawal of any of those present.

SECTION 9. VOTING

If a quorum exists, action on a matter by the Members is approved if the votes cast favoring the action exceed the votes opposing the action, unless the Articles of Incorporation, a Bylaw adopted by the Members pursuant to the Code, as amended, or the Code requires a greater number of affirmative votes. Unless otherwise provided in the Articles of Incorporation, Directors are elected by a plurality of the votes cast by the Members entitled to vote in the lection. Unless the Articles of Incorporation or these Bylaws provide otherwise, each Member is entitled to one vote in person, by proxy on each matter voted on at Member meeting or called for via mail or electronic mail. A Member may appoint a proxy by an instrument in writing not more than one month prior to the meeting, unless such instrument provides for a longer period. Such proxy shall be dated, but need not be sealed, witnessed or acknowledged.

SECTION 10. REPRESENTATION OF MEMBERS

Each Member school shall be represented at any meeting of Members by an individual designated in writing to the Corporation by the chief administrator of the Member program. Any action by such representative shall be deemed to be the action of the Member so represented.

SECTION 11. CHANGE OF MEMBER'S REPRESENTATIVE

If any person serving as a representative of a Member program ceases to be an Employee of or associated with the Member school, such person shall cease to be a representative of such Member school or an Officer or Director of the Corporation, as the case may be.

SECTION 12. TERMINATION OR SUSPENSION OF MEMBERSHIP

(a) Grounds for Termination or Suspension. The membership of a Member shall terminate or be suspended upon the occurrence of any of the following events:

- Resignation of the Member;
- Expiration of the period of membership, unless the membership is renewed on the renewal terms fixed by the board;
- The Member's failure to pay dues, fees, or assessments as set by the board within sixty days after they are due;
- Upon his or her notice of such termination or suspension delivered to the office of the Executive Director of the Corporation personally or by mail, such membership to terminate or suspend upon the date of de1livery of the notice or date of deposit in the mail.
- Upon a determination by the Board of Directors that the Member has engaged in conduct materially and seriously prejudicial to the interests or purposes of the Corporation.

(b) Procedure for Termination or Suspension. Following the determination that a Member should be terminated or suspended under subparagraph (a) of this section, the following procedure shall be implemented:

• A notice shall be sent by first-class or registered mail to the last address of the Member as shown on the Corporation's records, setting forth the termination or suspension and the reasons therefor. Such notice shall be sent at least fifteen (15) days before the proposed effective date of the termination or suspension.

• The Member being terminated or suspended shall be given an opportunity to be heard, either orally or in writing, at a hearing to be held not less than five (5) days before the effective date of the proposed termination or suspension. The hearing will be held by the Board of Directors in accordance with the quorum and voting rules set forth in these Bylaws applicable to the meetings of the Board. The notice to the Member of the termination or suspension shall state the date, time, and place of the hearing.

• Following the hearing, the Board of Directors shall decide whether or not the Member should in fact be terminated, suspended, or sanctioned in some other way. The decision of the Board shall be final.

• Any action challenging a suspension or termination of membership, including a claim against alleging defective notice, must commence within one year after the date of termination or Suspension.

• If this Corporation has provided for the payment of dues by Members, any Member terminated from the Corporation shall receive a refund of the current years dues already paid. The refund shall be based on the effective date of the termination.

SECTION 13. RIGHTS ON TERMINATION OF MEMBERSHIP

All rights of a Member in the Corporation shall cease on termination or suspension of membership as herein provided.

SECTION 14. AMENDMENTS RESULTING IN THE TERMINATION OF MEMBERSHIPS

Notwithstanding any other provision of these Bylaws, if any amendment of the Articles of Incorporation or of the Bylaws of this Corporation would result in the termination of all memberships or any class of memberships, then such amendment or amendments shall be effected only in accordance with the provisions of Arizona Nonprofit Corporation Law.

Article 7.—Indemnification

SECTION 1. INDEMNIFICATION BY CORPORATION OF DIRECTORS, OFFICERS, EMPLOYEES AND OTHER AGENTS

To the extent that a person who is, or was, a Director, Officer, Employee or other Agent of this Corporation has been successful on the merits in defense of any civil, criminal, administrative or investigative proceeding brought to procure a judgment against such person by reason of the fact that he or she is, or was, an Agent of the Corporation, or has been successful in defense of any claim, issue or matter, therein, such person shall be indemnified against expenses actually and reasonably incurred by the person in connection with such proceeding.

If such person either settles any such claim or sustains a judgment against him or her, then indemnification against expenses, judgments, fines, settlements and other amounts reasonably incurred in connection with such proceedings shall be provided by this Corporation but only to the extent allowed by, and in accordance with the requirements of, Arizona Nonprofit Corporation Law.

SECTION 2. INSURANCE FOR CORPORATE AGENTS

The Board of Directors may adopt a resolution authorizing the purchase and maintenance of insurance on behalf of any Agent of the Corporation (including a Director, Officer, Employee or other Agent of the Corporation) against any liability other than for violating provisions of law relating to self-dealing (Arizona Nonprofit Corporation Law) asserted against or incurred by the Agent in such capacity or arising out of the Agent's status as such, whether or not the Corporation would have the power to indemnify the Agent against such liability under the provisions of Arizona Nonprofit Corporation Law.

Article 8.—Execution of instruments, deposits and funds

SECTION 1. EXECUTION OF INSTRUMENTS

The Board of Directors, except as otherwise provided in these Bylaws, may by resolution authorize any Officer or Agent of the Corporation to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Corporation, and such authority may be general or confined to specific instances. Unless so

authorized, no Officer, Agent, or Employee shall have any power or authority to bind the Corporation by any contract or engagement or to pledge its credit or to render it liable monetarily for any purpose or in any amount.

SECTION 2. CHECKS AND NOTES

Except as otherwise specifically determined by resolution of the Board of Directors, or as otherwise required by law, checks, drafts, promissory notes, orders for the payment of money, and other evidence of indebtedness of the Corporation shall be signed by the Treasurer and countersigned by the President of the Corporation.

SECTION 3. DEPOSITS

All funds of the Corporation shall be deposited from time to time to the credit of the Corporation in such banks, trust companies, or other depositories as the Board of Directors may select.

SECTION 4. GIFTS

The Board of Directors may accept on behalf of the Corporation any contribution, gift, bequest, or devise for the charitable or public purposes of this Corporation.

Article 9.—General provisions

SECTION 1. MAINTENANCE OF CORPORATE RECORDS

The Corporation shall keep at its principal office in the State of Arizona:

(a) Minutes of all meetings of Directors, committees of the board and, if this Corporation has Members, of all meetings of Members, indicating the time and place of holding such meetings, whether regular or special, how called, the notice given, and the names of those present and the proceedings thereof;

(b) Adequate and correct books and records of account, including accounts of its properties and business transactions and accounts of its assets, liabilities, receipts, disbursements, gains and losses;

(c) A record of its Members, if any, indicating their names and addresses and, if applicable, the class of membership held by each Member and the termination date of any membership;

(d) A copy of the Corporation's Articles of Incorporation and Bylaws as amended to date, which shall be open to inspection by the Members, if any, of the Corporation at all reasonable times during office hours.

SECTION 2. FISCAL YEAR OF THE CORPORATION

The fiscal year of the Corporation shall begin on the first day of January and end on the last day of December in each year.

SECTION 3. CORPORATE SEAL

The Board of Directors may adopt, use, and at will alter, a corporate seal. Such seal shall be kept at the principal office of the Corporation. Failure to affix the seal to corporate instruments, however, shall not affect the validity of any such instrument.

SECTION 4. ANNUAL STATEMENTS

No later than three (3) months after the end of the fiscal year, the Corporation shall prepare:

(a) A balance sheet showing in reasonable detail the financial condition of the Corporation as of the close of its immediately preceding fiscal year, and

(b) A profit and loss statement showing the results of its operations during the preceding fiscal year.

(c) Form 990EZ will be filed for each fiscal year.

Upon written request, the Corporation shall promptly mail to any Member of record a copy of the most recent such balance sheet and profit and loss statement.

Article 10.—Amendment of bylaws

SECTION 1. AMENDMENT

These Bylaws may be amended by a two-thirds vote of the Board of Directors of the Corporation. The Members will be notified of the change to the Bylaws. Upon notification a simple majority of the Members may overturn the Board's decision to amend the Bylaws. The membership at large is also empowered to amend the bylaws by proposing a change to the membership at an annual meeting or in writing.

Such proposed change in the Bylaws must pass with a simple majority vote of all eligible Members. The membership may also provide by resolution that any Bylaw provision repealed, amended, adopted or altered by them may not be repealed, amended adopted or altered by the Board of Directors.

Article 11.—Amendment of articles

SECTION 2. AMENDMENT OF ARTICLES

After Members, if any, have been admitted to the Corporation, amendment of the Articles of Incorporation may be adopted by the approval of the Board of Directors and by the approval of the Members of this Corporation.

SECTION 3. CERTAIN AMENDMENTS

Notwithstanding the above sections of this Article, this Corporation shall not amend its Articles of Incorporation to alter any statement which appears in the original Articles of Incorporation of the names and addresses of the first Directors of this Corporation, nor the name and address of its initial Agent, except to correct an error in such statement or to delete such statement after the Corporation has filed a "Statement by a Domestic Non-Profit Corporation" pursuant to Arizona Nonprofit Corporation Law.

Article 12.—Prohibition against sharing corporate profits and assets

SECTION 1. PROHIBITION AGAINST SHARING CORPORATE PROFITS AND ASSETS

No Member, Director, Officer, Employee, or other person connected with this Corporation, or any private individual, shall receive at any time any of the net earnings or pecuniary profit from the operations of the Corporation, provided, however, that this provision shall not prevent payment to any such person of reasonable compensation for services performed for the Corporation in effecting any of its public or charitable purposes, provided that such compensation is otherwise permitted by these Bylaws and is fixed by resolution of the Board of Directors; and no such person or persons shall be entitled to share in the distribution of, and shall not receive, any of the corporate assets on dissolution of the Corporation. All Members, if any, of the Corporation shall be deemed to have expressly consented and agreed that on such dissolution or winding up of the affairs of the Corporation, whether voluntarily or involuntarily, the assets of the Corporation, after all debts have been satisfied, shall be distributed as required by the Articles of incorporation of this Corporation and not otherwise.

Certificate

This is to certify that the foregoing is a true and correct copy of the Bylaws of the Corporation named in the title thereto and that such Bylaws were duly adopted by the Board of Directors of said Corporation on the date set forth below.

Responses to Questions for the Record From the National Association of Therapeutic Schools and Programs

Chairman Miller and Members of the Committee on Education and Labor: We appreciate the opportunity to appear before your committee and address the important issues relating to abuses in private residential treatment of children and adolescents. The National Association of Therapeutic Schools and Programs is fully in support of stopping abusive, irresponsible practices in residential treatment of children in both public and private settings.

We appreciate your leadership and focus in pushing for responsible, informed legislation aimed at improving safety and quality of care for troubled children and adolescents who must be placed in out of home residential settings. We too feel that strong, well-informed licensure and regulation is called for, and is in fact available in many states. It should be encouraged and available in all states.

We are enclosing answers to your specific queries as well as a brief statement of background information that provides a context to better understand both the evolution of private residential care and the evolution of NATSAP as a professional and trade organization committed to improving the quality of care for children and their families.

A Brief History of Private Therapeutic Schools and Programs

There has been a rapid growth of private residential treatment programs in the past 20 years. Figure 1 demonstrates the acceleration of growth by simply plotting

the number of NATSAP programs founded by decade revealing a rapid acceleration of programs in the past two decades.

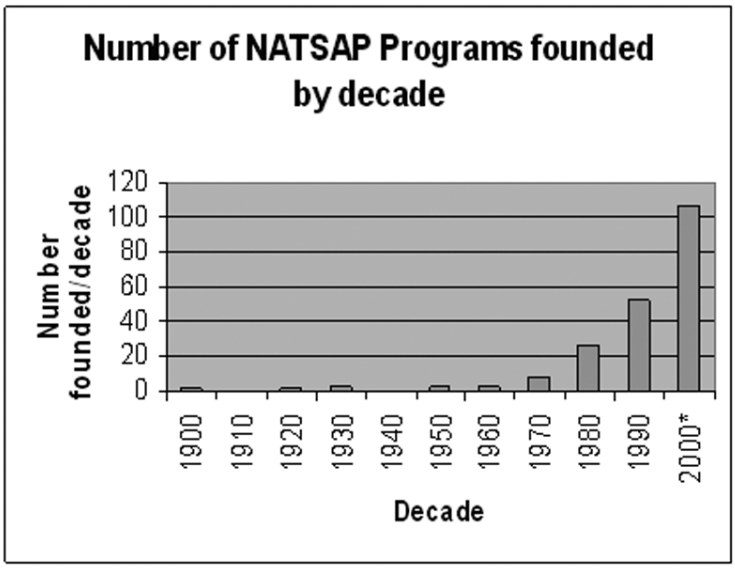

FIGURE 1

*2000-2010 is estimated based on the number of programs founded from 2000-2005.

Prior to 1980 there were in fact few options for treating troubled adolescents. For the first half of the century one could summarize the approaches as follows: reformatories (prisons), military academies, the military, boarding schools, the unskilled labor market in factories, mines, and farms, or for the most seriously disturbed and wealthiest families—long term, psychoanalytically inspired, psychiatric facilities.

In the 1960s and 70s a number of alternative approaches for treating adolescents emerged. They stood in stark contrast to treatments offered by the penal system or by mainstream medicine and psychiatry. Many of the early programs opposed the "medical model" by explicitly rejecting the use of professional therapists and psychotropic medication.

What principles guided these programs? Mel Wasserman, the founder of the CEDU programs, stated that the path of a troubled adolescent is built on a foundation that is not "plumb and square." To correct this problem, children needed the elements of strong parenting such as adult, attention, supervision, clear structure, and accountability. In brief, the early models suggested that adolescents should not be pathologized or diagnosed; they didn't need therapy. Instead they needed a chance to grow up and develop character in a new environment, free from the obstacles that interfered with normal emotional development.

In the 1980s, program growth began to accelerate and led to spin-offs from the original alternative programs such as the CEDU programs. Wilderness programs also began to emerge and provided a natural way to address psychological defenses by placing adolescents in challenging natural situations that took away their ingrained but maladaptive strategies of dealing with society. Wilderness programs also provided meaningful accountability. In addition, they added a spiritual element by forcing self-centered adolescents to confront and be inspired by natural forces much larger than themselves. Wilderness programs also provided the format for a rite of passage and a chance for adolescents to see themselves in a new perspective.

These approaches were quite diverse in style and inspiration, but shared a common belief that in order to correct the dangerous trajectory of troubled youth they must be removed from toxic environments in their communities and placed in situations that provided increased adult supervision and structure. These programs provided alternative environments aimed at teaching skills, reducing maladaptive behaviors, and providing time for adolescents to return to the path of developing a

healthy character structure. With few exceptions these programs remained outside the mainstream practice of psychiatry.

Rise and Fall of Inpatient Psychiatry

Mainstream psychiatry underwent many changes that profoundly influenced the rise in alternative programs. In the late 1970s and into the mid 1980s, psychiatry underwent a rapid growth in residential programming. Hundreds of adolescent psychiatric hospitals, both public and private, opened throughout the country. These facilities offered treatment with medium length of stays up to a month or more, and served thousands of troubled adolescents. The initial growth of psychiatric hospitals was in response to a clear need to address the increasing struggles of youth in a modern American culture that had lost the presence of adult supervision, and structure for youth.

These hospitals provided a bio-psychosocial form of treatment, but the environment and management style were heavily influenced by the general medical-hospital model. Psychiatric hospitals were staffed with attending psychiatrists and skilled nursing staff. Treatment included medication management, individual and family therapy, as well as milieu management generally provided in locked and secure facilities with the ability to physically restrain patients when necessary.

However, the rapid expansion of conventional residential psychiatric facilities ground to a halt in the latter half of the 1980s, due in large part to managed care and Prozac (or more accurately stated, to the powerful organizations behind these concepts: insurance and pharmaceutical companies). Insurance and pharmaceutical companies were the agents that dramatically changed the direction of mainstream psychiatry. Reacting to rising costs, marketing corruption and greed, insurance companies began to manage and restrict length of stay to the point that psychiatric hospitals became strictly emergent, short-term, palliative treatments for the acutely suicidal. At the same time, psychiatry became enamored with the power of neurotransmitters and in 1985 we entered the age of Prozac, a new antidepressant with fewer side effects that could change an individual's mood quickly by altering the level of serotonin available at the synapse.

For a variety of reasons, beyond the scope of this introduction, short term palliative and medication based treatments in unstructured community settings fail to address the needs of thousands of struggling adolescents. And so, these changes in mainstream psychiatry in the latter half of the 80s and first half of the 90s created the environment that led to the rapid growth of private residential programs, many of which are members of NATSAP.

In the past decade we have seen the emergence of creative alternative residential programs that combine the best of the earlier alternative and wilderness programs with the sophistication and professional training of psychiatry, psychology, social work, and family therapy. The NATSAP member programs represent unique blends of these various influences, in environments that provide a much needed and less expensive level of care than offered by in-patient psychiatric hospitals.

The National Association of Therapeutic Schools and Programs (NATSAP)

The National Association of Therapeutic Schools and Programs (NATSAP) was itself formed in 1999 in an effort to raise awareness of these relatively new levels of care. The founding members sought to create a professional organization that would support the work of treating adolescents in non-traditional residential settings. The first priority of this fledgling organization, unanimously endorsed by the early members, was to develop a common set of ethical principles and best practice standards. Our goal was to educate and increase awareness among all programs of practices that would create safe environments for working with adolescents and their families.

For the past eight years NATSAP has maintained an ongoing process of evaluating and improving our practice standards. We have annual conferences attended by over 700 individuals as well as 6 regional conferences attended by over 800 this year. The conferences focus on continuing education for professionals in our programs as well as educating all member employees as to best practice standards. In addition, we have launched a professional journal, publish a quarterly newsletter, and have begun a long term outcome research project in cooperation with the University of New Hampshire that will examine program effectiveness and create a long term data base to facilitate further research by independent investigators. A number of our member programs have also supported major research efforts by independent investigators in the past eight years*. In particular, Dr. Keith Russell (associate professor at the University of Minnesota) has published a number of articles on the short and long term effectiveness of wilderness programs. Dr. Ellen Behrens

has published several articles documenting the effectiveness of longer term therapeutic programs.

It is important to understand that NATSAP is a professional and trade organization. We strive to educate, exchange information, and raise practice standards. We are not an accrediting or licensing agency although we have asked that all members provide evidence that they are licensed by a state agency charged with monitoring the well being of participants in behavioral health settings, or if state licensure is not available, programs must be accredited by a national entity that accredits behavioral health programs. We also require that a member's clinical program be directly supervised by an independently licensed clinician.

We do not speak for programs that are not members of our organization, but as a group of programs we have taken a clear public stand against all abusive practices with children. We have continuously educated programs and staff in models and methods of handling adolescents with the aim of eliminating the use of potentially abusive methods. Our practice standards specifically preclude:

- procedures that deny a nutritionally adequate diet;
- physically abusive punishment;
- any behavior support management intervention that is contrary to local, state and/or national licensing or accrediting standards; and,
- the application of consequences that are not in accordance with the program participant's basic and fundamental rights and protections.

We are as opposed to the abuse of children as much or more than anyone who has testified at your hearings. At the same time we recognize the importance and value of residential treatment offered by NATSAP member programs, and we ask that the House Committee on Education and Labor take time to study and understand this important level of care. Our member programs now serve nearly eighteen thousand children annually. Families who seek private alternatives do not do so lightly or capriciously, but generally out of desperation. They look for alternatives because they see their children failing and unable to get back on a trajectory that will make it possible to become independent, productive young adults. Children end up in residential treatment only after they have failed in numerous attempts in outpatient and community based settings. Parents make the difficult decision to send their child to a residential program only when they realize that, despite their best efforts, their home environment is failing support their child's growth and development in healthy ways. Parents see that their children are lost, anxious, depressed, failing in school, or engaging in behavior that is risky and dangerous. Many of these children drift into a world filled with alcohol, drugs, and a dangerous lack of respect and empathy that compromises society's collective values. Parents have no choice but to separate these lost adolescents from their toxic community environments.

It is the failure of community based service that has given rise to the growth of private residential programs. It is vitally important that legislators understand the importance of this level of care, and understand how many lives would be at greater risk if private residential programs were not available. Of course such programs should be licensed and regulated in a manner that adequately assures the safety and well being of participants, but it is also essential that regulation be well designed and informed so as to support the important, life saving environments and levels of care that such private programs offer.

We further ask that any legislative effort take into consideration the major distinctions in types of programs that are available and not proceed as if all private residential programs are the same. They are not. NATSAP member programs include the following basic types of programs:

- Therapeutic Boarding Schools
- Small Residential Programs
- Residential Treatment Centers
- Outdoor Therapeutic and Wilderness Programs
- Specialty Psychiatric and Behavioral Health Programs
- Transitional or Young Adult Living Programs

Each of these program types requires basic practice standards, coupled with standards that reflect the differences in setting and level of structure required in each setting.

Outside of NATSAP, there remain a number of "boot camps" or punishment based programs that employ degrading, abusive behavioral management techniques that are in direct violation of NATSAP practice standards. Many of these programs are public or state contracted corrective facilities, not private programs. If such a program is a member of NATSAP, and we become aware of an inappropriate practice, we will ask the program to stop and correct such practices immediately or be removed from membership. If such a program is not a member of NATSAP we, of course, have no influence over it. Therefore, we educate the public of the differences

between programs that ascribe to our published practice standards and those that do not.

Finally, our hearts go out to those brave individuals who testified about the circumstances of their adolescent's deaths in programs. Due in large part to their heartfelt testimony, we have recently enacted a "sentinel event" policy (attached) that will require reporting, review and data sharing in an effort to learn from past mistakes and prevent future serious injury or loss of life in our member programs.

We are working with an extraordinarily troubled population of adolescents who have failed to respond to numerous medications, outpatient care, and other community-based treatments. Working with such a population is inherently risky. Nonetheless, we must not ignore or give up on these adolescents at a time when they need our help most.

NATSAP is committed to ensuring that families in desperate need of specialized treatment services for their adolescents may choose confidently from an array of nurturing, safe, and effective programs. We continue our mission to improve adolescent residential care with renewed vision, vigor, and optimism. ,

RESEARCH REFERENCES

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In Response to Representative Robert Scott

1. What mechanism is in place to deal with circumstances where your members have self-certified that they are abiding by NATSAP's ethics and good practices standards when they are in fact not in compliance with these standards?

If a member program is not complying with the signed ethics and good practice standards we encourage employees, other programs, or families to submit a specific written complaint. The complaint process is as follows:

a) Any complaint against a member program must be submitted to NATSAP in the form of a signed letter to the Executive Director of NATSAP.

b) If the complaint involves a specific program participant the Executive Director must obtain an appropriate release of information permitting NATSAP to access and review personal and confidential information.

c) After receiving a written, signed complaint, the Executive Director will contact and inform the President of NATSAP.

d) The Executive Director and President will review and determine whether the complaint involves a potential violation of ethics or practice standards. If so the complaint is referred to the Ethics Committee Chairperson.

e) The Ethics Committee Chairperson will establish a 3-5 member subcommittee to review the complaint.

f) Oftentimes, problems are resolved by directly addressing issues with the member program. If it agrees to change its practices to correct any deviation from our standards the issue is typically closed. Depending on the severity of the infraction and its consequences, the subcommittee might recommend the program's membership status be made conditional or be terminated.

g) The subcommittee reports its findings and recommendations back to the President and Executive Director.

h) If membership sanctions are recommended, the matter will be brought to the Board of Directors, and the Board will follow Section 11 (Termination or Suspension of Membership) of the organization's by-laws (attached).

2. Dr. Pinto testified that she has collected 700 concerns on residential treatment centers over 6 months, while NATSAP has investigated less than 5 claims against its members. Can you please explain the discrepancy in these numbers?

Dr. Pinto and her colleagues have been engaged for several years in efforts to draw attention to private "institutional abuse" of children. They have collaborated with advocacy groups and have contributed as "experts" to several web sites and blogs that are intended to expose the horrors of abusive private adolescent treatment programs. Dr. Pinto's recent testimony before the House Committee on Education and Labor suggested that she actively solicited narratives from victims of adolescent maltreatment as part of her efforts to collect and draw attention to reports of abuse and neglect in private residential treatment settings. Dr. Pinto's high visibility among, and active outreach to, communities of victims of abuse and neglect were likely the greatest factors contributing to the large quantity of narratives she managed to gather.

NATSAP does not solicit reports of abuse and neglect; however, anyone who affirmatively contacts NATSAP via email, telephone, or our website receives information as to how an ethical or practice complaint about a NATSAP member may be filed with NATSAP. NATSAP has prepared for the Committee on Education and Labor a summary of some 17 complaints it has received regarding member programs. NATSAP does not accept complaints about non-members, yet it does refer to governmental and credentialing entities those individuals who contact NATSAP seeking to file a complaint against a non-member.

3. Is there currently any requirement that other treatment options be utilized to address a child's behavioral issues before sending them to such a center?

We are aware of no legal or industry requirement that other treatment attempts be made prior to an adolescent's placement in a private residential program. As a matter of practice, however, families typically make numerous unsuccessful attempts at treatment and exhaust all other options prior to placing their son or daughter in a private residential setting.

The NATSAP principles require programs to establish specific admission criteria used to distinguish between those candidates for treatment who will, and those candidates who will not, be best served by their program.

Principle 4.0—Admission/Discharge Policy The program/school will have a written Admission Policy, which defines the enrollment criteria and delineates inclusion and exclusion criteria. Such criteria will be consistent with the mission of the program/school. Admission forms will provide pertinent history including family, medical, psychiatric, developmental, and educational background information.

Principle 4.1—The Admissions screening process will examine the physical, emotional, behavioral, and academic history, in order to determine whether the program is appropriate in light of the respective participant's needs and limitations.

In Response to Chairman George Miller

1. What is NATSAP's policy regarding the use of its logo by members? For example, are there any restrictions for using the NATSAP logo on marketing materials and websites? Are NATSAP members using the NATSAP logo required to disclose that use of the NATSAP logo does not represent endorsement by NATSAP of the safety, quality, or effectiveness of the members' program?

All members of NATSAP are encouraged to use the logo to indicate they are a member of an association that promotes ethical practices and standards that are openly available to the public. To be a member of NATSAP, programs have to submit annually an affidavit affirming that they are in compliance with our ethical principles. On our website and in our directory we clearly indicate that our members endorse our principles of good practice and ethics, but we are not and make no claim to be an accrediting or licensing agency. We operate much like most other professional organizations such as the American Psychological Association, or the American Psychiatric Association, or the Association of Licensed Social Workers. All of these associations ask members to attest by signature that they are in compliance with membership standards. Sanctions are applied to a member only upon discovery that the member has failed to comply with standards or made a false representation in this regard. We operate in the same fashion.

2. Ms. Moss indicated that NATSAP will research complaints or reports of alleged misconduct by members. What procedures are in place for reporting misconduct to NATSAP? Are reporting procedures documented? Does NATSAP make its reporting procedures widely available, for example on its website? Do members have a duty, arising from their membership, to report any misconduct to NATSAP that violates NATSAP's Ethical Principles or Principles of Good Practice? How many complaints of misconduct has NATSAP received since its formation? And what steps were taken to research such complaints or reports of misconduct?

The procedures for handling complaints regarding ethical or best practice standards are outlined in the first answer to Representative Scott above. In addition, NATSAP members are encouraged and expected to report to NATSAP any mis-

conduct that violates NATSAP's Ethical Principles or Principles of Good Practice. The 2008 NATSAP membership agreement will state this obligation as a duty of membership.

NATSAP has no record of complaints concerning its members submitted or reviewed prior to 2002. Since 2002, 17 complaints have been filed with NATSAP. Twelve of these complaints were submitted after the current complaint procedure was published. Please see our summary of complaints for greater detail on NATSAP's responses to reports of misconduct.

3. Ms. Moss indicated that NATSAP researched at least one instance where a complaint was made regarding a member's website. Please describe the complaint, the actions taken by NATSAP, the corrective actions taken by the member, and provide the identity of the member.

NATSAP[MB1] received this particular complaint in June 2006 and forwarded it to Gil Hallows, Ethics Chair. The complaint and NATSAP's internal reporting on the matter (printed in italics) read as follows:

a) Program listing on their website and on the NATSAP website stated "individual therapy twice per week, flexible lengths of stay, daily group sessions".

Rick Meeves, Executive Director of Outback Therapeutic Expeditions, acknowledged the statement was in error in the NATSAP Directory (and website) and on the program's website and stated it was an unintentional oversight on their part. He committed to reviewing all of their marketing literature and correcting this misstatement. He authorized NATSAP to change the statement to "weekly individual therapy sessions" on our website and would make sure that next year's directory is accurate. Mr. Meeves also committed to clarifying the statement "daily group sessions" to more accurately reflect that two groups are conducted by therapists and the balance are educational or process groups conducted by other staff.

b) Generally not delivering what they said they would:

- Parent weekend was minimized compared to what they were told
- Couldn't see the camp or other kids because of "3 hours of HIPAA paperwork". Verbally and on website "supposedly take part in desert rituals and rites of passage. There was no exposure to camp rituals, understanding the process, etc.; no rites of passage that are talked about and that staff [previously informed me] would be part of the parent visit when I checked [my son] in."
- [Cancellation] of a family therapeutic experience on the parent visit should not have been blamed on "the wilderness is both advantageous and difficult, and today we got the bad, sorry. There were things we had to deal with and we didn't get to you. Bye."

Mr. Meeves further committed to reviewing all of the written material Outback uses pertaining to their parent visits in the context of what they are actually doing to insure they are accurately representing this part of their program. He believes that they occasionally have a therapist who may not deliver the full extent of services to parents during the parent visits, and committed to monitoring this more closely, but believes overall they deliver what they say they will to parents.

I feel confident that Rick [Meeves] will follow through with his commitments. I will check in with Rick [Meeves] in the near future to hold him accountable for making the stated corrections and completing the internal reviews.

4. What actions does NATSAP intend to take in light of the testimony given by the U.S. Government Accountability office regarding Alldredge Academy's delinquency in remitting permit fees to the federal government? Is operating on federal land without a valid permit a violation of NATSAP's Ethical Principles or Principles of Good Practice?

NATSAP reviewed Alldredge Academy's application carefully when it applied for membership in late 2003. We interviewed the ownership and management, as well as talking directly to the licensing agency in their state. After careful consideration and deliberation we admitted them to membership status in late 2004. There are a few facts that we were unaware of that emerged from your hearings and in your question that we will consider to be a written ethical complaint. These issues, and the delinquency in remitting permit fees to the federal government, have been referred to our ethics committee for review and investigation. We are willing to provide you with a copy of our findings. We respectfully request copies of the GAO and Committee on Education and Labor's investigations and sources of information that indicate a failure on Alldredge Academy's part to comply with specific ethical and practice principles.

5. NATSAP hosts national and regional conferences to foster the professional development of its members. Have any of these conferences ever included lectures, workshops, presentations or discussions concerning cases of abuse, neglect, mistreatment, or death of children; what led to these horrific tragedies; what needs to change; and what NATSAP members need to do in response?

Agendas for NATSAP's past five national conferences are attached. Examination of the agendas makes it clear that most of the topics are related to improving the clinical treatment of children in our members' programs. The aim of the conference is to exchange information, generate enthusiasm for best practices, and support those who work directly with children. Inherent in the presentations are many ways to approach children that obviate the need for confrontational interactions that have the potential of leading to abuse. We also have had many direct presentations at both national and regional conferences that address specifically prevention of abuse and deaths in programs. Below is a listing of such presentations:

NATSAP 2003 Conference
- Abuse Risk Management
- Risk Management

NATSAP 2005 Conference
- Critical Incident Response (4 hour workshop)
- Effective Programs and Risk Reduction: It Is All About Relationships

NATSAP 2006 Conference
- A Look At Suicide in Out-of Home Placements

NATSAP 2007 Conference
- Behavior Support Management from a NATSAP Perspective (3 hour workshop)
- Critical Incident Response
- Joint commission—pre-conference workshop (note)

NATSAP 2008 Conference
- Risk Management (8 hour workshop—scheduled as of August 15)

Regional Conferences

2006:
- Self Harm, Cutting; Dealing With a Growing Epidemic

2007:
- Crisis Management
- Emergency Preparedness

6. NATSAP's new membership requirements mandate that members be licensed by an appropriate state mental health agency, or accredited by a reputable mental health accreditation organization. On what basis is an accreditation organization deemed to be credible?

The accreditation organization must have standards on Clinical service, and safety of program participants that clearly define requirements regarding the treatment being offered and the credentials of the staff providing the clinical services. Currently NATSAP will accept the Commission on Accreditation of Rehabilitation Facilities (CARF), Commission on Accreditation (COA) and Joint Commission (JCAHO). These three agencies are the most respected independent behavioral health accrediting agencies in the country. All of these accrediting agencies require annual reports of compliance and have regular on-site inspections to assure that programs operate in accordance with their own, and the accrediting organization's, policies.

7. Please provide a chart showing the year in which each NATSAP member joined NATSAP, or lost its membership due to expiration or revocation. [See Addendum A]

8. It is our understanding that the NATSAP board is primarily comprised of individuals associated with member programs. Given that NATSAP researches and acts upon complaints against members when they are reported to NATSAP, please describe NATSAP's policy regarding conflicts-of-interest for its board members. For example, are board members required to recuse themselves on matters before the board when, by virtue of their affiliation with a particular member, their judgment may be prejudiced in fact or in appearance?

To be considered for election to the board of directors of NATSAP, an individual must be an owner or an executive of a member program in good standing. It has always been our practice to have board members recuse themselves during discussions where conflicts of interest exist or have the potential to exist. The specific procedure reads as follows: Conflicts of interest that affect NATSAP at times exist with individual Board members, the executive director, ad hoc board members, committee chairs or committee members. During all business meetings it is necessary and appropriate for the leader of such meeting to ask members who have a potential conflict of interest to recuse themselves during discussion and or voting whenever such conflicts arise.

9. Recent reports indicate that a NATSAP member, Youth Care, Inc., has been placed on probation by the Utah Department of Human Services and that criminal neglect charges have been filed against this member due to the death of a child. Youth Care, Inc. uses the NATSAP logo on its website to promote their program. Given these reports and the use of the NATSAP logo by this member, what steps

does NATSAP intend to take to research reports of criminal neglect on the part of Youth Care, Inc.?

10. Aspen Education Group, which owns Youth Care, Inc., also operates Aspen Achievement Academy, another NATSAP member. Aspen Achievement Center is currently being investigated for a teen's attempted suicide. While authorities conduct a thorough investigation, what does NATSAP do to ensure the safety of students placed in its member facilities?

Response to Questions 9 and 10:

Both Youth Care and Aspen Achievement Academy are current members and we will ask both to respond to our current "sentinel event review policy". Since both are also accredited by the Joint Commission and licensed by the state of Utah they are required to provide detailed information regarding all sentinel events. They are also required to conduct a "root cause analysis" to examine the causes of the death and to determine whether procedures or policies need to be revised to increase safety in the future. On review we will require a corrective action plan and, if the deaths resulted from violations of practice standards or ethical principles, sanctions will be issued.

Add a summary of the complaint and identify the parties.

October 23, 2007.

Hon. DALE K. KILDEE,
U.S. House of Representatives, Rayburn HOB, Washington, DC.

DEAR REPRESENTATIVE KILDEE: We are enclosing a full accounting of the ethical complaints received by NATSAP since 2002. We do not have records of complaints filed prior to 2002 as we changed executive directors, moved central office location, and did not have adequate reporting procedures in place. As we compiled existing records since 2002 we realize that while our procedures have improved, they remain inadequate to ensure accurate registration, recording of deliberation, and documentation of outcomes. This hearing has made it clear that NATSAP must move quickly to establish a more transparent and accurate record of complaints. To this end the Board has already adopted a new Sentinel Event Policy (enclosed in the report to Chairman Miller) that creates a mandatory reporting of any events that lead to death or serious injury. We are now in the process of creating a more comprehensive system to encourage reporting of all ethical and practice complaints as well as a process that will ensure accurate and timely response and record of such complaints.

The following pages provide summaries of all ethical and practice complaints we have records for from 2002- 2007. We are also enclosing copies of all of our records of complaints in Appendix A with specific names removed in order to protect confidentiality of individuals.

Sincerely,

NATSAP BOARD OF DIRECTORS.

Ethical and Practice Standard Complaints

1. (February, 2002) Program A—The complaint, filed by the parents on February 3, 2002 included a) not being responsive to the young man's need for medical attention; b) violation of privacy by contacting the parent's school district regarding the young man's crisis prior to contacting the parents; c) moving the young man to a "safe house" and not disclosing the costs. There is a document marked confidential that appears to have been faxed to a machine that was out of ink. The document, however, is included with the other information.

• The review information on this complaint is limited except for a copy of an email sent by Dr. John Santa, then Ethics Chair, that indicated the complaint needed to be reviewed but first needed to obtain appropriate releases of information, which were not forthcoming. The program closed January 2004.

2. (June, 2004) Program B—A former teacher sent email expressing concern regarding the ownership of the program and requesting confidentiality. This request for confidentiality and use of his statement prevented further review.

3. (September, 2004) Program C—A complaint was received from an educational consultant. Written complaints and releases of information were received from two parents. The complaints focused primarily on quality of care and that the executive director was not licensed in Montana as a therapist.

• Gil Hallows, Ethics Chair, reviewed the complaint and, according to his report, found facts that supported a disgruntled employee assisted by an educational consultant. Mr. Hallows There is a document marked confidential that appears to have been faxed to a machine that was out of ink. The document, however, is included with the other information, that the Executive Director's role was that of an admin-

istrator with therapy provided by two licensed therapists. The complaint of a "misrepresentation of the nature of services" was not substantiated but did suggest shortcomings in the areas of quality assurance and customer service more than a clear-cut breach of ethics.

4. (September, 2004) Program D—The complaint was filed by a NATSAP member program regarding the recruiting of their employees by another member program.

• Dr. John Santa and Gil Hallows spoke with the individual filing the complaint and the member program named in the complaint. Dr. Santa and Mr. Hallows did not find a violation of ethical standards. They did recognize the potential impact if our members failed to recruit in open ways. Several articles have been written for the NATSAP newsletters as well as open discussions held at Regional and National Conferences regarding ethical practices in recruitment.

5. (March, 2005) Program E—Father wrote letter stating his daughter was started on medication without his consent. He stated he shares custody with his ex-wife. He further requested "anonymity and the utmost delicacy in approaching the [program]". While he handwrote a release to investigate, a NATSAP Release of Information was mailed to him on March 22, 2005. He failed to sign it and return it.

6. (February, 2006) Program F—Employee complaint. Sharon Laney, President, in review of the complaint with Jan Moss, Executive Director found it to be an employee grievance and that the employee had done the right thing by contacting the Montana Labor Board. The individual was advised that the incidents reported, which were labor related, were not addressable under NATSAP's guidelines.

7. (June, 2006) Program G—A parent filed a complaint addressing the information on the program's website and their delivery of services. The complaint and the report provided by Gil Hallows (in italics) follow:

a) Program listing on their website and on the NATSAP website stated "individual therapy twice per week, flexible lengths of stay, daily group sessions".

The Executive Director acknowledged the statement was in error in the NATSAP Directory (and website) and on the program's website and stated it was an unintentional oversight on their part. He committed to reviewing all of their marketing literature and correcting this misstatement. He authorized NATSAP to change the statement to "weekly individual therapy sessions" on our website and would make sure that next year's directory is accurate. He also committed to clarifying the statement "daily group sessions" to more accurately reflect that two groups are conducted by therapists and the balance are educational or process groups conducted by other staff.

b) Generally not delivering what they said they would:

• Parent weekend was minimized compared to what they were told

• Couldn't see the camp or other kids because of "3 hours of HIPAA paperwork". Verbally and on website "supposedly take part in desert rituals and rites of passage. There was no exposure to camp rituals, understanding the process, etc.; no rites of passage that are talked about and that staff [previously informed me] would be part of the parent visit when I checked [my son] in."

• [Cancellation] of a family therapeutic experience on the parent visit should not have been blamed on "the wilderness is both advantageous and difficult, and today we got the bad, sorry. There were things we had to deal with and we didn't get to you. Bye."

The program Executive Director further committed to reviewing all of the written material the program uses pertaining to their parent visits in the context of what they are actually doing to insure they are accurately representing this part of their program. He believes that they occasionally have a therapist who may not deliver the full extent of services to parents during the parent visits, and committed to monitoring this more closely, but believes overall they deliver what they say they will to parents.

I feel confident that [Executive Director] will follow through with his commitments. I will check in with him in the near future to hold him accountable for making the stated corrections and completing the internal reviews.

8. (July, 2006) Program H—The father notified NATSAP of a complaint filed with the State of North Carolina, Department of Health and Human Services, Division of Facilities. The email was sent to Gil Hallows, Ethics Chair, on August 15, 2006. A Release of Information was not required at the time as this review could be conducted without the need to question the program about the specific young woman involved. The complaint covered unauthorized medical treatment. No formal report was submitted after Gil Hallows' inquiry.

9. (September, 2006) Program I—The complaint focused on disputing a) a penalty for early withdrawal from the program; b) a delay in the discussion of a Treatment Plan the parents had received; c) loss of contact lens; d) requirements for letter writing (program requires student to write 1 per week; parents received 3 letters in the

10 weeks their daughter was in the program; e) the consulting psychiatrist prescribed naltrexone and zonisamide; and f) because of all of the above they requested a refund of the early withdrawal penalty cost as applied to their American Express card.

• Gil Hallows, Ethics Chair, advised Jan Moss, Executive Director that the review included requesting a copy of the contract with the parents and found that the contract advises the parents of the early withdrawal. Mr. Hallows also advised Ms. Moss the other concerns raised were "customer service" issues as opposed to ethical or practice violations and that he had counseled the program, encouraging them to review their practices.

10. (September, 2006) Program J—The parent provided NATSAP with the complete medical history of the child, police reports and was advised that the state was conducting an investigation. Sharon Laney reviewed the situation with an attorney due to the ongoing state investigation. October 2007, Ms. Laney has followed up with the mother, who has not responded. We are sending an official request to the State of Florida Investigation agency for the results of their investigation.

11. (December, 2006) Program K—A mother wrote a letter outlining her concerns regarding her adult daughter's admission to a young adult program under the guidance of her father. Due to the age of the young woman, which would require a Release of Information from her, and her father's participation in the admission process, NATSAP did not conduct any review.

12. (December, 2006) Program L—The parents' written complaint addressed the program's philosophy including

a) Dedicated to the concept of using the least restrictive means necessary to induce change.

Actual experience: For the first 2 weeks of enrollment, the young woman was made to sleep on the floor in the common room; was made to wear shower shoes, inside and out, weather conditions notwithstanding; all students are given "time outs for crying. Timeouts consisted of sitting cross-legged away from the group".

b) The therapist will contact the parents within the first 2 weeks of placement to establish a regular schedule of therapeutic phone calls and begin the therapeutic alliance with the parents. Actual experience: Received only one phone call and it was a message left on the home message machine

c) Karate is inherently therapeutic and promotes character development and physical well-being. Quotes follow from the philosophy including "multiple benefits for the students, including * * * a greater respect for others"; "increased understanding of self and increased tolerance for others"; "students * * * develop personalities founded on humility and gentleness". Actual experience: Daughter was openly chastised in class for not paying attention (daughter has ADHD).

d) Initial and ongoing assessment of academic needs and academic programs are individualized. Actual Experience: Two weeks after enrollment the educational advisor contacted the parents and advised them that an academic assessment had not been done (normally within two weeks of enrollment). The assigned educational advisor was ignorant of the Psychological Evaluation of their daughter, had no knowledge of her expressive language disorder, nor her diagnosed ADHD.

• Executive Director, Jan Moss, directed the parents to the Utah state licensing agency, Department of Human Services as this agency has comprehensive behavior management and program management standards. Note: Copy of the Release of Information has been misplaced.

13. (January, 2007) Program M—The parent submitted a complaint in writing and release of information. The complaint addressed the school was dispensing medication without a license to do so. An email request was placed on April 13, 2007 requesting details that would assist NATSAP in its review of the complaint with no response. Over the next several weeks, Jan Moss called several times to confirm academic licensure status as requested in the complaint, but did not receive a return call. Ms. Moss was advised months later that no return call was made due to an ongoing investigation and was advised at that time of the program closure on August 31, 2007.

14. (February, 2007) Program N—The complaint filed by the parent outlined that medical treatment was denied to her son initially and that they waited until he was dehydrated to the point he had to be hospitalized for 4 days. Jan Moss responded to the email requesting a signed letter outlining the complaint and attached 2 Release of Information forms. One form was to be signed by the parent and the 2nd form by her son, as he was over 18. Due to not receiving the signed releases, we were unable to conduct a review.

15. (May, 2007) Program O—NATSAP was among 60 organizations and individuals copied on a complaint filed with the State of Utah Department of Human Services. The complaint addressed in detail the parent's view of the program's violation

of Utah regulations. Within the week after receipt, James Meyer, Ethics Chair, inquired with Ken Stettler of the Utah licensing agency and was advised the complaint was being reviewed. We will inquire further with the program and with the state authorities.

16. (June, 2007) Program P—The parent provided email notification of complaint. Jan Moss sent response to request complaint with signature plus completion of Release of Information on June 28, 2007. Due to not receiving the signed releases, we were unable to conduct a review.

17. (July, 2007) Program Q—The parent complaint addressed treatment of a sinus infection and misrepresentation of the program's population. Per procedure, Jan Moss reviewed the complaint with President, Sharon Laney. Ms. Laney advised Ms. Moss to direct the parents to the Utah licensing authorities, Department of Human Services, regarding the treatment of the medical condition and the misrepresentation to the Ethics Chair, James Meyer. Mr. Meyer reported that his review found no evidence of misrepresentation. Ms. Moss is in receipt of a 2nd letter from the parents questioning the review and she has requested Mr. Meyer to follow-up with the parents. We have not completed the review of this complaint.

Chairman MILLER. Dr. Pinto?

STATEMENT OF ALLISON PINTO, PH.D., RESEARCH PSYCHOLOGIST AND ASSISTANT RESEARCH PROFESSOR, LOUIS DE LA PARTE FLORIDA MEDICAL HEALTH INSTITUTE, UNIVERSITY OF SOUTH FLORIDA

Dr. PINTO. Good morning, Chairman Miller, Ranking Member McKeon and distinguished members of the committee.

Thank you for this opportunity to testify before you today, and I am grateful for your leadership and your efforts to help protect youth from maltreatment by convening this hearing.

I am Dr. Allison Pinto, and I am a child and adolescent psychologist licensed in the states of California and Florida. I am a member of the American Psychological Association and assistant professor at the University of South Florida and a researcher at the Children's Board of Hillsborough County, a children's services council in Florida.

For the past 3 years I have served as the coordinator of A START: Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment.

Each week, I receive phone calls and emails from concerned youth, family members and professionals who are trying to navigate the increasingly complex world of residential services for youth, or to cope with the aftermath of their experiences. I have also spoken with a variety of individuals associated with the growing number of programs that are being framed as alternatives to traditional residential mental health care.

Many parents and professionals are shocked by the descriptions of institutional abuse that continue to emerge regarding the care that American adolescents are receiving in alternative residential programs. In disbelief, they often ask, "Well, how do you know that these are not just a few isolated incidents that have been sensationalized in the media?" or "How do you know that these are not just the complaints of manipulative, troubled teens or disgruntled families?"

People are also in shock to learn that in many states these programs are not required to be licensed or regulated with regard to the education, mental health care and residential services that they provide.

In order to address this disbelief and to gain a clearer understanding of the variety of residential services that are now available for youth, we posted an online survey to systematically gather reports from individuals who participated in residential programs when they were adolescents. Within 6 months, over 700 people responded to the survey.

The detailed descriptions that young adults have been willing to share through this survey provide data that reveal a highly disturbing phenomenon. While there are youth and families who are satisfied with the services that they have received, a significant number of adolescents report maltreatment in programs across the country. Survey findings reveal the following:

Reports of mistreatment, abuse and neglect are widespread. There were concerns expressed regarding 85 programs located in 23 states and in several foreign countries.

Facilities are not maintaining health and safety standards, and youth are experiencing medical neglect and educational deprivation.

Incidents of physical and sexual abuse have occurred that were never reported by youth due to threatening program environments or the absence of universal access to protection and advocacy hotlines.

Treatment is violating human rights. In the guise of behavior modification, youth are required to earn their basic human rights to privacy, dignity and contact with family members. Youth are being deprived of food, sleep and shelter. They are forced to endure stress positions, humiliation and intentionally fear-inducing encounters. Programs are also using cruel and dangerous thought reform techniques.

The use of seclusion and restraint is highly, highly, grossly inappropriate. These practices are being used as punishments for rule violations rather than only when a person is a serious danger to themselves or others. Youth are enduring painful restraint practices, and isolation for periods of weeks, even months has been reported.

Youth have expressed profound distress about their residential experiences. For some respondents, the memories of their experience remain deeply disturbing and have led to a pattern of anxiety consistent with post-traumatic stress disorder.

So are these reports credible? Based on the level of detail and the overall coherence of the accounts provided and using my clinical judgment as a child psychologist, I conclude that they are very credible. If those of us who are mandated reporters of suspected child abuse were to learn of this type of treatment occurring in a family's home, we would be required to file a suspected child abuse report so that the concerns could be investigated. We must consider the reports of maltreatment and abuse occurring in residential facilities just as seriously.

Recognizing that the online reports provided are retrospective and are not necessarily from a representative sample of all individuals who attended residential programs, the survey findings, nonetheless, indicate that a serious problem has emerged.

Because there are now hundreds of reports of abuse and neglect related to a diversity of programs across many states, these reports

reveal a coherent pattern of institutional maltreatment. Once a pattern becomes apparent, it is not appropriate scientifically or ethically to dismiss reports of maltreatment as a few bad apples or a few noisy complaints.

We must now acknowledge the problem in order to resolve it.

Thank you again for the opportunity to present this testimony and for your efforts to safeguard and restore the wellbeing of American youth and families. I would be pleased to answer any questions.

[The statement of Dr. Pinto follows:]

Prepared Statement of Allison Pinto, Ph.D., Research Psychologist and Assistant Research Professor, Louis de la Parte Florida Medical Health Institute, University of South Florida

Thank you, Mr. Chairman and committee members, for this opportunity to testify before you today regarding the very serious problems of mistreatment, abuse and neglect of youth in residential facilities.

I am a child psychologist licensed in the states of California and Florida, an assistant professor at the University of South Florida, and a researcher at the Children's Board of Hillsborough County, a children's services council in Florida.

For the past three years I have served as the coordinator of A START: Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment. A START is a national, cross-sector alliance of mental healthcare and other child-serving professionals, as well as parents and youth, who have come together in response to growing concerns regarding the mistreatment and abuse of youth in residential facilities.

Each week, I receive phone calls and emails from concerned youth, family members and professionals who are trying to navigate the increasingly complex world of residential services for youth, or to cope with the aftermath of their experience in residential programs. I have also spoken with a variety of individuals associated with the growing number of residential programs that are being framed as alternatives to traditional residential mental healthcare.

Many parents and professionals are shocked by the descriptions of institutional abuse that continue to emerge regarding the care that American adolescents are receiving in alternative residential programs. In disbelief, they often ask, "How do you know that these aren't just a few isolated incidents that have been sensationalized in the media?" or "How do you know that these aren't just the complaints of manipulative, "troubled teens" or disgruntled families?

In order to address these questions, and to gain a clearer understanding of the variety of residential programs now available for youth, my colleagues and I posted an online survey to systematically gather reports from individuals who participated in residential programs when they were adolescents. Within six months over 700 people responded to the survey.

The detailed descriptions that young adults have been willing to share through this survey provide data that reveal a highly disturbing phenomenon. While there are youth and families who are satisfied with the care and services they have received in residential programs, a significant number of adolescents report being mistreated and maltreated in programs across the country. To give you a sense of the nature and scope of problems that have emerged, I will be submitting for the record a preliminary summary of our survey findings, which reveal the following:

1. Reports of mistreatment, abuse and neglect are widespread. There were concerns relating to 85 programs located in 23 states, and in U.S.-owned programs based in foreign countries as well. More than half of the identified programs are self-described "therapeutic boarding schools," and more than one third of the identified programs are members of NATSAP.

2. Youth are being transported to residential facilities by escort services under threat or use of force, without their consent. Youth were transported in handcuffs and leg-irons, and experienced these practice as highly distressing—they frequently felt like they were being kidnapped with their parents' permission.

3. Facilities are not maintaining health and safety standards. Youth were not provided with the basics of a sanitary environment, leading to illnesses such as scabies, and staff supervision was not consistently provided to ensure the safety of program participants.

4. Amateur psychological interventions are being conducted. In the guise of "behavior modification," youth were required to earn their human rights to privacy,

dignity, contact with family members, and peer relations—rights that are now safeguarded for all participants in licensed and regulated mental healthcare facilities. Youth were recruited and admitted on the basis of identified psychiatric disorders, but then received services that ignored established standards of care specific to their presenting problems.

5. Educational deprivation is occurring. In a variety of programs, youth were not receiving instruction from trained and qualified teachers, textbooks and educational materials did not meet state curriculum standards, and vacuous education is being provided in the guise of "independent study." Some students returned home to their original school settings to find themselves significantly behind and some who "graduated" from the alternative residential programs discovered afterward that the diplomas they received were not recognized by their home states or college admissions departments.

6. Medical neglect is occurring. Medications were administered without appropriate supervision by trained medical personnel, as well as the discontinuation of medications without physician monitoring. The absence of trained medical providers in residential programs has caused health problems to go unrecognized and untreated, in some cases leading to death.

7. The use of seclusion and restraint is grossly inappropriate. Seclusion or physical restraint were used as a punishment for rule violations and negative attitudes. Isolation for periods of weeks was reported, and youth described enduring painful, dangerous and humiliating restraint practices. In licensed mental healthcare facilities this would be prohibited, as seclusion and physical restraint can only be used when a person is determined to be a serious danger to self or others.

8. Treatment is violating human rights. Youth were deprived of food, sleep and shelter as a consequence for breaking rules or not evidencing sufficient progress in the program. Youth have been forced to endure stress positions, physical pain and fear-inducing encounters such as being taken into the woods or onto the highway blindfolded.

9. Treatment is explicitly abusive. There were incidents of physical and sexual abuse that youth never reported due to distrust of staff, threatening program environments, or the absence of universal access to child protection and advocacy hotlines.

10. Youth are in distress and suffering. Respondents expressed profound distress about their residential experiences. Comments included:

- "It was a terrible place. Mentally scarring. I would hope NO ONE would ever have to go to a place like that. It's worse than jail."
- "I don't ever want another child to be so abjectly hopeless or so horribly abused. I don't ever want another family to be torn up when there is the possibility of being reunited and healed."
- "I still have bad dreams about it. I wake up shaking and nervous that I am there again. It has scarred me emotionally and I don't know if I will ever get over it."

Some youth were informed by staff that their parents were aware of the maltreatment that they were enduring, and then felt betrayed and abandoned by their families, causing damage to their relationships that has been difficult to heal even after families have been reunited. For some respondents, the memories of their experience in alternative residential programs remain deeply disturbing and have led to a pattern of anxiety consistent with post traumatic stress disorder.

Are these reports credible? Based on the level of detail and the overall coherence of the accounts provided, and using my clinical judgment as a child psychologist, I conclude that they are very credible. If those of us who are mandated reporters of suspected child abuse were to learn of such treatment occurring in a family's home, we would be required to file suspected child abuse reports so that the concerns could be investigated. We must consider the reports of mistreatment and abuse occurring in residential facilities just as carefully.

Recognizing that the online reports provided are retrospective and are not necessarily from a representative sample of all individuals who attended residential programs as youth, the survey findings nonetheless provide compelling information indicating that there are far more than a few isolated cases of youth who are being mistreated and are suffering in residential programs. Because there are now hundreds of reports, related to such a diversity of programs, in such a broad range of states and countries, these reports reveal a coherent pattern of institutional maltreatment. Once a pattern becomes apparent in this manner, it is not appropriate, scientifically or ethically, to dismiss reports of maltreatment as exceptions to the norm. Rather, it becomes necessary to understand each report in the context of an evolving, societal phenomenon of institutional mistreatment and abuse, which must be acknowledged if it is to be eliminated.

Thank you for bringing attention and responding to this disturbing phenomenon, in order to safeguard and restore the well-being of American youth and families.

[Responses to questions for the record from Dr. Pinto follow:]

October 24, 2007.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN MILLER: Thank you for the opportunity to testify at the October 10, 2007 hearing, "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities." I appreciate the opportunity to contribute what I have learned from youth, family members, service providers and other child-serving professionals regarding patterns of mistreatment and maltreatment in residential programs. I am grateful for your attention and expressed concern about these problems, and I am hopeful that the Committee will respond both to protect youth and families from further harm and to restore the well-being of those who have already been injured in residential care. To augment my testimony, I am submitting a response to the questions posed by Representative Robert Scott (D-VA) as well as the following materials for the hearing record:

• "Protecting Youth in Unlicensed, Unregulated Residential 'Treatment' Facilities," an article co-authored with Lenore Behar, Robert Friedman, Judith Katz-Leavy and William G. Jones, which was published in Family Court Review in July, 2007.

• This peer-reviewed article includes preliminary findings of the online survey of young adults who attended specialty residential programs when they were adolescents, which I referred to in my testimony. Analyses of the full set of personal accounts are currently underway, and will be made available when completed.

• "Unlicensed Residential Programs: The Next Challenge in Protecting Youth," an article co-authored with Robert M. Friedman and other members of the Alliance for Safe, Therapeutic and Appropriate use of Residential Treatment (A START), which was published in the American Journal of Orthopsychiatry in 2006.

• This peer-reviewed article reviews the phenomenon of "specialty" residential programs for youth, describes the efforts A START, and provides recommendations regarding responses across fields and sectors.

• "The Exploitation of Youth and Families in the Name of "Specialty Schooling:" What Counts as Sufficient Data? What are Psychologists to Do?" an article co-authored with Robert Friedman and Monica Epstein, which was published in Summer, 2005 in the APA Public Interest Directorate: Children, Youth and Families Division News.

• This peer-reviewed article provides a summary of identified problems relating to the phenomenon of private residential services for youth, based upon an initial review of reports published in the media prior to the availability of any more systematically collected information on the issues.

• "A START Fact Sheet" posted on the A START website at *http://astart.fmhi.usf.edu*

• This fact sheet describes the phenomenon of mistreatment in private residential facilities for youth, summarizes initial efforts of A START, and provides a list of warnings for parents considering residential treatment.

• Postings to *http://endinstitutionalabuse.wikispaces.com, an online wiki created less than one week prior to the October 10, 2007 hearing to provide a virtual space where individuals can post letters, accounts and concerns that they want to share directly with Congress regarding the abuse of youth in residential facilities. Many people who submitted letters to this wiki described their personal experiences of mistreatment and abuse in private residential facilities. The wiki is also an opportunity for individuals to provide input regarding proposed legislation to address this issue as a means of participatory policymaking.*

Thank you again for the opportunity to contribute to the Committee's efforts to clarify and respond to the patterns of mistreatment and abuse in private residential treatment. If you need any further information from me, I would be pleased to provide it. A powerful response is urgently needed in order to protect and restore the well-being of American youth and families, so your leadership in these efforts is deeply appreciated.

Sincerely,

ALLISON PINTO, PH.D.,
Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute.

Response to Questions Posed by Representative Robert Scott (D-VA)

• Do "tough love" strategies have an appropriate treatment role for major psychological disorders? If so, what is that role?

"Tough love" strategies are not appropriate treatment strategies for major psychological disorders or for other milder social, emotional or behavioral difficulties experienced by youth. In 2004, the National Institutes of Health (NIH) issued a State-of-the-Science Conference Statement regarding the prevention of violence and related health-risking social behaviors in adolescents. NIH concluded, "the evidence indicates that 'scare tactics' don't work and there is some evidence that they may make the problem worse rather than simply not working." This report noted that ineffective, inappropriate treatment for adolescents included programs limited to scare tactics or toughness strategies. (For further details, go to: *http://consensus.nih.gov/2004/2004YouthViolencePreventionSOS023html.htm)*

Often these "tough love" strategies are actually referred to as "behavior modification" in private residential facilities for youth. It should be noted that these practices were addressed decades ago in a 1974 study prepared by the staff of the Subcommittee on Constitutional Rights of the Committee on the Judiciary, U.S. Senate, which was titled, "Individual Rights and the Federal Role in Behavior Modification." Even at that time, there was opposition to "behavior modification therapies" on the basis of rights to privacy and mandates against cruel and unusual punishment, especially with regard to thought reform techniques. Similar techniques are now being used in numerous private residential programs for youth, per the reports of former program participants and staff members (For examples, see the article I am submitting for the record titled, "Protecting Youth in Unlicensed, Unregulated Residential 'Treatment' Facilities," as well as letters submitted on the "End Institutional Abuse" wiki). These strategies place all program participants at risk, but especially those youth with major psychological disorders who are already particularly vulnerable.

• Is there currently an obligation for mental health professionals who recommend these programs to clients to ascertain their safety and validity as a treatment option?

Psychologists, psychiatrists, clinical social workers and psychiatric nurses abide by the principles and standards established by their respective professional ethical codes. For example, the APA Ethical Principles of Psychologists and Code of Conduct defines principles of beneficence and nonmaleficence, fidelity and responsibility, integrity and justice. With regard to justice, the Code states, "Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices." With regard to standards of competence, the Code states, "Psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals." Furthermore, psychologists do not accept fees for referrals as this is deemed unethical. (For further details, go to: *http://www.apa.org/ethics/code2002.html)*

Each mental health profession has a code that is similar in many ways to this APA Code for psychologists, and in many states the licensing of mental health professionals through the Department of Health and Human Services or Board of Behavioral Sciences is linked to these various professional codes. As such, there is an accountability for providing safe, therapeutic and appropriate referrals among licensed mental healthcare professionals.

There are two dilemmas worth noting, however. First, very little information is available and accessible at this time with regard to particular residential treatment programs for youth, especially programs that advertise themselves as alternatives to traditional residential mental healthcare. In many states these alternative residential programs are still not required to be licensed or regulated with regard to the mental healthcare they provide (e.g. programs that self-identify as "therapeutic wilderness programs," "therapeutic boarding schools" or "emotional growth academies.") This makes it difficult for mental health professionals, as well as families, to discern whether a particular program is safe and appropriate.

The other dilemma worth noting is that many families are being referred to private residential treatment facilities by individuals other than mental health professionals. Families receive recommendations from teachers, pastors, legal professionals and friends and often these recommendations are more compelling to them than those they receive from mental health professionals (if they seek a referral), especially if the family has already tried to get their child's needs met through the formal mental healthcare system without success. Furthermore, there is an emerging referral "industry" of self-identified "educational consultants," and these individuals are not required to be licensed. As such, they are not accountable for the recommendations they provide to families. It should also be noted that numerous pri-

vate residential programs pay these referral sources, a practice that is prohibited in the ethical codes of mental health professionals.

• Is there currently any requirement that other treatment options be utilized to address a child's behavioral issues before sending them to such a center?

Through the Individuals with Disabilities Education Act (IDEA), youth are entitled to receive services in the "least restrictive environment." The federal law indicates that states must have procedures in place to assure that, "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." Through the Individualized Education Program (IEP) planning process, students are safeguarded from inappropriate placement in residential facilities. (For further details, go to: *http://www.wrightslaw.com/info/lre.osers.memo.idea.htm)*

The dilemma is that many families are by-passing the IEP process because they are paying out-of-pocket to place their children in private residential facilities. Families who choose this route are often never made aware of the full continuum of educational and mental healthcare options that might benefit their children. Families who contact me after having placed their children in private residential facilities often indicate that they were never made aware of community-based treatment that could have provided more intensive interventions than regular education and outpatient psychotherapy, without requiring them to use out-of-home residential care. This realization is often quite distressing to parents who say they never wanted to send their children away but were led to believe that residential treatment was their only option.

Thank you for the careful attention you are paying to these issues, and for your leadership in safeguarding and restoring the healthy development and well-being of youth and families.

Respectfully submitted,

ALLISON PINTO, PH.D.

[Additional submissions from Dr. Pinto follow:]

Exploitation in the Name of "Specialty Schooling"

The Exploitation of Youth and Families in the Name of "Specialty Schooling:" What Counts as Sufficient Data? What are Psychologists to Do?

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A multi-disciplinary taskforce has formed at the Louis de la Parte Florida Mental Health Institute to study the issues raised in this article, and the authors wish to thank and acknowledge the other members of this taskforce: Lenore Behar, Amy Green, Barbara Huff, Charles Huffine, Christina Kloker-Young, Wanda B. Mohr and Christine Vaughn.

The Exploitation of Youth and Families in the Name of "Specialty Schooling:" What Counts as Sufficient Data? What are Psychologists to Do?

Despite an expanding evidence base regarding promising and effective practices in children's mental health, and the implementation of these practices in a growing number of communities, an alarming treatment phenomenon is now occurring. Since the early 1990's, hundreds of private residential treatment facilities have been established across the country and abroad, and thousands of American youth are now receiving services in these institutions. Many of these programs identify themselves as private "therapeutic boarding schools," "emotional growth schools," or "specialty boarding schools." Unlike accredited and licensed residential treatment centers that are required to meet clear and comprehensive standards with regard to the treatment they provide, many of these new programs are not currently subject to any licensing or monitoring as mental health facilities in a number of states. It is the unlicensed and unregulated programs that are the focus of this article.

Highly disturbing reports have been published in the public media describing financial opportunism by program operators, poor quality treatment and education, rights violations and abuse of youth in these facilities (Dibble, 2005; Rowe, 2004; Aitkenhead, 2003; Weiner, 2003d; Kilzer, 1999). Outrage has been expressed by

youth, family members and program employees (Rock, 2005; Rowe, 2004; Rubin, 2004; Aitkenhead, 2003; Rimer, 2001). The former director of one program expressed her dismay by sending a letter to the regional Department of Child Welfare calling for the program to be closed immediately because it "takes financial advantage of parents in crisis, and puts teens in physical and emotional risk" (Weiner, 2003a, par. 39). Multiple state investigations have been conducted and lawsuits have been filed in response to reports of abuse, neglect and mistreatment of youth in "therapeutic boarding schools." In numerous cases the lawsuits have led to convictions or high cost settlements (Hechinger & Chaker, 2005; Dukes, 2005; Rock, 2005).

Several states already have good laws on licensing and regulation of these facilities and other states have responded to these growing concerns by proposing (and in a few states passing) legislation to monitor and regulate the full range of residential programs for youth, including "therapeutic boarding schools." An example of such legislation is Utah Senate Bill 107, which was signed into law in March, 2005; this bill defines "therapeutic schools" and clearly specifies that these programs must be licensed and regulated like all other residential treatment facilities for youth (S. 107, 2005). Beyond the state level, Federal Bill HR 1738, the End Institutionalized Child Abuse Bill, was introduced in Congress in April, 2005; this bill proposes to provide funding to states to support the licensing and monitoring of the full range of child residential treatment programs.

Although policymakers have begun to take action, there has been little response from the field of children's mental health. In particular, there has been no acknowledgement of the reports of abuse in "therapeutic boarding schools" and similar programs by the American Psychological Association. In one sense, the lack of response from psychologists is consistent with our epistemological framework and commitment to the scientific method; we typically gather data first, and then analyze and interpret it, prior to developing a response or course of action. Currently, there are no comprehensive, systematically collected data available about private, unregulated residential treatment, so the lack of response at this time might seem appropriate. In addition to valuing the science of psychology, however, we also aspire to safeguard the welfare and rights of those whom we seek to serve, and we say that we are aware that special safeguards may be necessary to protect the rights and welfare of vulnerable persons or communities (Ethical Principles of Psychologists and Code of Conduct, 2002). It is therefore important that we educate ourselves about the current residential treatment phenomenon and then respond, as psychologists, in a manner consistent with our principles and our mission. Although the increased and unregulated institutionalization of youth is far from what we may have hoped for or predicted, it is occurring nonetheless, and we cannot ignore it any longer.

The following review is a summary of the issues that have been identified in the accounts that have been published to date regarding residential treatment programs that are not licensed or accredited as such, but continue to operate. These accounts have been featured in publications including the New York Times, the Washington Post, and Time Magazine, and have been aired on BBC News and National Public Radio. The series of articles published in 2003 by Tim Weiner at the New York Times is particularly comprehensive, and is based on interviews and correspondence with more than 200 parents, youth, staff members and program officials. Lou Kilzer has also reported extensively on the topic in the Denver-Rocky Mountain News (Kilzer, 1999). It should be noted that these series do not address all residential treatment and neither does this article. They specifically raise concerns about unlicensed and unregulated private programs that serve youth with emotional and behavioral challenges.

A "Booming Industry"

It is difficult to determine exactly how many private residential treatment programs billed as "specialty schools" currently exist. In a white paper titled, "Unregulated Youth Residential Care Programs in Montana" the author noted that, "Because private behavioral healthcare programs are not required to be licensed or registered with any state agency, it is a bit like knowing about an 'undiscovered lake' in the mountains (Montana Department of Public Health and Human Services [DPHHS], 2003)." Regardless, an Internet search using the term "troubled teen therapeutic boarding school" easily identifies a few hundred facilities, many of which are listed on websites such as strugglingteens.com, familyfirstaid.org and natsap.org. In January, 2004, the Chicago Tribune reported, "Even in a lackluster economy, business for therapeutic schools is booming. While exact numbers are hard to come by, a trade association and other experts say the schools are a $1 billion to $1.2 billion industry that serves 10,000 to 14,000 school-age children (Rubin, 2004, par. 8)." Some of these residential programs house over 500 youth in a single facility (Cole, 2004; Weiner, 2003a; Weiner, 2003d). According to reports in the Wall

Street Journal and the New York Times, the cost of each program generally ranges from $30,000 to $80,000 per year (Hechinger & Chaker, 2005; Rimer, 2001). Medicaid and most health insurance plans will not pay for youth to attend these programs, so families are typically paying out of pocket, sometimes mortgaging their homes or borrowing money from relatives to pay for "tuition" (Cole, 2004; Rubin, 2004; Rimer, 2001). It is the very fact that this involves a private transaction between a family and a program that makes it possible for the programs to operate outside of public monitoring.

How the Programs Describe and Market Themselves

Residential facilities that self-identify using the labels of "therapeutic boarding school," "emotional growth school" or "specialty boarding school" seem to emphasize non-pathologizing approaches in their marketing materials. One program conveys this by stating, "Labels and diagnoses are left at the door and students are identified and accepted as being intrinsically valuable and good." Phrases like, "respecting dignity and integrity," "uncovering true potential" and "accepting personal responsibility" are frequently incorporated into the program mission statements. At the same time, these programs are often quite explicit in marketing to families of youth with psychiatric diagnoses, claiming expertise in treating a variety of serious conditions including PTSD, Bipolar Disorder and Eating Disorders (NATSAP Directory, 2005).

In terms of the services marketed within these programs, various mental health interventions are described, including individual, group and family therapy, substance abuse counseling, cognitive-behavioral therapy, behavior management (sometimes described in terms of "point systems" and "level systems"), and the maintenance of a therapeutic milieu. Other less traditional interventions are described in some of the institutions, including equine therapy, canine therapy, and wilderness therapy. The educational opportunities in these institutions are often highlighted in marketing materials with phrases such as "extensive college-preparatory curriculum," a "boutique educational package customized for each participant," and education "custom-tailored to each student's unique needs (NATSAP Directory, 2005)."

There appear to be three major ways in which these programs are currently marketed: through the Internet, through "educational consultants," and through participating family referrals. Many programs host their own websites and are listed as well on "referral sites," which offer web-based surveys for parents to complete to determine whether their children are exhibiting problems that would benefit from residential placement. "Educational consultants" are also available to connect families with programs. The qualifications and credentials of these consultants vary (Rubin, 2004) and there is no evidence of educational requirements or state regulations for this profession. It is reported that some referral sources receive a commission by certain residential facilities for each family they recruit, although this arrangement is not regularly made explicit to families (Rock, 2005a; Hayes, 2003). Some programs also encourage families whose youth are attending the program to recruit other families they know; for each new admission, the referring family receives a month of "tuition-free" services (Aitkenhead, 2003). Families have reported sending their children to programs on the recommendation of other parents without ever further investigating the program or services described (Cole, 2004).

Actual Services Delivered

Although the services and educational resources described in marketing materials may be highly appealing to families seeking support, many of these programs seem to provide far less than they advertise. With regard to mental health intervention, therapy is often provided by staff members who have no formal clinical training, and therapeutic interventions suggestive of gross incompetence are commonly reported (Cole, 2004; Aitkenhead, 2003; Kilzer, 1999; Weiner, 2003a; Weiner, 2003d). Harsh and punitive behavioral modification practices have been repeatedly documented (Romboy, 2005; Weiner, 2003c; Kilzer, 1999).

Some youth have reported that they were required to discipline other youth in the facility in order to progress within the behavioral modification level system (Lukes, 2005; Weiner, 2003a). Psychiatrists are not regularly part of the treatment team, and incorrect dosing (Romboy, 2005) as well as frequent over-medication of program participants has been reported (Weiner, 2003d). Education has been described as a series of monitored study halls without trained, licensed teachers (Rowe, 2004; Aitkenhead, 2003) and some programs issue "diplomas" that would not be officially recognized by state Departments of Education (Garifo, 2005).

Some facilities are explicit about their refusal to accept accountability for delivering the services they advertise (Kilzer, 1999; Weiner, 2003a). For example, in one

program, parents are required to sign a contract that "states plainly that the program 'does not accept responsibility for services written in sales materials or brochures' or promises made by 'staff or public relations personnel (Weiner, 2003a, par. 25).'"

Abuse of Youth by Program Staff

Highly disturbing incidents of physical, emotional and sexual abuse as well as rights violations have been documented in a number of reports (Hechinger & Chaker, 2005; Rock, 2005; Garifo, 2005; Harrie & Gehrke, 2004; Bryson, 2004b; Weiner, 2003b; Montana DPHHS, 2003). In some programs, parents are instructed by staff to immediately dismiss their children's reports of abuse as attempts at manipulation (Aitkenhead, 2003; Weiner, 2003c). Emotional abuse has been reported in terms of verbal abuse, humiliation, forced personal self-disclosure followed by mockery and extreme fear inducement (Hechinger & Chaker, 2005; Rock, 2004; Aitkenhead, 2003; Weiner, 2003b; Weiner, 2003d; Kilzer, 1999). Criminal probes relating to allegations of sexual assault by staff members have occurred in multiple programs as well (Hechinger & Chaker, 2005; Bryson, 2004b; Hayes, 2003; Weiner, 2003d; Montana DPHHS, 2003; Kilzer, 1999).

Excessive and Abusive Seclusion and Restraint Practices

In a number of programs, the seclusion and restraint procedures are significantly more restrictive than the standards generally accepted by mental health licensing and accrediting bodies. In one program, youth described lying on their stomachs in an isolation room for 13 hours a day, for weeks or months at a time, with their arms repeatedly twisted to the breaking point (Rowe, 2004; Weiner, 2003c; Aitkenhead, 2003). A youth from one Montana facility reported that he spent six months in isolation (Weiner, 2003d). Signed affidavits from former employees of a therapeutic boarding school in northern Utah indicate that youth in that program were restrained face down in manure (Romboy, 2005; Stewart, 2005).

In some programs, parents sign contracts authorizing program staff to use mechanical restraints on the youth for unlimited periods of time (Kilzer, 1999). The restraint practices in one institution were described by a former resident as, "a completely degrading, painful experience * * * they pin you down in a five-point formation and that's when they start twisting and pulling your limbs, grinding your ankles (Aitkenhead, 2003, par. 9)." Records allegedly documenting the use of handcuffs, belts, pepper spray and duct tape to restrain youth have been cited as well (Bryson, 2005b; Dibble, 2005).

Rights violations

Some programs restrict youth rights without clear clinical justification. Restricted rights include prohibitions against: written and phone contact with family members for the initial two to six months (Kilzer, 1999; Aitkenhead, 2003); privacy, even in bathrooms and showers (Aitkenhead, 2003; Kilzer, 1999); and wearing shoes, which could facilitate running away (Kilzer, 1999). There is no indication that families or youth are provided with information about how to contact advocacy groups if they have concerns about the treatment and care the youth receives. This is quite unlike accredited psychiatric hospitals and residential treatment centers, which are required to post hotline numbers that youth and family members can call if they believe their rights are being violated.

"Escort" Services

Families frequently hire "professional escort services" to transport youth to the residential facilities (Bryson, 2005; Rowe, 2004; Cole, 2004; Labi, 2004; Rimer, 2001). It is estimated that more than twenty escort companies are currently in operation, and to date they are not state-regulated (Labi, 2004). Parents pay escorts as much as $1800 to enter their sleeping children's bedrooms in the middle of the night, awaken them, handcuff and/or leg iron them if they protest or resist, and travel with them to the residential programs where they will be admitted (Labi, 2004; Weiner, 2003a). Parents sign a notarized power-of-attorney authorizing the escort(s) to " take 'any act or action' on the parents' behalf during the transport (Labi, 2004, par. 16," and promising that the family will not sue the escort(s) "for any injuries caused by 'reasonable restraint'" (Labi, 2004, par. 16).

Neglectful Conditions

Some of these programs are neglectful, in terms of environmental safety and cleanliness, nutrition and medical care. Unsanitary living conditions have been described repeatedly (Bryson, 2005; Romboy, 2005; Stewart, 2005; Harrie & Gehrke, 2004; Labi, 2004; Weiner, 2003d; Aitkenhead, 2003; Kilzer, 1999). Youth have contracted scabies while living at some residential facilities (Romboy, 2005; Weiner,

2003d; Kilzer, 1999). Unhealthy diets are maintained for youth in a number of programs (Romboy, 2005; Labi, 2004; Weiner, 2003d; Weiner, 2003a; Aitkenhead, 2003; Kilzer, 1999). Authorities have reported that they found expired medications in a program investigated in December, 2004 (Dibble, 2005), and other programs were recently investigated for medical neglect as well (Rock, 2005; Romboy, 2005).

Limited Rights of Youth

Although numerous lawsuits have been filed to hold programs accountable for alleged misrepresentation, mistreatment and abuse, it is commonly understood that youth currently have little legal standing to challenge their placement in these programs (Kilzer, 1999). Barbara Bennett Woodhouse, the director of the Center on Children & the Law at the University of Florida, stated, "The constitution has been interpreted to allow teens effectively to be imprisoned by private companies like [escort services] and private schools like [unregulated "specialty boarding schools"]—as long as their parents sign off. If these were state schools or state police, the children would have constitutional protections, but because it is parents who are delegating their own authority, it has been very difficult to open the door to protection of the child (Labi, 2004, par. 79)."

Minimal to Nonexistent Regulatory Oversight

Limited to nonexistent regulatory oversight is evident in many states and there is a lack of federal legislation requiring oversight of private residential treatment programs (Hechinger & Chaker, 2005; Garifo, 2005; Gehrke, 2005; Rubin, 2004). Thus, institutions are able to market themselves and provide treatment without accountability, which in turn makes it possible for programs to take advantage of youth and families. Even when parents inquire about program licensure or accreditation, the response they receive may be misleading. Programs often cite accreditation by the regional Association of Schools and Colleges and Universities as "Special Purpose Schools;" however, this process only relates to the educational component of a program and does not address therapeutic or behavioral components or standards relating to overnight care (Montana DPHHS, 2003).

Proposed Response

A number of issues are raised by the current operation of hundreds of private residential treatment facilities marketed as "specialty boarding schools," many of which are reportedly exploiting families and mistreating and abusing youth. The first issue relates to the need for responsible and effective oversight. As a society, one of our primary duties is to provide for the protection and safety of our citizens, particularly vulnerable populations such as minors. Within health care, concerns about safety contribute to the development of licensing, regulatory, monitoring, and accreditation procedures for organizations, as well as for professions. Laws and procedures regarding the reporting of child abuse and neglect, and the investigation of complaints, are primary mechanisms to help keep children safe. In response to the growing number of reports regarding mistreatment and abuse of youth in "therapeutic boarding schools" and other similar programs, responsible and effective oversight is crucial in all states. All facilities that serve minors with emotional and behavioral challenges need to be licensed and regularly monitored, with particular emphasis placed on those services provided to address the emotional and behavioral needs of youth. All such facilities also need procedures in place for the reporting of abuse. This is particularly important since accounts in the public media indicate that many of the private treatment facilities are not open to routine visits by family and/or professionals and operate outside public scrutiny.

The issue we are raising here is not whether residential care is needed for some youth, or whether private residential treatment programs are effective. Clearly there is a need for residential care for some youth, and some programs are likely very high quality. Rather, the issue of central concern is whether appropriate standards exist such that all programs providing intervention to youth with identified emotional and behavioral challenges are licensed and monitored with regard to the residential treatment they provide, and are maintaining conditions that protect the safety of those who are served.

A second issue reflected in the recent, dramatic growth of residential treatment facilities is the need to increase access to effective care for children and families in their own homes and communities so that residential care is used only when needed and not by default because other services are unavailable. Progress has been made through efforts such as the system of care grant program of the federal Center for Mental Health Services (2002) and through local and state initiatives, but there clearly is a need for great improvement, as described by the President's New Freedom Commission (2003), and the Child and Family Subcommittee of the President's New Freedom Commission (Huang et al., in press). Significant progress has been

made in developing individualized, culturally competent, and intensive interventions to be provided in communities; now the "reach" of these efforts needs to be extended.

A third issue related to the proliferation of unregulated residential treatment programs for youth is the use of the worldwide web as a powerful marketing tool. With the growth of access to the Internet by the general public, the mental health field must recognize that families will be the target of intensive, impressive, and effective marketing strategies, and that such marketing makes it difficult for both families and formal service providers to distinguish high quality programs from low quality programs. Such marketing creates a need for professional organizations such as the American Psychological Association to develop resources and provide information to help families make considered and sound choices among treatment options.

There is also a need for professional organizations, including the American Psychological Association, to take a stand on issues such as the need for increased oversight of "therapeutic boarding schools" and similar programs, and the need for adequate protections for children in these programs. In the late 1980s, when there was concern about the marketing practices of private for-profit psychiatric hospitals, a Resolution on Advertising by Private Hospitals was issued by APA's Division of Child, Youth, and Family Services (1986). Such action is needed again in the face of multiple, publicized reports that families are being exploited and children are being mistreated and abused in unregulated and unmonitored facilities, and youth have no mechanism to report abuse.

It would certainly be easier to take a strong stand if there were an abundance of carefully and systematically collected data describing who is served in these programs, how they are served, how often abuse and mistreatment takes place, and what the overall outcomes are for the programs and youth. Given the fact that the programs of such great concern are not accountable to the public, these data are unavailable now and not likely to become available in the near future. In the face of multiple reports in the media, and multiple interviews with children, parents, and former staff of such programs, is there not now sufficient information to take action to protect children from abuse and families from exploitation? We strongly believe that the answer to that question is a resounding "Yes!" We cannot continue to look the other way or use the absence of data as an excuse for inaction. The time for action is now.

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Protecting Youth Placed in Unlicensed, Unregulated Residential "Treatment" Facilities

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Throughout the country, there is considerable inconsistency in how states regulate residential treatment programs for youth. In states with little oversight, the health and safety of youth are unprotected and they may be subject to substandard treatment, rights violations, and/or abuse. Three initiatives to address this issue are reported:

(1) an Internet survey of youth who are former residents, (2) a four-state pilot study of how states regulate and monitor residential programs, and (3) a bridge-building conference between residential treatment providers and mental health leaders. Recommendations address the next steps for lawmakers, lawyers, judges, mental health and education professionals, and parents.

KEYWORDS

residential treatment for youth; licensure/regulation of residential treatment for youth; abuse in residential treatment; state responsibility for residential treatment of youth

Introduction

I did not know where I was going when two strangers came to my room at home at 3 in the morning, handcuffed me and dragged me down the stairs into a car. While I was at "name deleted," the program used forced labor, excessive exercise, sleep deprivation, nutritional deprivation, physical aggression from staff, and threats. We had work sanctions like carrying rocks, digging holes, in both extreme heat and in cold and snow/rain. Staff punched kids when restraining them; restraints were done using duct tape and blankets. Now it is hard to have lasting relationships, and I don't trust many people. I learned to "play their game" * * * make up things and admit anything to get them off your back.

Quotation from a 20-year-old about treatment that occurred 3 years before I found this program on the Internet and it looked like it was perfect for our son, who argued all the time, skipped school and was disrespectful to me and my wife. We were afraid he would smoke pot and become a juvenile delinquent. They helped us to get a mortgage on our house to pay for the care. They told us to lie to him about where we were taking him, so we did. They told us he would lie to us about what was going on at the school to manipulate us; they told us to ignore his letters. We were not allowed to talk to him on the phone. We never knew what his treatment plan was, but didn't realize that we had the right to know.

When he ran away and was picked up by a shelter program, we were ready to send him back but the woman at the shelter told us she knew from other kids that the stories were true. We found out later that they used outhouses that they dug themselves. They were punished by being forced to eat with the hogs, down on their knees, like animals. There were many punishments that involved isolation or whippings by staff. They had forced marches and had to carry rocks in their backpacks. Medical problems, like infections, were untreated. We talked to other parents who had kids there and got the same stories. We were horrified about what we did to our son. It has taken years of family therapy to get past this.

Quotation from a parent.

A parent's decision to place a child in a residential treatment center is a serious one, usually fraught with anxiety and based on serious concerns about the child's difficulties, emotional stability, and/or behavioral problems. The decision is frequently guided by the recommendations of a mental health professional, school counselor, juvenile probation officer, or judge. In many cases, the decision comes after other, nonresidential treatments have failed. The choice of a residential treatment program is a complicated one, and in the best of circumstances, the decision is made by matching the child's needs to the program's strengths and based on the assumption that the program provides quality treatment, education, medical care, and honors the rights of children and parents.

As seen in the opening quotations, substantial problems can arise when placements are made without verifying that these important elements of residential care are in place. A very basic source of verification of program quality is that the program is licensed by the state in which it is located; a higher source of verification is accreditation by a national organization. Neither is foolproof and questionable programs may exist with one or both of these seals of approval. Alternatively, good programs may exist with neither of these approvals. Thus, the issue of program quality is complex, but extremely important to the well-being and safety of children entering these programs and precedes any consideration of treatment effectiveness. This article addresses the most basic measure of quality—how states handle the issue of licensure; how they review or monitor the programs they license; and how they address problems that arise when the requirements for good child care, good treatment, and good education are deficient.

Uncovering a problem

One of the strongest reports in the media regarding exploitation, mistreatment, and abuse of minors in unregulated, private residential treatment facilities ap-

peared in July 1999 by Lou Kilzer in the Denver Rocky Mountain News. Over the past 4 years, there have been additional important and shocking media reports. Most notable are a series of articles by Tim Weiner, The New York Times (May through September 2003); Bonnie Miller Rubin, "The Last Resort: Therapeutic Education Industry Booms as Parents Seek Programs for Troubled Children," Chicago Tribune (January 14, 2004); and Maia Szalavitz, "The Trouble with Tough Love," Washington Post (January 29, 2006). Szalavitz has further captured the unsavory tactics of some programs in her recent book, Help at Any Cost (Szalavitz, 2006). Youth who attended such programs, parents, and former staff have also made powerful public statements about abusive experiences with some of these facilities. These issues have been discussed in publications of the American Psychological Association: Public Interest Directorate (Pinto, Friedman, & Epstein, 2005) and the American Journal of Orthopsychiatry (Friedman et al., 2006b) and in presentations at meetings of the American Bar Association (American Bar Association, 2006), American Psychological Association (Pinto, Epstein, Lewis, & Whitehead, 2006), and Research and Training Center for Children's Mental Health (Friedman et al., 2006a).

Collectively, these reports describe:

- basic human rights violations including (1) youth deaths; (2) inhumane, degrading discipline; (3) inappropriate, often dangerous, use of seclusion and restraint; (4) medical and nutritional neglect; (5) severe restrictions of communication with parents, lawyers, and advocates;
- substandard psychotherapeutic interventions and education by unqualified staff;
- failure to assess individual needs of residents;
- denial of full access by parents to their children in residence;
- financial opportunism and misrepresentations to parents by program operators; and
- financial incentives to educational consultants who serve as case finders and recruiters of families.

Investigations have been conducted of abuse and neglect at several private unregulated residential programs and lawsuits have been filed as a result; some lawsuits have led to criminal convictions of the programs' officials or expensive civil case settlements (Hechinger & Chaker, 2005; Dukes, 2005; Rock, 2005; Rock, 2004).

Some of the unregulated programs mislead parents to believe that creative programming that rises above regulation and above sound medical and psychological practices is necessary for their difficult children. Attractive advertisements, particularly on the Internet, are aimed at parents who are struggling to find help for their troubled children. Some parents make these placements at their own expense, without first seeking professional evaluations of the youth's problems, and the programs do not require professional assessment prior to placement. Some programs offer to connect the family with an escort service to transport a child whom parents anticipate would not otherwise choose to go to the program, which essentially means that two or more strong adults physically control the youth and force him or her to go along, either by car or by plane, to the treatment facility. In some cases, the parents have not seen the programs, which may be hundreds if not thousands of miles away from home, and they have no independent data, other than promotional material, to attest to the effectiveness of the programs. Many programs severely limit parental contact, by phone and visits, sometimes for as long as a year (Szalavitz, 2006). Last year, the American Bar Association Center on Children and the Law, using data reported by Rubin and Szalavitz, reported an annual estimate of 10 to 15 thousand American youth being placed by their parents in these privately run, unregulated residential facilities, which may also include boot camps or wilderness programs (American Bar Association, 2006).

Regulation of residential programs

Policies regarding regulation of both public and private residential facilities are the responsibility of each state. These policies may be implemented by state legislation, regulation, or other administrative action. Although many states do oversee residential programs, in some states private residential treatment facilities for minors are not subject to regulation, or monitoring either as mental health facilities or educational facilities. Yet states regulate other private facilities, such as nursing homes, day care centers, hospitals, and restaurants. Depending on the state, failure to provide state oversight of residential programs for minors may occur because these programs (1) do not accept public funds; (2) are affiliated with religious organizations; or (3) describe themselves (inappropriately) as outdoor programs, boarding schools, or other types of nontreatment programs. In some cases, strong lobbying efforts by interested parties have contributed to creating and maintaining these exclusions. An additional problem in some states is that, although regulations exist,

there is ineffective monitoring of programs for compliance; this may be an issue of insufficient resources being assigned to monitoring, which ultimately is an issue of insufficient priority.

If a residential program advertises that it addresses behavior problems and calls itself a "therapeutic boarding school," "emotional growth academy," "behavior modification facility," "wilderness program," "boot camp," or other similar terms, then it most likely should be considered a treatment program because it targets the social, emotional, and/or behavioral functioning of the children. Certainly some unregulated residential programs are reputable and likely could meet licensure requirements. However, other programs do not adequately provide for the safety and well-being of their residents and cannot meet such requirements, and it is these programs that are most concerning.

Another aspect of the problem is which state agency is responsible for the licensing and monitoring of residential programs for youth. In most states these oversight responsibilities are placed in a health and/or human services or education agency, where there is considerable understanding of protection, treatment, and education issues and of the developmental issues of youth. However, in some states, the oversight responsibility rests with law enforcement, where tendencies to accept a more punitive view of corrective programs may prevail.

Beginning to address the problem

The Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment (A START) was initiated by the Louis de la Parte Florida Mental Health Institute at the University of South Florida to call attention to this problem and seek solutions that will protect children in these programs. A START now includes advisors who are leaders in psychology, psychiatry, nursing, mental health law, policy, and family advocacy, as well as people with direct experience as director, evaluator, parent, or participant in such programs. A START worked with the office of Representative George Miller, now Chair of the House Committee on Education and the Workforce, to host a press conference regarding these programs at the U.S. Capitol Building on October 22, 2005. Major national organizations which endorsed A START's concerns include the American Psychological Association, American Association of Community Psychiatrists, American Orthopsychiatric Association, Child Welfare League of America, Federation of Families for Children's Mental Health, National Alliance for the Mentally Ill, and National Mental Health Association. The National Conference of State Legislatures (NCSL) shares the belief that state policy is central to addressing this problem and has distributed information, prepared by A START, to the chairs of relevant state legislative committees to inform them of the issues (Herman, 2005).

In the past year, A START has highlighted the problems of private, unregulated residential treatment facilities through presentations at major conferences of professional and parent organizations (Friedman et al., 2006a; Pinto et al., 2006) and published papers in key professional journals (Pinto et al., 2005; Friedman et al., 2006b). To clarify, the focus has been on facilities that are not licensed and not operated by public or governmental systems but operate private, residential facilities for troubled or difficult children or youth under the age of 18. The focus therefore has not included public or private boarding schools that provide only education, nor has A START addressed concerns related to publicly run psychiatric facilities or private facilities that are licensed and regulated.

The American Bar Association, recognizing the failure of regulation in some states to cover all residential programs in the state, has passed a resolution (by the Association's House of Delegates at their February 2007 meeting) concerning the use of unregulated residential treatment facilities. The resolution "urges state, territorial, and tribal legislatures to pass laws that require the licensing, regulation, and monitoring of residential treatment facilities that are not funded by public or government systems, but are otherwise privately operated overnight facilities for troubled and at-risk youth under the age of 18" (see text following this article).

Bringing the problem into focus has been the first step. Efforts currently underway are described below. These include (1) an Internet-based survey of youth who have attended residential treatment programs and a similar survey for parents, (2) a pilot study of four states to gain understanding of the licensure issues and serve as a basis for a national, state-by-state study, and (3) a bridge-building task force of leaders in the child mental health field and directors of residential treatment centers to develop agreement about important elements in residential treatment programs.

Youth perspectives on residential programs for troubled teens

In response to reports of institutionalized abuse, one question that parents, professionals, and residential program operators often ask is, "How do you know that these are not just a few isolated incidents that have been blown way out of proportion?" Sometimes the question asked is, "Yes, but how do you know that these are not just the complaints of disturbed youth who have already tried to manipulate their families and the residential programs and now are trying to manipulate the public?"

As a means of getting better information, an online survey has been developed and posted to gather firsthand reports from young adults who attended residential specialty programs when they were adolescents. The survey is still active, so reports continue to be received. It has provided an opportunity for hundreds of former program participants to share their experiences and express their concerns. It is important that we listen to what they have to say. What follows is only a brief description of the preliminary findings.

Survey methodology

Participants were recruited to participate in the survey through e-mail correspondence; links to the survey were posted on various Web sites. E-mail and Web site addresses were identified based upon previous contacts to gain understanding about services provided to youth in unregulated residential facilities for youth (Pinto et al., 2006). Prospective participants were directed to a description of the study on surveymonkey.com, and if they then consented online to participate, they were directed to the survey itself. Participants were informed that their responses would be anonymous and they would not be linked to their e-mail addresses. The survey was programmed such that it would only accept one completed survey from a given e-mail address. It is recognized that this may not be a representative sample of former program participants; however, it was not possible to identify such a representative sample in this type of survey. This sampling procedure did permit A START to gather information directly from many former program participants. Participants who had attended more than one alternative residential program were instructed to choose one program they had attended and to focus their responses on their experiences in this particular program. At the end of the survey, participants were provided with contact information for the National Disability Rights Network as an available resource and were provided with the principal investigator's contact information in case they wanted to follow up with questions or concerns.

The survey comprised 194 questions regarding direct experience in residential mental health treatment programs. Questions were organized into sections focused on: (1) basic demographics and program identifying information, (2) the process leading up to program entry, (3) program participation, and (4) program effects. Questions were designed to gather information regarding the various aspects of residential care that have been highlighted as problematic in public media accounts, but efforts were made to ensure that questions were not framed in ways that would bias responses. The survey included a combination of forced choice and free-response questions.

Survey findings

The survey was posted online in July 2006. The findings reported are for the first 3-month period and include responses of 500 individuals. For the purposes of the current analyses, individuals were included if they provided the name of the program they attended (N = 376), and the program named was an unregulated therapeutic boarding school, emotional growth academy, or residential treatment program (N = 298), rather than a licensed residential treatment center or a program of unidentifiable type. Of these individuals, only 5 reported that they had received the phone number of an advocacy organization to contact if they had any questions or concerns while participating in the program and 63 individuals provided no response to the question about access to an advocate. Responses from these individuals were removed as well, so that the sample for the current analyses included 230 individuals who attended a residential specialty program and who reported no or unknown access to an advocate while attending the program. This group of participants represents a group of especially vulnerable youth, as they were attending the types of programs that are likely to have no state oversight, and the youth were not formally advised about seeking help if they perceived themselves to be in danger while attending the program.

Who are these youth?

The majority of the 230 respondents are White (87% Caucasian, 6% biracial/bicultural, 3% Latino/Hispanic, 3% Asian or other cultural identities) and the major-

ity are female (68.6%). Half reported that their family income was $100,000 or greater. Half reported that they had received a psychiatric diagnosis prior to admission to the program (50.4%). Almost a third reported that they had also been prescribed psychotropic medications prior to attending the program (31.3%). Slightly over half (57.6%) reported that they had tried services and supports in their home community before attending the residential specialty program. At the time when they were sent away, youth were most commonly living in the states of California (26.9%), Florida (7.3%), New York (6.9%), Texas (5.2%), Michigan (4.3%), or Washington (4.3%). Almost half reported that they were transported to the program by an escort service (47.6%) that involved strong adults who forced the youth to leave home and then, using force or the threat of force, accompanied the youth to the residential program.

What about the programs?

Respondents identified 58 programs in 21 states. Survey participants most frequently reported that they had attended a program in Utah (15.7%), Montana (13%), New York (10.8%), California (7%), or Georgia (5.7%). There were also a number of individuals who reported that they attended a program outside the United States in Jamaica (12.2%) or Mexico (7%), and 4% reported attending programs in the Dominican Republic, Western Samoa, or Costa Rica. Lengths of stay in both the U.S.-based and foreign-based programs were extended; slightly over two-thirds (69.1%) reported that they attended the program for a year or longer.

Concerns that emerged in the reports from young adults

Violations of patient's rights

Many participants reported that they experienced patient rights violations. In addition to having no access to advocacy contact information, the majority reported that their mail was monitored (93%) and their calls were monitored (96%). Furthermore, the majority also reported that their letters or conversations were filtered, restricted, or interrupted (86%). As one participant explained, "They isolated you from your family back home. You had no way to freely contact anyone. They also enacted arbitrary bans to isolate you from friends/ peers." Another reported, "I never spoke to my mom, or even touched a phone once during the 6 month stay in [program name deleted]. On Christmas you got to speak with your parents for 5 minutes and I did not get to talk to my mother because she was never informed of the call." And another: "As for the e-mails and letters, they read them as they came in, and before you sent them out. I wrote 7 letters to my mom before they would send one. It ended up being one big lie, because I could not tell her I was upset or that I hated it there. At the time, that was all I was feeling."

Misuse of seclusion and restraint

Many reported firsthand experience in seclusion (57%) or restraints (34%), and a number of participants witnessed their peers being placed in seclusion (45%) or restrained (60%). While the most commonly reported trigger for seclusion or restraint was aggressive behavior, especially aggression toward staff (87%), a number of behaviors that would never warrant seclusion or restraint in a licensed or accredited residential treatment center were endorsed as well, including breaking a program rule (67%), saying something disrespectful (52%), cursing (48%), or making a face (30%).

Many responses were similar to these:

They had a room with tile flooring where the kids went at 6:00 am until 10:00 pm, where each hour you would rotate positions. One hour would be lying on your stomach with your chin on the ground, the next position was standing on your knees for an hour and the next one was standing for an hour with your nose to the wall.

When participants were being "restrained", they were in fact being tortured. They would be forced face down on the hard tile floor by 3—6 staff members. One staff would "hold" your legs down, which usually meant they spent their time grinding your ankles into the floor. One or two other staff held your arms out at your sides, "held" in the same way the ankles were. The last staff would keep his knee in your back as he pulled up one or both arms behind your back to the point where you could literally touch your ear with the opposite hand from behind your back.

They would duct tape your hands behind your back then your legs together then wrap you up in a blanket like a burrito and duct tape that tighter so you couldn't move or get out. Sometimes it would be so tight kids would be screaming that they couldn't breathe and really start panicking. They made the students do this to other students.

Isolation is where you didn't see the sun or other people for weeks at a time, were given even more unrealistic exercise expectations, were more easily restrained,

given less time to shower, and you were forced to lay on your face all day unless exercising, for 16 hours each day.

Note that none of these treatments or punishments are acceptable at any level in regulated programs.

Reports of inhumane treatment

Beyond seclusion and restraint, there were multiple reports of various forms of inhumane treatment and abuse. Many participants reported that they had been required to participate in forced labor (71%), restricted access to the bathroom (68%), scare tactics (63%), and exposure to harsh elements like extreme heat, snow, or rain (60%). In addition, participants described experiences of excessive exercise (58%), food/nutritional deprivation (43%), sleep deprivation (41%), and physical punishment (31%). When asked whether they were ever emotionally, physically, or sexually abused by staff, a number of individuals reported that was often or sometimes true (45%). It should be noted that, although each of these practices violates current U.S. standards regarding the treatment of adults who are prisoners of war and detainees, they are occurring in youth residential facilities across the country, without oversight or accountability.

Here is one description that typifies the experiences reported by participants:

We would be forced to do pushups until some boys got hernias. We would be put into an 'iso' box exposed to extreme heat. We would be deprived of meals as a punishment. They used stress positions. They beat people with sticks and their fists and feet. They made kids carry trash and building supplies up and down the hill above the program. They made kids move piles of rocks for no reason. They would keep you up as a way to 'break' you.

The distress and suffering

Youth were clearly distressed and suffering. When participants were asked to rate how much they experienced a variety of feelings while attending the program (where responses included "not at all," "a little bit," "some," "a lot," and "don't know"), the majority endorsed "a lot" of feeling sad, stressed, angry, confused, hopeless, and scared; most participants reported feeling happy, loved, hopeful, and proud only "a little bit" or "not at all." In response to the question, "Would you recommend the program to others?," participants' responses included: "I still have bad dreams about it. I wake up shaking and nervous that I am there again. It has scarred me emotionally and I don't know if I will ever get over it;" "The program helped me realize what a sick sad world we live in;" "It was terrible. I was and still am horrified by the whole experience;" "It was a terrible place. Mentally scarring. I would hope NO ONE would ever have to go to a place like that. It's worse than jail;" "They abused me. That's what they do. They abuse people;" "I don't ever want another child to be so abjectly hopeless or so horribly abused. I don't ever want another family to be torn up when there is the possibility of being reunited and healed;" "There are better ways to deal with a troubled teen than send them to a school that abuses kids."

What can we conclude?

Recognizing that the reports provided are retrospective and fully acknowledging that these accounts are not necessarily a representative sample of all youth who have attended residential specialty programs, these findings nonetheless provide compelling evidence that widespread mistreatment is occurring and that youth are suffering in programs across the country. As for the question that parents, professionals, and program operators ask, here is a direct answer from one program participant:

Okay * * * I have a good idea of what you may or may not be thinking at this point. 'This guy's just some defiant little bastard who hates the world, and sees everyone and everything negatively!' Understandable, but whether you'll believe it or not, I'm not making this stuff up. I'm not just some pissed off kid who wants to whine. I'm a highly intelligent, well-educated, and responsible citizen, and as such a person, I know very well that my rights were totally and completely denied.

A study of four states

A study of four states was undertaken as a pilot effort for a larger, national state-by-state study through a partnership of four organizations: A START, based at the Florida Mental Health Institute; the American Bar Association Center on Children and the Law; the National Disability Rights Network; and the Federation of Families for Children's Mental Health. The 2-year study will involve (1) an in-depth review of state laws, policies, and practices regarding regulation and oversight of residential programs; (2) education of and technical assistance to state lawmakers and leaders to bring about needed policy reform; and (3) guidance for parents about plac-

ing children in residential centers. The preliminary findings from the pilot study are presented because, even with such a small number, it is clear that there are problems of state policy that contribute to the problem of mistreatment of children and their families.

Study methodology

While we acknowledge that there are several approaches to remedying the problems that are described above, we believe the wisest course of action is to first systematically gather information about how states handle the issue of licensure and regulation of residential treatment programs for minors, as well as information on monitoring and quality assurance requirements. In order to begin this process, we developed a brief protocol designed to elicit the desired information from state administrators responsible for licensure of these programs and for ensuring quality of care, state child mental health administrators, and other key stakeholders such as the protection and advocacy administrators. The protocol was designed as a telephone interview and was expected to take between 45 minutes and 1 hour to complete.

The study was conducted in Connecticut, Missouri, Utah, and California. These states were selected in order to achieve geographic diversity as well as diversity in size and history/experience in regulating residential programs for minors. Respondents were from the Protection and Advocacy agency, child welfare, education, juvenile justice, and mental health. We intended to assess: (1) the degree to which respondents were knowledgeable of the regulations and the monitoring process and the degree to which they agreed with each other and (2) the extent to which there were laws, regulations, and policies in place to address this issue. As the intent was to get an overview of what problems might exist regarding regulation, rather than to determine which states did this well or badly, the findings are not reported by specific state.

Study findings

Most respondents deferred to the individual who was in charge of licensing for the state. In some states, representatives from other agencies did not seem to have a working knowledge of how programs were regulated. The person with this responsibility was variously located in child welfare, social services, or human services. In general, the child mental health administrators were less familiar with the state regulations governing licensure and monitoring and did not see this as part of their domain. Representatives from the Protection and Advocacy agency saw this as an important issue, but had not become directly involved.

All four states had legislation requiring the executive branch to issue rules/regulations regarding the operation of residential treatment facilities for minors. However, there was variance as to which kinds of programs the regulations applied. In one state, the rules applied only to facilities in which a governmental agency placed youngsters. In some states, there was an attempt to define levels of residential care, with more stringent treatment standards applying to the most restrictive group homes and community treatment facilities.

All four states reported that there are several pathways to residential placements for minors. Placement could occur through social services/mental health (into therapeutic foster care, group homes, community treatment facilities, or hospitalization); juvenile justice (into boot camps); special education; and private placement. Respondents also stated that licensing and monitoring of juvenile justice, mental health, and special education residential programs were the purview of their respective agencies. None of the states were able to report how many children were placed privately by their parents or how many children were placed out of state by local agencies or by parents, nor was there any attempt to monitor the effectiveness of those placements.

Programs were able to opt out of the licensing requirements established for the purpose of providing mental health treatment in facilities for minors in several ways. In some states, if the programs were considered to be religious institutions, they were exempt. Also, in some states, if a program accepted only private placements, it did not require licensure. In some states, if a program defined itself as a boarding school or educational facility, it could be exempt from regulation, even though the services provided were described as "emotionally corrective" or "therapeutic."

Despite the plan to describe the states with anonymity, it is important to mention Utah, a state that has had substantial problems with questionable programs existing and being exempt from regulation. In 2005, the state legislature amended the licensure law to ensure that all programs, except legitimate private residential schools, be subject to state regulation and monitoring (Utah Legislation, 2005). The

rule-making process took over a year, which is not unusual given the importance of public review and comment. Commendably, Utah is now implementing its new, more stringent regulations that address how programs will be included in licensure requirements and will be monitored for compliance with those requirements. Although it is too early to understand the impact of new regulations in Utah, this state certainly bears watching.

All four states reported that they have in place regulations establishing standards for treatment services, educational services, and child care/supervision; however, as noted above, these requirements do not apply to all programs in the state. The basic requirements included such elements as (1) each child must have an individualized treatment plan and

(2) the provider must be able to meet the needs identified in the plan. Monitoring includes assessing (1) the individualized treatment plans, (2) the individualized educational plans, and (3) requirements to assess quality of services. In some of the states, there were requirements related to child care and supervision but these treatment aspects were not specified except for the higher end, more restrictive programs.

For programs to which the rules and regulations apply, all four states reported that specific rules regarding children's rights, parental rights, punishment, and use of seclusion and restraints are in place. All four also stated that there are procedures in place for reporting abuse. These included reporting abuse to a child welfare hotline and requiring that abuse laws be posted in every facility. Children must have access to a phone and employees of residential programs must be trained about the different kinds of employee behaviors that are not permitted.

While all four states have established licensure requirements and standards for at least some types of residential treatment facilities providing services to minors, their ability to monitor compliance was of concern. Some states monitor compliance with requirements which govern such things as staff qualifications, staffing patterns, and number of hours of psychotherapeutic service per week per child.

In some states, following application for licensure, there is an on-site review of requirements and interviews with staff and management. There may be unannounced licensing monitoring visits, as frequently as quarterly. There may also be a requirement for an annual inspection, which comes with the renewal process. On-site visits may also be made if a complaint is made, either from staff, clients, family, or citizens. However, respondents reported that monitoring is compromised by the number of staff who do the job. In one state, the monitoring agency is staffed to visit a 10% random sample of licensed facilities, and this is not as frequent as once per year. States vary in whether they provide licensing and monitoring at no cost to the program or whether they charge to cover these services.

Study conclusions

While we recognize that four states are too small a number upon which to draw conclusions, it was apparent that there is an absence of data about how effective current laws are. Most agency respondents deferred to the person who was in charge of licensing and did not see licensing or in some cases even the monitoring of quality of care delivered as part of their responsibility. There appeared to be an assumption that providers will obey the laws, but there were no safeguards in place to protect children who are placed privately by their parents. Staff from the responsible state agencies is already stretched in its ability to monitor the safety and the effectiveness of the quality of care delivered for the children already in their custody.

Building bridges with residential treatment centers

The concerns about state policies regarding residential treatment have been supported by a related development. The Child, Adolescent, and Family Branch of the U.S. Center for Mental Health Services convened a meeting in Omaha, Nebraska in June 2006 to address the historic split between providers of residential care for children with mental health challenges and advocates for home and community-based care within systems of care. The meeting brought together representatives from the federal, state, and local level, youth and family advocates, system of care council members, tribal representatives, providers of service, and representatives of national associations related to children's mental health and to residential care. Although residential programs which lack oversight were not represented, the agreements that emerged should serve to inform parents, professionals who provide referrals to residential treatment programs, and the operators of residential programs—good and otherwise—of the expectations that constitute good care and treatment.

The purposes of the summit were to identify areas of agreement in values and philosophies between the different groups, to identify emerging best practices in

linking and integrating residential services with home and community-based services, and to set the stage for strengthening relationships and services partly by developing a joint statement about the importance of creating a comprehensive and integrated service array and partly by creating action steps for the future.

The sponsoring organizations involved with residential care were largely representative of well-established not-for-profit licensed residential programs rather than the unlicensed and unregulated, for-profit programs that have been the primary concern of A START (Friedman et al., 2006a; Friedman et al., 2006b). However, the summit was of direct relevance to the concern of A START about protecting children in residential settings and enhancing the availability of a wide range of supports and services for children and families.

The summit did result in the beginnings of a "joint resolution to advance a statement of shared core principles" which was then distributed to participants and modified over a period of several months. This resulted in a final product, which was distributed by Dr. Gary Blau, Chief of the Child, Adolescent, and Family Branch of the Center for Mental Health Services, on September 14, 2006, with a request for individual, agency, and/or organizational endorsement. This process of securing endorsements is still ongoing.

As indicated in the preamble to the resolution, the call is for "a comprehensive, flexible, family-driven and youth-guided array of culturally competent and community-based services and supports, organized in an integrated and coordinated system of care in which families, youth, providers, advocates, and policymakers share responsibility for decision making and accountability for the care, treatment outcomes and well-being of children and youth with mental health needs and their families" (Child, Adolescent, and Family Branch, 2006, p. 1). The joint resolution acknowledges the need for 24-hour out-of-home treatment settings but indicates that within such settings children and youth should have a developmentally appropriate role in their care and in creating rules and that family members should be viewed as partners and have open access to the setting.

In the section on "Clinical Excellence and Quality Standards," the joint resolution calls for ensuring "that all treatment services are licensed and regulated by appropriate agencies, and that monitoring is performed by well-trained individuals (including families and professionals) whose values are consistent with the principles articulated in this resolution" (Child, Adolescent, and Family Branch, 2006, p. 5). It also indicates in this section that programs should strive to eliminate coercive interventions such as seclusion, restraint, and aversive practices and that visits between families and children should not be restricted for punitive purposes.

The document offers a set of values, principles, practices, and standards that, if implemented, would go a long way to addressing the concerns about the protection of children with mental health challenges and the pattern of sending children hundreds if not thousands of miles from home to unlicensed programs which reduce their contact with their families. The document provides important guidelines for policy makers and advocates who are seeking to develop a comprehensive, integrated system and also for policy makers who are seeking to develop or strengthen licensing and monitoring procedures to ensure that children are treated safely, that they and their families have an appropriate voice in their treatment, and that the use of coercive and aversive practices is eliminated. Over the next several years, if the values and principles of this joint resolution are not only endorsed but, more importantly, put into practice, they will go a long way toward ameliorating the risk that children and families are now encountering because of unlicensed and unregulated programs that are highly coercive and aversive in their practices.

The importance of action: next steps

The abusive and deceitful practices described in this article are unconscionable and cry out for remedial action. The following actions are recommended for questionable practices, to eliminate programs and protect against further harm to vulnerable children and families:

- Identify programs that engage in the practices described above. Monitoring the Internet is one way of identifying them; this effort could be undertaken as a project of an organization involved in the protection of youth and advocacy for them. An additional way to identify programs is by locating children and families who have had negative experiences. Several Internet sites, used by youth, provide for information exchange with a focus on experiences in residential programs. The information collected should be organized to allow for systematic review. Similarly, the analysis of data from the current, ongoing Internet-based survey of youths' experiences in residential programs (Pinto et al., 2006) should continue to include a focus on identifying programs that do not meet quality standards for care.

• Identify states that do not license or regulate the operation of residential programs for youth or that otherwise tolerate the existence of programs with questionable practices. The proposed national, state-by-state study described above should provide good information to help states address needed policy changes. Individual state legislators, state legislative committees, and ultimately each affected state's legislature must be aware of how their laws and policies govern the existence of these programs and take necessary actions regarding licensure, regulation, and monitoring to assure appropriate care and safety for the youth they purport to serve.

• Advocate with the National Conference of State Legislatures to address these practices nationally and offer guidance to the states to strengthen oversight of residential programs.

• Work with Congress to address the existence of these programs, including those that operate outside the country, and determine whether federal action is appropriate to assure that vulnerable children are not harmed and that parents are not paying exorbitant prices for programs that are ineffective at best.

• Promote the 2006 "Recommendation from the ABA Youth at Risk Initiative Planning Conference" with all legislative bodies to "[p]rohibit operation of unlicensed, unregulated residential treatment facilities that operate programs whose efficacy has not been proven empirically, such as boot camps, tough love, and 'scared straight' programs, and require the closing of such facilities. The law should provide for such facilities to be replaced with: better access to preventative services, with a focus on family involvement and community-based resources, wherever possible; and carefully regulated 'residential treatment facilities' that are reserved for youth whose dangerous behavior cannot be controlled except in a secure setting."

• Urge vigilance by juvenile probation officers and other court officials, including lawyers and judges, as well as mental health, education, substance abuse, and other professionals who encounter troubled young people, in identifying youth who are at risk of being placed in one of these treatment facilities; encourage them to engage the youth and parents in a discussion regarding better options; impress upon them the necessity of parental involvement in the youth's treatment; and identify to them the safety risks and the costs associated with programs that promise a quick fix or an unorthodox fix.

• Create a coalition of national advocacy and legal organizations, mental health organizations, and professional organizations that promote the well-being of children to demand state and national action regarding the degrading and demeaning practices to which children in these unregulated programs are subjected.

• Inform civil rights and tort attorneys of the practices in which these programs engage and encourage them to take legal action against them.

• Also inform attorneys who represent youth in juvenile court proceedings of the risks these programs pose to their young clients and of more appropriate, evidence-based alternatives. Ensure that attorneys have ready access to the National Council of Juvenile and Family Court Judges' "Delinquency Guidelines."

• Ensure that schools are cognizant of the risks that face youth who are placed in these programs and that they disseminate information to parents about child and adolescent behavior and the best available treatment programs for youth whose behaviors require intervention. School psychologists, social workers, and counselors must likewise be well informed about alternatives, ideally evidence-based programs.

• Disseminate widely best practices that address diagnostic and treatment issues and placement issues with the collaboration of state mental health, child welfare, education, and juvenile justice agencies and by the U.S. Departments of Health and Human Services and Justice to those involved in the care, treatment, and education of youth. This information should also be disseminated by parent organizations and other sources of information for parents.

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End Institutional Abuse Wiki

The following homepage and posts were downloaded by Allison Pinto from *http://endinstitutionalabuse.wikispaces.com* on October 24, 2007 at 3:21 p.m. EST. This online wiki was created on October 4, 2007, less than one week prior to the October 10, 2007 congressional hearing titled, "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities." It was created in order to provide a virtual space for individuals to post letters, accounts and concerns that they want to share directly with Congress regarding the abuse of youth in residential facilities. The wiki is also an opportunity for individuals to provide direct input regarding proposed legislation to address this issue. It is intended to serve as a means of participatory policymaking.

All letters and accounts directed to Congress by the person posting on this "End Institutional Abuse" wiki are included in this document. Accounts that were submitted that focus on the experience of someone other than the person directly posting on the wiki are not included in this document. Newspaper articles posted on the wiki are also not included in this document. Finally, wiki participants' responses to one another are not included in this document.

Please note that the accounts included in this document represent the views and perspectives of the individuals who posted letters and accounts on the End Institutional Abuse wiki, and are not the views or opinions of Allison Pinto who created the wiki space. They are spell-checked but otherwise unedited.

The wiki will remain active online so that members of Congress can continue to visit it in order to directly access accounts about abuse of youth in residential facilities as they are submitted.

End Institutional Abuse Wiki Homepage

HELP END INSTITUTIONAL ABUSE

We need to raise awareness in our society about the problems of institutional abuse and mistreatment. Please help.

This wiki is a virtual grass roots effort to organize and speak out. We've got less than a week * * *

On October 10, 2007, the Committee on Education and Labor will be holding a hearing in Congress entitled, "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities."

There will be an opportunity for the presentation of written personal accounts and position statements regarding issues of mistreatment, abuse and neglect in youth residential programs, to be submitted for the record. If you would like to submit a statement, letter or story to Congress, please click on the "discussion" tab above and post your letter or story.

Please note that this wikispaces site is a public site, so it is visible to anyone and everyone. Be careful to include only that information that you are comfortable sharing in the public domain.

Also, please recognize that wiki technology makes it possible for individuals to respond to one another's contributions. If you choose to respond to someone else's post, please maintain a respectful stance that honors the inherent dignity of that individual.

If you would like to provide input, feedback or suggestions regarding the "End Institutional Abuse Against Children Act," please click on "Federal Legislation" to the left, and submit your ideas on the corresponding discussion page. This legislation was proposed in 2005 and it is expected that it will be revised before it is reintroduced in Congress, so your ideas are needed.

Thanks for any help you can provide in bringing attention to these issues, in order to restore the safety and well-being of youth and families in our society.

[EDITOR'S NOTE.—To see all the entries in this wiki please access the following Internet address:]

http://endinstitutionalabuse.wikispaces.com

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Unlicensed Residential Programs: The Next Challenge in Protecting Youth

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Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment

Over the past decade in the United States, the number of private residential facilities for youth has grown exponentially, and many are neither licensed as mental health programs by states, nor accredited by respected national accrediting organizations. The Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment (A START) is a multi-disciplinary group of mental health professionals and advocates that formed in response to rising concerns about reports from youth, families and journalists describing mistreatment in a number of the unregulated programs. This article summarizes the information gathered by A START regarding unregulated facilities. It provides an overview of common program features, marketing strategies and transportation options. It describes the range of mistreatment and abuse experienced by youth and families, including harsh discipline, inappropriate seclusion and restraint, substandard psychotherapeutic interventions, medical and nutritional neglect, rights violations and death. It reviews the licensing, regulatory and accrediting mechanisms associated with the protection of youth in residential programs, or the lack thereof. Finally, it outlines policy implications and provides recommendations for the protection of youth and families who pursue residential treatment.

Keywords: residential care, institutional abuse, child protection, therapeutic boarding school

In a 1975 review of residential treatment programs in the United States for children with emotional disturbance, Durkin and Durkin pointed out that, "Each night some 150,000 children and adolescents go to bed in approximately 2,500 child care institutions" (Durkin & Durkin, 1975, p. 275). Thirty years later, residential treatment for youth with special needs has changed dramatically and, with this change, three things are very clear. First, there is a glaring lack of information about residential care for children. There has been a dearth of accurate information on just how many children go to sleep every night in a residential treatment program, for example, or on how many children benefit from or are harmed by these programs, or on how many programs actually exist (e.g., Edwards, 1994). Second, although there is a serious lack of adequate information, it is clear from many reports that a significant number of children are being mistreated in such programs and, in some cases, are even dying in them (Kobt, 2005; Montana Department of Public Health and Human Services [Montana DPHHS], 2001; Pinto, Friedman, & Epstein, 2005). Third, there is a glaring absence of independent research on the effectiveness of these programs in helping youth or on the total positive and negative effects of these programs on the residents.

The purpose of this article is to review a residential care phenomenon occurring since the early 1990s that has been linked to reports of mistreatment, abuse, and death (Bryson, 2004; Garifo, 2005; Harrie & Gehrke, 2004; Hechinger & Chaker, 2005; Kobt, 2005; Labi, 2004; Rock, 2005; Weiner, 2003, May 24). Specifically, this article focuses on issues related to private residential facilities that are neither licensed as mental health programs by states, nor accredited by respected national accrediting organizations.

It should be noted at the outset that residential care in licensed and accredited facilities is generally recognized as an important and necessary part of an organized system of services for children with mental health challenges and their families (Stroul & Friedman, 1986; U.S. Department of Health and Human Services, 1999). Serious risks can exist, however, when vulnerable youth are sent to residential programs with minimal to no safeguards or oversight.

Trends in Residential Care for Youth in the United States

Historically, in this country, we have witnessed a variety of efforts to address the issue of children and adolescents whose behavior is of concern to others. Primarily the response has been to send such children from their homes, whether to almshouses, to rural communities from urban centers so that they might break away from the "negative" influence of cities, to programs for delinquents, or to programs for children with mental health problems (Platt, 1969; Rothman, 1971; Whittaker & Maluccio, 1989). Whittaker and Maluccio point out that the first children's institution in the United States was established in 1729 by the Ursuline nuns of New Orleans to care for children orphaned by an Indian massacre at Natchez. The House of Refuge in New York became the first institution for delinquents, while the first band of children to be sent from the city to the country was sent in 1855 by the New York Children's Aid Society (Whittaker & Maluccio, 1989). Particularly after World War II, there was a steady growth in facilities for children with mental health challenges, and many programs that had been established to serve children who were dependent or

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neglected were converted to serve children with identified mental health needs (Pappenfort & Kilpatrick, 1969). It is noteworthy that many of these efforts, in retrospect, have been judged to be ineffective, if not harmful (Platt, 1969).

In contrast to this practice of sending children from their homes to placements often far away, the National Institute of Mental Health instituted its Child and Adolescent Service System Program (CASSP) in 1984 and began to promote the need for community-based systems of care that include intensive and individualized home and community-based alternatives to residential care (Stroul & Friedman, 1986, 1996). CASSP has grown into a large federal grant program to support systems of care (Holden, Friedman, & Santiago, 2001; Manteuffel, Stephens, & Santiago, 2002); there have now been a number of demonstrations that, through intensive and individualized services, often administered through a process known as "wraparound" (Bruns, Burchard, & Yoe, 1995; Burchard, Bruns, & Burchard, 2002), it is possible to reduce the need for out-of-home placements (Kamradt, 2000; Manteuffel et al., 2002; Rotto & Mckelvey, 2002). Recently, the President's New Freedom Commission on Mental Health (2003) issued a strong call for strengthening and increasing community-based services for children and families within a transformed mental health system that is consumer- and family-driven. While intensive, individualized, community-based, family-driven services have become increasingly available in many areas, it is important to note that the pathways into these services are often through publicly funded service sectors, such as the juvenile justice, child welfare, mental health, or education system (Hazen, Hough, Landsverk, & Wood, 2004). As such, services are less accessible to families whose children do not qualify for services in these public systems or families who wish to keep their children out of these systems.

The Recent Increase in Residential "Specialty" Programs

As public policy at a federal level and within virtually every state (Evans & Armstrong, 2003) has called for the development of systems of care and the provision of home and community-based services, there has been a growth of private for-profit residential "specialty" programs that specifically target their services at families who have the resources to pay for such programs and who do not qualify for publicly-supported assistance. This growth is partly reflected in the membership of the National Association of Therapeutic Schools and Programs (NATSAP), a voluntary membership group created in 1999 "to serve as a national resource for programs and professionals assisting young people beleaguered by emotional and behavioral difficulties (http://www.natsap.org)." NATSAP has grown from 43 programs in 1999 to 135 that are listed in their 2005 directory (Hechinger & Chaker, 2005; National Association of Therapeutic Schools and Programs [NATSAP], 2005). This number is likely a gross underestimate of the number of such specialty programs that actually exist. For example, in a 2003 report by the Montana Department of Public Health and Human Services, 29 unlicensed private behavioral healthcare programs were identified, despite the fact that the NATSAP membership only includes 11 programs in Montana, and the report from Montana indicates that the 29 they were able to identify is probably an underestimate (Montana DPHHS, 2003). There are also some programs located in other countries that are run by U.S. companies (Dibble, 2005; Garifo, 2005; Gehrke, 2005; Weiner, 2003, September 6).

The problem of identifying how many of such programs exist nationally is a reflection of the inconsistency between states in how they define such programs and whether they license them, as well as the absence of any federal efforts to address this issue and overall definitional confusion within the children's mental health field. A report from NIMH in 1983 indicates that "a problem in defining the universe of these facilities has always existed" (Redlick & Witkin, 1983). In its 2005 directory, NATSAP reports that, "Many different types of programs have evolved over the past decade to serve the growing needs and numbers of struggling young people" (NATSAP, 2004, p. 5). NATSAP goes on to identify and define seven different types of programs: emotional growth schools, home-based residential programs, therapeutic boarding schools, outdoor therapeutic programs, residential treatment centers, transitional independent living programs, and wilderness programs.

To date there have been no comprehensive research reports that distinguish between these "specialty" programs in terms of their effectiveness or provide even basic data on the number of children who are served, the services they receive, or the outcome of the service. The report from the Montana DPHHS (2003) says that the 29 unlicensed and unregulated programs that they were able to identify serve about 975 youth, 90% to 95% of whom are from out of state, and Forbes Magazine reports that each year 10,000 children attend such programs (Brown, 2002). However, despite this estimate, there is no set of nationally accepted definitions of such programs or comprehensive national database to provide information on just how many children are in them.

Some states and organizations have made efforts to gather data on certain types of residential programs. For example, the American Association of Children's Residential Treatment Centers (AACRTC) conducted a national survey of residential treatment centers for children in 1999, gathering data from 96 RTCs across 33 states (American Association of Children's Residential Treatment Centers [AACRTC], 1999). This study was limited in scope, in that it included only those facilities that were member programs of AACRTC. As another example, the Colorado Department of Human Services conducted a census of RTCs in Colorado in 2003. This was the state's first comprehensive effort to identify the service capacities and capabilities of RTCs and to study RTCs as part of a system of services and supports (Coen, Libby, Price, & Silverman, 2003). The Colorado Association of Family and Children's Agencies, Inc. then published a white paper on the care of children in residential treatment care in Colorado (2004). While the research sponsored by AACRTC and in Colorado illustrates efforts by organizations and state agencies to more clearly identify and describe residential programs for youth, it does not represent a comprehensive research program that can provide a summary of programs across states and program subtypes.

Alliance for the Safe, Therapeutic and Appropriate Use of Residential Treatment

In the fall of 2004, a multidisciplinary group of mental health and child-serving professionals was formed to study these issues, prompted by rising concerns about reports in the general media and directly from parents describing these unlicensed and unreg-

ulated programs. This group, the Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment (A START), seeks primarily to advocate for the protection and safety of children in such programs, while also striving to make available to families a range of effective service options and information about how to access those services. A START recognizes that residential treatment is an appropriate placement for some youngsters and that there are high quality programs being administered by committed and competent staff. A START therefore does not wish to see residential options eliminated, but believes that there is a great need to understand more specifically about unlicensed and non-accredited programs and their level of effectiveness, to provide for the protection and safety of children in the programs, and to enable families to make truly informed choices about how to support and assist their children.

A START has gathered information from a variety of print and electronic media, interviewed and surveyed state policy-makers, reviewed existing state documents and statutes, talked with parents and children who have been directly involved with the residential facilities, and consulted with former staff members of the programs. A START has been unable to find any published articles about these unlicensed and unregulated programs in the professional literature and is particularly concerned about this "silence" from the professional mental health community in the context of numerous media reports of mistreatment in such programs. The few exceptions that have been identified include: The work of pediatric psychiatric nurse Wanda Mohr to identify youth rights violations in residential facilities (Huffine & Mohr, 2001; Mohr, 1999, 2001); a declaration on the detention of minor children in facilities including "behavior modification boarding schools" by the Association of Child and Adolescent Psychiatric Nursing (1998); an effort by child psychologist Roderick Hall to alert psychologists to the risks associated with these programs ("International Survivors Action Committee," n.d.) and the recent efforts of psychologist Nora Baladerian and attorney Thomas Coleman to increase community awareness about these concerns (http://www.emancipationproject.org). There are also several organizations and websites run by people who are not mental health professionals but are concerned about unregulated residential programs and related mistreatment (www.isaccorp.org; www.nospank.org). These organizations and websites are often cited by youth and families as sources of helpful information and support. The purpose of the present article is to review the information obtained by A START and to offer recommendations, based on that information, for better protecting and serving children and families.

The Business of Residential Programming

The programs of concern are typically proprietary, for-profit programs, and some are parts of large chains (Hechinger & Chaker, 2005; Story, 2005). They may be campus-based or wilderness-based; may call themselves schools, camps, programs, or centers; and are spread around the country. The NATSAP directory includes programs from 31 different states. However, there are some states that have a disproportionate number of programs, which has been linked to licensing and regulatory procedures in those states that are either non-existent or lax (Montana DPHHS, 2003; Rubin, 2004) For example, of the 134 programs listed in the 2005 NATSAP directory, 35 are in Utah, 11 are in Montana, and 9 are in Oregon.

As the *Chicago Tribune* reported, "Even in a lackluster economy, business for therapeutic schools is booming" (Rubin, 2004). The cost to parents for programs is variable, but typically ranges between $30,000 and $80,000 per year (Hechinger & Chaker, 2005; Rimer, 2001). If families are interested in making a placement, but unable to immediately come up with the necessary money, programs will assist them in immediately securing loans or second mortgages on their homes so that they can afford the programs. In addition, some programs require families to make non-refundable payments for several months in advance. Indeed, the profitability of these programs was recently touted in an article in the business section of the *New York Times*, (Story, 2005) and is one of the main driving forces behind their growth, much as it was for the private for-profit psychiatric hospitals in the 1980s (Mohr, 1997, 1999).

Program Features

It would be desirable to be able to describe the program features based on systematic, comprehensive, and independent data collection. No such data collection has been possible, however. As a consequence, the program descriptions in this section are based on parent and staff reports, media articles, and descriptions prepared by the programs themselves. This makes it impossible to determine precisely how common some of the features are. In selecting features to focus on and as a protection against describing a program characteristic that may be unique to only one program, only those characteristics are included for which there were multiple informants.

Programs are often reported to maintain a severe and rigid approach to discipline (Aitkenhead, 2003; Kilzer, 1999; Romboy, 2005) and activities of daily living that would be protected as "rights" of youth in licensed inpatient mental health facilities are framed as "privileges" in many of these programs. For example, a number of programs forbid contact with parents both initially (sometimes lasting for months) and when youth are not complying with program rules (Aitkenhead, 2003; Kilzer, 1999). It is not unusual for youth residents to be involved in monitoring and disciplining their peers (Dukes, 2005; Weiner, 2003, June 17), a particularly questionable practice since all youth sent to the program presumably have special challenges themselves. The severe approach to discipline present in some facilities has led to the question of, "When is tough love too tough?" in a recent publication of the National Council of State Legislatures (Herman, 2005).

Therapy within these programs is often provided by staff members who have not received formal clinical training, and there are multiple descriptions of interventions suggestive of gross incompetence (Aitkenhead, 2003; Cole, 2004; Kilzer, 1999; Weiner, 2003, June 17, 2003, September 6). Psychiatrists are not routinely included as treatment team members; dosing errors (Romboy, 2005), as well as over-medication of youth, have been reported (Weiner, 2003, September 6). This substandard treatment is especially of concern because programs are often quite explicitly directing their marketing efforts to families of youth with psychiatric diagnoses and often claim expertise in treating a variety of mental or behavioral health challenges (NATSAP, 2005).

The programs, in describing themselves, use terms like "uncovering true potential," and teaching youngsters about "accepting personal responsibility" (NATSAP, 2005). They also describe themselves as offering premiere educational programs, although reports suggest that the quality and level of academic programming is very variable (Aitkenhead, 2003; Rowe, 2004). Some programs offer educational opportunities through their local school districts; some offer on-site academic classes through privately employed teachers who may or may not be licensed instructors; and some offer private tutorial-type academic programming, while other focus primarily on non-academic treatment programs. In some cases, unbeknownst to parents, completion of program "class work" may not lead to gathering credits for high school graduation (Garifo, 2005).

Some programs are explicit about refusing to be accountable for delivering the services that they advertise (Kilzer, 1999; Weiner, 2003, September 6). For example, Kilzer reports that in one program parents are required to sign a contract that "holds the program harmless for false advertising or for any medical complication caused by staff mistakes, for 'bites, sores, infections, slow healing cuts' and for all illegal or criminal acts committed against their child by staff members 'outside the scope of their employment' (Kilzer, 1999, para. 60).

Serious Harm Experienced by Youth

A number of reports have been published in recent years regarding the mistreatment, abuse, and even death of young people in residential programs (Bryson, 2004; Garifo, 2005; Harrie & Gehrke, 2004; Hechinger & Chaker, 2005; Labi, 2004; Rock, 2005; Weiner, 2003, May 24). While all types of harmful treatment are of concern, the death of youngsters in these programs is of course most serious. The Montana report points out that there are no national data maintained on the number of serious injuries that occur in wilderness programs (Montana DPHHS, 2003). The same might be said about other programs as well. In a particularly poignant presentation in July 2005 on Dateline, the story is told of a woman whose son, in need of treatment after suffering a traumatic brain injury, died from improper use of restraints while in a residential facility. The attorney who defended the company that owned the facility against the lawsuit several years later placed his 17-year old son in a program run by the same company. This boy died on his sixth night in the program after a physical struggle with counselors. The attorney, after studying the issue, determined that there had been 16 deaths in Texas alone in these programs since 1988 (Kobt, 2005). Montana reports that there have been five deaths in wilderness run programs in Utah alone from 1990 to 2003 (Montana DPHHS, 2003).

Deaths appear to occur for three reasons: inappropriate use of physical restraints; improper protection against the elements or excessive physical demands in wilderness programs; and suicide. For example, a 13 year-old asthmatic boy in a wilderness camp program in northeastern Georgia recently died after being held in restraint for more than an hour and being denied his inhaler. Six counselors at the camp have been charged with felony murder, child cruelty, and involuntary manslaughter ("National Briefing: South: Georgia," 2005). At a program in Jamaica run by a U.S. company, a 17-year-old girl died after she jumped off of a 35-foot high balcony (Labi, 2004).

There are many other reports of physical, emotional, and sexual abuse of youth in these programs (Bryson, 2004; Garifo, 2005; Harrie & Gehrke, 2004; Hechinger & Chaker, 2005; Rock, 2005; Weiner, 2003, May 24). Emotional abuse has been reported in terms of verbal abuse, humiliation, forced personal self-disclosure followed by mockery, forced re-enactments of traumatic events, and extreme fear inducement, often under the pretense of "therapy" despite the lack of empirical data to support these approaches (Aitkenhead, 2003; Hechinger & Chaker, 2005; Kilzer, 1999; Rock, 2004; Weiner, 2003, May 24, 2003, September 6). Reports of excessive discipline include lengthy periods of isolation and restraint through the use of duct tape and pepper spray (Aitkenhead, 2003; Bryson, 2005, April 21; Rowe, 2004; Weiner, 2003, May 9). In one program, for example, youth described lying on their stomachs in an isolation room for 13 hours a day, for weeks at a time (Aitkenhead, 2003; Rowe, 2004; Weiner, 2003, May 9). A youth from one Montana facility reported that he spent six months in isolation (Weiner, 2003, September 6) while signed affidavits from former employees of a program in Utah indicated that youth in that program were restrained face down in manure (Romboy, 2005; Stewart, 2005). Some of these programs are also reported to be neglectful in terms of safety, cleanliness, nutrition, and appropriate medical care (Aitkenhead, 2003; Bryson, 2005, April 21; Kilzer, 1999; Rock, 2005; Romboy, 2005; Weiner, 2003, September 6).

During the time when these incidents are occurring, the residents typically have no access to anybody from outside of the program. They are not allowed to speak to or write to their parents until they have advanced to a certain level in a program, and there is no access to an "abuse hotline" or "patient advocate," as is required in most psychiatric inpatient facilities. Further, when youth do have contact with their parents, parents are often advised to dismiss their children's reports of abuse as attempts at manipulation (Aitkenhead, 2003; Kilzer, 1999; Weiner, 2003, May 24).

Any single death or incident of severe abuse is clearly a situation that merits concern. In the instance of these programs, however, the information about the number of deaths and the absence of more complete information, in combination with the reports of excessive use of restraints and other forms of mistreatment, merit extremely serious concern and action. This is particularly the case since the available information is limited, preventing an understanding of the full scope of the problem.

Transportation

An additional concern that has emerged relates to the ways in which youth are transported to residential facilities. Programs sometimes encourage parents to have their children transported by paid "escorts" who are privately hired by the child's family (Bryson, 2005, February 8; Cole, 2004; Kilzer, 1999; Rimer, 2001; Rowe, 2004). In Legal Affairs, Labi gives a very detailed description of how this operates in the case of one child. Escorts, who are described as large, strong, and physically intimidating, are admitted by the parents into their home after their child is asleep. The escorts then awaken the child, inform him/her of what is to happen, and offer the choice of going willingly or being transported against their will (Labi, 2004). If necessary, handcuffs are used to restrain children (Labi, 2004; Weiner, 2003, June 17). Parents sign a notarized power-of-attorney authorizing the escorts to act on the

parents' behalf while transporting the youth, and promising that the family will not sue the escorts for any injuries caused by reasonable restraint (Labi, 2004). The report from Montana (2003), which indicates that 90% to 95% of the children in these programs in their state are from another state, is just one indication that children are often transported great distances from their home.

These escort services are also unregulated, and the use of such escorts to transport their children hundreds or thousands of miles away from home, sometimes to other countries, is within the rights of parents. In some instances, this practice leads to conflict between the child's parents or relatives (Kilzer, 1999), and when these conflicts occur after the child is already residing in a private program, the power of individuals other than the custodial parent to secure the child's release is limited (Labi, 2004).

Marketing

Despite the many reports of mistreatment, abuse, and even death and the lack of systematic outcome data to substantiate their claims of effectiveness, these programs continue to prosper. This prosperity likely relates to their intensive marketing efforts. There appear to be three major ways in which these programs are currently marketed: through the Internet, through "educational consultants," and through participating family referrals. In this new electronic era, parents are often quick to consult the Internet for advice and help on dealing with difficult problems. Most programs host their own attractive websites, which are prominently displayed if parents enter such terms as "troubled teens" or "behavior problems" into any Internet search engine. Parents who seek more information get a rapid response, often a strong sales pitch with testimonials from other parents, sometimes an on-line brief "assessment" of problems, and concrete assistance in making arrangements for immediate placement. Parents report that they are often encouraged to act very rapidly before the situation with their child gets more serious and help is too late. Parents have reported that they succumbed to this type of pressure, particularly since it came at a time when they were already feeling desperate for help. This type of marketing through the Internet presents a new challenge to the mental health field, which has traditionally emphasized the importance of a more cautious approach in which a full and comprehensive assessment is conducted before a decision is made or an intervention plan is developed.

In addition, a new field of "educational consultants," with their own national organization, has grown. These consultants assist families with two major tasks: selecting universities for their children or selecting special programs for youth who are presenting special challenges. The qualifications and credentials of these consultants vary (Rubin, 2004), and there do not appear to be any credentialing requirements or regulation. These consultants often market through direct mailing to mental health professionals and assist parents in selecting a program and making the arrangements for a placement. Former staff members of specialty programs have reported that some educational consultant receive "finders fees" from the programs for each student who is placed in the program based upon their recommendation, a fee that is not disclosed to parents. There is no information on how widespread this practice is. Like any other field, this seems to be a field that has a combination of sincere and well-intended individuals; sincere and well-intended, but misinformed individuals; and others who are motivated more by personal gain than by assisting children and families.

Some programs also encourage families whose youth are attending the program to recruit other families they know and offer fiscal incentives for such referrals (Aitkenhead, 2003). Families have reported sending their children to programs on the recommendation of other parents without ever further investigating the program or services described (Cole, 2004).

Licensing, Monitoring, and Accreditation

There are two primary formal efforts to oversee programs serving vulnerable populations. The first is licensing and subsequent monitoring of such programs, which is traditionally done by states or regional bodies as part of a general governmental responsibility for oversight of quality and protection of vulnerable populations. The second effort is accreditation by independent organizations.

There appears to be great variability in licensing requirements among the states, and, as indicated earlier, this may account for the disproportionate presence of residential programs in some states. For example, Montana currently has no licensing requirement for private behavioral health care programs, although its legislature is beginning to address the issue. In Texas, a residential program is not regulated by the Texas Health and Human Services Commission (which does require licensure of residential treatment centers and therapeutic camps) if the program self-identifies as a private boarding school ("Operations that are exempt," 2002).

Utah, which is believed to have more of these programs than any other state, also has not licensed such programs historically, although concern about them has led to a 2005 law amending the "Licensure and Regulation of Programs and Facilities." This Law now imposes requirements for the licensing of all "human services" programs, including "therapeutic schools," "youth programs," and any "facility or program" that provides "residential treatment" or "residential support" ("Licensure and Regulation," 2005).

In some states, residential programs are required to be licensed unless they are affiliated with a religious institution. This is referred to as a "faith-based exemption," and explains how some programs have existed in Missouri and Florida without state oversight as residential mental or behavioral health facilities (Escobedo, 2004; Franck, 2002).

Unlike Montana, Texas, and Utah, Michigan has only one program listed in the NATSAP Directory, and that program is both licensed and nationally accredited. This likely relates to the fact that in Michigan therapeutic boarding schools must be licensed as "child caring institutions," all public and private residential institutions are equally accountable, and no religious-based exemptions exist. Furthermore, in Michigan, all reports of code violations are publicly available online ("Child care," 1973/2002). Ohio is another state with clear licensing requirements for all residential programs and no religious-based exemptions ("Inspection and licensing," 2001), and this state also has only one program listed in the NATSAP directory, which is nationally accredited as well as licensed. It should be noted that while licensing can provide an important protection, this is only the case if there are thorough and effective monitoring procedures that accompany the licensing requirements.

While licensing is a mandated requirement for programs in those states that have such regulations, accreditation by a national body is voluntary. Accreditation is typically obtained by a self-initiated application and guided self-evaluation, followed by an on-site visit by a voluntary committee associated with the accrediting agency. Accrediting agencies are private, peer-based, member-funded agencies designed to encourage and promote quality client care. Accrediting agencies, however, do not have any governance or jurisdiction over private facilities, although government agencies can choose to make accreditation by an independent national organization a pre-requisite for obtaining a license, operating a program, or receiving government funding, for example.

There are three main accrediting groups nationally that are pertinent to this type of program: the Council of Accreditation (COA), which was formed in 1977 by the Child Welfare League of America and Family Service America and operates primarily from a social service model (http://www.coanet.org); the Council of Accreditation of Rehabilitation Facilities (CARF), which was formed in 1966 and operates primarily from a rehabilitation model and has separate behavioral healthcare standards (http://www.carf.org); and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), which was established in 1951 and uses a primarily medical model and also has separate standards in behavioral healthcare (http://www.jcaho.org). The 2005 NATSAP Directory indicates that three of the 134 programs have COA accreditation, five have CARF accreditation, and 23 have JCAHO accreditation. Altogether, slightly less than one-quarter of the programs have accreditation from any of these organizations. This is not to suggest that NATSAP member agencies are any lower in accreditation rates than non-NATSAP agencies. In fact, the opposite may very well be the case in comparison to similar programs that do not belong to NATSAP. The data for NATSAP member agencies is presented here primarily because it is the only such data available. These data do suggest that the accrediting bodies that have developed and refined clear standards to safeguard youth are being underutilized as a means of ensuring appropriate standards in residential facilities.

The Association for Experiential Education (AEE) is a new nonprofit professional membership association that accredits adventure education programs: "The accreditation process determines if the program has an educational mission; has clearly defined and appropriate objectives; maintains conditions under which those objectives may be achieved; and appears to be achieving them" (Association for Experiential Education [AEE], n.d.). This is a relatively recent process, in operation for less than ten years, and there are no data to indicate how effectively this accreditation process is promoting high quality and safe care.

The State of Washington has addressed the issue of protecting the well being of youth by legislating that individuals as young as 13 years of age have the right to refuse care for mental health and substance abuse problems ("Minor voluntarily admitted," 1998). The age at which youth have this right is lower in Washington State than any other state in the U.S. The fact that youth have the right to walk away from care that they feel is irrelevant or harmful may in part explain why unregulated residential programs have not proliferated in this state.

There are two other potential licensing, regulatory, or accrediting mechanisms that may provide protection for children. One of these is the Interstate Compact on the Placement of Children [ICPC], which is designed to protect children who are sent from one state to another for purposes of placement in foster care. However, the Compact specifically does not include placements in medical, educational or mental health facilities (Article II (d)). In addition, Article VIII (a) specifically excludes from coverage under the Compact the placement of a child made by a family member or non-agency guardian (Association of Administrators of the ICPC, 2002).

A second potential protection is accreditation by an educational organization. Many programs seek such accreditation because they include on-site education or because they prefer to consider themselves as a school rather than a treatment program, even if the primary reason that children are sent to them is because of concern about their behavior. However, the scope of protection provided by educational accreditation is limited. As the report from the State of Montana indicates concerning the Northwest Association of Schools and Colleges and Universities, an educational accrediting organization "only reviews the educational component, it does not review the behavioral component or overnight care that the youth may receive while they are at the program" (Montana DPHSS, 2003, p. 9). Similarly, a response to a question about this issue addressed to the Southern Association of Colleges and Schools also indicates that, "there are no direct standards or indicators referencing the types of discipline/control measures utilized at these schools" (Flatt, personal communication, October 11, 2004).

It is also important to note that academic requirements vary across states, with some states mandating number of days in attendance and specific curriculum in order to meet graduation requirements. Because many youth are sent to residential programs outside of their home state's educational jurisdiction, they may experience problems with transfer of credits after they return to their home state.

Government Responsibility

The current situation regarding residential services for youth raises a number of issues. First and foremost is the responsibility of government and of professionals to ensure the safety and well being of children. Governmental oversight to ensure such safety is an honored practice in this country and is not limited to the licensing of programs and facilities formally designated as mental or behavioral health programs. It is reflected in everything from regulation of special programs that serve children or vulnerable populations, like day care programs, nursing homes, and programs for individuals with disabilities, to licensing of professionals to practice in a particular field and to protecting against fraudulent and misleading advertisements. Within health care, concerns about safety and quality have also led to the development of monitoring and accreditation procedures, and these have grown in scope in recent years.

Laws and procedures regarding the report of child abuse and neglect and the transport of children across state laws are primary mechanisms to keep children safe. Yet, despite the growing number of reports regarding mistreatment, abuse, and death of youth in unlicensed programs, the response by states has been very uneven.

Recommendations

Based on our understanding of the issues and concerns that have emerged regarding residential programs for youth, we propose the following response:

1. There is a need for all states to have laws and policies that promote licensing and monitoring of all residential programs, whatever they may be called, to ensure that quality services are provided, to decrease the likelihood of abusive or harmful behavior, and to ensure that incidents of abuse are reported. The Montana Department of Public Health and Human Services (2003) has laid out 13 possible policy options in response to this problem, with the last one being to do nothing. For Montana and for all other states, the last option is clearly unacceptable. Although licensing and monitoring or accreditation does not by itself ensure that tragic incidents will not happen, it is one critical part of a multifaceted response to this problem and all states should examine their current licensing and monitoring procedures to make sure that they are adequate to protect children from abuse and families from exploitation. Federal Bill HR, 1738, the End Institutionalized Child Abuse Bill, was introduced in Congress in April, 2005; this bill proposed to provide funding to states to support the licensing and monitoring of the full range of residential treatment programs, and as such would facilitate the protection of youth and families.

2. Further, the Interstate Compact should be re-examined so that before children can be transported across state lines for purposes of receiving special help, at a minimum, parents are provided with information about prior deaths and complaints of abuse or neglect at the facilities. Before children are sent across state lines to a foster care or relative placement by the child welfare system, a home study is done to ensure that the home to which they will be going is safe and appropriate. Surely a similar requirement is in order for this vulnerable population that is being sent across state lines for purposes of treatment.

3. A part of this overall child protection effort should be a systematic and comprehensive examination of such programs, under the auspices of the federal government. It is unacceptable to have so little information about such basic issues as the number of children served, the characteristics of the children, the services they receive, the overall outcomes, and particularly the number of deaths and serious injuries. Such an information collection effort should not be just a one-time activity, but should lead to ongoing data collection about the status of these programs and the well being of the youth served within them. Resources should also be made available at the federal and state levels to support independent evaluation of the effectiveness of these programs.

4. The growing use of these unregulated programs, despite the lack of evidence of effectiveness and the increasing evidence of mistreatment and abuse, is a reflection of the great need that children and families have for access to effective care. If such care were available in one's own community, then parents would be less likely to select a high-risk program far from their home community out of a sense of urgency. Significant progress has been made in developing individualized, culturally competent, and intensive home- and community-based interventions, in which parents and professionals work together as partners (Huang et al., 2005; Kamradt et al., 2005). The challenge now is to increase the availability of these services so that they are accessible to all families. An important lesson to be learned from the use of these programs is that within all social classes of families and within all racial and ethnic groups, children and families are in need of help and there needs to be a concerted effort to provide that help.

5. The mental health field needs to actively respond to the growing evidence of mistreatment and abuse of youth in unregulated programs. The almost total neglect of focus on these programs in the professional literature and the silence about it from within the mental health community are causes for alarm. Somehow, mental health professionals should be the loudest voices complaining about abusive and exploitive practices that are inconsistent with sound mental health practice and yet are being done in the name of treatment. It is encouraging that as this issue has been brought directly to the attention of organizations such as the American Psychological Association, the American Orthopsychiatric Association, the American Association of Community Psychiatrists, and the Child Welfare League of America, they have become important allies in the effort to address the problem. In the future, however, these organizations and many others have an important watch-dog and oversight responsibility specifically for actions taken in the name of providing treatment for mental health problems and should set up structures to ensure that this watch-dog function is carried out.

As noted earlier, within the United States, there is a long history of sending children who are not conforming to expected standards of behavior to institutions, often far from their home, despite the lack of evidence that this is effective. The current trend to escort and transport children in the middle of the night to unlicensed and non-accredited programs often thousands of miles away from home, and sometimes in other countries, programs about which very little is known but which are notorious for harsh discipline if not actual abuse, is a particularly pernicious continuation of this practice of removing of children from their homes and communities. The challenge now is to gather complete and accurate information about these facilities, to develop a comprehensive child protection strategy including better use of licensing, monitoring, and accreditation procedures, and ultimately to develop the supports and services that will allow children and families to address their needs within their own home and community. A powerful and effective response to this latest trend in residential care is now needed if we are truly committed to safeguarding and promoting the well being of youth and families.

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Chairman MILLER. Thank you very much for your testimony.

Thank you to all of you for your testimony.

I cannot think of testimony that we have received in this committee that has caused a greater sense of anger or sorrow than what we just heard this morning.

Mr. Kutz, I would direct again my fellow committee members to the first couple of paragraphs in your summary. They are absolutely astonishing in today's world when you say that "We found thousands of allegations of abuse, some of which involve death, at residential treatment programs across the country in American-

owned and American-operated facilities abroad between 1990 and 2000.

"Allegations include reports of abuse and death recorded by state agencies, by the Department of Health and Human Services, allegations detailed in pending civil and criminal cases with hundreds of plaintiffs, claims of abuse and death that were posted on the Internet.

"For example, according to the most recent NCANDS data, during 2005 alone, 33 states reported 1,619 staff members involved in incidents of abuse in residential programs. Because there are no specific reporting requirements or definitions of private programs in particular, we could not determine what percentage of the thousands of allegations we found related to such programs.

"We also examined in greater detail 10 closed cases where teenagers died while enrolled in the private program. We found significant evidence of the ineffective management in most of these 10 cases with program leaders neglecting the needs of program participants and staff. This ineffective management compounded the negative consequences and sometimes directly resulted in the hiring of untrained staff, lack of adequate nourishment, reckless or negligent operating practices, including a lack of adequate equipment. These factors played a significant role in most of the deaths that we examined."

In the 10 facilities that you looked at, Mr. Kutz, where these children died, could you name those 10 facilities for the committee, please?

Mr. KUTZ. Yes, if you would like me to go on the record with that, I would.

Chairman MILLER. Yes.

Mr. KUTZ. We did leave it off, but if you asked that, I will.

Chairman MILLER. I will ask you to do that now.

Mr. KUTZ. I will do them one by one.

Number one was Summit Quest. Number two was Challenger. Number three is North Star. Number four is Obsidian Trails. Number five is the Aldredge Academy, which was already mentioned by one of the parents here. Number six was the American Buffalo Soldiers Reenactment Camp. Number seven was Red Rock Ranch Academy. Number eight was Catherine Freer Wilderness, which was also mentioned. Number nine was Skyline Journey. And number 10 was Thayer Learning Center.

Chairman MILLER. Thank you.

A number of these facilities, if I understand correctly, have remained open. Which facilities are those? Some have closed either related to these incidents or other reasons, but which of these remain open after these children have died?

Mr. KUTZ. That is correct. Some have closed and there are five that remain open in some form, and I will go through those with you also.

Again, Aldredge, which was our case number five. The Red Rock Canyon School, which was the parents of the Red Rock Ranch Academy, our case study number seven, is open. Catherine Freer, which was mentioned, is still open, but it is open now in Oregon. The Nevada location related to our case study is closed. The Skyline Journey from our case number nine is closed, but it now oper-

ates as something called Distant Drums. And then Thayer Learning Center, our case study number 10, is still operating.

Chairman MILLER. From your investigation of these 10 deaths at these facilities, can you comment as to whether or not these deaths at these facilities appear to have been fully investigated?

Mr. KUTZ. Not necessarily. I mean, from a criminal standpoint, we did not do an in-depth investigation of the quality. I would say that they were not done of equal quality necessarily, but we did not dig enough into that.

From a criminal standpoint, there really was not a whole lot of result. There was one individual who was prosecuted and is serving concurrent 6-and 5-year sentences. The other prosecutions or pleas resulted in community service or probation, things like that. And in some cases, there were no charges at all made at the end of the day.

So it was a wide variety, but very little criminal result for any one involved in these cases.

Chairman MILLER. Thank you.

Ms. Moss, it is my understanding that three of the facilities that Mr. Kutz just mentioned are NATSAP members—is that correct—that remain open?

Ms. MOSS. Yes.

Chairman MILLER. And those are which?

Ms. MOSS. Catherine Freer, Red Rock Canyon and Aldredge Academy.

Chairman MILLER. Aldredge Academy.

Mr. Kutz, are there additional members? Were there three, or was it five?

Mr. KUTZ. There are three current. There were two that are now closed that were NATSAP members. The Obsidian and Skyline were NATSAP members based on our understanding.

Chairman MILLER. Okay, but they are now closed, as I understand it.

Mr. KUTZ. Correct.

Chairman MILLER. Let me just ask Mr. Lewis, Ms. Clark Harvey or Mr. Bacon, in a sense, what would you say to parents who are considering this alternative for their child, and I think we all recognize that very often parents are considering these alternatives because they do not know quite what else to do. It is not that they have not tried a lot of things with their children, but they have not worked out the way they had hoped or had become more difficult or what-have-you. So it is a very difficult time for parents, but you have been there tragically. What would you recommend to parents?

Mr. Lewis?

Mr. LEWIS. In hindsight, I would not let my son out of my hand, out of my sight. Nobody loves your children like we do, and to turn your child over to somebody else and hope that they are going to love and protect your child, I think, was very naive on our part.

I think what we need to do as a society and a community is provide much stronger home-based programs for children that are struggling so they stay with their families, and they stay with the community that they know and loves them.

You know, hindsight is a wonderful thing. We thought Aldredge was an answer to our prayers, and it turned out to be a living

nightmare for us, and I cannot imagine the nightmare it was for my son.

Chairman MILLER. Ms. Clark? Ms. Clark, what do you think?

Ms. HARVEY. I would have to agree. There is absolutely no way for any family to be certain of any of the claims that are made by these programs. There is just no way to do the amount of research and to determine whether it is appropriate or not, so I would make a blanket statement of do not send your child to a residential treatment program far away from your home because, as things stand right now, you have no absolutely no assurance that they will be taken care of.

Chairman MILLER. Mr. Bacon?

Mr. BACON. I would like all of the parents to understand that the risks involved in sending your child to one of these programs are far greater than what you can imagine. In our case, we were weighing the risks of what we thought was an unhealthy environment in the public high school that our son attended, whether it was drug use and peer pressure. The risks that we assumed, and the risk that I think every parent assumes when they send their child to a residential program, is much higher than probably any risk that they can face near home.

Chairman MILLER. Thank you.

Mr. Kutz, you mentioned one of your discussions was a question of misleading advertising or marketing or assurances to parents.

Last night and early this morning, I was on the Internet and sort of scooting around some of these sites, and it is a very seductive introduction to parents who are distraught, who are stressed, who have been dealing with this maybe for multiple years.

They generally list a series of problems that children have—bipolar, schizophrenia, depression, drug and substance abuse, ADD—and the suggestion is that the staff can deal with all of these. Any one of those is a career for a professional, and all of my work in mental health and my wife's work in mental health and involvement with kids, and the idea that you can just insert a problem and this counselor can take care of any number of these problems in an effective way is——

I have not seen a practice that way except in these representations, the suggestion that they are trained effective counselors for each one of these disorders, and, of course, most parents in that situation would identify with one or more on that list, and I just wondered if you might address that.

Mr. KUTZ. Yes. And I can speak to the 10 cases in depth, but the parents were pretty much told what they wanted to hear. As you said, it almost did not matter what the circumstances were for the child. The programs were purported to be experts for those kids.

And it went far beyond that. You had cases where you had no one that knew CPR in the entire program, you know, just something basic like that where you are having kids out in the wilderness or at a boot camp or whatever and no one knows CPR.

And they market to the desperate parents. You heard these parents today. I mean, they were in a desperate situation. They were looking for something, and they were probably vulnerable at the time. I do not want to speak for them, but I think they probably were. I am a father. I could see how that could happen.

And I just think what you mentioned earlier and what the parents mentioned here for parents looking today, it is buyer beware. Buyer beware. I mean, these are programs, especially where they are unregulated programs in certain states, you really do not know what you are getting.

Could I go back to the criminal also? The fact is there were not a lot of criminal prosecutions and documented evidence that the people that are dealing with these programs have a background. When parents are doing due diligence on these programs, an interesting point here is how do they know that some of the people who were involved in the abuses and the cases that we talked about here are not dealing in the current programs today. The answer is they will not know, and so it is a very difficult environment out there for parents.

Chairman MILLER. Could you elaborate on the Thayer case, number 10, the 10th case in your item?

Mr. KUTZ. Yes. And that is the most recent case from Missouri. Yes, that was a case I mentioned. That was one where we believe that there was certainly abuse, and I read the autopsy report myself in depth twice, and I really could not believe it actually.

I mean, this kid had bruises, abrasions and kind of signs of abuse from head to toe, from his head down to the bottom of his legs, and there were reports that he had been dragged around, and the other kids at the program had been forced to drag him around when he was unable to exercise.

And I mentioned to you in the opening statement that when he was unable to exercise, then the penalty was not medical treatment, but to put a 20-pound sandbag around his neck and make him wear it around. So that is a case of absolutely clear abuse, in my judgment.

Chairman MILLER. You know, Dr. Pinto made the point—and I think it probably strikes all of us here—had any parent engaged in any of this behavior against a child, they would be in jail. Almost any singular incident of numerous incidents and ongoing activities against these children—a parent, a schoolteacher, a coach—they would all be gone.

I will get into it later because I have a second round of questioning here, but, you know, my concern is that these people sort of reinvent themselves. They leave Nevada. They show up in Oregon. They leave this program. They rename themselves.

I followed some of these programs now longer than it took to cross the West by walking. I mean, you know, these people constantly are morphing themselves, and your point is you do not know who is "counseling" your kid, whether there is criminal behavior, whether they have their own problems.

But, you know, one of the things that stuns me is the marketing of the wilderness and the outdoors and nature and then to take people into the outdoors and the wilderness and nature and brutalize them in the name of the nature. I do not get it.

I have backpacked for 30 years. I was on a trip this weekend in the high rims above Lake Tahoe in the aftermath of a snowstorm, and in that trip, we must have stopped six or seven times and checked everybody, saying, "Are we okay? Can you proceed? Do you think we should go back? We are this many hours into it. We have

this many hours of daylight. Is everybody drinking water? Is everybody snacking, because we are burning a lot of energy because it is really cold?"

For 30 years, I have hiked in that fashion with kids. I have had kids come into our camp in the middle of the night on different wilderness programs, but all of them were schooled in how to deal with the program. They were all given challenges, massive hikes, really quite stunning what they accomplished, with a guide, with full education with the dangers of how to take care of yourself, how to respond, how to handle the worst, and then the challenge is laid out, and I kind of understand that. I can see why that is used as a tool.

But the idea that you take a person and you have her walk out in 100-degree weather and somehow this is good for you and nobody is paying attention to dehydration and nobody is paying—in the name of the wilderness that—this is therapeutic? No, this is abuse.

And back to your point on mismarketing, it is a wonderful thing for parents to think, "Gee, maybe I can get my kid out of this neighborhood, and we can start over, and they can go out there and, you know, they will be fishing and they will be swimming and they will be doing all these things," you know. It is just outrageous that they would suggest that somehow you can have a positive outcome with these children by using the outdoor experience as an abusive action against children.

It is stunning to me, and it is contrary to any norm of anybody who has been out in those situations, especially when you have young people with you in terms of learning about the outdoors.

I mean, as I went on these Web sites one after another—and then when you look at the cost—I do not know, Mr. Kutz. I have about 30 seconds. If you would just outline what you saw in terms of some of the costs——

Mr. KUTZ. Yes, the cost is fairly interesting. I mean, this is all in 2007 dollars, but the range was $131 to about $450, and the average was $300 per day, which is about $2,000 a week, and so the cost of this is very significant, and that is for the 10 cases that we looked at, certainly. We have looked at other ones that are in that kind of price range. So $300 a day was the average cost.

Chairman MILLER. Thank you.

Mr. McKeon?

Mr. MCKEON. Thank you, Mr. Chairman.

I would just ask the chairman kind of what he plans on doing about this. It is the first I have heard of these abuses going on. I have a couple of friends that have sent their children away to schools and did not have any of these kind of problems, but one death is more than should be tolerated.

Question: Ms. Moss, in your report, you talk about a joint commission, 15,000 programs. Was that correct?

Ms. MOSS. The joint commission accredits over 15,000 health care——

Mr. MCKEON. Programs such as these?

Ms. MOSS. Yes. They are not all like these. There are psychiatric hospitals——

Mr. MCKEON. What is the point——

Ms. MOSS [continuing]. Medical hospitals. So it is over 15,000 that they accredit.

Mr. MCKEON. How many of these programs are in your association?

Ms. MOSS. That are accredited by joint commission?

Mr. MCKEON. Well, just how many are in your program?

Ms. MOSS. We have 180 programs, sir, as members of our organization.

Mr. MCKEON. And do you know how many children are enrolled in these programs, these 180?

Ms. MOSS. The information that I received last year when we did our 2006 annual renewal is that there were approximately 16,000 children served in our in our member programs during 2006.

Mr. MCKEON. Sixteen thousand. Do you have any idea how many deaths have come from those 180 programs or out of those 16,000 youth?

Ms. MOSS. In 2006, sir, I do not recall immediately. Our organization has grown from a starting point of six programs to the 180 this year. I am sorry I do not have that information at my hand right now.

Mr. MCKEON. Mr. Kutz, do you have any idea from your investigation how many deaths have resulted from these programs?

Mr. KUTZ. No, we do not. We just know that there are thousands of cases of reported death and abuse. There is no real central repository.

Mr. MCKEON. Excuse me again. Thousands of——

Mr. KUTZ. Death and abuse. Mostly abuse, but there are other reports of death. There is just no way to quantify. There is no good centralized source in the federal or state governments to quantify this.

Mr. MCKEON. It is amazing to me. As the chairman said, if a parent just were reported abusing a child, the children would be taken away from them, they would probably go to jail, and they would have to prove their innocence, and yet we have just from the witnesses here today three deaths, and it looks to me like there is no criminal action taken, except in the case where we had a $5,000 penalty and some kind of probation or something. What are the police doing about this? I mean, deaths are pretty serious, and nobody is taking any action?

Mr. KUTZ. Well, I can just answer this for the 10 cases. We did look at police reports. There were extensive investigations done in most of the cases, and, again, only one person is serving time today, from case study number six, for manslaughter and I believe another charge, concurrent 6-and 5-year sentences. Everyone else, as I mentioned, either was prosecuted or pled, either got community service or time served or some lesser charge.

So there were really no teeth behind the investigation. It does not mean they were not good investigations. We did not really evaluate the quality of the investigations, but there was really no action on the criminal side here.

Mr. MCKEON. This just boggles my mind. I cannot even imagine how this——

Mr. Bacon?

Mr. BACON. In the case of our son and North Star Expeditions, it was a program licensed in the State of Utah. It was owned by two gentlemen who were previously field counselors in the Challenger program where a young woman died. In the investigation on the former death, these two people turned state's evidence against that owner in exchange for assisting the State of Utah in writing the regulations for the State of Utah and a license to operate their own program.

So, when our son died, there was an immediate investigation that was brought about by the county attorney in Garfield County. We were very fortunate that in the sheriff's office, there was an experienced homicide investigator who arrived at the scene first. From the evidence that she collected, it became clear very quickly to the county attorney that this was a very suspicious case, and he called in to the State of Utah, to the attorney general's office, and asked them to assist in the investigation.

As a result, both owners—I believe that there were seven people. I am not sure about the exact numbers—counselors and EMTs were charged with felony child abuse and neglect to report child abuse, among other misdemeanor charges. All of them pled guilty to lesser charges, were given probation and community service, and told that they could not work in child programs after this.

There was one counselor who decided that a felony did not mean that much to him. So, despite the fact that the plea agreements were supposed to prevent us from the agony of going through the trial procedure, we had to do that anyway. He was found guilty of felony child abuse.

The judge sentenced him to 1 year in jail and community service, he was out in 2 months, and we were informed that at that point it was no longer about Aaron Bacon, it was about what was good for Craig Fisher. The judge told us it was no longer about what was right for Aaron Bacon, it was what was right for Craig Fisher, and he got off with 2 months and community service.

Mr. MCKEON. I would like to yield to Mr. Platts some of my time at this time.

Mr. PLATTS. Thank you, Mr. Chairman and Ranking Member McKeon.

First, I certainly add my words of sympathy on the loss of loved ones of our family members here today and thank all our witnesses, especially you, for your courage in sharing your family stories that we may do our best to see that they are not repeated and the tragedy that your families have suffered are not repeated in other families.

Mr. Kutz, in your investigation, it seems that your focus was private programs, not public, but you do reference an ongoing investigation that is going to be more comprehensive. Is that correct?

Mr. KUTZ. Yes, a more comprehensive look at the——

Mr. PLATTS. Would that include public and private to give us an understanding of maybe what is better?

Mr. KUTZ. Yes, it will include both.

Mr. PLATTS. What is the timeframe for us getting that information?

Mr. KUTZ. I believe early next year.

Mr. PLATTS. Okay. In the 10 cases specific that you did investigate, how many, if any of those, were cases in states where there was state licensing in place?

Mr. KUTZ. Several were, and several were not. It was mixed.

Mr. PLATTS. And the ones where there was, was the response then more appropriate?

I mean, I agree with the chairman and the ranking member. When you read these cases and Mr. Bacon just citing the example of his son's, the repercussions, the consequences are unbelievable. There were not any. I mean, lives were taken in a horrific manner, and was it any better in any sense with those with state licensing?

Mr. KUTZ. With respect to that, where there was state licensing, there were several cases where the licenses were revoked, and so there was some action on the license. Again, I mentioned not much on the criminal side, but on the licensing side, licenses were revoked or possibly permits on federal lands. Some of these did that on federal land also, and the permits were revoked there also.

Mr. PLATTS. You reference in your written testimony that the states while they do not often regulate the private that they more often regulate publicly funded programs. Did you get in detail in what way they regulate the public funding in this report?

Mr. KUTZ. No, I do not have any direct knowledge of the public.

Mr. PLATTS. Okay. Of those that are privately regulated, private entities that are regulated by states, was there a state that you would point to us as the best model for us to look at to say this state seems to be doing it better than anyone else?

Mr. KUTZ. I think that that will be probably in our report next year, but I know that talking to my staff, Utah has gone through several revisions because a lot of the cases here happened in Utah. There have been increases in the requirements in Utah, I think several iterations of that. Whether that is the model or not, I cannot speak to that, but there has been a lot of activity from a legislative standpoint in the State of Utah.

Mr. PLATTS. I think that would be helpful.

Chairman MILLER. If the gentleman would just yield for 1 second, I just want to inform the members of the committee that I think there is a little less than 5 minutes now on the roll call vote. We will recess for the votes, and we will come back immediately after. Hopefully, that is in 20 minutes or so.

The gentleman is free to go ahead now.

Mr. PLATTS. Thank you, Mr. Chairman. I will try to wrap up quickly or give the ranking member back——

Of that ongoing study, I think it would be very helpful if part of that investigation is kind of the best models out there that we can learn from to then try to look at how to replicate elsewhere.

A final question, Ms. Moss. You mentioned 180 programs that are currently members, and in your testimony, you talked about they have to have a state license or an accreditation from the joint commission——

Ms. MOSS. Yes. Mental health accreditation. Yes, sir.

Mr. PLATTS. So all 180 of your programs have that?

Ms. MOSS. The board ruling went into effect the 1st of May, where all new members have to be licensed and-or accredited, and

they also have to have oversight by a licensed clinician, in other words, somebody that has a state licensure.

The current members, for those that have been members of our organization, have until January of 2009 to obtain that licensure and-or that accreditation, and the organization is working with other states as well as with other accrediting agencies to make sure that those accreditations are available.

In 2009, if we have a current member, whether it is a founding member or any other member that has not received that licensure or accreditation, they will not be a member of our organization.

Mr. PLATTS. Okay. Thank you, Ms. Moss.

And to our family members, I especially want to thank you again. As a parent of an 8-year-old and an 11-year-old, I cannot imagine the anguish that you have gone through, and your willingness to be here today is going to help save the lives of other children in the future, and I sincerely thank you.

I yield back to the ranking member.

Chairman MILLER. The gentleman has 2 minutes.

Mr. MCKEON. Again, I would like to thank you for being here.

I would like to thank you, Mr. Kutz, Mr. O'Connell, from the GAO for this study.

I hope as we move forward on this issue that it does not become a partisan issue, that this is something that we can work together on to better the situation. I am sure that there are young people that have gone to some of these programs that have benefited, I would imagine out of that many people, but I think it is something we really need to look at.

What concern I have is, apparently, law enforcement just does not get involved in these things, so if you can have a bad actor—and it seems like whatever field you are in, you can find bad actors. We could find doctors that have had real problems in their lives. So I think it seems like people just gravitate to wherever they can do the bad things they want to do.

My concern is that if there is an incident, such as these, where deaths occur and abuse and there is some attention brought to them and maybe there is some slight action taken, as we have seen here, it might shut them down. They might move to another state and start all over again, and nobody has any way of knowing the problems. So that is something that I think that we really need to look at.

I am generally opposed—as Mr. Bacon maybe pointed out in his opening comments—I do not like to see federal legislation, but there are some times where it has to happen, and if you have a situation like this where people can go from one state to another to avoid prosecution, it might be that federal legislation is needed.

I appreciate, Ms. Moss, what your organization is trying to do where you say if some way you can clean up some of the bad apples. I have seen it in other organizations that we deal with, where it has been effective, but sometimes it is not enough, and I think that is something that we need to address.

And I appreciate the chairman holding this hearing.

Chairman MILLER. Thank you very much. We will recess, and, hopefully, we will be back here in about 20 minutes. Thank you

very much, and thanks for sticking with us because we have a few more questions we would like to ask you. Thank you.

[Recess.]

Chairman MILLER. Thank you very much for bearing with us here and our busy congressional schedule.

I would like now to recognize Congresswoman McCarthy from New York for questioning.

Mrs. MCCARTHY. Thank you, Mr. Chairman, and thank you for bringing this to everybody's attention.

To the family members, I know it has been a very troubling journey for all of you, but with you being here today, you are bringing this to national attention, and with all the pain and suffering that your families have gone through, you can make a difference and, hopefully, prevent another family going through what you have all suffered these last several years, and my heart goes out to you.

With that, Mr. Kutz and Ms. Moss, many parents put their children into these programs based on snazzy and, in some cases, according to your report, misleading marketing products. I imagine these marketing tools do not include any information on incidents of crime, violence, accidents or deaths.

In 1990, Congress passed the Clery Act which requires colleges to notify parents about campus crime annually. I am shocked that there is no similar requirement for children in these residential programs who are arguably even more vulnerable than our college students.

I am also shocked that owners and program leaders are not required to disclose if they have previously had to shut down a program and under what circumstances. It is totally unacceptable that parents are not informed, and families involved in these programs should have a parents' bill of rights.

Do you think these residential treatment facilities should have to disclose violent incidents, accidents and deaths in their marketing materials or to the parents of enrolled children on an annual basis?

Mr. Kutz?

Mr. KUTZ. Well, I would say that they did not do that, and with respect to disclosure to the parents of what was actually going on, not only did they not tell them what was going on, I believe in many cases we saw that they lied to the parents, and they misrepresented what was actually happening.

Certainly, it would seem that that has merit, having some disclosure requirements here, and, again, you have to have teeth behind that somehow. I do not know how you get that, but some teeth behind disclosure of what is going on would have some merit.

Mrs. MCCARTHY. In your report, did you find that even those that were hired into these particular programs—did anybody do any background checks on them?

Mr. KUTZ. I think there were some that did and some that did not. We did have one case where there was an ex-con that was handling kids. So somehow that person got through, but I do not even know what the requirements were. There were no licensing requirements. There were not any real standards there, so I do not even know what the criteria was they were using to bring people in. I believe in some of the states now that have licensing require-

ments a background check is one of the thing that is required in some states.

Mrs. MCCARTHY. Ms. Moss?

Ms. MOSS. On the question of disclosure, one of the things that we always recommend when a parent calls is they need to check with the state licensing agency to see if there is anything in the background of that program. We also stress the fact that if there is no licensing agency, they need to contact the attorney general's office to make sure that there is nothing in that background.

Mrs. MCCARTHY. But how do we get this information to these parents? I mean, obviously, usually, the parents are so distressed by the time they even come to this situation where they are trying to find the best treatment for their child, and there are so many programs out there. Half of them are not even registered with the state. It is kind of hard to guide these parents.

Ms. MOSS. It is very difficult.

Mrs. MCCARTHY. They did due diligence. They asked the right questions, and yet they ended up with, unfortunately, their children dying.

Ms. MOSS. I do not think any of our NATSAP programs would be opposed to disclosure on that.

Mrs. MCCARTHY. What do you think about having some data where we can, you know, have data like where parents could go on to the Web site when they would be looking?

I am sorry. Did you want to ask——

Mr. LEWIS. Yes. About 3 or 4 months after the criminal case was resolved in relation to our son, I had called the people at Aldredge Academy, and I talked to the woman that we had originally talked to when we placed Ryan, and I presented myself as a parent that was looking into the program.

I said, "I understand you have some legal issues that I have read about a little bit online, and I am concerned about it," and her response was, "Well, that has all been taken of, and the family is very happy with the result," and that could not have been further from the truth.

So that is the information that they were telling people, if they were to call them and ask about my son's death. They clearly misrepresented our position on the whole matter.

Mrs. MCCARTHY. Thank you.

Mr. Bacon, you mentioned earlier in your opening statement that you were talking about we here have a responsibility certainly for taking care of and looking to make sure our children are safe. One of the things that I was thinking of as you said it, you know, right now we have a mortgage crisis going on. One of the problems was that those that unfortunately were doing predatory lending might have been kicked out of the state, that did not stop them from going into another state and doing the same thing.

I see that we seem to have the same case where one particular program was closed, reopened up into another program in another state. So, again, this is where data and the collection of data from state to state so the states would also have that information—do you have any comments on that?

Mr. KUTZ. Yes. It is not just the programs moving from state to state. It is really the people. Because you can change the name of—

we have seen that in a lot of the investigations we do in many different things. It is easy to start up a new entity and to shuffle the deck and reemerge somewhere. So that appears to be a real issue here.

Mrs. MCCARTHY. I am looking forward to your second report in February. Appreciate it.

I thank again everybody for their testimony.

Mr. Chairman?

Chairman MILLER. Mr. Kildee?

Mr. KILDEE. Thank you, Mr. Chairman.

Ms. Moss, you mentioned that when you get a complaint that you look into that complaint case by case. How many have you proceeded on case-by-case complaints?

Ms. MOSS. Could you clarify proceeded on?

Mr. KILDEE. Yes. You stated that when you get a complaint about an organization, an entity that belongs to your organization, that you examine that complaint and proceed on a case-by-case basis. That was your words.

Ms. MOSS. Right.

Mr. KILDEE. How many have you proceeded on?

Ms. MOSS. As far as closing down, canceling their membership, sir, the two that we would have canceled their membership were closed prior to cancellation of the membership.

Mr. KILDEE. So have you proceeded on any of these complaints case by case?

Ms. MOSS. We did evaluate the Catherine Freer and the Aldredge Academy cases. There was no criminal negligence found and no wrongdoing found, sir. Therefore, they remained members.

Mr. KILDEE. So there is one or two then that you have proceeded on a case-by-case basis about?

Ms. MOSS. On the ones that had been reported to us, yes, sir. And in this case in the deaths, yes.

Mr. KILDEE. There has only been one or two reported to you?

Ms. MOSS. Right. On the deaths. The others that have occurred, sir, we have received the reports on those and also have found no negligence, no wrongdoing, no criminal action found.

Mr. KILDEE. So, again, you have only received one or two complaints, and you have stated that you proceed on a case-by-case basis. It did not take you very long then if there is only one or two of those.

Ms. MOSS. Sir, I misunderstood the question. I thought you were referring to the ones here in this hearing. There have been others.

Mr. KILDEE. No. I am referring——

Ms. MOSS. Yes, sir. There have been others. I do not have the numbers that we have——

Mr. KILDEE. Do you have any idea about how many you have proceeded on a case——

Ms. MOSS. During my tenure, sir, there has probably been about five or six.

Mr. KILDEE. Could you supply the records of those case-by-case interviews to this committee?

Ms. MOSS. I can certainly try to do that, sir, yes.

Mr. KILDEE. Well, I think more than try.

Ms. MOSS. Okay. Yes, sir, I can do that.

Mr. KILDEE. All right. Because if we do not, Mr. Chairman, I would suggest that we subpoena the records then. But if you——

Ms. MOSS. I will provide them to you, sir.

Mr. KILDEE. Thank you very much.

Chairman MILLER. I thank the gentleman.

Mr. Kutz, let me take you back to the Thayer Learning Center, if I might. Is it correct that the cause of death to date is a spider bite?

Mr. KUTZ. Yes, Mr. Chairman.

Chairman MILLER. And this is the incident which you talked about earlier where in reading the autopsy report and going over the autopsy, this was a child that was badly bruised?

Mr. KUTZ. Thirty bruises and contusions from head to toe, yes.

Chairman MILLER. So what is your thinking in reconciling the spider bite as the cause of death and what appears to be very substantial physical abuse?

Mr. KUTZ. Well, I think there were two things going on. There was the abuse going on, and then there were the signs of other things related to the spider bite. So there was a medical issue and then at the same time they were misinterpreting the medical that he was faking it or for some other reason. So they were abusing him because he appeared to be lazy or appeared to not be actually exercising. So I think a lot of the abuse came because of the spider bite because he was exhibiting symptoms that, again, they misinterpreted as faking it.

Chairman MILLER. And what is the status of that investigation?

Mr. KUTZ. There is no ongoing investigation there that we are aware of.

Chairman MILLER. What is the status of the—is it a closed case or——

Mr. KUTZ. There were no charges filed in that case. There was a civil settlement for $1 million in that case.

Chairman MILLER. And Thayer remains open. Is that correct?

Mr. KUTZ. Yes.

Chairman MILLER. Well, I do not know. We will have to look at that. I think there is something glaring in this case, and, you know, I have previously asked the Justice Department to look at this business. They have refused, but maybe on a specific case, they can find new interest. When you have a child that appears, as you represent the autopsy, to be this badly and systematically abused, there has to be some other interest here.

Mr. O'CONNELL. Mr. Chairman, if I could add something to the Thayer case?

Chairman MILLER. Yes.

Mr. O'CONNELL. We talked to the prosecutors who said there was not evidence to prosecute. However, the state's family services division did find that there were patterns of neglect and abuse at Thayer.

Chairman MILLER. Yes, I think, as you said, if you walked in in the middle of this testimony, you would think we were talking about human rights abuses in Third World countries. I have to believe that there is, in fact, a federal interest in this in the treatment of these children, and I think that at a minimum in a par-

ticular case we might very well be on solid ground asking for oversight by the Justice Department of the death of that individual.

You also mentioned, Mr. Kutz, Aldredge Academy is operating on federal lands. There with the Bureau of Land Management or what? Forest Service? Bureau of——

Mr. KUTZ. That one is Forest Service, Mr. Chairman.

Chairman MILLER. That is Forest Service?

Mr. KUTZ. Yes.

Chairman MILLER. And they have been on that land how long?

Mr. KUTZ. About 10 years, I understand.

Chairman MILLER. My understanding is they are in arrears on their rent?

Mr. KUTZ. Correct. They have not filed usage reports for, I believe, 8 years, and they will owe the federal government tens of thousands of dollars. So their permit is invalid basically.

Chairman MILLER. Would that send you a signal as a trade association, Ms. Moss, that something might be amiss if people had not paid their rent for years?

Ms. MOSS. Yes, sir.

Chairman MILLER. So what have you done in that situation?

Ms. MOSS. Haven't paid their rent?

Chairman MILLER. Yes.

Ms. MOSS. For the federal land?

Chairman MILLER. Yes.

Ms. MOSS. We are not familiar with what programs operate on federal land or not, sir. So if they did not pay their membership dues, their membership is canceled.

Chairman MILLER. So it is all about the membership dues?

Ms. MOSS. No, sir, it is not. It is not.

Chairman MILLER. Well, I am trying to figure out what else it is about because you cannot find any evidence of abuse, you do not know the financial situations. I am just trying to figure out what your association is about.

Ms. MOSS. If there is findings of wrongdoing, sir, or criminal action taken or ethical violations——

Chairman MILLER. By outside organizations?

Ms. MOSS. Yes, sir. We do not do the——

Chairman MILLER. So you do not do your own investigations?

Ms. MOSS. We do not do our own investigations, sir.

Chairman MILLER. You do not do your own looking at the quality of these organizations?

Ms. MOSS. No, sir, we do not.

Chairman MILLER. They essentially self-certify?

Ms. MOSS. They are not certified by our organization. We are not an accrediting agency. We are not a licensing agency.

Chairman MILLER. What the hell do you do?

Ms. MOSS. We are a trade organization, sir, that is focused on improving the field of therapeutic schools and programs.

Chairman MILLER. But, as I read your testimony, and correct me where I am wrong, you say that "we proceed on a case-by-case basis either requiring a program to implement change"—where have you done that?

Ms. MOSS. There have been ethical violations that have been filed with us, ethical complaints that have been filed with us. In

one case, there was a marketing issue that there was a misstatement on their Web site. We researched it, talked to them, and they removed that false advertising on their Web site. So they did make the corrective action.

Chairman MILLER. Okay. Anything else on that Web site, on that marketing thing set off any bells and whistles for you?

Ms. MOSS. I do not evaluate their marketing, sir.

Chairman MILLER. And you have canceled memberships?

Ms. MOSS. Counseled them, sir?

Chairman MILLER. Canceled?

Ms. MOSS. Yes, we have, sir.

Chairman MILLER. For what purposes?

Ms. MOSS. For an ethical violation. Primarily, most of the cancellations have come after they have lost their license.

Chairman MILLER. Okay. So this would be a violation of your principles and best practices that you testified to in your statement? Is that what it is?

Ms. MOSS. Yes. I am sorry, sir. I am not understanding the question.

Chairman MILLER. Well, I am trying to figure out what the ethical violation is. Kids are dying and being abused in a rather wholesale fashion, and you say that there has been a cancellation or somebody had something wrong on their Web site and that violated the ethical standards. I just wonder where abuse of children falls in those ethical standards.

Ms. MOSS. Sir, we look to the third-party investigators to advise us as to what actions were taken, what their findings were on these investigations.

Chairman MILLER. So, essentially, you are an organization where these people self-certify that they will adhere to the principles of your best practices, which are based on 12 ethical principles which were formulated using the standards of the joint commission. So it is not like they are adhering to the joint commission. They are self-certifying that they will adhere to 12 ethical principles that were formulated with those standards in mind.

Ms. MOSS. Yes, sir, but we also require the licensure and accreditation. I have to have the license on file. We look to the states, sir, not to this association.

Chairman MILLER. What kind of license do you have to have on file?

Ms. MOSS. We have to have a mental health agency license on file or an accrediting agency which is a mental health accrediting agency.

Chairman MILLER. But you——

Ms. MOSS. Those are our new membership requirements.

Chairman MILLER. Are there schools in your program that are members of your trade association that do not have those requirements because they are not required by the state?

Ms. MOSS. At this time, that is true, sir. That will not be true in 2009, as of January 1 of 2009. That is why we have been working so hard with——

Chairman MILLER. So, if they are not in a state that does not require this, they will no longer be eligible for membership.

Ms. MOSS. They will no longer be eligible for membership.

Chairman MILLER. Do they have to have also a license from the Department of Education?

Ms. MOSS. Could you state that again?

Chairman MILLER. Some of these programs represent that they are also doing schooling at the same time. Do they have a license from the Department of Education?

Ms. MOSS. Most of them do, sir, that do offer high school credits or high school diplomas, but that will on longer be accepted as an accreditation or a licensure within our organization.

Chairman MILLER. Would they have to then have both? Would they have to have mental health and education?

Ms. MOSS. If they offer high school credits and a high school diploma, they will have to be accredited by an academic accrediting body. The licensing will depend upon the state, sir. I am not familiar with all of the educational licensing, so I believe that would happen on a state-by-state basis. Some states require that the private schools are licensed. Others do not.

Chairman MILLER. Mr. Kutz, what did you find in the universe of licensing here? Who was licensed, what were they licensed to do, and was it relevant to what they were doing?

Mr. KUTZ. Some of our 10 case studies were licensed, and other ones—there was no licensing requirement. As I mentioned in one of the other earlier questions, in some cases, where there were entities who had deaths and there were violations of licensing requirements, their license was revoked in the state, but it was only after a death had occurred that that happened, which raises questions about what kind of due diligence is being done absent a death or significant abuse at these places. I think our broader study is probably going to look at that.

Chairman MILLER. But let me ask you this. Are all of the licenses that they have related to their activities, or do they also have activities that are not licensed?

Mr. KUTZ. There are some activities they were doing that they were not licensed for, yes. We did see that. I cannot remember specifics, but——

Chairman MILLER. And, again, I do not mean to hold NATSAP responsible for all of this activity or the industry responsible for all the activity, but when I look at these sites, it is very interesting. Sometimes they will tell you, you know, they are licensed with the State Department of Education, but they list a whole series of mental health treatment activities, and there is no mention of accreditation, licensing or anything, and that would not be true in NATSAP as of 2009.

But what would a parent rely on? I mean, the words "accreditation" and "training" are thrown around in these marketing paragraphs. You know, you would think you were dealing with Johns Hopkins, okay, but you are not. But they constantly, you know, intersperse those words in the marketing, and so you do not know if "accreditation," "licensing" pertains to the mental health services, to the educational services, to the medical services because it—I mean, they are pretty clever pieces of writing.

Mr. KUTZ. It is very difficult. I could not have said it better than you just said it. I mean, it is very difficult for a parent to wade through this and figure out what exactly is going on, and some-

thing that might appear to be there that looks like you said, Johns Hopkins, or something like that, there might be nothing there. I mean, in some cases, the medical officer was also running the kitchen, and when you looked behind the medical officer, they had no medical training. They were not a licensed anything. So they were self-proclaimed, in many cases, experts in things with no credentials behind them.

Chairman MILLER. Well, I mean, that is why I worry. Again, you know, I look, Ms. Moss, at your testimony that you are holding these people to ethical principles and so forth, and yet when you look at how a number of these children died—dehydration, heat exhaustion, dehydration, head trauma which was probably maybe caused to dehydration, loss of consciousness, dehydration, heat stroke, hyperthermia, another form of dehydration—you do not get very far in training before you tell people how dangerous and fatal dehydration can be, especially if you have a program that is designed to be in the desert.

I mean, I do not get the ethical standards here or the professional standards of the training where people would not recognize and prevent—in fact, prevent—the dangers and the fatalities related to dehydration. I mean, this is like Care 101.

Ms. MOSS. Sir, this is the first we have heard of the circumstances of these deaths. We will take these back to the board, and we will review them in depth.

Chairman MILLER. Mr. McKeon said there is a lot of room here for something in terms of oversight.

I also serve on the Resources Committee, so is the Forest Service looking at their arrears payment?

Mr. KUTZ. That is something that we would refer to them, certainly. We do referrals of various things, and we will make sure there is an official——

Chairman MILLER. We will do a referral along with you.

Mr. KUTZ [continuing]. Notice to them of what we identified, yes.

Chairman MILLER. One of my concerns is, again, my experience with some of these organizations is, in some cases, you know, there is a substantial investment being made. In other cases, there is not much investment at all, and you are wandering around on federal land. We have had Conestoga wagons wandering around in the Southwest for a number of years, and there is really no investment, and when they had trouble in Arizona, they simply moved north into Nevada and continued their activities. So, if somebody is not paying their rent, bells and whistles might go off on whether they are paying properly trained people and skilled people to watch after these young people.

Mr. KUTZ. Well, in the case here of the Forest Service, they were not aware that for 8 years they had not been receiving reports from Aldredge and that the fees had not been paid until we actually talked to them, and then they were like, "Oops. Looks like we have a problem." So that raises questions—we did not look at that—on both sides.

Chairman MILLER. If you knew how they treated holders on some federal, you would wonder what they are thinking.

Let me stop there and see if Mr. McKeon or Mr. Kildee——

Mr. Kildee?

Mr. KILDEE. Just another question to Ms. Moss. And I do look forward to some documentation that you will supply us as to how you responded on a case-by-case basis to the complaints or information you had received. But what do your members gain by joining NATSAP?

Ms. MOSS. They gain continuing education with our conferences. They gain the journal. They gain access to others in this profession. They gain insight into the newest clinical studies. There are many clinicians in our organizations that present at our conferences. It is basically an education type of benefit.

With the new research initiative, they will gain from that. They will be able to——

Mr. KILDEE. Not what they will, what have they. How many conferences do you have a year?

Ms. MOSS. We have one national conference a year, and we have six regional conferences a year.

Mr. KILDEE. It would seem that much of what they may gain—and this is what I worry about—is that they may gain a certain credibility that to belong to, you know, this Good Housekeeping group. I do not think your group exactly is comparable to the Good Housekeeping seal of approval, but I think that can be used as an advertising thing, "We belong to NATSAP, and, obviously, we are good."

I think you have something to prove to this committee and to the American public that you are supplying more than just credibility to these groups that belong to you, and I worry about that. I think very often people see a national organization and feel it is something like the Good Housekeeping seal of approval. I think you have a long ways to go before you ever approach that.

I think what I worry about is that you supply them just credibility.

Ms. MOSS. Sir, that is why we are here asking for your help in state licensure and regulation. We do not want to be the Good Housekeeping seal of approval. We want to supply services to our members so that they can improve the care that they give to children and families.

Mr. KUTZ. Congressman, could I add one thing?

Mr. KILDEE. Yes.

Mr. KUTZ. In the marketing materials—and, again, this is not NATSAP's responsibility—these entities do market themselves as being members of NATSAP, and it does provide some credentials for them, even though they are a trade association so they are not really required to do due diligence necessarily. So that is something we saw in the marketing materials for many of our case studies that were NATSAP members or other members of other associations or whatever the case may be.

Mr. KILDEE. But an organization could use that in their advertising, "We are a member of NATSAP," right?

Mr. KUTZ. They did. That is not could. They did.

Mr. KILDEE. So it is used and it does give them a certain credibility perhaps to——

Mr. KUTZ. Someone who might not be aware of what it exactly means, yes.

Mr. KILDEE. But it sounds good, right, that they belong to this national organization?

Dr. PINTO. If I could comment because I do receive calls from families on a weekly basis at this point, and this point is absolutely what I am hearing from families, that they are having such difficulty because there is not a place that they can go on the Web or some kind of a clearinghouse where they can get information about programs, both good programs and programs of concern, and so they are desperately trying to make sense based on the information that is out there.

And absolutely when you have a seal on a Web site that is the joint commission seal and right next to it you have a NATSAP logo seal, I have heard multiple parents saying, "Yes, but it is a NATSAP-affiliated program. It is a NATSAP-accredited program." So, even though NATSAP says, "We are not about accreditation," that is how parents are making sense of it.

I am seriously concerned about the mixed messages that are going to families, because although NATSAP is saying that they are trying to help families, I do not understand why, when NATSAP attended a presentation that Paul Lewis, myself and several other individuals made last year at the American Psychological Association Conference, where we indicated that there were hundreds of reports of mistreatment and abuse in these kinds of facilities, after that presentation, NATSAP representatives came up and expressed such concern and said something very similar to what Ms. Moss just said when she just said, "Well, we will take these back to our board and review them in depth," that was the same kind of language that we got last year.

And what was the response? The response was the open letter to critics that now is on the NATSAP Web site that describes the concerns that we have reported in these presentations at the APA and elsewhere as "the noisy complaints of a few individuals." So that is not sending a message to families that NATSAP takes these reports of abuse seriously, and I have not seen evidence that they have done anything in response to what we have made very clear in the presentations that we have done over the last 2 years that this is something that is a great concern to them.

Mr. KILDEE. I really think we are all concerned up here. We are all parents up here, and I cannot imagine the pain that you parents have suffered. But really, you know, if you belong to an organization that deals with the most vulnerable in our society, the youth, you should be part of the solution and not part of the problem.

Ms. MOSS. Sir, that is why we are here.

Mr. KILDEE. After——

Ms. MOSS. We want to be a part of the solution.

Mr. KILDEE. Go ahead.

Ms. MOSS. We want to be a part of the solution. That is why we are here.

Mr. KILDEE. I hope then if you supply us the information I requested.

I yield back the balance of my time, Mr. Chairman.

Chairman MILLER. Thank you.

Either Mr. Kutz or Ms. Clark Harvey, have there been additional deaths at the program since your daughter died?

Ms. HARVEY. Yes, there were two deaths in Catherine Freer programs after Erica died, one occurred in Nevada close, I believe, in the same wilderness area that Erica died in, and that occurred in October of 2002, and then there was a death in Oregon in, I believe, March of 2003.

Mr. KUTZ. That is correct.

Chairman MILLER. That is correct with the information you have?

Mr. KUTZ. Yes.

Chairman MILLER. Again, I mean, this is not to make this NATSAP's problem, but you have five out of 10 deaths here that are facilities that belong to your organization. Two of the five have been closed. One has had additional deaths since Erica Harvey. I mean, this is like Casa Blanca. You are shocked that gambling is going on here.

Something is very wrong inside a trade organization—you know, one of the things trade organizations have to decide is you have to get rid of the frauds, and if you want to survive, and somehow something is wrong here in the review or the applications or the self-certification or something that people can bring this kind of history and just continue on.

Now maybe that is fine. You are obviously making a determination or you are leading this committee to believe you are making changes, but I just say that there is, you know, a period of years here when somebody was asleep at the switch here.

You know, I appreciate the three testimonies that were attached, Ms. Moss, to your testimony, three statements by people who had been through different programs, and their success, and that is what every parent would wish for. I find that terribly interesting, but not terribly relevant because that would be the expectation of people who signed up for these programs.

That would be their hope, not that every kid is going to come back successful as they have cited—they have gone on with their lives, they have become productive, and they have done those things—but that your child would get treatment. At a minimum, you would expect them to be safely kept while they were in care, and that minimum was breached here time and time and time—in fact, thousands of times that that has been breached by people taking care of these children.

So I guess that, you know, we are here when things go terribly wrong, and I think Dr. Pinto has pointed out being subjected to this, people do not lightly disgorge others that they were abused or that they could not cut it or they could not do these things, and so I think to have people come back now in the numbers that they have and talk about it, this cannot be dismissed as noise.

Ms. MOSS. No, sir, it cannot be dismissed as noise, and I agree with that. NATSAP would benefit from a clearinghouse of information as much as a parent and family would. We do not want to be the Good Housekeeping seal of approval. We do want to raise the bar in the industry. We are a young organization learning as we are going. We have made mistakes in the past. We recognize that.

Chairman MILLER. There is some duty of care here, which I think you are missing.

Ms. MOSS. Absolutely, sir. I agree with that.

Chairman MILLER. I think you are missing it, with all due respect. You can decide for the moment, but I think you are missing it. There is some duty of care here, "as a trade organization," about what happens in your name.

Ms. MOSS. I will take that back to the board, sir, very definitely.

Chairman MILLER. It is going to be a very busy board. You are taking things back that——

Ms. MOSS. Yes, sir. Very busy.

Chairman MILLER. Thank you for doing that.

Dr. Pinto, you raised the question. I am trying to figure out what it means, when these are individuals who have gone through the program, for them to come forward, and what weight we give that.

Dr. PINTO. Again, I think it is easy for people to presume that there must be something wrong with these young adults, you know, "Well, they were troubled teens to begin with, so they are probably just still messed up, and that is why they are describing this and they have it. They are trying to get the programs."

However, if you read the accounts—and I was really surprised when we created this online survey with over a hundred questions and many free response opportunities—it is over a thousand pages. Just trying to print out all of the responses that came back—this is definitely a group of folks who have not had an opportunity to speak to their experience, and when you read the accounts, when you hear what people have to say, there really is a level of detail and coherence to their accounts—any given account—but then also across accounts that makes it clear that there is a phenomenon occurring, a phenomenon of mistreatment and abuse.

And it is not the case that everybody is experiencing this, but it is the case that there are far more than just a few cases, and, again, if we heard this from a teenager who was in their own home or in a public school or in a licensed mental health care facility, immediately, there would be a response and it would be an investigation to ensure that that just did not go overlooked, and that is not happening at this point.

Chairman MILLER. In fact, there is an affirmative duty to report.

Dr. PINTO. Absolutely. In fact, I am a licensed psychologist, and as such, I am a mandated reporter of suspected child abuse, and when I first started getting these reports, I thought, "My gosh, as a mandated reporter, I need to follow up with this."

So I called several states' suspected child-abuse-hotlines, and I described the situation to them, and they said, "Well, can you give us the name of the particular staff member who was the one to conduct this suspected abuse?" And I said, "Well, no, but I can give you the name of the program." And they said, "If you cannot give us the name of the individual, then it needs to go to the agency at the state level that monitors those kinds of programs. We cannot take a report unless you give us the name of the individual."

But then when I would call those agencies, Department of Education, Department of Health and Human Services, in the given state, they would say, "Well, we do not have any authority over

those kinds of programs." And so it is a complete black hole at this point.

Chairman MILLER. Well, thank you very much. And I think that is a problem also that exists between public programs. I mean, that is one of the reason I fought very hard over the years to return children to their own states because once you have crossed the state line, one, whether you have any authority and, two, getting other people to respond, it just becomes a huge barrier, and our states now have changed the law so the kids are placed differently now than they were 20 years ago, 15 years ago with kids' placement.

Carolyn, do you have additional questions?

Mrs. MCCARTHY. Actually, she just answered it because we are giving federal money to the states, and yet they do not seem to have any control over what that money is doing as far as these residential programs. So that might be an area we will look into.

Chairman MILLER. Let me follow up on that, Mr. Kutz, if I might. You were not looking at the question of whether there is federal money for some of these programs. Do you have any sense of—you know, we have IV-B maintenance money for children, out-of-home placements and foster care and whatever. We know in the past some out-of-state placements were made with IV-B money. We have juvenile justice money that goes to placement. I do not know whether some of these contract with school districts to receive funding within their state or not. Is there any reason to suspect that there is some federal involvement in the placement of—I mean, federal dollars?

Mr. KUTZ. Not in the cases we looked at.

Chairman MILLER. Not in the cases——

Mr. KUTZ. They were funded primarily by parents, and in one case, health insurance paid for maybe $10,000 of the fees.

Chairman MILLER. So, as far as you can tell, they are operating essentially on a tuition——

Mr. KUTZ. Yes.

Chairman MILLER [continuing]. Payment by parents.

Dr. PINTO. If I could add to that just briefly, I do—if that is okay?

Chairman MILLER. Yes.

Dr. PINTO. It does seem like primarily the parents I have spoken to are paying out of pocket as well. However, there are times where a family makes a case, for instance through their IEP, that the publicly available programs or the nonpublic schools that are part of that district's list of available services are not a good fit for their child and they advocate to have their child sent to one of these kinds of private programs, and there are districts, I do recall from my clinical work in California, where that does occur, and therapeutic boarding schools are paid for through the IEP process.

Chairman MILLER. Thank you.

Mrs. MCCARTHY. Mr. Chairman?

Chairman MILLER. Yes?

Mrs. MCCARTHY. May I follow up with a question?

Chairman MILLER. Yes.

Mrs. MCCARTHY. As we have heard all the testimonies, especially the data areas where I would like to see if we can concentrate that

in the future if we do legislation, right now, apparently, HHS does have money that is given to the National Child Abuse and Neglect Data System. With what we see, where do you think is—some states will call the child abuse centers. Some will call the state agencies. As we go forward, what would be the best area to collect the data and not have several agencies go through it, but one agency so it is a better clearinghouse and not a confusion to parents when they need to know that data? Do you have any idea, or does that come in the next study?

Mr. KUTZ. No, but the data that was collected nationally was a self-reporting, so it is more than likely very incomplete. There were 30-some states, I think, that reported, not that every state has these programs. I do not know whether they do or do not, but, certainly, some central reliable repository would be useful, whether it is at the federal level or not. I mean, maybe from a reporting standpoint, that would make the most sense. States could report to the federal government. But, again, that current database that was used—that is why we cannot say how many thousand or whatever—was self-reporting.

Mrs. MCCARTHY. Okay.

And, Ms. Moss, just to finish off with one thing. One thing I have learned since being here in Congress—I also sit on Financial Services—is when a trade organization puts their name out and gives the seal of approval of a corporation or an entity that they are supporting, the only thing they have is their reputation, and if you are supporting that reputation, those clients or family members usually will look at that and think that you have already done the investigation. So, whether it is your fault or not, I think you need to look at your organization and maybe possibly decide that you might be doing some of your own investigation if you want to keep your reputation.

With that, I yield back.

Chairman MILLER. Thank you.

Any further questions?

Well, let me thank all of you for your time and your testimony and your expertise in this area. I think it has been very helpful to us.

Mr. McKeon and I will put our heads together and think where we go from here. We have a follow-on study from GAO, and, as you can see, there is considerable interest by the members of the committee that we somehow get a handle on what is taking place here and get about trying to keep it from happening. We will have to figure out what the right vehicle is, but we will figure that out, I want to tell you that, and with your help. I hope that you will continue to stay involved with us.

To the family members, thank you for your testimony. I know this was not easy for you, and thank you, though, for sharing it with us.

And, Ms. Moss, Dr. Pinto, thank you for your expertise.

And, Mr. Kutz, and Mr. O'Connell, I know this was not an easy study for you to do, but we appreciate it and appreciate your frankness in dealing with the committee.

Members will have the ability to submit statements for the next 14 days.

And with that, the committee will stand adjourned.

Thank you again.

[The statement of Mr. Altmire follows:]

Prepared Statement of Hon. Jason Altmire, a Representative in Congress From the State of Pennsylvania

Thank you, Mr. Chairman, for holding this hearing on cases of child neglect and abuse at residential treatment facilities.

Hundreds of residential treatment facilities operate throughout the United States. These facilities typically serve children with severe emotional and behavioral issues, however, vary greatly both in the needs addressed and in the interventions used. Currently, there is no federal law that specifically addresses residential treatment facilities. Most of the regulation for these facilities is at the state level, each with their own way of licensing and monitoring residential treatment facilities, and some with no regulation at all.

Today, we will hear from three parents whose children were subject to abuse and neglect at residential treatment facilities. The outcome in each of these cases was the worst imaginable, the death of the child. I want to thank all of you for testifying today and extend my condolences for your loss.

Thank you again, Mr. Chairman, for holding this important hearing. I yield back the balance of my time.

[Statement for the record from the Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment (ASTART) follow:]

October 24, 2007.

Hon. GEORGE MILLER, *Chairman,*
Committee on Education and Labor, Rayburn House Office Building, Washington, DC.

Dear Chairman Miller: I am writing to thank you, your staff, and the entire Committee on Education and Labor for conducting the investigative hearing on "Child Neglect and Abuse in Private Residential Facilities." This is a very important and serious issue that deserves attention at a federal level, and I am delighted that you and your Committee are giving it the attention it deserves.

I am a psychologist at the University of South Florida who specializes in children's mental health. About three years ago, after hearing both from media people and parents about this problem, I began doing some research to try to understand its scope. I was struck then by how little is known about the problem, and how silent my mental health colleagues have been about it, despite fairly widespread coverage in the general media.

In response both to the seriousness of the problem of abuse, neglect, and exploitation within private residential facilities, and the absence of voices within the mental health field that were speaking up about it, I invited several colleagues to join me in deciding how we can best help address it. We formed a small group called the "Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment" (A START—*http://astart.fmhi.usf.edu)*

Our group held a press briefing, with the support of your office, in Washington about two years ago, has been involved in several research and public education efforts, and has prepared some of the first professional articles about this troubling problem. One of our members, Dr. Allison Pinto, provided testimony as part of your hearings.

We have found that the abusive practices are most likely to occur in for-profit, unlicensed, and unregulated facilities. Although it certainly does occur as well in licensed and non-profit programs, the most serious problems of abuse and misleading marketing occur in the for-profit and unlicensed sector.

We recognize that there is a role for high quality, responsible residential care within a children's mental health system, but we believe strongly that there must be proper licensing, regulation, and accreditation in order to increase the likelihood that youth will be kept safe and will be provided with effective services. We believe that proper licensing, regulation, and accreditation will only serve to improve the quality of programs, and will be of benefit to all. We do worry, however, that if licensing is not accompanied by adequate monitoring and regulation, it can give the appearance of credibility to programs that do not deserve it, and so we would

strongly support any proposal to provide resources to help ensure that there is strong monitoring and regulation to accompany licensing laws.

We believe that it is unconscionable that within our country there is no systematic data collection to tell us how many children are served in residential programs each year, or even how many die or are seriously injured in such programs. We believe that such data collection is essential to allow us to understand the scope of the situation, track it over time, and develop sound policy to provide appropriate care for youth while at the same time protecting them from abuse and their families from exploitation.

We recognize that there are many families who are desperate for help, and that this desperation is partly due to the absence of adequate services in their own communities, the stigma that is attached to mental health issues, and the lack of information for parents and professionals about just what is available. We would strongly encourage any effort to strengthen community systems of care for children with special mental health challenge and their families, and to provide families and professionals with access to complete and accurate information about alternatives that are available to them.

We also have spoken to parents and youth who describe situations that are clearly not serious enough to merit residential placement. However, it has been reported to us that when parents make inquiry about services, the programs often create a sense of heightened desperation in order to generate an immediate referral. At this point it is not possible to know how many youth within these programs are genuinely experiencing a serious challenge, and how many have ended up there because programs have created a sense of unwarranted crisis in their parents.

Our A START group is more than happy to assist you and the Committee in any way that we can. We include mental health professionals from a variety of disciplines, former staff of programs, young adults who were formerly in one or more of these programs, parents, and advocates. We have prepared a summary of the hearings and the accompanying GAO report and are circulating this widely through our own networks in order to better educate professionals and the general public about this problem. I am enclosing a copy of that summary for you.

Thank you again for your outstanding leadership on this issue. It is clearly a reflection on our society that we allow our youth to be exposed to such cruel treatment rather than providing them and their families with more humane, supportive, and effective interventions.

Respectfully,

ROBERT M. FRIEDMAN, PH.D.,
Professor.

Statement of Alliance for the Safe, Therapeutic, and Appropriate Use of Residential Treatment (ASTART)

Now is the time to stop using violence, abuse, isolation, and fear tactics to adolescents whose family and friends want them to get better. Now is the time to prevent death and trauma in the name of a place to get better. Now is the time to provide systems of care that will help the youth with drug, alcohol, eating disorders, mental health issues and behavior problems with proven therapies that protect the youth's human rights and work to repair family units.

We are here today to ask your help to stop physical and emotional abuse, and even preventable deaths, in places that promise to "turn kids with behavioral difficulties around." All over this country, there are young people being held against their wills and coerced to do and say self destructive things simply to survive. We are speaking of abuse and neglect in programs across the USA, and in programs around the world with US ownership. Even the families of those abused youth are often dragged into unbeneficial and coerced involvement, in efforts to salvage hope for their children's future. The abuse and neglect must be stopped at these facilities!

It is a great honor to be a citizen of a nation that provides for our elected leaders to call for independent investigations by the Government Accounting Office when a member of Congress believes those he or she represents are not being appropriately protected under the U.S. Constitution. This hearing by the U.S. House Education and Labor Committee is welcomed by those of us who have been working so hard to bring awareness and justice to the youth and families who struggle to find effective help.

Thank you for your leadership and making this hearing happen.

In the fall of 2004 a parent asked my aid in getting her son out of a facility in another state that she believed was hurting him. This boy was put in an orange jump suit, stripped of his shoes and the medication his psychiatrist had prescribed,

locked in a dorm at night with no adult supervision. His mail was censored and he was not allowed contact with his parent until those who had done these things to him thought it was time. He was constantly shadowed within three feet by another youth, and denied access to a library, or the use of his musical instrument. All the while this boy and his family were being made promises that were rarely kept. The cost to the boy's grandparents was $85,000 over 12 months. The professional counselor, who had been working with their grandson in his home city, suggested a place out of state that he said he, "didn't think this one is as harmful as some" and it has a school attached to the drug and alcohol classes. But he had never been there and didn't actually know about it personally. While he was in that place the boy was taught to blindly follow orders and was punished for speaking out. Now, he is finding it difficult to be independent and think for himself. The trained and experienced professionals I've talked with are genuinely amazed that places like this, pretending to do good for the young people under their care, could be so abusive.

I too was amazed, but also enraged, because I had spent my adult life working to build systems of care in the United States that would help youth and their families cope with mental health challenges. As a Mental Health Assoc executive director, child advocate and educator, I have visited many of the psychiatric hospitals, group homes and day treatment programs in the US and Japan, and have seen effective care. For over 20 years I have served as a member and chair of the advisory board for the Research and Training Center for Children's Mental Health at the University of S. FL and turned to my colleagues for help. Our action was to form the Alliance for the Safe, therapeutic, and Appropriate Use of Residential Treatment, (A START). We have spent the past two years studying, investigating and asking for help to educate families and authorities about this billion dollar industry. We wrote guidelines for families and set up a website (*http://astart.fmhi.usf.edu).*

I worked with another non-custodial family member to help her daughter get out of a licensed facility that believed in five-point restraint, and isolation, where employees called the girl a whore when she wouldn't admit to things that didn't happen to her and prevented her from speaking to her mother when they learned of her mother's efforts to get her out. She spent 7 months there and the cost was in excess of $100,000. The place now calls for a $17,000 deposit for new admissions. This place told the parents not to believe anything their child said as the child would be lying and manipulating their family. The family used all their savings for attorney fees to free her and has become bitter and untrusting of the judicial system. They asked me to spread this message: "Do not to take someone's word that it is a good place or has a high rate of success." The parents told me the place just trampled all over the child and families rights" They too ask, "where is the proof that violence, restraint, and seclusion works"?

Another mom is fighting for her son to get out of an abusive state run facility. When she asked for his medication for severe bi-polar disorder to be given back to him, she was given a choice in court to serve 3-8 hour days of community service or 10 days in jail, and a gag-ordered against talking about the program or questioning the juvenile justice system. The judge said to the mom "You are not the parent anymore, I am." Please help us stop these injustices.

As a child and family advocate I often speak out for those who can't speak for themselves. The families and youth who face serious decisions about selecting services for helping the young persons to change their behaviors, need assurances that they will have options for safe, high quality and effective treatment NOT exploitation, abuse, mistreatment, and even death. They deserve child centered and family focused services that are based on the individual youth's needs and provided by properly trained professionals. Many parents have reported feeling desperate and that the sense of urgency in their situation makes them settle for less. Many parents are also paying huge sums of money for escort services to transport the child from their home in handcuffs and for substandard solutions that further alienate them from their child. The marketing brochures for these facilities don't match with reality. When our youth go to get their hair, nails done, or teeth cared for the technician is licensed and trained by law. Why isn't all the staff in residential facilities also required to be licensed, regulated, and monitored, and overseen so they are prevented from abusing their customers, especially in those misguided times when they appear to believe abuse is appropriate treatment?

For our youth and our families I and others like me will continue to advocate for safe and appropriate programs. We ask your help in our efforts. We need your help to prevent even one youth from being snatched out of their bed and transported to a place of harm. Please help us prevent more death and life long suffering for youth and families who need help not abuse. Our youth deserve just and appropriate care.

Thank you.

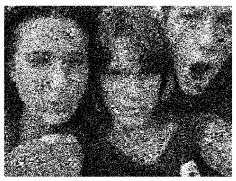
USF
UNIVERSITY OF SOUTH FLORIDA

An alarming residential care phenomenon that has been occurring since the early 1990s has been linked to reports of mistreatment, abuse, and death.

A START

A concern about a growing number of reports from youth, families and the public media regarding the exploitation, mistreatment, and abuse of youth in unregulated, private residential treatment programs has given rise to an alliance of individuals and organizations that are working together to address this problem.

Over the past decade in the United States, hundreds of private residential treatment facilities for youth have been established, described as a $1 billion to $1.2 billion industry that serves 10,000 to 14,000 children and adolescents. This increase in residential programs is alarming because research has established that community-based treatment and support is effective and indicated for most youth and families, even those with serious problems who need intensive support.



Some residential programs self-identify as "therapeutic boarding schools," "emotional growth academies" or "behavior modification facilities," and market to families of youth with psychiatric diagnoses, claiming expertise in treating a variety of serious conditions.

Many of these new programs are not currently subject to any state licensing or monitoring as mental health facilities.

Currently, the only information available about most of these programs comes from their own marketing efforts and there is no systematic, independently collected descriptive or outcome data on these programs.

Highly disturbing reports have been published in the public media and provided by youth and families describing financial opportunism by program operators, poor quality education, harsh discipline, inappropriate seclusion and restraint, substandard psychotherapeutic interventions conducted by unqualified staff, medical and nutritional neglect, and rights violations in a number of unregulated facilities.

Multiple state investigations have been conducted and lawsuits have been filed in response to reports of abuse, neglect and mistreatment of youth in unregulated residential programs. In numerous cases the lawsuits have led to convictions or high cost settlements.

In many states there are limited to nonexistent regulations and there is a lack of federal legislation supporting oversight of private residential treatment programs.

START

About A START...

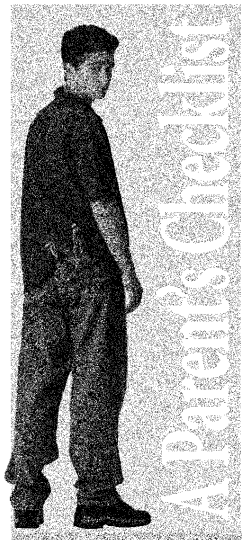
The Alliance for the Safe, Therapeutic and Appropriate use of Residential Treatment (A START) was initiated in 2005 as a collaborative effort involving the Department of Child and Family Studies of the University of South Florida and the Bazelon Center for Mental Health Law. The Alliance now includes leaders in psychology, psychiatry, nursing, mental health law, policy and family advocacy, as well as individuals with direct program experience as director, evaluator, parent or participant in such programs.

A START seeks to promote access to community-based care so that children and families have meaningful, safe and effective options available to them.

A START believes that residential programs serving children with special mental health challenges should be properly licensed and monitored by state government, and accredited by independent accrediting organizations.

A START seeks to promote protections for children and families, and the availability of information about these programs so that parents can make the best choices with and for their children.

For more information about A START and references to articles describing the problem, please contact Alison Pinto, Ph.D. at apinto@fmhi.usf.edu or 813-974-6139.



At the Capitol Steps

In October, 2005, A STARR coordinated a press briefing on Capitol Hill to increase awareness of concerns relating to unregulated residential facilities for youth, and to support the federal legislation proposed in the End Institutionalized Abuse Against Children Act and the Keeping Families Together Act. This press conference was co-sponsored by the following organizations:

- American Psychological Association
- American Association of Community Psychiatrists
- American Orthopsychiatric Association
- Child Welfare League of America
- Federation of Families for Children's Mental Health
- National Alliance for the Mentally Ill
- National Mental Health Association

Warnings for Parents Considering a Residential Placement for their Child or Adolescent

If you have already explored all local, recommended forms of intervention for your child and family, and these efforts have proven unsuccessful, then you might find yourself considering a residential placement for your child or teen. While some residential programs are high quality, others are high risk.

You may feel pressured to make an immediate decision about sending your child to a residential placement. Above all other recommendations, we suggest that you resist the pressure. The decision to place your child in a residential program far away from home, or in a program that you have not seen, is too important and too risky to do without taking the time for careful consideration.

If there is an immediate danger in the present moment, use resources such as local mental health centers, mobile crisis units, or hospitals in your own community to re-establish a safe environment for your child and family. This will provide you with the time needed to make a careful decision.

We recommend that you beware of residential programs that:

1. **Are not state-licensed and accredited with regard to *all* 3 aspects of the program: the (1) educational, (2) mental/behavioral health *and* (3) residential components**
2. **Claim to be able to assess your child and make program recommendations by internet or by phone and then urge you to "act now" to prevent serious harm to your child and family**
3. **Recommend or support the use of private "escort" or "transport" services to take your child to the program**
4. **Do not respect the wisdom and expertise of parents and youth**
   - Do not allow your family and child to visit the program, see all the facilities and meet all the staff before deciding to admit your child
   - Tell you to expect that your child will lie to you while in the program, and encourage you not to believe reports of abuse because these will be "attempts at manipulation"
   - Do not encourage you as parents to be active participants throughout all stages of the program
   - Do not welcome feedback (praise or criticism) from your child regarding the program
5. **Restrict youth & family rights in terms of:**
   - Contact with family by phone, mail and in person (for example, no phone contact or visits for first month; censored mail; monitored visits with no opportunities for parent/child discussion in private)
   - Dress code (for example: require youth to wear jumpsuits or flip-flops)
   - Typical age-appropriate behavior (for example: forbid eye contact with youth of the opposite sex; forbid speaking, smiling, or moving without permission)
   - Parental rights (for example: do not contact parents immediately in the case of illness, injury, emergency or treatment/medication changes)
   - Do not provide hotlines for youth and families to call at any time if they feel that their rights are being violated or they are being mistreated
6. **Use harsh and excessive discipline practices that include: seclusion, restraint, corporal punishment, punitive "behavioral modification," fear tactics, humiliation, peer-on-peer discipline / peer pressure, forced labor, heightened physiological stress* or sedation by medication**

* for example, excessive exercise, sleep deprivation, exposure to the elements, forced retention of bodily waste or nutritional deprivation

7. **Provide sub-standard therapeutic intervention**
   - Do not provide an individualized program with a detailed explanation of the therapies, interventions & supports that will address your child's specific needs
   - Do not provide the kinds of therapies and supports that are recognized as most effective for the problem(s) or symptom(s) your child is experiencing
   - The majority of participating youth are experiencing problems very different from the types of difficulties your child is experiencing—this suggests that the program emphasis will not be optimally focused on the needs of your child
   - Claim to serve youth with specific psychiatric diagnoses* but do not have full-time licensed mental health professionals** on staff
   - Provide individual, family or group psychotherapy that is delivered by staff who are not trained and licensed mental health professionals
   - Force youth to self-disclose personal information and/or admit to having problems as proof of "therapeutic progress" or "recovery" or as a prerequisite for "graduating" from the program

* for example, ADHD, Bipolar Disorder, PTSD, Eating Disorders, Depressive Disorders, Anxiety Disorders, Substance Abuse

** for example, licensed psychologists, psychiatrists, clinical social workers, marriage/family therapists and psychiatric nurses

8. **Provide sub-standard education that is:**
   - Limited to some variety of monitored study halls, videotaped lessons or independent study
   - Delivered by staff who are not licensed/certified teachers with degrees from accredited colleges
   - Provided in an environment with a high student: teacher ratio (i.e. very few teachers for the number of students)
   - Not providing credits that will be recognized by your child's home school district, the State Department of Education where the program is located or by future college admissions departments
   - Unwilling or incapable of recognizing your child's IEP (Individualized Education Plan)
9. **Admit youth with psychiatric diagnoses but then do not provide appropriate medical treatment:**
   - Do not complete an initial physical exam and psychiatric evaluation or review a physical exam/psychiatric evaluation conducted immediately prior to admission
   - Do not request (prior to or upon admission to the program) your consent to contact psychiatrists, therapists and teachers who are currently working with your child or have worked with your child in the past
   - Do not ensure that child/adolescent psychiatrists are regularly available to prescribe, monitor and adjust medications as needed
   - Do not ensure that youth who are prescribed medications are administered medications by trained/qualified staff
   - Over-medicate youth in order to sedate them
   - Explicitly state that the program follows an anti-medication philosophy, particularly if your child is currently taking medication(s) for a diagnosed disorder

10. **Require parents to sign contracts with unreasonable terms:**
    - Parents must agree to relinquish their custody rights
    - Parents must agree to pay for services not rendered if youth leaves program
    - Parents must agree not to hold program responsible for providing services as described in promotional materials or specified in original contract
    - Parents must agree to pay rates and fees that are not clarified up front
    - Parents must agree not to file suspected child abuse reports against program staff or participants
    - Parents must agree not to sue program if their child or family is mistreated
11. **Have been reported, investigated or cited by at least one source* for:**
    - Unsanitary or unsafe living conditions
    - Nutritionally compromised diets
    - Exposing youth to extreme environmental conditions or physical over-exertion
    - Lack of supervision by staff (low staff: youth ratio)
    - Medical neglect
    - Physical or sexual abuse of youth by program staff or by other program youth
    - Violation of youth/family rights

* for example: Dept. of Health, Dept. of Child Welfare, Dept. of Child Protection, Dept. of Education, Police Department, Family Advocacy Group, newspapers

Before considering residential programs, we strongly recommend that your child receive a thorough assessment to clarify his or her needs and strengths. When you do begin to research particular programs, we suggest that you gather information from a variety of sources and about all aspects of the program. Watch for the website http://cfs.fmhi.usf.edu/projects/ASTART.htm for further information about steps to take and questions to ask to evaluate the programs you are considering.

The complex process involved in considering a residential placement for your child or adolescent can be challenging for any parent. We wish you strength, wisdom and ongoing support throughout the process as you advocate for your child and family.

If you need assistance in dealing with issues related to residential placement, please contact:

National Disability Rights Network
900 Second Street, NE, Suite 211
Washington, DC 20002
P: 202-408-9514
F: 202-408-9520
TTY: 202-408-9521
General inquiries: info@ndrn.org

or

Federation of Families for Children's Mental Health
P: 703-684-7710
ffcmh@ffcmh.org

For further information regarding A START, please contact:

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[Whereupon, at 1:27 p.m., the committee was adjourned.]