

CHILD ABUSE AND DECEPTIVE MARKETING BY RESIDENTIAL PROGRAMS FOR TEENS

HEARING

BEFORE THE
COMMITTEE ON
EDUCATION AND LABOR
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED TENTH CONGRESS
SECOND SESSION

HEARING HELD IN WASHINGTON, DC, APRIL 24, 2008

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CHILD ABUSE AND DECEPTIVE MARKETING BY RESIDENTIAL PROGRAMS FOR TEENS

Thursday, April 24, 2008
U.S. House of Representatives
Committee on Education and Labor
Washington, DC

The committee met, pursuant to call, at 10:03 a.m., in Room 2175, Rayburn House Office Building, Hon. George Miller [chairman of the committee] presiding.

Present: Representatives Miller, Kildee, Scott, McCarthy, Kucinich, Wu, Bishop of New York, Sestak, Loeb sack, Hirono, Altmire, Hare, Shea-Porter, McKeon, Petri, Platts, and Kline.

Staff present: Tylease Alli, Hearing Clerk; Tico Almeida, Labor Policy Advisor; Jody Calemine, Labor Policy Deputy Director; Sarah Dyson, Investigative Associate, Oversight; Patrick Findlay, Investigative Counsel; Ruth Friedman, Senior Education Policy Advisor (Early Childhood); Ryan Holden, Senior Investigator, Oversight; Lloyd Horwich, Policy Advisor for Subcommittee on Early Childhood, Elementary and Secretary Education; Lamont Ivey, Staff Assistant, Education; Brian Kennedy, General Counsel; Danielle Lee, Press/Outreach Assistant; Sharon Lewis, Senior Disability Policy Advisor; Stephanie Moore, General Counsel; Alex Nock, Deputy Staff Director; Joe Novotny, Chief Clerk; Rachel Racusen, Deputy Communications Director; Margaret Young, Staff Assistant, Education; Michael Zola, Chief Investigative Counsel, Oversight; Mark Zuckerman, Staff Director; Stephanie Arras, Minority Legislative Assistant; 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; Alexa Marrero, Minority Communications Director; Susan Ross, Minority Director of Education and Human Resources Policy; and Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel.

Chairman MILLER [presiding]. The Committee on Education and Labor will come to order for the purposes of conducting this hearing on “Child Abuse and Deceptive Marketing by Residential Programs for Teens.”

Last October, this committee heard from the parents of three children who died in private residential programs as a result of abuse and neglect they experienced at the hands of staff members.

The stories these parents told left everyone in this room stunned, heart-broken and angry.

Bob Bacon testified that program staff members mocked his son Aaron when the 16-year-old boy asked for medical help, calling him a faker. For weeks, the staff deprived Aaron of adequate food and water, even when his weight loss became frighteningly apparent.

Cynthia Harvey told the committee that program staff members waited 45 minutes before summoning appropriate medical care for her daughter Erica, who had collapsed and was having difficulty breathing.

Paul Lewis testified that program staff members ignored his son Ryan's obvious signs of emotional distress, denying him the psychiatric care that could have saved his life.

In each of these cases, it was clear from the parents' testimony that the deaths of their children were preventable. Untrained, uncaring staff, reckless management and irresponsible operating practices permitted these horrible tragedies to occur.

Sadly, the deaths of Aaron, Erica and Ryan are not isolated cases. The Government Accountability Office found thousands of allegations of abuse and neglect in private residential programs for teens between 1990 and 2007.

The abuses included staff members forcing children to remain in so-called "stress" positions for hours at a time; to undergo extreme physical exertion without food, water or rest; and to eat their own vomit.

The purpose of today's hearing is to gain a better overall understanding of the industry in which these types of abuses have been allowed, in many cases, to continue almost unchecked.

Specifically, we will learn more about where these programs operate, the loose patchwork of state laws that govern them, and how they market themselves to parents.

We will also discuss legislation that Congresswoman McCarthy and I have introduced to keep kids safe in these residential programs.

Residential programs for teens, which come in a variety of forms, including therapeutic boarding schools, wilderness camps, boot camps and behavior modification facilities, have sprung up in greater numbers since the 1990s.

As we will hear today, a number of these programs use deceptive marketing practices to appeal to parents. They claim to be subject to independent inspections that never happen. They claim to offer services that they don't, like schooling with transferable education credits. They assure parents that health insurance will cover the cost of their services when, in reality, it won't.

Programs are aided in these deceptions by their relationships with ancillary service providers, like referral services. While referral services purport to offer independent advice to parents about which programs would be best for their children, the truth is that at least some of the referral services operate with significant conflicts of interest.

This tangled web of deception, fraud and conflicts of interest makes it extremely difficult for parents to judge whether any of these programs offer a safe, professional, high-quality environment for their children.

We know that there are many programs and many people around the country who are committed to helping improve the lives of young people and who do good work every day, but it is difficult for parents to tell the good programs from the bad. And that difference can be lethal.

Making matters worse, some of these programs operate free of minimum standards of care. It is estimated that hundreds of these programs operate nationwide, with anywhere from no regulation whatsoever to some regulation.

Even the information that states collect on many of these programs is limited. Indeed, in a survey conducted by the GAO, state agencies in 45 states could not say whether or not a death had occurred at exclusively private residential programs for teens in 2006.

The legislation that Congresswoman McCarthy and I have introduced will end the federal government's longstanding failure to address this nightmare of abuse and neglect. The goal of our legislation is simple: We want to keep the children safe.

This legislation will require the U.S. Department of Health and Human Services to establish minimum standards that all programs must meet, including prohibitions on the physical and mental abuse of children and requirements that programs provide children with adequate food, water and medical care.

These standards will also include new training requirements for program staff members, including how to identify and report child abuse. The legislation will require Health and Human Services to set up a hotline for people to call to report abuse at these programs.

It will also require Health and Human Services to create a Web site with information about each program, so that parents can look to see if substantiated cases of abuse have occurred at the programs they are considering for their kids.

The legislation will require Health and Human Services to enforce these standards by inspecting program facilities and, when there is a violation, by issuing civil penalties up to \$50,000 per violation. Within 3 years, the legislation would call upon the states to take up this role of setting standards and enforcing them.

We have an obligation to keep kids safe no matter what setting they are in, and this legislation would take the first steps toward finally ending the horrific abuses that have gone on for far too long in some of these private residential programs for teens.

We must treat this issue with the urgency it demands by acting on this legislation quickly.

Individuals who have themselves lived through this abuse are in the hearing room today, as are family members of abuse victims. I want to thank all of them for being here to remind us why this issue is so important.

And I wanted to thank our witnesses. We appreciate that you took the time to be with us today, and we look forward to hearing your testimony.

At this point, I recognize Congressman McKeon from California, who is the senior Republican on the committee. And then we will turn to the panel of witnesses for your testimony.

Congressman McKeon?

[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 "Child Abuse and Deceptive Marketing by Residential Programs for Teens."

Last October, this Committee heard from the parents of three children who died in private residential programs as a result of the abuse and neglect they experienced at the hands of staff members.

The stories these parents told left everyone in this room stunned, heartbroken, and angry.

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As we will hear today, a number of these programs use deceptive marketing practices to appeal to parents.

They claim to be subject to independent inspections that never happen.

They claim to offer services that they don't, like schooling with transferable education credits.

They assure parents that health insurance will cover the cost of their services when in reality it won't.

Programs are aided in these deceptions by their relationships to ancillary service providers, like referral services.

While referral services purport to offer independent advice to parents about which programs would be best for their children, the truth is that at least some of the referral services operate with significant conflicts of interest.

This tangled web of deception, fraud, and conflicts of interest makes it extremely difficult for parents to judge whether any of these programs offer a safe, professional, high-quality environment for their children.

We know that there are many programs and many people around the country who are committed to helping improve the lives of young people and who do good work every day, but it is difficult for parents to tell the good programs from the bad.

Making matters worse, these programs often operate free of minimum standards of care. It is estimated that hundreds of the programs operate nationwide, with anywhere from no regulation whatsoever to some regulation.

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The legislation will require HHS to set up a hotline for people to call to report abuse at these programs. It will also require HHS to create a website with information about each program, so that parents can look to see if substantiated cases of abuse have occurred at a program that they are considering for their kids.

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We have an obligation to keep kids safe no matter what setting they are in, and this legislation would take the first step toward finally ending the horrific abuses that have gone on for too long in private residential programs for teens.

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I also want to thank all of our witnesses. We appreciate that you took the time to be with us today and we look forward to hearing your testimony.

Thank you.

Mr. McKEON. Thank you, Chairman Miller. And good morning.

We are here today for our second hearing on residential treatment facilities for teens. I know I speak for all my colleagues when I say that I was deeply troubled by the testimony we heard last year.

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 parents as a last resort.

Yet no parent, no matter how serious the troubles their child may face, would knowingly send their child to a place where they may be abused or neglected.

Today's hearing builds on our findings from last year by examining the marketing practices of residential treatment facilities. Once again, I expect we will hear of some worst-case scenarios in which parents may have been deliberately misled.

Our witness panel also includes former participants in these types of programs. I want to take a moment to thank these witnesses for offering their testimony today, when I know they have faced some very difficult experiences.

At the outset of today's hearings, I think it is important that we ask the same questions that we asked last year: How pervasive are these problems? What safeguards are in place to protect against them? And what are the best practices in the industry so that we can encourage broader adoption of their practices?

The facilities we are examining today receive no federal funding under the Juvenile Justice Programs this committee has been working to reform over the past year. Nonetheless, I understand that Chairman Miller has introduced legislation that would estab-

lish a federal regulatory structure and mandate state regulatory systems.

I am eager to work with him on our shared effort to stop instances of neglect, abuse and death. At the same time, we must be mindful of the ramifications of any new federal intervention, in order to ensure these issues are addressed in the best, most appropriate and most effective possible manner.

The question of the scope of the problem will be important as we continue to examine the possibility of federal legislation. Although even one instance of child abuse and neglect is too many, we cannot provide an effective response until we understand whether the problems are a few isolated incidents or part of a larger pattern.

We also need to understand how these facilities are being regulated under state and local laws. The last thing we hope to do is create a patchwork of confusing regulations that would undercut our ability or the ability of states to protect young people and their families.

One area I think deserves greater attention in our deliberations is the question of what works. We are right to focus on cases where children have been harmed or parents have been misled. But the picture would be incomplete without also examining the stories of those young people who have been able to turn their lives around thanks to this type of intervention.

Mr. Chairman, I request that two pieces of testimony be included in the record in order to broaden and enlighten the discussion. This testimony comes from two young women who had positive, life-changing experiences at residential treatment facilities.

Chairman MILLER. Without objection, they will be made part of the record.

[The information follows:]

Prepared Statement of Madeline McGrotha, Alumni of New Horizons for Young Women

I honestly believe I am alive today as a result of the wilderness program that I attended. I attended a wilderness program by the name of New Horizons for Young Women located in Maine from March 1st, 2006 until May 1st, 2006. It was the best and most rewarding experience of my life and I am truly blessed to have been given the chance to experience the help that I received at New Horizons.

Beginning in middle school I spun into a deep depression. Throughout the years it developed into something worse and worse. At the age of 16 I dropped out of high school and didn't see any reason for myself to keep living. I hated myself, my family, and the world. People had tried to help me in any way that they could, but I was extremely defiant and not receptive to any of the help that was being offered to me. I had been to numerous therapists, tried many different prescription drugs for my depression, but nothing seemed to work. I needed something more, something that I couldn't get in the environment that I was in.

Wilderness took me out of my normal environment. It removed me from my family problems, a harmful boyfriend, and a crowd of people that I didn't need to associate myself with. It allowed me to focus on myself for the first time in my life. I was surrounded by people who cared about my well being and showed that to me in every possible way they could.

While I was in the wilderness program I gained so much confidence through completing the day to day activities that we had to do. In the program we lived in tents in the woods of Maine. Before this experience I had never even been camping before, so living in the woods for two months is a huge accomplishment for me and something that I am very proud of. I learned to saw down small trees, make a fire without a lighter, cook my own food along with many other things I would have never thought I would be able to do. We hiked during the day and even though it was physically hard sometimes, it wasn't anything too strenuous and it was actually very therapeutic. On these hikes it gave me time to really think about things, most

importantly to me, the relationship with my mother and father which had become so damaged and destructive over the past couple of years. It also gave me a chance to talk in a non threatening environment with the counselors about the thoughts I was having. Wilderness in my experience was in no way a boot camp and after the first week it was apparent that this was not punishment but a tool to help me grow into the person that I unknowingly wanted and needed to be.

I want to personally make sure that every person is able to continue to get the help that they so desperately need from these types of programs. These programs save lives and I can't stress enough how important that is. I truly feel like my success is a direct result of the program that I attended. I graduated on time from a traditional boarding school in Texas called San Marcos Baptist Academy and currently am studying psychology at the University of North Florida. I am also involved in a sorority on campus, Kappa Delta. Another huge accomplishment is the mended relationships that I have developed with my mother and father, which is extremely important to me. After my experience I learned to successfully function in society and I feel that none of this would have been possible without my life changing experience in my wilderness program.

Prepared Statement of Kelsey Snoke, Kaysville, UT

My name is Kelsey Snoke and I am 18 years old. I am writing this to give you a brief feel of my story.

When I was in about eighth grade I started having bad mood swings, depression, and anxiety. When I was feeling down, I started cutting and burning myself to forget about what I was feeling. It never got any better, just worse.

I started going to a therapist regularly. It was hard because I couldn't find one that I connected with. The end of my ninth grade was the beginning of the worst of the problems I was having. I started going to day treatment during the day and at night would go home. I also spent two separate weeks in acute treatment. After I was finished with these programs, I was doing well for a few months and then fell back into the same behaviors. My parents and I began to realize that it was only a short term fix and didn't really do much for me long term. I started hating school and refused to go any more. I was way behind on my work and honestly never thought I would ever finish high school.

Things started getting severely out of control. My parents weren't sure how to help me anymore and started looking for other options. I knew I needed help and agreed with my parent's decision to find a long term residential program. They researched the different options and found a program in Spanish Fork Utah called New Haven.

The three of us were able to visit the campus to take a tour and got to meet with some girls that were in the program. I knew right then that it was a place that could help me. My parent's took me to New Haven right after Thanksgiving in 2006 to start the program and I ended up staying for nine and a half months.

It was very difficult at first being in a new place and not being able to see my family every day. I was very nervous and didn't want to participate in activities and groups. I soon realized that I needed to open up and start working on my issues. There was a lot of work involved in progressing in the program that included me and my parents.

There were many group activities such as tasks for recreational therapy, equine therapy, as well as group therapy on specific topics that helped me learn to trust my peers and people around me.

Every six weeks New Haven held a family weekend for parents to come and participate with their girls in activities around campus. On the second family weekend, some things happened that was a turning point in my treatment.

There was a rope course in the field that was about thirty feet high with a rope and log ladder and a suspended log beam at the top. I always looked at it and hoped I would never have to do any activities with it. When it was our family's turn for rec. therapy, the therapist told me I needed to get over my fear and climb the rope course. I was overwhelmed and scared to death. They helped me put on a harness and other equipment and then we got started. I was to climb the ladder that was swaying with each step and had to say something that I am capable of with each step. It was very difficult and scary, but I did it! At the top I walked across the beam and stood there reflecting on what I had done before I came down. I was very proud of myself for accomplishing this task. This is only one of the many things I did that taught me that I can do anything I put my mind to do.

New Haven has been a very positive experience for me. I don't know where I would be in my life if I hadn't completed this program. I have learned so many

things. I can go to my family when there are problems and need support. I have learned to build positive relationships. I have learned to be independent and do things on my own. I have learned to accept responsibility for my actions. I'm finishing my senior year of high school and will be graduating on time. I can do things I never thought I could do. But most of all—I learned to love myself!

Mr. MCKEON. Once again, I want to thank Chairman Miller for his leadership on this issue, and I want to thank each of our witnesses for being here to explore this important issue.

I expect that we will proceed thoughtfully, cautiously and deliberately on this issue in the coming months in an effort to ensure youth and their families are protected.

And I yield back.

[The statement of Mr. McKeon follows:]

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

Thank you Chairman Miller, and good morning. We're here today for our second hearing on residential treatment facilities for teens.

I know I speak for all my colleagues when I say that I was deeply troubled by the testimony we heard last year. 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. Yet no parent, no matter how serious the troubles their child may face, would knowingly send their child to a place where they may be abused or neglected.

Today's hearing builds on our findings from last year by examining the marketing practices of residential treatment facilities. Once again, I expect we will hear of some worst case scenarios in which parents may have been deliberately misled. Our witness panel also includes former participants in these types of programs. I want to take a moment to thank these witnesses for offering their testimony today, when I know they faced some very difficult experiences.

At the outset of today's hearing, I think it's important that we ask the same questions that we asked last year: how pervasive are these problems? What safeguards are in place to protect against them? And what are the best practices in the industry, so that we can encourage their adoption?

The facilities we are examining today receive no federal funding under the juvenile justice programs this committee has been working to reform over the past year. Nonetheless, I understand that Chairman Miller has introduced legislation that would establish a federal regulatory structure and mandate state regulatory systems. I am eager to work with him on our shared effort to stem instances of neglect, abuse and death. At the same time, we must be mindful of the ramifications of any new federal intervention in order to ensure these issues are addressed in the best, most appropriate, and most effective possible manner.

The question of the scope of the problem will be important as we consider the possibility of federal legislation. Although even one instance of child abuse and neglect is too many, we cannot provide an effective response until we understand whether the problems are a few isolated incidents or part of a larger pattern.

We also need to understand how these facilities are being regulated under state and local laws. The last thing we hope to do is create a patchwork of confusing regulations that would undercut our ability, or the ability of states, to protect young people and their families.

One area that I think deserves greater attention in our deliberations is the question of 'what works'. We are right to focus on cases where children have been harmed or parents have been misled. But the picture would be incomplete without also examining the stories of those young people who have been able to turn their lives around thanks to this type of intervention. Mr. Chairman, I request that two pieces of testimony be included in the record in order to broaden and enlighten the discussion. This testimony comes from two young women who had positive, life changing experiences at residential treatment facilities.

Once again, I want to thank Chairman Miller for his leadership on this issue, and I want to thank each of our witnesses for being here to explore this important issue. I expect that we will proceed thoughtfully, cautiously, and deliberately on this issue

in the coming months in an effort to ensure youth and their families are protected. I yield back.

Chairman MILLER. Thank you.

The chair notices the presence of a quorum. And before introducing our witnesses, let me briefly lay out how we will proceed in today's hearing.

Because of the importance of this issue, I am exercising the right to extend the 5-minute rule for myself and Mr. McKeon. Following the witnesses' testimony, we will each have 15 minutes apiece for questioning.

It is our intention to yield 5 minutes of our time to the chairwoman and senior Republican of the Subcommittee on Healthy Families and Communities, Ms. McCarthy and Mr. Platts.

Following the expiration of extended questioning, all of the members will be recognized for 5 minutes.

And, with that, let me introduce our witnesses.

Our first witness will be Mr. Gregory Kutz, who is currently the managing director of GAO's Forensic Audits and Special Investigation unit. Mr. Kutz has testified and written investigative reports about the federal government's handling of Hurricanes Katrina and Rita, military pay problems at the Department of Defense, and smuggling of nuclear materials across our nation's borders, among other important issues.

He is accompanied by Andy O'Connell, the assistant director of investigations at GAO.

Kathryn Whitehead is a former program participant at Mission Mountain School, where she spent 18 months as a teenager. She currently works for the Mental Health Association of New York City's Coordinated Children's Services Initiative, working toward keeping struggling youth in their communities. Ms. Whitehead is also a co-founder of the Community Alliance for the Ethical Treatment of Youth, an advocacy organization whose mission is ending human rights abuses of youth in residential programs.

Jon Martin-Crawford is a former program participant at the Family Foundation School, where he spent almost 2 years as a teenager. Jon is currently working toward a double master's in English and secondary education, and is also working with the Community Alliance for the Ethical Treatment of Youth, hoping to shed light on the troubled teen industry.

Dr. Christopher Bellonci is the board-certified child/adolescent/adult psychiatrist, who has worked in residential treatment in school consultation since completing his child psychiatry training at McLean Hospital in 1993. He is currently the medical director and senior clinical consultant at Walker in Needham, Massachusetts, working with children experiencing severe emotional and behavioral disorders secondary to major mental illnesses, trauma and developmental disorders. Dr. Bellonci is on the Mental Health Advisory Board of the Child Welfare League and is a board member of the American Association of Children's Residential Centers.

Kay Brown is the director of GAO's Education, Workforce and Income Security team and has more than 20 years' experience at GAO. She is responsible for GAO's work related to child welfare, child support, domestic nutrition assistance, among other social

programs. Throughout her career at the GAO, Ms. Brown has managed projects that focused on improving governmental performance and services to children and families, disability and retirement benefit delivery, and customer service and program integrity.

She is accompanied by Cindy Ayers, assistant director for Education, Workforce and Income Security at the GAO.

And, Mr. Kutz, we will begin with you. And I believe under our arrangement, you will be allowed 10 minutes. As you know, there will be an orange light when there is 1 minute left and then a red light, and we hope that you will be able to wrap up your testimony, but we clearly want you to be able to complete your thoughts in a coherent fashion.

Welcome to the committee, and thank you for your work.

STATEMENT OF GREG KUTZ, MANAGING DIRECTOR, FORENSIC AUDITS AND SPECIAL INVESTIGATIONS, U.S. GOVERNMENT ACCOUNTABILITY OFFICE

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

Last year I testified that negligent practices contributed to the death and abuse of troubled youth. Today's testimony responds to your request that we continue our work in this area.

My testimony has two parts. First, I will discuss cases of death and abuse. Second, I will discuss industry marketing practices. I will also play excerpts from telephone calls we made to certain programs while posing as fictitious parents with troubled youth.

First, we took an in-depth look at eight cases of youth that died or were allegedly abused at private programs. It is important to note that we did not evaluate the benefits of these programs. In addition, the results of case studies cannot be projected to all programs.

For these cases, we found that untrained staff and ineffective management contributed to the death and abuse of youth. Human restraint also played a key role in several cases. The following examples will provide more detail.

First, one group became lost and spent several additional hours hiking when the reported heat index outside was 120 degrees. A 14-year-old boy, weighing 250 pounds, had problems breathing, but was encouraged by the staff to continue. When he returned to the camp, he collapsed against a tree and fell to the ground. Staff believed that he was faking it until he vomited, became unresponsive and ultimately died.

A 17-year-old male jumped off of a building in a suicide attempt and severely broke his left arm, with the bone exposed. Despite this severe wound, the boy was punched, slammed against walls and rolled in the dirt. He was beaten so severely that he forgot who he was and he became unconscious. These beatings continued for 2 weeks before he was finally given medical treatment.

A 16-year-old boy having trouble breathing and walking was tortured and humiliated for days. One staff member told the boy that he deserved an Academy Award for faking it. He died later that day. An autopsy report for this boy showed 71 contusions and abrasions from head to toe.

Another 16-year-old boy with asthma was placed in a face-down restraint by three staff members before he died. Another boy was restrained more than 250 times, including two times for more than 12 hours each. A 12-year-old boy, weighing 87 pounds, was placed in a face-down restraint with a staff member lying on top of him until he died.

And a staffer referred to as the “drill instructor” trained his pitbull to bite people in the crotch on command. A 17-year-old boy experienced this painful abuse.

Other kids in these and other programs also experienced disturbing abuse. For example, boys at one boot camp were required to stand with bags over their head and a hangman’s noose around their neck. The rope on this noose was tightened to simulate a hanging. The individual responsible for this told officers that this was an appropriate form of discipline.

Another boy was forced to lie face-down on a red ant hill and was not allowed to brush the ants off of his face or his body. In a separate incident, this boy was required to lie on his stomach for 10 hours. He was only allowed to get up to vomit, and then he was required to clean up his vomit before he got down on the ground again.

And finally, the posterboard shows the picture of a horse in Canada. This horse was starved, as you can see by the protruding ribcage. Neglect also resulted in the problems with the hoof that you see on the picture.

You are probably wondering what this has to do with today’s hearing. Here is the interesting answer to that question: This horse belonged to the owner of one of our case-study programs. This owner was convicted in Canada for cruelty to 39 horses and seven Golden Retrievers.

Although he received a lifetime ban from taking care of animals in Canada, he was allowed to take care of teenagers here in the United States, and the results should not be surprising. He and his wife were cited in Utah for, among many things, use of profane language to humiliate youth, improper seclusion, and rat infestation.

Let me move on to my second point of my testimony here. Posing as fictitious parents with troubled teenagers, we called a number of programs and referral services to see what they would tell us. What we found were examples of deceptive and other questionable marketing practices. Let me describe a few of these cases for you.

First, one program told our fictitious parent that they must apply to have their child admitted to the program. Although we never actually applied, the posterboard on my right shows that our fictitious child, Devon, was approved for admission to this program.

One fictitious parent was also told that membership in a trade association was like a Good Housekeeping seal of approval. One program went so far as to tell us that site inspections were performed by this association. The reality is that this association simply collects dues but does no due diligence of any programs.

And one referral service told our fictitious parent that the boot camp they recommended feeds the child a whole-grain diet and that, along with exercise and rest, “the bipolar, the depression, those kinds of things, they just go away after a while.”

Our fictitious parent heard other deceptive and questionable information during our undercover calls. Issues related to taxes, reimbursement of health insurance, and education provided.

One explanation for these shady marketing practices relates back to the root cause of many problems: money. These programs aren't cheap. Costs for the programs that we called ranged from \$2,800 per month to over \$13,000 per month.

In conclusion, we, as a country, judge other countries harshly for their human rights violations. Yet, at the same time, we found torture and abuse of youth across the United States. I can't tell you how widespread this problem is, but if the only horror stories are the ones that I have described for you, then isn't that enough?

Mr. Chairman, I want to commend you for your continued oversight of this matter. We support the committee's efforts to put a framework of oversight and control in place over these programs. Although the youth we are talking about today are troubled, that shouldn't be an excuse for anybody to torture and abuse them.

I now want to play the excerpts I mentioned at the beginning of my statement here of some of the phone calls we made, posing as fictitious parents with troubled youths. And what you will see on the screen, assuming it works, is the transcriptions of these conversations on the monitor while you listen.

[Audio clip played.]

Mr. KUTZ. Mr. Chairman, thank you for being generous with my time, and that ends my statement.

[The statement, "Residential Programs: Selected Cases of Death, Abuse, and Deceptive Marketing," may be accessed at the following Internet address:]

<http://www.gao.gov/new.items/d08713t.pdf>

Chairman MILLER. Thank you.

Ms. Whitehead, welcome again. You will be given 5 minutes. And at some point, there will be an orange light in front of you, and that will give you an idea that there is about a minute. But, again, we want you to complete your thoughts in a manner that you are comfortable with.

Thank you.

STATEMENT OF KATHRYN WHITEHEAD, FORMER PROGRAM PARTICIPANT, MOUNTAIN MISSION SCHOOL

Ms. WHITEHEAD. Good morning, Chairman Miller, Ranking Member McKeon and distinguished members of the committee. Thank you for this opportunity to testify before you today. I appreciate your leadership and efforts to help protect youth from abuse and neglect by convening this hearing.

I am here to share the tragic experience of myself and family at an unregulated facility in Montana called Mission Mountain School, a NATSAP member program where the headmaster, John Mercer, served on the board of directors for several years.

I will also speak on behalf of a youth survivor advocacy group, the Community Alliance for the Ethical Treatment of Youth, to the general concerns of youth placed in private residential care.

At the age of 13, I was diagnosed with chronic depression following a suicide attempt and hospitalized at a local psychiatric hospital. When I was discharged, lacking any community-based support, my family sought to identify services outside of my community and found Mission Mountain School at the recommendation of a hired educational consultant.

Mission Mountain School held great promise, as it was sold to us as a small, family-like therapeutic environment for girls ages 12-18 with above-average intelligence. I packed my treasured belongings, reminders of home, and my mom and I flew out to Montana.

I felt hopeful that maybe this special school for kids like me would help, as they claimed to have the ability to treat any myriad of serious psychiatric issues, such as bipolar disorder, eating disorders and depression. Sadly, this couldn't be further from the truth.

Upon arrival, I quickly encountered the punitive and invasive interventions which would come to define my 18 months at Mission Mountain School. My mom left me shortly after we had arrived, and most of my belongings were taken from me.

I never received any explanation of the rules of the program, though the rules quickly took shape during the series of group sessions held daily. Everyone was called out in group when they first arrived. Every infraction was framed as an act of dishonesty. We were all labeled liars and manipulators upon arrival.

Often there were punishments when we were thought to have been dishonest, euphemistically called "consequences." Consequence always involved some type of physical punishment: forced labor, exercise, labor such as ice-picking, rock-picking, and chopping wood. More serious rule-breaking would result in what was called an "intervention," which was work crew all day long, with breaks only during group chores and mealtime.

There were personal interventions and group interventions. Sometimes the group was put on interventions which would last weeks, if not months, and during this time no contact was allowed with the outside world—in contrast to our already monitored and censored contact under usual conditions.

It was generally understood that we were being exhausted for the purpose of making us more truthful, whatever that meant to those in charge. Exercise was a rigorous daily requirement. Slowing down from exhaustion only resulted in more exercise or getting yelled at. Staff would often use profanity.

I was not allowed to speak with my family for months after I arrived, and calls thereafter were monitored. Any criticisms were labeled as "manipulative," and my phone call was promptly disconnected, followed by punishment.

The most powerful figure at the facility was a headmaster with no formal training in mental health and whose group therapy sessions were particularly bizarre and frightening. He was often confrontational or would smirk and laugh.

He would attempt to unearth repressed memories and encourage regressive states. I recall on multiple occasions my friends speaking as if they were toddlers, recounting alleged instances of abuse. Hours would be spent with girls reliving their traumatic experiences at the unqualified hands of the staff.

Intensive group sessions sometimes lasted all night. Bathroom use was prohibited. Any allegations of abuse discussed in group therapy were never reported by staff to proper authorities.

Because all the founders were members of A.A., it seemed to them that everyone was an addict of sorts. I was deemed an alcoholic and a sex addict. A close friend was deemed a sex addict. She had never had sex in her life and denied the claim. And as a result, staff forced her to carry six large rocks on her back at all times for several months, naming them issues like "sexual abuse" and "sex addiction," causing bruising along her spine.

At other times, inappropriate and humiliating interventions were used, such as forbidding youth from talking for several weeks, forcing youth to wear gloves because it was thought they were masturbating, or tying two girls together because they didn't get along.

When I got caught with a plan to run away, I was placed on a personal intervention, where I had to rock-pick for a week, 8 to 10 hours a day, and at one point dropped off 25 miles from school and forced to hike back. This was all done in the name of therapy.

Education was nearly nonexistent; claims of illness taken as manipulative. We had no access to advocates, no rights whatsoever.

Then one day, 18 months later, I was told I was to be discharged. I had visited home maybe twice while there and was ever more grossly ill-prepared to function in the world. My nights were filled with a reoccurring nightmare of being chased by the founders and brought back to the facility, despite protests that I was healthy now.

In the end, all Mission Mountain School gave me was more confusion, increased anxiety and depression, and made social functioning after discharge ever more difficult.

The work I have done since then I anticipate will speak to the broad pattern of atrocities Dr. Pinto commented on in her testimony at the hearings in October 2007.

As co-founder and executive director of the Community Alliance for the Ethical Treatment of Youth, I have heard from over 1,000 survivors and understand that, in most instances, parents remain unaware of the abuse their children have experienced and often firmly believe the program saved their child's life.

To me, this is the saddest repercussion of these facilities. At once not only is the trust between parent and child broken, but the truth is further hidden behind the facade promulgated by deceived parents.

What I am hoping to convey—

Chairman MILLER. Ms. Whitehead, I am going to ask you to wrap up, if you might.

Ms. WHITEHEAD. What I am hoping to convey today through my testimony is that numerous residential facilities that are in operation are stripping youth of their basic human rights to dignity, respect, to least restrictive care, appropriate mental health treatment, to education and parental contact, to freedom of thought and opinion, and ultimately to freedom from censorship and torture.

The legitimate practice of therapeutic intervention is being injected with a perverse form of social control, including inhumane treatment practices, which defy the ethical principles upheld by peer-reviewed mental health practices.

I believe this bill to be a promising and important first step in curbing such draconian methodology and applaud Chairman Miller for introducing the first piece of comprehensive legislation to that end.

Thank you.

[The statement of Ms. Whitehead follows:]

Prepared Statement of Kathryn Whitehead, Former Program Participant at Mission Mountain School and Founder of Community Alliance for the Ethical Treatment of Youth (CAFETY)

Good morning Chairman Miller, Ranking Member McKeon and distinguished members of the Committee. Thank you for this opportunity to testify before you today. I appreciate your leadership and efforts to help protect youth from abuse and neglect by convening this hearing.

I am here to share the tragic experience of myself and family at an unregulated facility in Montana called Mission Mountain School. I am also here to tell you about the patterns of mistreatment and abuse of youth in residential programs across the country, which I have become aware of through my work with the youth advocacy group, Community Alliance for the Ethical Treatment of Youth. Finally, I will offer my perspective on the ways in which legislation could help to increase protections and at long last bring an end to the atrocious mistreatment of American youth in residential facilities across the country.

My story is one of a youth battling mental illness, a group of Montana residents taking the liberty to assume that their own experience as recovering alcoholics was qualification enough to operate a facility for struggling youth, and parents operating from a place of gullible desperation, willing to spend upwards of \$70,000 to fund a fictitious therapeutic milieu that amounted to little more than humiliation, deprivation and abuse—leaving in its wake a family torn apart and a traumatized 15 year old.

At the age of 13 I was diagnosed with chronic depression following a suicide attempt, and hospitalized at a local psychiatric hospital. When I was discharged, lacking any community based support, my family sought to identify services outside of my community and found Mission Mountain School at the recommendation of a hired educational consultant.

Mission Mountain School held great promise, as it was sold to us as a small family-like therapeutic environment for girls ages 12-18 with above average intelligence. It was located in picturesque Condon MT. Though I felt unspeakable grief at leaving my family and all that was familiar to me behind, I knew I needed help. I packed my treasured belongings, reminders of home, and my mom and I flew out to MT. I felt hopeful, that maybe this ‘special school’ for kids like me would help me, as they claimed to have the ability to treat any myriad of serious psychiatric issues, such as bipolar disorder, eating disorders and depression.

Sadly, this could not be further from the truth. Upon arrival I quickly encountered the punitive and invasive interventions, which would come to define my 18 months at Mission Mountain School.

My mom left me shortly after we had arrived and my belongings were taken from me. I never received any explanation of the rules of the program, though the rules quickly took shape during the series of groups sessions held daily. Everyone was called out in group when they first arrived—every infraction was framed as an act of dishonesty. We were all labeled “liars” and “manipulators” upon arrival. Our daily diaries were read, and compared to the detailed life histories that we were forced to write soon after arrival, which were required to include details of every sexual encounter we had experienced in our short lives to ensure accuracy.

Often there were ‘punishments’ when we were thought to have been dishonest, euphemistically called “consequences.” Consequence always involved some type of physical punishment—forced labor, such as ice picking, rock picking, and chopping wood. More “serious” rule breaking would result in what was called an “intervention,” which was work crew all day long with breaks only during group, chores and mealtime.

Sometimes the group was put on “interventions” which would last for weeks if not months, and during this time no contact was allowed with the outside. It was generally understood that we were being exhausted for the purpose of making us more truthful—whatever that meant to those in charge. Exercise was a rigorous daily requirement. Slowing down from exhaustion only resulted in more exercise or getting yelled at.

I was not allowed to speak with my family for months after I arrived, and calls thereafter were monitored. Any criticisms were labeled as “manipulative” and my phone call was promptly disconnected, followed by punishment. If at some point we “advanced” enough in the program to not require such monitoring, that just meant that by that point, we were no longer expressing our concerns because we knew our parents wouldn’t believe us anyway.

The most powerful figure at the facility was the headmaster who has no formal training in mental health and whose group therapy sessions were particularly bizarre and frightening. He was often confrontational or would smirk and laugh. He would pit friends against friends, and force us to say mean things to one another. He would attempt to unearth repressed memories and encourage regressive states. I recall that on multiple occasions my friends speaking as if they were toddlers, recounting alleged instances of abuse. Hours would be spent with girls reliving their traumatic experiences at the unqualified hands of the staff. Intensive group sessions sometimes lasted all night. Bathroom use was heavily regulated. Any allegations of abuse discussed in group “therapy” were never reported by staff to proper authorities.

Because all of the founders were members of AA, it seemed to them that everyone was an addict of sorts. I was deemed an alcoholic and sex addict, a close friend was deemed a sex addict. She had never had sex in her life, and denied the claim and as a result, staff forced her to carry 6 large rocks on her back at all times for several months, naming them issues like “sexual abuse” and “sex addiction,” until she conceded to staff that each issue was true, detailing traumatizing experiences supportive of that claim. When I got caught with a plan to run away I was placed on personal intervention where I had to rock pick for a week, eight to ten hours a day, at one point dropped off 25 miles from school and forced to hike back. This was all done in the name of therapy.

At other times inappropriate and humiliating interventions were used such as forbidding youth from talking for several weeks at a time, forcing youth to wear gloves because it was thought that they masturbated, or tying two girls together because two girls didn’t get along. Claims of illness were framed as manipulative.

Education was non-existent; schooling a joke. We would have schooling maybe a few hours a day a couple days out of the week. I taught myself algebra, and uncertified teachers taught English and Spanish. We weren’t allowed any information about the outside world such as newspapers or news magazines. I learned next to nothing. It wasn’t until I was nearing graduation from Mission Mountain School that I underwent testing outside of the facility and was diagnosed with a learning disability.

We had no access to advocates, no rights whatsoever. Groups of educational consultants would come in on occasion for a visit. They were always impressed by our manners and ability to be so forthcoming. None came to the facility unannounced. None asked us for our honest opinions of the program * * * although even if they had, given the insidious fear-based environment, it’s doubtful I would’ve spoken—it wasn’t long before I was broken down and I came to believe what I was told: that Mission Mountain School was to be the only place that could save me from myself or I’d end up in “jail, insane or dead”. The cumulative effect of the program was losing all sense of self.

Then one day, 18 months later, I was told I was to be discharged. None of it made any sense to me—though I was told I had been given the tools to live, I found it difficult to reconcile their claim with my internal landscape. My nights were filled with a reoccurring nightmare of being chased by the founders and brought back to the facility, despite my protests explaining that I was healthy now. In the end, all Mission Mountain School gave me was more confusion, increased anxiety and depression, and made social functioning after discharge evermore difficult. It wasn’t until 10 years later that I came to recognize the damage done and sought change.

I’d like to speak about the work I’ve done since then, which will hopefully speak to the broad pattern of atrocities Dr. Pinto commented on in her testimony at the hearings in October 2007. As co-founder and Executive Director of the Community Alliance for the Ethical Treatment of Youth, I have heard from over one thousand survivors and understand that, in most instances, parents remain unaware of the abuse their children have experienced and often firmly believe the program saved their child life. To me, this is the saddest repercussion of these facilities. At once not only is the trust between parent and child broken, but the truth of the youth is further hidden behind a facade promulgated by deceived parents. In my communications the majority of folks I’ve been in contact with have reported first hand with regards to:

- Trauma due to use of escort services

- Communication and privacy rights violations such as mail-monitoring, call-monitoring and filtering, restricted or interrupted correspondence.
- Inappropriate Seclusion and Restraint
- Inhumane Treatment such as:
 - Forced labor
 - Restricted access to the bathroom
 - Scare tactics
 - Exposure to harsh elements
 - Excessive exercise
 - Food/nutritional deprivation
 - Sleep deprivation
 - Physical punishment
 - Emotional, physical or sexual abused by staff
- Education and Mental Health Treatment
 - no individualized plan
 - dissatisfaction with the training background of the staff members who were providing education, therapy, support and/or care

What I am hoping to convey today through my testimony is that numerous residential facilities that are in operation today are stripping youth of their basic human rights to dignity, respect, to least restrictive care, appropriate mental health treatment, to education and parental contact, to freedom of thought, opinion and association, and ultimately to freedom from censorship and torture. The legitimate practice of therapeutic intervention is being injected with a perverse form of social control, including inhumane treatment and practices, which defy the ethical principles upheld by peer reviewed mental health practices.

As a nation it is our obligation to hold places of care accountable to their claim. A nation with the best interest of the child in mind must be in the position to assure this is occurring. For this reason it is critical that oversight is stringent enough for this to occur, it is questionable that youth safety can be assured if visits occur once every 2 years. Quality assurance is paramount—if a place claims to be a place of healing a facility must be able to back up such claims. It is our nations responsibility to families to ensure not just that abuse is not occurring, but that therapy is never used as justification for the violation of the human rights of youth. Consistent with such commitment, every youth ought be entitled to the least restrictive care possible. Facilities must be held accountable to claims that deceive parents into thinking that no alternative exists and that years of imprisonment are a necessary therapeutic intervention. Of concern are misinformed families who lack community support and feel they have no alternative but to choose institutionalize their child (unnecessarily) at the behest of programs concerned with their interests over that of the youth.

I strongly believe this bill to be a promising and important first step in curbing such draconian methodology this industry has been founded upon and applaud Chairman Miller for introducing the first piece of comprehensive legislation to that end.

Chairman MILLER. Thank you. Thank you very much.
Mr. Martin-Crawford?

STATEMENT OF JON MARTIN-CRAWFORD, FORMER PROGRAM PARTICIPANT, THE FAMILY FOUNDATION SCHOOL

Mr. MARTIN-CRAWFORD. First, I would like to thank the chairman and the committee for the opportunity to present my side of this story.

After watching the hearing back in October, I was truly inspired by the clear case of morality that brought together both sides of the aisle on this discussion.

We have been called noisy complainers, and we have been called manipulating troublemakers, but after over 10 years, I finally have my chance to speak.

My name is Jon Martin-Crawford, and I was locked up at a NATSAP-affiliated program, The Family Foundation School, in Hancock, New York, from 1995 to 1997.

My life at home was anything but stable, causing me to seek my own release from it all. I created a persona for myself, the troublemaker at school, always looking for attention I didn't get at home. I was involved in drugs by the age of 13. I was lost, constantly in fights, legal run-ins and more. My parents were at wits' end. My only release was my music, my writing and my skateboarding.

After being expelled from public school and one private school for marijuana use and writing an underground newspaper, my parents were told to send me to The Family shortly thereafter, thinking it would give me what I needed.

Once I arrived at The Family, I knew I was there until I was 18. I went through what seems like the ritualistic stripping of identity almost all of us survivors faced. I was stripped; my clothes were taken and thrown away. My music, my art, my skateboard all destroyed. What I didn't have with me my parents were told to destroy as well. I was left with only a letter from my mother for the next 3 months.

I had been to some in-patient settings before, but this one was different. Other places allowed phone calls, mail and peer communication. Here, I wasn't even allowed to call home the first few months. Even after that, I only got that one phone call home a week, nothing more—no access to CPS.

Here I was only allowed to talk to staff and kids that had been there more than 6 months. I was told I was denying the extent of my drug use, and I was confused as to just how I would "get better" enough to see my family. I sat and watched and learned to play the game of lies necessary to get privileges and eventually get out. I was lucky and figured these rules out quickly enough not to endure what I saw many kids endure.

But I witnessed it all, including staff punching students in the face while restraining, not once but several times. Typical restraint procedures were wrapping kids up in duct tape and blankets. Kids were not let out of this wrap, even to use the bathroom, for feminine hygiene, or just to move around a little bit and extend their limbs.

Restraints were not only done by faculty, but students as well. Usually, this was even more brutal and was often done in front of all other students to show what will happen if you act out. Kids were forced to eat food they were allergic to and keep eating even if vomiting as a result.

We were forced to attend daily religious services and A.A. meetings and share personal stories with the outside world. Kids as young as 12 being taken out of school to carry out pointless manual labor, such as shovel manure, carry wheelbarrows of rocks, sweeping the roof, shoveling numerous things, for days on end.

When kids tried to run away, it was again not only staff but students told to chase, tackle, restrain and bring them back.

Many things were heard from staff, berating kids with high levels of verbal abuse, often of a highly derogatory and sexual nature, at times regarding sexual orientation. An admitted sex addict was one of the high-up faculty and counselors, as well as a dorm monitor living above the boys' dorm.

The rules I learned to avoid many of these problems were as follows: I made up a horrible past to cure myself of. Our moral inven-

tory was nearly always fabricated to make our problems seem worse and the program seem like salvation. Tell on yourself and your peers for things you may have never done to give the illusion you are getting better and working the program.

If you have certain gifts, you can find a way to skate by. For me, I was their golden boy with my pen. And at my graduation speech, as well as for others, our speeches were used as propaganda as part of the family day for all the parents to hear their message of goodwill.

Under no circumstances were we to tell our parents or prospective parents the truth about what we saw. I was fortunate enough to go home after a while, but I quickly learned that if I told my parents the truth about what I saw, I would only be explained as a manipulation and lose more privileges.

While I had been fortunate enough to miss out on these horrors personally, I gave many tours to prospective parents, always omitting the details of restraints, punishments, and any lack of communication against the abuses that took place.

As a dorm leader, I was told to wake up one of the kids in my dorm with the lamp that only had a floodlight as a bulb, burning his retinas. I participated in the restraining and took part in the barrage of verbal attacks, just as did many of my peers.

I am not proud of this, but we had no choice. If we did not conform, we were being negative and subjected to the same treatment and lack of privileges as everyone else.

Once I left, I saw that I was now in the real world with real problems again, and the school had never helped me with those problems. After nightmares of The Family led to a relapse, I was soon out of Vassar College and into the military. The training in the military, although viewed by some to be harsh, was a cakewalk compared to the hell endured at The Family School.

My trust issues were never resolved after leaving The Family, and the nightmares remain. Ultimately, these psychological issues and flashbacks led to the need for my discharge from the Army, something I regret to this day.

For years, I thought all this was my fault. While the nightmares and anxiety never wore off, getting high at least made it go away again.

I will not blame others for my choices and my mistakes; I take responsibility for those. What I blame The Family for is stripping me of my childhood. I still have nightmares of being locked up and told I am ruining my life. I still read their monthly paper of lies and get nauseous remembering what we witnessed.

The only thing I can say to temper my disdain for these types of schools or at least for The Family is this: While the programs, as they are, have little positive effect long term, I do believe that kids in my position need some sort of help. I believe there can be a safe solution, as some staff are genuinely decent and caring people. We need oversight and regulation of these facilities, with swift and severe penalties for those who stray from the standards.

What must be remembered through all of this is that these success stories that these places put out tend to fall in the 1-to 2-year range after leaving such programs and are usually the opinions of parents.

A true statistic? Of the 25 kids from my graduation class and the one prior to mine, maybe four remain sober.

While many can now say they live successful lives, it came anywhere between 5 and 10 years after leaving the program and figuring out life on their own with psychiatric help. Unfortunately, this cannot be said for all.

The programs are quick to take credit for a successful story and are just as fast to claim that anyone that doesn't make it just didn't work the program. The truth? The nightmares and psychological scars of being dragged from your home to a place in the middle of nowhere, restrained in blankets and duct tape, assaulted, verbally and physically—those scars and that trauma never go away.

For my friends who have since died from suicide because of the nightmares or those who still suffer the nightmares, our time and our voice will not be in vain. There comes a time for every man to make amends and right their wrongs. This is a lesson all these programs preach, and it is a lesson they should now follow.

[The statement of Mr. Martin-Crawford follows:]

Prepared Statement of Jon Martin-Crawford, Former Program Participant at the Family Foundation School and Member of the Board of Advisors for the Community Alliance for the Fair and Ethical Treatment of Youth

I would like to thank the Chairman and the Committee for the opportunity to present my side of this story. After watching the hearing back in October, I was inspired by the clear case of morality that brought together both sides of the aisle in this discussion.

We have been called “noisy complainers” we have been called “manipulating troublemakers.” After over 10 years, I finally have my chance to speak. My name is Jon Martin-Crawford. I was locked up at the NATSAP affiliated program, The Family Foundation School, in Hancock, NY, from 1995 to 1997.

My life at home was anything but stable. This caused me to seek my own release from it all. I created a persona for myself at school, the troublemaker, always looking for the attention I didn't get at home. Involved in drugs by the age of 13, I was lost. My only release was my music, my writing, and my skateboarding. After being expelled from public school and one private school for marijuana and writing an underground newspaper, my parents sent me to The Family shortly thereafter.

Once I arrived at The Family, I knew I was there until I was 18. I went through what seems like the ritualistic stripping of identity almost all of us survivors faced. My clothes were taken and thrown away. My music, my art, my skateboard all destroyed. What I didn't have with me, my parents were told to destroy as well. I was left with only a letter from my mother for the next 3 months.

I had been to some inpatient settings before, but this one was different. Other places allowed phone calls, mail, and peer communication. Here, I wasn't even allowed to call home the first few months. Even after that, I only got that one phone call home a week * * * nothing more * * * no access to Child Protective Services. Here I was only allowed to talk to staff and kids that had been there more than 6 months. I was told I was denying the extent of my drug use, and I was confused as to just how I would “get better” enough to just see my family. I sat and watched, and learned to play the game of lies necessary to get privileges, and eventually get out. I got lucky and figured these rules out quickly enough to not endure what I saw many kids endure. But I still witnessed it all.

Including:

- Staff punching students in the face while restraining. * * * not once but several times
- Typical restraint procedures were wrapping kids up in Duct tape and blankets. Kids were not let out of this wrap, even to use the bathroom, feminine hygiene, or just to move around and let the body out of the confinement, while in an isolation room (the 6X6 library room)
- Restraints were not only done by faculty, but many senior and junior members of students. Usually, this was even more brutal and was often done in front of all other students to show “what will happen if you act out”

- Kids forced to eat food they were allergic to, and keep eating even if vomiting as a result.
 - Kids as young as 12 being taken out of school to carry out pointless manual labor such as shovel manure, carry wheelbarrows of rocks, sweeping the roof, etc. for days on end
 - When kids tried to run away it was again, not only staff, but many students told to chase, tackle, restrain, and bring them back.
 - Many things heard from staff, berating kids with high level verbal abuse, often of a highly derogatory and sexual nature, at times regarding sexual orientation
 - An admitted sex addict was one of the high-up faculty and counselors, as well as a dorm monitor living above the boy's dorm
- The rules I learned to avoid much of these problems were as follows:
- make up a horrible past to "cure yourself of"* * * our moral inventory was nearly always fabricated to make our problems seem worse, and the program seem like salvation
 - Tell on yourself and your peers for things you may have never done to give the illusion you're getting better
 - if you have certain "gifts" you can find ways to skate by. Me, I was the school's golden boy with my pen and my graduation speech, as well as others were used as propaganda at graduations as part of "family day" for all parents to hear.
 - Under no circumstances tell your parents or prospective parents the truth about what you see happening.

Yes, I was fortunate enough to go home once a month after a while. All I wanted for those weekends at home was to sleep, relax, and watch television. I quickly learned that telling our parents the truth about what happened at The Family would only be explained away as manipulation and we would lose our privileges.

While I had been fortunate enough to miss out on most of the horrors personally, I unfortunately gave many tours to prospective parents, always omitting the details of restraints, punishments, and lack of any sort of communication or safeguards against the abuses that took place. As a dorm leader, I was told to wake up one of the kids in my dorm with the light from the lamp * * * that only had a flood light as a bulb * * * burning his retina. I participated in the restraining, and took part in the barrage of verbal attacks just as did many of my peers. I am not proud of this, but we had no choice in any of this. If we did not conform, we were "being negative" and subject to the same treatment and lack of privileges.

Once I left, however, I saw that I was now in the real world with real problems again, and the school had never helped me with those problems. After nightmares of The Family led to a relapse, I was soon out of Vassar College and into the military. The training in the military, although viewed by some to be harsh, was a cakewalk compared to the hell endured at The Family School. My trust issues were never resolved after leaving The Family, and the nightmares remained. Ultimately, all these psychological flashbacks led to the need for my discharge from the Army, something I regret to this day.

For years, I thought all this was my fault. While the nightmares and anxiety never wore off, getting high made it go away again. I will not blame others for my choices, my mistakes. I take responsibility for those. What I do blame The Family for is stripping me of my childhood. I still have nightmares of being locked up and told I'm ruining my life. I still read the monthly paper of lies the school puts out and get nauseous remembering the stuff we witnessed.

The only thing I can say to temper my disdain for these types of schools, or at least for The Family is this:

While the programs, as they are, have little positive effect long term, I do believe that kids in my position need some sort of help. I do believe there can be a safe solution, as some staff are genuinely decent and caring people. We need oversight and regulation of these facilities with swift and severe penalties for those who stray from the standards.

What must be remembered through all of this is that the "success stories" of programs tend to fall in the one to two year range after leaving such program * * * and usually are the opinions of parents. A true statistic? Of the 25 kids from my graduating class and the one prior to mine, maybe 4 remained sober. While many can now say they live successful lives, it came anywhere between 5-10 years after leaving the program and figuring out life on their own with psychiatric help. Unfortunately, this cannot be said for all.

The programs are quick to take credit for a successful story, and are just as fast to claim anyone that doesn't make it just "didn't work the program" The truth? The nightmares and psychological scars of being dragged from your home to a place in the middle of nowhere, restrained in blankets and duct tape, assaulted, verbally and physically. * * * those scars and that trauma never go away.

For my friends who have since died from suicide, and still suffer the nightmares, our time and our voice will not be in vain. There comes a time for every man to make amends and right their wrongs. This is a lesson these programs preach, and it is a lesson they must now follow.

Chairman MILLER. Thank you.
Dr. Bellonci?

STATEMENT OF CHRISTOPHER BELLONCI, M.D., MEDICAL DIRECTOR AND SENIOR CLINICAL CONSULTANT, WALKER SCHOOL

Dr. BELLONCI. Mr. Chairman and members of the committee, I am pleased to be here in support of your proposed legislation, the "Stop Child Abuse in Residential Programs for Teens Act of 2008."

As a child and adolescent psychiatrist who dedicates his career to the treatment of youth with mental health disorders, I am frankly horrified to hear about these accounts of latent abuse in the name of treatment or therapy.

Nothing that I learned in medical school or my clinical training could ever justify such treatment. The behavioral interventions you have heard described have no role in the appropriate treatment of mental or substance abuse disorders. As you are hearing, this is trauma-inducing and not trauma treatment.

Let me start by saying that treatment for a child or adolescent with serious emotional disturbance should be in the least restrictive environment, and preferably with their family. However, there are many children that cannot effectively be treated and managed in a home or community environment safely and need more acute, intensive treatment.

I am here today to talk about Walker and the specific needs of children and adolescents being treated in residential centers.

Walker is licensed in Massachusetts through our state's Early Education and Care agency. As an accredited school, we are also approved by our state Department of Education. We are accredited by the Council on Accreditation, a national accrediting body originally affiliated with the Child Welfare League of America.

Our licensing and accrediting agencies all require frequent renewal and on-sight visits by representatives of these various regulatory bodies. We also adhere to reporting requirements that are consistent with those proposed in your legislation.

EEC has clear guidelines for adherence to civil rights that would prohibit restriction of access to mail, family visits or phone calls. We do not utilize wilderness programming or boot camp experiences. We would never allow other children to restrain other children.

Our staff undergoes a minimum of 2 weeks of pre-service training, including instruction in Cornell University's Therapeutic Crisis Intervention, with a focus on de-escalation strategies and techniques that are individualized to the unique strengths and needs of the children we work with.

Staff is cleared by the Massachusetts Criminal Records search process before they are allowed unsupervised contact with children. During orientation, staff also receives training regarding mandated reporting laws, first aid and CPR.

Walker has explicit policies outlining unacceptable forms of discipline, consistent with those outlined in your proposed legislation, that would never allow the sorts of treatment that you are hearing described today.

We also have clear policies regarding notification of adverse outcomes, both to parents and guardians, as well as our state child protective service, our licenser, and funding and referral sources.

We strive for transparency in our work and view parents as essential allies in the complex treatment of children. We have an open campus and invite and encourage parents to visit and be an active part of the treatment milieu.

Increasingly, we have been serving children and families in their homes, schools and communities. We actively partner with our state's child welfare and mental health departments in advancing best-practice principles and provide consultation and program review and development to over 35 school districts in Massachusetts.

We take our commitment to family-driven practice seriously and, in the last year, have hired our first parent liaison coordinator, who is a parent of a child formerly in residential care at Walker. For over 5 years, we have had a current parent serving as a voting member of our board of directors. We also have an active parent council and run parent support groups for all interested families.

I work directly with most of the children served in our residential program, providing psychiatric treatment. It is against my ethical and licensing requirements to make a medication change without first discussing the risks and benefits of the proposed treatment and obtaining informed consent.

In this regard, I am frankly concerned that your legislation may not go far enough, as it calls for notification to parents within 24 hours of a medication change, after that change has already been made, when it is quite clear standards of ethical practice require the informed consent to be obtained prior to any removal or addition of a medication except in emergency situations.

The goal of this legislation is to ensure that children are not abused in these treatment settings, not to limit access to appropriate, regulated and licensed residential care for children who are in need of these services.

Licensing creates a baseline of expectations to which all programs within a state can be held accountable. Effective licensing requirements help promote client rights, staff competence, quality improvement, and consistent practice. They provide the constants, the solid ground from which innovative and transformative practice can be launched. They also provide a degree of safeguard against the potential of harm to children, events of a type that can undermine efforts to create meaningful change.

All of us working in licensed residential centers should support this goal. All residential treatment programs should provide for all of the child's developmental needs, including mental health care, physical health care, and education needs; be licensed within the states where they practice and adhere to national standards; encourage parents to be active parts of the treatment teams for their youth; and employ a well-trained, multidisciplinary, culturally competent staff.

Thank you for raising this important issue. And when it is appropriate, I would be happy to take questions.
[The statement of Dr. Bellonci follows:]

Prepared Statement of Christopher Bellonci, M.D., Child/Adolescent and Adult Psychiatrist, Medical Director, Senior Clinical Consultant, Walker School

Mr. Chairman and members of the committee, my name is Christopher Bellonci, M.D. and I am pleased to be here in support of your proposed legislation, the "Stop Child Abuse in Residential Programs for Teens Act of 2008". I am a board-certified child and adolescent psychiatrist and the medical director at Walker, a multi-service agency in Needham, Massachusetts that offers residential treatment as one of a range of programs in our service array. I am a member of the American Academy of Child and Adolescent Psychiatry who paid for my travel to be here today. I co-wrote the Academy's Practice Parameter on The Prevention and Management of Aggressive Behavior in Child and Adolescent Psychiatric Institutions with Special Reference to Seclusion and Restraint and am a board member of the American Association of Children's Residential Centers.

First let me start by saying that treatment for a child or adolescent with serious emotional disturbance should be in the least restrictive environment, preferably with their family. However, there are many children that can not effectively be treated and managed in a home or community environment safely and need more acute intensive treatment. I am here today to talk about Walker and the specific needs of children and adolescents being treated in residential centers. We are licensed in Massachusetts through our state's Early Education and Care (EEC) agency. As an accredited school, we are also approved by our state Department of Education. We are accredited by the Council on Accreditation, a national accrediting body originally affiliated with the Child Welfare League of America.

Our licensing and accrediting agencies all require frequent renewal and on-sight visits by representatives of these various regulatory bodies. We also adhere to reporting requirements that are consistent with those proposed in your legislation. EEC has clear guidelines for adherence to civil rights that would prohibit restriction of access to mail, family visits or phone calls. We do not utilize wilderness programming or boot camp experiences. Our staff undergo a minimum of two weeks of preservice training including instruction in Cornell University's Therapeutic Crisis Intervention with a focus on de-escalation strategies and techniques that are individualized to the unique strengths and needs of the children we work with. Staff are cleared by the Massachusetts Criminal Records search process before they are allowed unsupervised contact with children. During orientation staff also receive training regarding mandated reporting laws, first aid and CPR. Walker has explicit policies outlining unacceptable forms of discipline consistent with those outlined in your proposed legislation. We also have clear policies regarding notification of adverse outcomes both to parents and guardians, as well as our state child protective service, our licensor, and funding and referral sources.

We strive for transparency in our work and view parents as essential allies in the complex treatment of children. We have an open campus and invite and encourage parents to visit and be an active part of the treatment milieu. Increasingly, we have been serving children and families in their homes, schools and communities. We actively partner with our state's child welfare and mental health departments in advancing best practice principles and provide consultation and program review and development to over 35 school districts in Massachusetts.

We take our commitment to family-driven practice seriously and in the last year have hired our first parent liaison coordinator, a parent of a child formerly in residential care at Walker. For over 5 years we have had a current parent serve as a voting member of our Board of Directors. We also have an active parent council and run parent support groups for all interested families.

I work directly with most of the children served in our residential program providing psychiatric treatment. It is against my ethical and licensing requirements to make a medication change without first discussing the risks and benefits of the proposed treatment and obtaining informed consent. In this regard, I am concerned that your legislation may not go far enough as it calls for notification to parents within 24 hours of a medication change when it is quite clear standards of ethical practice require the informed consent to be obtained prior to any removal or addition of a medication except in emergency situations.

The goal of this legislation is to ensure that children are not abused in these treatment settings, not to limit access to appropriate, regulated and licensed resi-

dential care for children who are in need of these services. All of us working in licensed residential centers should support this goal. All residential treatment programs should:

1. provide for all of the child's developmental needs including, mental health care, physical health care and education needs,
2. be licensed within the States where they practice and adhere to national standards,
3. encourage parents to be active parts of the treatment teams for their youth,
4. and employ a well trained, multidisciplinary, culturally competent staff.

The Board of the AACRC is equally concerned about the growing number of unlicensed residential programs. We believe that residential care in licensed and accredited facilities is an important and necessary part of an organized system of care and believe that all residential providers should be licensed within the States where they practice. In fact, all members of the AACRC are licensed and this is a condition of membership. We also strongly encourage residential centers to seek accreditation which hold the standards they must adhere to even higher.

As an organization representing agencies committed to working collaboratively with families and youth, we were disturbed by the concerns raised in this committee's previous hearing about children and youth experiencing harm in residential settings. We support the initiatives of this committee and its proposed legislation and believe that residential treatment is an appropriate placement for some youngsters and that there are high quality programs being administered by committed and competent staff.

The AACRC's mission is to support the professional development of this committed and competent workforce. The AACRC looks forward to working alongside this committee and state and federal agencies in ensuring that standards are in place for residential centers.

Licensing creates a baseline of expectations to which all programs within a state can be held accountable. Effective licensing requirements help promote client rights, staff competence, quality improvement, and consistent practice. They provide the constants, the solid ground from which innovative and transformative practice can be launched. They also provide a degree of safeguard against the potential of harm to children, events of a type that can undermine efforts to create meaningful change. AACRC requires licensure of its members and is concerned about the variability of practice that can occur in unlicensed settings, which can lead to adverse outcomes for children and their families and criticism of the field. AACRC encourages organizations to work with their state authorities to create meaningful and reasonable licensing frameworks for residentially based services.

Accreditation is not an effective replacement for licensing, as the accountability it yields is less stringent than that which typically occurs through licensing and regulation. Nonetheless it is an important accompaniment to licensure. Accreditation standards encompass emerging knowledge and evidence in the field and come together to define clinical and managerial practices that result in high quality and effective care.

Agency-developed standards, policies, and procedures build upon the framework of licensing and accreditation, creating unique, mission-driven structures as the foundation for care and innovation. Establishment and measurement of desired outcomes and performance indicators helps each organization assess the degree to which it is fulfilling its own objectives and creates the possibility of comparison or benchmarking with other similar entities on key aspects of care identified through accreditation and licensing.

Compliance with accreditation standards, particularly in conjunction with adherence to licensing and regulatory requirements and a quality improvement infrastructure, provides the foundation of safety and best practice that can infuse transformational change, elevate practice, and improve outcomes. AACRC supports efforts to establish licensure requirements and encourages agencies to pursue voluntary accreditation, as part of implementing a transformation agenda.

In the last two decades, the thinking about family involvement across the child serving systems has begun to change. The Child and Adolescent Service System Program (1985) envisioned a central role for families in community systems of care for children with mental health problems. Wraparound, family decision making, and parent-professional partnerships have emerged in child welfare, education, medical, and juvenile justice arenas, as well as in mental health. Such service configurations have recently been supported by research and heralded in salient mental health public policy studies, including the Surgeon General's and the President's New Freedom Commission reports. Research specific to residential care has also consistently identified improved child outcomes when parents and families are more involved. The response from the field to these developments has been slow but not insignifi-

cant, as residential centers across the country increasingly design processes and practices for more inclusion of parents and family members in the care of their children. The result has been improved outcomes for children and families.

Parents and families provide important information and feedback. An approach that engages them equally creates a shared responsibility for growth and change. It provides the opportunity for staff to work together with parents and to utilize family members' experience and expertise. This yields an increased ability to understand the child within the context of his/her family, culture and community, and to develop realistic expectations, plans, and supports. The family is affirmed in having their strengths recognized and valued; the staff benefit from having support and assistance and from being relieved of the implicit, at times self-imposed, responsibility to be the ones who will "fix" the child. Family-driven care is a partnership.

Parents are strong and effective voices, advocating in pragmatic and realistic ways for the needs of children on quality improvement, planning, and governance bodies. As political partners with professionals, parents are powerful advocates for the full continuum of care, inclusive of residential, and for efforts to meet the needs of children and families in local communities. The research in residential treatment consistently shows that the processes and outcomes of care improve in correlation with the degree of family involvement.

At the governance level parents are valuable members of Boards of Directors, and offer critical input into strategic planning and resource allocation. At the system level parents can have important voices on advisory committees and interagency collaboratives. Parents understand the importance of a full array of services and, in telling their stories, have a powerful influence on policy makers.

Such multi-level partnerships can help establish and reinforce a culture of family-driven care. They are more readily supported if the organization has made the leadership commitment to become family driven and can dedicate budgetary resources to supporting parent travel, paying stipends, or hiring parents as paid staff. The Board of Directors and CEO can ask themselves a series of key questions in assessing readiness to move in this direction, for example:

- Do the staff of the organization act, speak, and interact in ways that truly welcome, support, affirm, and incorporate the perspectives and wishes of parents?
- Do parents have to be "invited" into the organization or is it a baseline assumption of staff that parents are reciprocal partners?
- Is the organization committed to redefining itself as providing an intervention within a community continuum rather than as a placement of last resort?
- Does the organization believe that sharing decision-making, leadership, and power with parents yields better outcomes for children and youth?
- Is the organization willing to implement training and other practices that culturally reinforce the importance of parents and families in day to day actions, discussions, and care planning?

The responses to these questions can drive strategic planning and practice innovation. Changes in practice, even incremental, can and do lead to positive results.

The American Academy of Child and Adolescent Psychiatry is currently working on a Practice Parameter defining best practice for residential treatment and once available, AACAP would be happy to share it with the committee. Many of my remarks are taken from Position Papers developed over the last 5 years by the AACRC.

Thank you for the opportunity to present these comments to the Committee.

Chairman MILLER. Thank you.

Ms. Brown, you will be recognized for 10 minutes, as promised you.

STATEMENT OF KAY BROWN, DIRECTOR, EDUCATION, WORK-FORCE AND INCOME SECURITY, U.S. GOVERNMENT ACCOUNTABILITY OFFICE

Ms. BROWN. Chairman Miller and members of the committee, thank you for inviting me here today to discuss our work on residential programs for teens.

This morning, you have already heard a number of heart-wrenching examples of individual cases of abuse and death in residential facilities. Now I would like to try to shed some light on what we know about the national picture.

To clarify the difference between our work and the case studies that you heard, my remarks are based on our ongoing work. Over the past year, we conducted national surveys of three separate agencies in each state: child welfare, health and mental health, and juvenile justice. Each of these state agencies may place youth experiencing behavioral and emotional challenges in residential facilities. In our survey, we asked about a broad range of facilities, including the types that you have heard about today. We also visited four states.

Today I will discuss what we know about the extent of youth maltreatment in these facilities across the nation, what states are doing to protect youth in these facilities, and what federal agencies are doing to oversee state efforts.

In summary, youth maltreatment and fatalities occurred in both government and private facilities all across the nation. However, we don't know the full extent of the problem because many states either don't collect or don't report data for all residential facilities.

Regarding oversight, we identified gaps in state activities that leave youth in some facilities at greater risk of maltreatment or death. We identified similar gaps in federal activities.

Regarding the extent of the problem, in one year 34 states reported to HHS more than 1,500 incidents of youth maltreatment that were committed by facility staff. As you can see, hopefully, from the graphic above, the proportion of incidents related to physical abuse was 24 percent; to neglect or deprivation of necessities, 44 percent; and sexual abuse, 9 percent.

Officials in the states we visited cited factors such as a lack of experienced staff, insufficient training or lack of appropriate supervision as causes.

In addition, in our survey, 28 states reported at least one death in residential facilities. This next graphic shows that 16 states reported deaths due to accidents, nine due to suicide, and fewer states to homicide and the use of seclusion and restraint. I should mention here, though, that deaths related to seclusion and restraint may also be categorized as accidents in some cases.

It is important to note that these data are not complete. The number of adverse incidents is very likely more numerous and more widespread than reported, for a number of reasons.

For example, in many states, officials said they lacked authority under state law or regulation to collect data on private facilities that do not receive government funds. And the HHS database I mentioned earlier tracks fatalities that result from maltreatment but not from suicides or accidents, both of which may be an indicator of neglect or other problems.

Regarding my second topic, state oversight, as you know, under the current structure, states are primarily responsible for ensuring the well-being of youth in residential facilities. To do this, they have a range of tools at their disposal, including licensing, standards, monitoring, and enforcement when violations are found.

All states in our survey reported having some licensing processes. However, the types of facilities licensed and the licensing requirements varied from state to state, and we found gaps in the licensing activity.

Most notably, state agencies often exempted certain types of facilities from licensing and, in particular, private residential schools and academies. This is worrisome because owners can self-identify the type of facility they operate. Therefore, a facility could bypass state requirements by identifying itself as a type of facility not subject to licensing.

In addition, for those facilities that states did license, they used standards that addressed many but not all of the primary risks to youth well-being that you have heard about today. Almost all states reported that licensed facilities are required to meet basic standards, such as the safety of the physical plant. However, about a third of state Child Welfare and Health and Mental Health agencies reported that they do not require written suicide-prevention plans.

Once a facility is licensed, regular monitoring helps ensure that licensing standards are taken seriously and that risks to youths' well-being are addressed quickly. However, officials in three of the four states we visited were unable to meet their goals for conducting regular site visits for monitoring at residential facilities. They were also unable to conduct unannounced site visits, which can reveal conditions that might not be seen during your regular announced visit. These officials cited fluctuating levels of resources and large workloads as factors limiting their visits.

There are also other approaches to overseeing facilities. For example, some states required accreditation either in addition to or instead of licensing, as a condition of serving youths under state care.

Finally, turning to federal oversight of state efforts, the Departments of Health and Human Services, Justice, and Education all have certain processes in place through their grant programs to hold states accountable for the well-being of youth in general.

However, as with the states, we found gaps in their oversight related to residential facilities. For example, under current law, federal agencies do not have the authority to hold states accountable for youth well-being in private residential facilities unless those facilities serve youth in programs that receive federal funds.

For those facilities that are under federal purview, federal requirements did not always address the primary risks to youth well-being. HHS, Justice, and Education all reported that they do not have authority to require that states have suicide-prevention plans as a condition for receiving grants that they administer.

Similarly, with one exception, federal programs also do not require that states ensure the proper use of seclusion and restraint practices in residential facilities.

Federal agencies did not always include residential facilities in their oversight visits and have not used all of the enforcement tools available to them, such as financial penalties.

In conclusion, the results of our ongoing studies show that the current federal-state oversight structure is inadequate to protect youth from maltreatment and death at a time when they are most vulnerable. Given the wide variety of facility type and the variation among state laws, there are no simple solutions.

Without meaningful data, state and federal agencies don't know the extent of maltreatment in their jurisdictions, so they cannot ac-

curately assess the risk to youth in facilities or best target their oversight resources. And licensing alone holds no guarantees without clear standards, regular monitoring and a full array of enforcement tools.

The comprehensive results of our work will be included in a report to be released next month. This report will provide options for action that states, federal agencies and Congress may want to consider in any restructuring effort. We also anticipate that our report will contain recommendations for action that federal agencies can implement now under the existing structure.

Mr. Chairman, this concludes my statement. I would be happy to answer any questions you or others on the committee would have.

[The GAO statement, "Residential Facilities: State and Federal Oversight Gaps May Increase Risk to Youth Well-Being," may be accessed at the following Internet address:]

<http://www.gao.gov/new.items/d08696t.pdf>

Chairman MILLER. Thank you very much.

Thank you all for your testimony. As disturbing as it is, it is important that this committee hear it and, hopefully, this Congress hear it.

I have been involved with the attempt to protect children in out-of-home placement for over 30 years. And I guess I am saddened by the fact that, 30 years later, we still see this number of children put in these positions of jeopardy while the government looks on because of the patchwork and incomplete system that we have here, so that we can have simple but vital information about these programs, as Ms. Brown has pointed out.

You know, the last time this country witnessed somebody with a bag over their head and a noose around their neck, the world was horrified, the nation was embarrassed, and it was at Abu Ghraib.

To be told by this committee that this is considered a valid therapy, I guess, or a practice by somebody in the care of somebody else's child, and putting the noose around their neck with a bag over their head, that this was acceptable, I think would horrify this nation again. But, unfortunately, we don't have a picture of that. We just have the sad results of it, with what happened to that young person.

It is hard to believe. It is hard to believe that people would do this to somebody else's child.

Mr. Kutz, in your testimony you describe eight programs where children were abused and a number of cases involving misleading marketing practices by programs and referral services.

To the extent that you can, can you identify these programs and services that either abused these kids or used misleading marketing practices?

Mr. KUTZ. Would you like me to name for the record the ones—there are eight—

Chairman MILLER. If you can, yes.

Mr. KUTZ [continuing]. For the death and abuse, and then there is the table we had of the misleading marketing—

Chairman MILLER. Yes. Yes.

Mr. KUTZ. All right. Let me go through those with you.

The names of the facilities, the first four were death cases, and that was the Arizona Boys Ranch, Lonestar Expeditions, Star Ranch, and Summit Quest Academy. Those were cases one through four.

The other four cases, which were abuse cases—three of the first four also were abuse cases. Cases five through eight were Kids of North Jersey, Bethel Boys Academy, Whitmore Academy, and Royal Gorge Academy.

So those are the eight cases of death and abuse.

With the marketing, some of the 10 in there are multiple hits, if you will. So I will go through those.

Case number one was the C.S. Landre Foundation, and that was one of the cases you saw in my opening statement on the monitor, of the tax scheme where people were asking others to make donations for their children.

The second case was Spring Creek Lodge Academy. Cases three, four and five were Lonestar Expeditions, which was the same as our case number two, the death case.

Cases six, seven and 10 were Teen Path, and that is a referral service. And cases eight and nine were Parent Help, and that is also a referral service.

Chairman MILLER. You know, if your child applies to college, they ask a lot of questions about your child when you finally get to the final steps; they want a lot of information.

To what extent did—you played this series of tapes about representations about these programs. And you are not a mental health professional, and I understand that.

But to what extent was there any attempt to delineate the information about the child, in terms of what maybe pre-diagnosis had been, other placements of that child, what other determinations were made by mental health workers or psychiatric health workers that that child might have been exposed to? In many instances, these are not the first placements of these children.

Was any effort to develop that history and then inform those parents what would or would not be available that was aligned with that?

Mr. KUTZ. I made some of the calls myself, actually. And for the cases that I called, I called five of them, and four of them didn't ask any questions at all about my fictitious child. The fifth one did ask a lot of interesting and good questions.

We made, in total, 30 or so calls. And in most cases, the focus was on the marketing, not actually extracting information on the child and whether the child would be a good fit for that program. So I think that is kind of—do you want to add to that, Andy?

Mr. O'CONNELL. Yes, most of the conversations centered on cost—

Chairman MILLER. Would you just identify yourself for the visual record?

Mr. O'CONNELL. Andy O'Connell from GAO.

Chairman MILLER. Thank you.

Mr. O'CONNELL. Of the 30 phone calls that we made, the big pitch was about the program itself and not about your child. It

mostly centered on the cost and how you could finance the cost to pay to go to these schools.

Chairman MILLER. Ms. Whitehead and Mr. Martin-Crawford, after you arrived at your programs, was there any attempt to take your personal history, to discuss that with you, and then to tell you what the plan of treatment would be?

I am not going into the validity of the treatment, but just if those acts were engaged in.

Ms. WHITEHEAD. Well, when I first arrived, actually, there was no real set of treatment plan established, but we were required to write out our life history and our sexual history in detail. And that was how they gathered information, or they would read our diaries from home.

But we were never notified of any kind of treatment plan or goals or anything like that.

Chairman MILLER. Mr. Martin-Crawford?

Mr. MARTIN-CRAWFORD. Likewise, anything that we had actually been asked, as I mentioned earlier, when it came down to our past or, you know, any plan of treatment, it was really what we did. And then if we came with a list, you know, say, I smoked pot a couple times, that wasn't good enough, and we had to say that we were doing cocaine and crack in order to speak with our families.

So any type of writing down what we needed help on was sort of—they told us what we needed help on, whether we did or didn't.

Chairman MILLER. Mr. Kutz, in one of the narratives in your report—and correct me if I am wrong—but I believe that, in fact, drug tests were administered to one of the students repeatedly. The drug tests were negative, and they were reported as positive to the parents. Is that correct? Including the initial test?

Mr. KUTZ. That is correct. And, also, what was just described here, we did see evidence where kids were forced to confess to things far worse than they had actually done. That was significant, and not just the kid we looked at, but a number of kids in that program were forced to do that at the admission process.

Chairman MILLER. And those confessions were then used how?

Mr. KUTZ. Well, then they had to keep repeating them during the counseling, that—I guess it is called the M.I.

Is that correct?

Mr. MARTIN-CRAWFORD. Yes, it is called the moral inventory.

Ours were used not as much for the counseling as for parents. So when we had a group—

Chairman MILLER. Those were then told to parents, that progress—

Mr. MARTIN-CRAWFORD. Right.

Chairman MILLER. Again, I don't want to put words in your mouth. But those were used to tell the parents what?

Mr. MARTIN-CRAWFORD. That way, when my parents came and I was saying, oh, yeah, well, by the way, I was smoking crack and shooting people or something, that way they thought that they did the right thing in putting me there and that I really needed to be there and this would, you know, save my life.

Chairman MILLER. Those admissions were viewed as progress being made.

Mr. MARTIN-CRAWFORD. Or at least as good enough reason for me to be there, so it made them feel better. Like, if I had just told them the truth, that I had smoked marijuana a few times, it wouldn't seem as though I really needed to be there as much.

Chairman MILLER. Dr. Bellonci, I could give you an hour, but I am only going to give you about 2 minutes, to tell me what, as a professional and in your experience, what your impression is of this. And I will come back to you in a second round, but I have got to move on to other members.

Dr. BELLONCI. It makes me ill, hearing it, frankly. And to think that this is being done in the name of treatment is abhorrent to me.

You know, just to clarify, the difference between the programs that you are hearing about and my facility, we don't advertise. Children are referred to us by their public school or by the state of Massachusetts child welfare or child mental health agencies. Our admissions office is run by a licensed clinical social worker—

Chairman MILLER. I understand that, but let me explain. You know, the marketing here is to desperate parents who have gone through much of that before. I don't want to compare it to your program, at this point. I just want your professional impressions of this.

Dr. BELLONCI. It is abuse. There is nothing about what you are hearing that can be construed as treatment, therapeutic, intervention, care. I had the same association you had to Abu Ghraib when I was hearing this.

This is no way to treat anyone, particularly someone who is already struggling with depression, substance abuse, mental health issues. It is only going to exacerbate the problem and not lead to treatment.

So there is no way that I could begin to defend any of the practices that you are hearing as anything remotely appropriate or acceptable.

Chairman MILLER. Thank you.

Mrs. McCarthy, recognized for 5 minutes.

Mrs. MCCARTHY. Thank you, Chairman Miller.

This is actually the second hearing that we have put together on this. And I thank the chairman for following through and his long work on this issue.

Mr. Platts and I, when we had this hearing, going back last fall, and we had the parents speaking and telling their stories, it was heart-breaking.

With that being said, the legislation that was introduced yesterday to try to make a difference, as with anything down here, you know, we saw the hearing pushed back immediately. And I find it hard, mainly because when we are trying to do something so that there are standards that children are not abused, I don't understand why there is a push-back. When we are looking at how possibly these schools or treatment areas can have some standards to take care of the children, I don't understand why there is a push-back on that.

I don't understand, if you are dealing with children that already have some problems, why we shouldn't be doing background checks

on those that are supposed to be helping them. So I have a real hard time understanding a lot of that.

But with that being said, I need to ask some questions.

And, Ms. Brown, your testimony said there is not a single Web site, federal agency and other entity that collects nationwide data on incidents in these programs. Our bill calls for a central Web site which will have data on these facilities and their operating systems, and requires marketing materials to include a link to this Web site so parents can see information for themselves.

Would you think that this would actually help parents make a decision on exactly what they are putting their child into?

Ms. BROWN. I think that that Web site has a number of advantages that it offers.

The first and most important one would be to give parents information that would help them make an informed decision. This is assuming that incidents of abuse and facility names and that kind of thing were all contained on the Web site.

There are also a couple of other advantages. In the hearing in the fall, we talked about facilities that, if they were shut down in one state, move to another state. And a Web site like this could help try to prevent that kind of activity.

And then the third piece is, in our surveys and in our state visits, we learned that state agencies—the officials in state agencies that place children in residential facilities don't always share information with each other in the way that they should. And so sometimes one agency may have decided that they didn't really want to place their children in a facility because of problems they knew and they didn't tell the other agencies.

So, if this Web site could be constructed in a way that it had all of the information that you have in the bill, I think it would be helpful to the agencies, as well.

Mrs. MCCARTHY. The other thing I wanted to follow up on—with a lot of the issues that we deal with here on the Education Committee and the research that we do on certain bills, I have found that when we pass a law here, you know, and we put it out to the states, we really are not getting the information that we need to make the correct decisions. So I really become some person of—I like data. I like a lot of data now.

And, with that being said, there is only one database that collects some of this information, the one operated by HHS called the National Child Abuse and Neglect Data System. The federal government provides funds to states for reporting abuse and neglect to this organization, but a lot of the states aren't putting that data in there. We found that with some of the educational standards.

How would you feel about having a—why doesn't HHS get more comprehensive data from states on the number of incidents of youth abuse and death? And how can we improve on that?

Ms. BROWN. Well, you are absolutely right that the quality of the data in that system is only as good as what the states provide. And, as I said, there are a number of different areas, particularly related to private facilities, that states don't necessarily collect information on.

There are also problems with the way that some of these systems are constructed, so that even though they may be reporting the

data, it is impossible to isolate those incidents that happened at residential facilities versus other areas or within a child's family.

One of the things that we have recommended in our report that will be coming out soon is that HHS does step up and try to work with the states and figure out what some of the problems are and how they can improve that data reporting for that system. Because it is used in HHS widely.

And I think that there might be a loophole in the law right now, where states are expected to report these data that says "to the maximum extent practicable." And that does, I think, give a little bit of leeway. That I think it has been long enough that these states have reported this data, that it might be fair to expect them to report it more completely now.

Mrs. MCCARTHY. I agree.

I want to thank the whole panel for the testimony, and for the parents that are here that testified in the past. And, again, hopefully we can get a handle on this and get this bill onto the floor and passed and hopefully prevent abuse to many of the children that are out there and help the parents.

Thank you. With that, I yield.

Mr. KUTZ. Mr. Chairman, could I just add one real quick thing to that? It will take just a second.

What we found at the case-study level, too, is that a lot of the abuse and torture and things like that never gets reported to the state. So that is just another point, that even if the states aren't reporting it, they are not getting it from the programs. A lot of the programs we looked at were cited for not reporting abuse, and most abuse maybe never gets reported in the first place.

Chairman MILLER. Mr. McKeon will now be recognized for 15 minutes. And thank you for your patience.

Mr. MCKEON. Thank you, Mr. Chairman, for yielding.

I want to begin by thanking all the witnesses for their testimony here today.

I strongly believe that the instances of neglect and abuse and death at these facilities that we have been talking about over the last few months are totally unacceptable and must be stopped. That goes without—probably should go without even needing to be said.

I still don't feel, though, that the committee has a full grasp on the extent of the problem or possible solutions. As you just said, a lot of these things are not even reported.

So I am glad this hearing has been convened today to learn more about these facilities and give members an opportunity to ask questions about them.

Mr. Kutz, you talked about eight instances of death. Has there been any prosecution on those deaths that you are aware of?

Mr. KUTZ. Yes, there was one case of a criminal conviction for third-degree assault and false imprisonment, and that person served 1 month. There was also a plea, but there was no time served.

On all the other ones, there were no criminal prosecutions or charges.

Mr. MCKEON. So murder is okay now. I mean, listening to just what you said about it, I can't even understand how we don't have

eight people in jail for murder in those instances. How do you possibly not have—

Mr. KUTZ. I agree with you. It is very difficult to look at this and wonder why there is not more criminal aggressive effort in this particular case. There was a lot of civil activity, lots of civil settlements, but that doesn't fix the problem with the people who were doing the abuse.

And the real issue, I think we talked about at your last hearing, these people are moving around. So who knows what program they will move to next, and—

Mr. MCKEON. But you have—

Mr. KUTZ [continuing]. There is no trail then.

Mr. MCKEON. I mean, you know of a death.

Mr. KUTZ. Yes.

Mr. MCKEON. The police don't find out about it? Or they just shrug it off and write traffic tickets, or what? I just don't even understand this.

Mr. KUTZ. It may be that it is difficult to prove in a court of law. I mean, I can't really explain it fully.

Mr. MCKEON. To prove how the death occurred, or that there was a death? I mean—

Mr. KUTZ. There was clearly a death and there was clearly abuse, in some of the cases we looked at. And why there was no more criminal on that, I just can't explain it for you fully.

Mr. MCKEON. I just don't understand that.

Ms. Whitehead, Mr. Martin-Crawford, both of you seem to be doing quite well now—apparently not as a result of your stay in these institutions. But how did you get your lives turned around?

Ms. WHITEHEAD. Well, I think primarily just doing the work that I have been doing, in terms of advocacy. I mean, it really took a good 10 years for me to, kind of, get through all of the depression stuff and the anxiety. And—

Mr. MCKEON. It just happened, or did you have some professional—

Ms. WHITEHEAD. Well, no, I had some therapy around it, and— but really it was about not really understanding my experience, not really framing it as abuse, and speaking with Dr. Pinto at length and understanding that there is some legitimacy to my claim and finding a place to put that.

So I think that, you know, it was that confusion and that internal battle that took so long, you know, the nightmares and understanding where that came from, and then understanding that it wasn't therapy.

Mr. MCKEON. What I am trying to get at is you apparently had some problems, which is why you were sent to this place. And if you could just block that out, how did you get the problems that got you to that point in the first place, how did those get taken care of?

Ms. WHITEHEAD. Therapy.

Mr. MCKEON. After you—

Ms. WHITEHEAD. Oh, after, yes.

Mr. MCKEON [continuing]. Came back home.

And was your experience the same?

Mr. MARTIN-CRAWFORD. My experience, for the most part, when it came down to the issues that got me into The Family—marijuana use, things like that—most of it really just came out of maturity. At some point I just realized that doing the right thing—going to school, getting a degree, and, you know, becoming a teacher—meant more to me than hanging out and getting high.

And as much as I hate to say it, this testimony here, because of the thorough background checks that certified teachers get, could be problematic for that. But it is worth the risk. I mean, I guess my certification means more to me than these people's.

Mr. MCKEON. Thank you very much.

Dr. Bellonci, in your testimony you seem to have pretty extensive knowledge of the legislation that was introduced last night?

Dr. BELLONCI. Yes.

Mr. MCKEON. When did you see the legislation?

Dr. BELLONCI. Tuesday of this week.

Mr. MCKEON. Tuesday of this week?

Dr. BELLONCI. Yes.

Mr. MCKEON. Today is Thursday?

Dr. BELLONCI. Yes.

Mr. MCKEON. Okay.

I have some questions I would like to direct at all the witnesses. Can you tell me how many private residential treatment programs or boot camps there are nationwide?

I guess that is a no?

Ms. BROWN. I think it is safe to say the answer, from our perspective, is no, we don't know.

Mr. MCKEON. And so, if we don't know how many there are, we probably would not have numbers to break them down by state?

How many different types of treatment programs—

Chairman MILLER. Let the record show the answer appears to be no again. [Laughter.]

Ms. BROWN. The answer is no.

Chairman MILLER. Yes, thank you.

Mr. MCKEON. How many different types of treatment programs are there in the country?

Mr. MARTIN-CRAWFORD. I believe that would depend on what they call themselves. That goes anywhere from emotional growth, residential treatment, wilderness—I mean, there are so many different names that it is almost impossible to tell. Because if we listed 20 names right now, there would be 21 tomorrow.

Dr. BELLONCI. If I may, I mean, I think part of the problem in even beginning to get the scope of the issue is that there is no agreement on the terms to define these programs. And I think one of the things that we really need from the national level is a definition of the range of out-of-home care options that exist, and then clear standards to correspond to each of those definitions of care.

Mr. MCKEON. Okay.

One of the solutions that has been suggested is some sort of federal oversight. And I am curious about the capacity that would be required to regulate these programs on a federal level.

Can any of you talk about the manpower, expertise and funding that is going to be needed to establish and then to monitor these programs by a federal agency?

If this doesn't—

Ms. BROWN. I was trying to think if there was anything I could contribute to that. And I guess the only thing I can say is, in our options that we lay out for Congress to consider, one of them is direct regulation, which is the first part of the bill that relates to asking HHS to monitor the facilities. And we don't know the cost of that or the capacity.

When we looked at that option and other options, we considered the fact that there are really three factors that need to be weighed against each other, or traded off. And one is cost. And the second is the federal reach, how far you want the federal government to be involved in this. And the third is the extent of protection that children would receive or how wide the net would be.

Mr. MCKEON. Where would the federal government get the jurisdiction to be—

Ms. BROWN. For direct regulation?

Mr. MCKEON [continuing]. Directly involved in this? Yes.

Ms. BROWN. Well, according to our counsel, that would come from the issue of interstate commerce. And there are two ways that that could be applied. The first one is through the marketing practices that we talked about today and those occurring throughout the government. And the second one is related to the number of youth that are actually placed across state lines.

Mr. MCKEON. Okay, so if you have a state that had an organization within the state that did not cross boundaries, that only had students coming from within their state, where would the federal government have the ability to get involved in this program?

Ms. BROWN. Well, and that—the question there of, if they don't accept or place children in other states, would be, what are their marketing practices, and did those have a wider reach? I know that many of these facilities—

Mr. MCKEON. But the ones that are just done within a state, where would the federal government have the ability to intervene?

Ms. BROWN. The way that the federal government, in those cases, has influenced that and would be able to in the future would be through the use of federal funds. If you were to—

Mr. MCKEON. But if they are not receiving any federal funds, as I understand these programs aren't, where would the federal government have the ability to intervene, according to the Constitution?

Ms. BROWN. I have to tell you, first of all, I am not a legal or a constitutional expert, so—

Mr. MCKEON. Do we have any on the panel?

Okay. That would probably be better to address somewhere else then.

Ms. BROWN. Right.

Mr. MCKEON. Okay. At this time, I yield to Mr. Platts for my remaining 5 minutes.

Mr. PLATTS. Thank you, Mr. McKeon. And I want to thank the chairman and the staff of the committee for their important leadership and work on this issue.

And certainly thank all of our witnesses here today, especially Ms. Whitehead and Mr. Martin-Crawford, for your efforts to try to take the trauma that each of you suffered through not to be re-

peated against others, and your willingness to be here, not just in testifying, but your advocacy for the rights of other children that are still in these programs.

I tell you, as a parent sitting here today as well as in our last hearing, it is truly sickening to hear of the care given to children entrusted to adults to help better the lives of those children, and instead have resulted, as we have heard, in some instances, in the deaths of those children. And as a nation, we certainly have a moral responsibility to do our best to not allow this to happen.

Mr. KUTZ, I would like to start with your comments. First, in the four cases where there were deaths, are any of those facilities still operating today? Or, as to the best of your knowledge, are any of the individuals associated with those facilities still operating under, perhaps, different names?

Mr. KUTZ. The answer is yes. Cases two and four are still open under the same name and same individuals involved. Numbers one and three are closed.

Mr. PLATTS. And under cases two and four, are those institutions or facilities ones that there were legal actions of any kind brought against them?

Mr. KUTZ. There was an investigation of case four by the state. And for the other one, there was a civil settlement, but no criminal.

Mr. PLATTS. All right. As Mr. McKeon stated, it is hard to understand that scenario and that there is not more scrutiny and action, given the circumstances that you have shared with us.

You reference in your testimony that, in three of the eight cases you looked at, the victim was placed in the program by the state or in consultation with state authorities.

To the best of your knowledge, was there any follow-up, site visits, interviews, you know, investigations by the state authorities or entities that placed those individuals to make sure that the child being placed was receiving the care that they were intended to?

Mr. KUTZ. Not until it was too late, until it was a problem, and then there was lots of investigative activity. And that gets into the whole issue here, hopefully that the committee's focus here is on preventing these things from happening. And that is really what I would say you should focus on, because once you get to the investigative phase, it is too late. And, as we are hearing here, oftentimes there are no consequences.

But we are talking, also, about Medicaid money. Several of them had Medicaid money. And then one of them had money from the juvenile justice system also. So there were various types of money, either paying for part or all the tuition, even though it was a private program.

Mr. PLATTS. My focus is not the investigation after allegations of abuse, but if a state is saying, we are placing this child in your custody, at state direction, as to your knowledge, there is no, "And we will be back in a month to see how that child is doing, how you are operating, how you are caring"? To the best of your knowledge, that did not occur again until it was too late?

Mr. KUTZ. I can't say that for sure, but if it was, it was ineffective oversight. And it may not have been random, unannounced visits, which is something I know that has been discussed, and that may be an element of your bill, I believe. But that would be some-

thing that I would suggest, no matter who is responsible, that random, unannounced visits would be something that could help this.

Again, if it is a wilderness program, that would be difficult, because you would have to parachute into the wilderness to do a real unannounced visit. But, otherwise, some of the physical structures, you could do a random, unannounced visit.

Mr. PLATTS. Probably a necessity, to truly get an understanding.

In your testimony, you also talked about—you say, “A number of states do not license or otherwise regulate certain types of private programs.” Do you know how many states do regulate in some fashion private residential facilities?

Mr. KUTZ. I will let Ms. Brown answer that more so. I mean, with respect to our case studies, some were licensed and some weren’t. That was true last fall also.

Mr. PLATTS. Okay.

Ms. BROWN. I think one of the issues there is for private facilities whether they are receiving government funds or whether they are not. And all of the states that we heard from licensed some types of private facilities.

The issue is that there are some that are exempt from licensing. In some cases, it might be, as I mentioned, academies and boarding schools are the ones that are most often not licensed. And then there are also examples like faith-based facilities that would also be exempt from licensing. There are six states that do that.

Mr. PLATTS. Just a quick follow-up on that, is there a best example of a state that you would point to that does regulate private facilities?

Ms. BROWN. I wish I could give you a simple answer to that question. We have an idea of what we would like to see the oversight and regulatory structure look like. But as we looked at the states, none of the states that answered our surveys, which was all but one, had the complete package.

Some had much more developed oversight standards, but they didn’t reach very far, as far as the number of programs, the types of programs they covered. Some had much more broader coverage, but their standards and oversight were only this deep. So it is hard to pick one out.

Mr. PLATTS. No one perfect example to point to.

Ms. BROWN. No, sir.

Mr. PLATTS. Thank you, Mr. Chairman.

Chairman MILLER. Thank you.

Mr. Scott?

Mr. SCOTT. Thank you, Mr. Chairman, and thank you for holding the hearing. We are going to be dealing with this subject, if we don’t deal with it directly, at least indirectly through the reauthorization of Juvenile Justice and Delinquency Prevention. So it is an important issue as we deal with juveniles.

I would like to ask Ms. Brown, you know, we know what we are trying to cover. You, kind of, know it when you see it. But I was wondering if you had looked at the definition that we have in the bill to see if it covers everything that needs to be covered and doesn’t leave anything out.

It, for example, does not cover government-run programs. Should government-run programs be covered?

Ms. BROWN. In our survey, we looked both at government-operated facilities and then private facilities, those that were exclusively private and those that received government funds. And we found very similar problems with the government-operated facilities.

The organization in the Department of Justice that investigates civil rights abuses for institutionalized persons in public facilities has an annual report that provides detailed information on different cases that they have investigated that sounds very similar to the case studies that Mr. Kutz reported on.

Mr. SCOTT. Are there any other programs—that the government programs ought to be considered. Any other programs that would not be covered by this definition that ought to be covered?

Ms. BROWN. The issue of—

Mr. SCOTT. If you are not prepared to answer that now, if you could think about it and get back to us, that would be helpful.

Ms. BROWN. Yes, I would be happy to.

Mr. SCOTT. Mr. Kutz, I have seen studies that suggest that boot camps just don't work, if it is just a disciplinary program. However, if you have boot camp plus a significant education component, then it does work. And then it occurs to me, if you have an education component without the boot camp, it would probably work anyway.

How do we deal with the question of whether boot camps work, as we try to regulate them?

Mr. KUTZ. The ones we looked at—and I can only speak to the case studies we looked at, and I am not an expert on this. The ones we looked at had very little educational program. It was more a discipline, more of a military style to, I guess, help youth that maybe had trouble with discipline or whatever the case may be.

But I didn't see a lot of education in the case studies we have looked at, so I can't really address how effective—

Mr. SCOTT. Well, did they accomplish a goal?

Mr. KUTZ. Again, I haven't looked at them all. The ones that we looked at, there was some more severe abuse, I would say, of kids at the boot camps. They had more of a difficult environment for the kids.

Mr. SCOTT. Well, if they weren't abusing them, did the underlying program work?

Mr. KUTZ. Again, in the case studies we looked at, I would say no. But, again, I can only speak to a few case studies of that, so that is probably not a fair look at all of the boot camps.

Mr. SCOTT. Dr. Bellonci, if you are having this physical activity, would it help if you required the students to have physical exams before they signed up?

Dr. BELLONCI. Absolutely.

Mr. SCOTT. Should the staff be certified in CPR?

Dr. BELLONCI. Yes.

Mr. SCOTT. Ms. Brown, we have in here that you ought to have standards. For example, there ought to be a medical emergency plan. But it doesn't say what is in the plan.

Who should decide what specifics are in the plans? Should that be a state-level certification, or should the bill include specifically what should be in the plan?

Ms. BROWN. I haven't looked at the bill in that amount of detail, to be able to comment section by section on that.

I know that there is something to be said for having broad standards that are agreed upon at a very high level that everyone can be expected to meet. When you get down to the details of what should exactly be in a medical plan, that may vary depending on the type of student that is being served.

Mr. SCOTT. Well, maybe Mr. Kutz or somebody else could comment too. We have, staff shouldn't be convicted felons, particularly in child abuse areas. Should there be minimum standards for staff in these things? Education level?

Mr. KUTZ. Well, I would say yes. I mean, I am not, again, an expert on it, but I would say—

Mr. SCOTT. Okay. Then who ought to set the standards?

Mr. KUTZ. I don't know who should set the standards, no, sir.

But I think you mentioned something else in your comment. There are background checks too, because we did see certain programs do background checks, other ones don't do background checks. We had instances where prior felons were involved with these programs. We have seen that before. So that is something that is quite important, I believe.

Mr. SCOTT. Well, if you are trying to accomplish a goal, there ought to be some minimum education requirement, some qualifications for staff, if you are trying to accomplish a goal. Who ought to set the standard?

Well, Mr. Chairman, I guess that is something we need to be looking at. I yield back.

Wait a minute. I think we might have an answer.

Dr. BELLONCI. I don't know if it is an answer. It is a recommendation.

I think there are a number of accrediting bodies, there are a number of training programs that set their own standards, particularly around behavior management. And to expand on my earlier question of just yes to needing CPR training, there is so much that must go on before you even get to that point.

And even then, I don't think that most of the interventions that you are hearing about are justifiable from a clinical treatment modality. It is just not clinical treatment.

But even when you are a good program that is licensed and accredited and have highly trained and qualified staff, bad things can still happen. And so, having a rubric that you follow, that does meet some baseline platform of licensure and regulation, I think is at least the place to start to try to clarify, when bad outcomes happen, what you can learn from that so that it doesn't happen again.

Mr. SCOTT. Mr. Chairman, my time is expired, but I would hope that somewhere along the lines we would consider what the goal of these programs might be, what outcomes they are trying to get, and the regulations really ought to be consistent with that. Just having plans and this kind of thing, at some point some of these programs are working, some of these methodologies are working, and some don't.

Chairman MILLER. Oh, I think that is part of the problem we have encountered here. Because there are some which are considered successful by parents and others and maybe even by those op-

erators, the suggestion is, because some are good, you can't look at the bad.

And I think we have to delineate these programs, because there are clearly practices here that have been designed over a period of years. And after various incidents and run-ins with various agencies, these people have learned to navigate the gray areas between federal, state regulation, definitions and all the rest of that.

And this has not emerged by accident; this is designed. There have been numerous ones of these programs that are the most troublesome are third and fourth iterations of various problems and third and fourth career opportunities for people who were engaged in previous and serious offenses. So this is not an accident, that this industry has sprung up in the manner in which it has.

Ms. Shea-Porter?

Ms. SHEA-PORTER. Thank you, Mr. Chairman. And I really have more of a comment.

First I would like to say how sorry I am that you have experienced what you have. As a former social worker, I am absolutely horrified. I can't imagine why there wasn't any oversight, why nobody stepped in. And so, I say I admire both of you for being here and sharing your story and making a difference.

And I would like to thank the chairman and those who worked on this to make sure that we have the changes.

I would also like to say, the federal government does step in. They step in, they can provide money to states to help them license and oversee. So I see it as an appropriate role of the federal government. Indeed, you know, we have some groups that support animals that would have had more clout than some organizations had to help you.

The other comment I wanted to make, simply was a question, I know that on the Web site one of the proposals would be that they would have access, that they could take a look. But do you know another way, from your own experience, to help families recognize the pitfalls of an organization? How would you go about it? Is there something else you could add to this discussion about how to warn families before they put their children in bad treatment facilities?

Ms. WHITEHEAD. Well, I think, sort of, what Dr. Bellonci was speaking to, in terms of accreditation. I think that, you know, regulation is important, absolutely, but anybody can open up a facility and call themselves a therapeutic location and yet use these aversive methods that are causing more harm than any benefit.

So I think, you know, that would be a recommendation, accreditation, as well as a facility with an open campus. I commend the Walker School for opening up their school to parents. Because the facility I attended and a lot of the facilities I hear about, the campuses are closed, no unannounced visits. People have to call. Parents aren't allowed to come in, and so nobody really knows what is happening.

So those are primarily the recommendations—and close to home. I mean, families shouldn't have to be torn apart to heal.

Mr. MARTIN-CRAWFORD. I would say even with the distance from home, even if kids were sent away, one of the main things that any parent should look for is, does your child have absolute access to

Child Protective Services and to calling home to their family? Keeping those two things away, you are just looking for trouble.

The other thing for parents that are just browsing Web sites and not really doing research, if that is the case, a lot of this is—you will see success stories that are, you know, “I just graduated.” And it is really people that graduated this year or last year, you know, at the most 2 years, saying how the place saved their lives and all that.

You look a little further down the road, and these kids—I mean, it took me probably about 4 or 5 years to start seeing it. And, you know, it progresses, as time goes by, to now, I even have my friends’ parents that are telling me how much they hated the experience that their child went through. Because it takes a long time to really get over the brainwashing and the scars that you really go through.

So, I mean, look at the Web sites and all the success stories that they tout out, from the parents to the students, graduation speeches, whatever the case may be—you know, try to be realistic. If you are only getting stuff that is within the last year, chances are it is because other people have stopped talking to them for some reason or another.

Ms. SHEA-PORTER. Thank you.

Thank you, Mr. Chairman.

Chairman MILLER. Thank you.

Mr. Platts?

Mr. PLATTS. Thank you, Mr. Chairman.

Ms. Brown, a follow-up to when I asked about the best practices and you talked about a lot of these states have good aspects but no one state, kind of, had the whole package.

And I don’t expect you to have it here today, but you could follow up with us what you have identified what you believe to be the whole package, you know, of this state’s good attributes, standards, this state’s. But what would, from your investigations and research, be that whole package? If you could follow up to the committee in writing with that, that would be helpful.

Ms. BROWN. Certainly.

Mr. PLATTS. Thank you.

In your testimony, you referenced the Civil Rights of Institutionalized Persons Act and the authority of the attorney general to bring actions. And this relates to state and local facilities, public facilities.

Are you aware of, in, say, the last 5 years, how many investigations and/or actions have actually been initiated by the attorney general of the United States under this act?

Ms. BROWN. The first thing to say is that the officials from this organization told us that they get more referrals each year than they can handle. But they do issue an annual report. And I am stalling right now, because I am hoping that—

Mr. PLATTS. The attorney general’s office gets more referrals than they can handle?

Ms. BROWN. Yes, this special litigation division that deals with the civil rights of institutionalized persons.

And, okay, so in 2006 they investigated over 175 facilities in 34 states. And their report does contain quite a bit of detail about the problems that they saw.

Mr. PLATTS. Mr. Chairman, if we could have the report included as part of the record and we receive copies of that, that would be wonderful.

Chairman MILLER. Without objection.

[The three CRIPA reports for fiscal years 2004, 2005, and 2006, respectively, are accessible at the following Internet addresses:]

<http://www.usdoj.gov/crt/split/documents/split-cripa04.pdf>

<http://www.usdoj.gov/crt/split/documents/split-cripa05.pdf>

<http://www.usdoj.gov/crt/split/documents/split-cripa06.pdf>

Mr. PLATTS. Thank you, Mr. Chairman.

So it sounds like they are trying to be dutiful in their responsibilities but perhaps don't have the resources to be—did they give any indication of, if they did, I think, 170-some investigations, was it twice that they received, so 50 percent they didn't get to? Or that wasn't shared?

Ms. BROWN. Well, they get many, many more referrals than they can investigate. How many of those would be valid ones that they should actually be pursuing, I don't know.

Mr. PLATTS. Okay.

Ms. BROWN. I can tell you that, in our upcoming report, we are making a recommendation that relates to trying to encourage the other federal agencies to work closely with them so that, if they find information about problematic facilities, they get that referral over to the Department of Justice so they can follow up.

Mr. PLATTS. Excellent. Because the more coordination and communication, the more likely we can get the bad apples identified and pursued.

Mr. Kutz, a follow up. In your testimony, you talked about the referral services. I mean, clearly, it seems like false advertising. In Pennsylvania, we have an unfair trade practices act that would seem to govern some of this.

Are you aware of any actions at the state level—or federal, but more likely at the state level—to pursue any of these entities that has engaged in the type of advertising or—you know, fraudulent or apparently misleading information?

Mr. O'CONNELL. Andy O'Connell from GAO, just to follow up on that question.

We are in dialogue with the FTC regarding our work. And I don't know what they are doing right now; you would have to ask them. But we are—

Mr. PLATTS. You have shared your results with the FTC, for them to—

Mr. O'CONNELL. Yes, we have.

Mr. PLATTS. Okay.

Mr. O'CONNELL. And on the one tax scheme that you saw in our—

Mr. PLATTS. Yes, on the 501.

Mr. O'CONNELL [continuing]. We are making a referral to IRS on that.

Mr. PLATTS. Great. Thank you.

Mr. Kutz, I know you investigated these eight specific cases. What is the youngest age of any child, that you are aware of, that has been placed?

Or if anyone else would want to answer that, as well.

I have heard 12, a number of times 12-year-olds. Are there children younger than 12 in these facilities?

Mr. KUTZ. Of our cases, 12 is about the youngest. But there is evidence that there are kids under 10 years old in these programs, yes.

Dr. BELLONCI. My program actually works with children between the ages of 5 to 13 in our residential setting.

Mr. PLATTS. How about in any of the wilderness or boot camp-type facility? Anyone—

Mr. MARTIN-CRAWFORD. At ours, as well, the youngest was 12 years old. I think 6th, 7th grade was pretty much where their cut-off was at that point.

But, I mean, there were kids that stayed there, although they were family members of staff members that ended up then being students later on. So they were there all the time.

But the only ones whose parents actually admitted them, the youngest was about 12 years old, a kid that pretty much just had ADD and, while he was there, did develop the behaviors that most of the people pretended to have and that was actually shot last year as a result.

Ms. WHITEHEAD. I know of a facility in Utah called Majestic Ranch that admitted youth as young as 7.

Mr. KUTZ. At the other end of the spectrum, we had one program where kids were held beyond their will after 18, which is the other end.

Mr. PLATTS. And that was one of your cases you referenced?

Mr. KUTZ. Yes. There were several kids—one was held there over 13 years.

Mr. PLATTS. My time has expired. I don't know if we will have another round or not.

Chairman MILLER. We will.

Mr. PLATTS. Thank you.

Chairman MILLER. Mr. Kutz, again, in a number of the case studies—I would like you and then maybe Ms. Whitehead and Mr. Martin-Crawford would want to respond also. But in a number of instances, we have students participating in physical actions, maybe abusive actions, against other students.

Can you outline that or tell me what you know about that? And then I will ask the other two to respond from their experiences.

Mr. KUTZ. Yes, we saw students being involved in abuse and torture of other students, typically at the direction of some of the staff or owners. But, yes, kids, typically against their will, being responsible for that and being told to carry somebody around, kick them, beat them, whatever the case may be. And we saw that last time, too, the 10 cases from last fall, the same type of things, where kids were involved.

One of the programs, the actual staff were people who had been program participants. So they went through the program, and their

qualifications to be the staff were that they had been in the program.

Chairman MILLER. Ms. Whitehead?

Ms. WHITEHEAD. My facility didn't use any kind of physical intervention, you know, among students. But what we did, we were required to—it was called “called out” in group by other students. And, sort of, to deflect attention away from one student, we would have to call another student out on behavior, vague notions of dishonesty, and then they would get subsequently punished and have to do work crew for the day or rock-picking, things like that.

Chairman MILLER. Mr. Martin-Crawford?

Mr. MARTIN-CRAWFORD. The same was the case in my program. The students did actually have to physically restrain students. We had to chase them, bring them back.

The first few times that a student would do it, if you had just become a senior member, you were told by staff, “Okay, you are a senior member. You should go and chase them now.” And then, after a while, it sort of becomes second nature. It is almost just a reflex, at that point, because you know that you are expected to do it.

Chairman MILLER. When you discussed wrapping students up in restraints, that was done by other students?

Mr. MARTIN-CRAWFORD. That was usually initiated by the faculty, but the students assisted. Like, a faculty would say, “Wrap them up,” and then the students were the ones that were forced to do it. The faculty was then the one that would say, “Put them in the isolation room,” and a student would observe.

So, occasionally, we would let the kids out of the blankets if we thought we wouldn't get in trouble for it, if nobody was looking, but it was something that, if anybody was around, we had no chance of doing.

Chairman MILLER. Dr. Bellonci, what is your impression of this?

Dr. BELLONCI. Once again, I am horrified. There is no justification for having youth-on-youth interventions like that.

Chairman MILLER. Is there in, I don't know, what I would call a normal practice, is there a discussion of this within the profession of whether this is advised or ill-advised?

Dr. BELLONCI. Yes, I think it is very clear in the profession that this is ill-advised and unaccepted practice.

You know, one of my comments, as I was listening to what could be helpful, you know, and what a parent might want to ask, I would want to know whether or not—you know, what were the professional qualifications of the staff. I would want to know if there was on-site medical involvement and oversight and an administrative capacity. I would want to know what the training guidelines were for the staff. I would want to know what the history of abuse claims were against the agency.

In my state, you can find out more about a restaurant by doing a Web search for their health standards than you can learn about these kinds of programs that are caring for America's youth. And that is an outrage.

Chairman MILLER. Mr. Bellonci, I, I guess like many members, know of families and have been involved with young people and older people and their families—my wife does a lot of mental

health work—with bipolar. I know the struggles and the difficulties, both for the individual suffering from bipolar problems and their families.

Ever any suggestion that oatmeal—and I am not being flip here; I am very serious—any suggestion that oatmeal and exercise itself would cause bipolar to go away?

Dr. BELLONCI. I have never heard that. You know, it is a serious disorder. It needs to be taken seriously. There are treatment interventions that are successful, that are well-studied in double blind placebo control trials. I have never seen an oatmeal study to show any kind of an outcome.

There are some research studies looking at dietary interventions for ADHD. But, again, I don't believe that they have shown any significant positive outcome in double blind placebo control trials.

That is not to say on a case-by-case basis I haven't anecdotally heard stories of reducing sugar content or caffeine benefiting children, particularly adolescents, but nothing regarding your statement.

Chairman MILLER. And, as I understand it, Mr. Kutz, this was held out as, in fact, a cure that would be offered, since this "parent," this interviewer was told that this would make it go away.

Mr. KUTZ. That was one of the marketing pitches you heard in the opening statement, yes.

Ms. BROWN. An oatmeal diet?

Mr. KUTZ. Whole-grain diet, but I guess—

Chairman MILLER. Oh, excuse me, whole-grain. Let me correct the record: whole-grain diet.

Again, what bothers me is that, again, a fair amount of experience with a lot of these parents and families, you get to your wits' end with a very difficult child, and a difficult child that you have tried different alternatives to help, and with school districts and all of what it entails for some of the clientele of these facilities. And to then suggest things that just aren't based in fact, science or otherwise, that this will all, sort of, come true, I really believe it is just preying, and in a very unethical fashion, preying on the anxieties and the stress that exists in these families.

The repercussions, you know, of the families engaged in our first hearings and, I assume, many of the families that had their children either abused or died in this hearing, repercussions within those families are long-lasting and sometimes very devastating for the adults who later find out maybe that they had participated in this and how badly they feel about it, in some cases, or, as we discussed, in cases where they voluntarily had their children kidnapped from their homes and then realized what had taken place when, certainly, later the child was tragically killed in those programs.

So the idea that this is a harmful intervention at many levels I think is very dangerous for us as policy-makers to consider. Again, you know, we don't want to paint with a very broad brush here, but the fact of the matter is, we are starting to see emerge here some programs that are very dangerous, that are very reckless, with respect to the health and welfare of the children that they have in their custody. And, you know, they have gotten that custody, I think, under very suspect representations and conditions to those families and to the parents.

Mr. Kutz, if I might—and I have a little bit of time left—these financial connections—you know, we went through a long scandal here on colleges referring people to certain student loan lenders and you might not have gotten the best interest rate. But here you have a referral service that may be financially connected, I assume through either fees or commissions for the referral of these patients. And so, again, you have no sense that you are getting informed, independent, ethical representations from the phone calls you made.

Can you tell us about this or what you know about the financial arrangements that may create a conflict of interest?

Mr. KUTZ. I would say one case was worse than that. You had a husband-wife team claiming to be independent. One was the referral service; one was the actual program. We called the referral service three separate times, as three separate parents with three different, very different, kids, and each time we were referred to the same program. And it is because it was a husband-wife connection.

Chairman MILLER. But they hold themselves out as being independent referrals?

Mr. KUTZ. Well, they didn't disclose that to us, as the parents. So I don't know if they hold themselves out as that, but there was no evidence anywhere on their Web or anything they told us that, "Yes, we are related to this program, and no matter what your problem is, we are going to put you to the same program," which appeared to be the reality of the situation.

And there were other issues where I think the referral services are certainly getting money, in many cases, from the programs for the referrals. And those are undisclosed types of situations, typically.

Chairman MILLER. Excuse me, I lost you. Do you know that as a fact, or—

Mr. KUTZ. Yes, we have cases of that.

Chairman MILLER. Oh, I see.

Mr. KUTZ. Yes, absolutely. The one was the worst case, where you had the husband and wife. But you have other situations where you had undisclosed to the parents that the referral service was getting money for each referral they made to the program, or a vacation or—there were other things like that they were getting paid. So there was a financial relationship between them.

Chairman MILLER. A lot of these programs appear to have a 28-day or 30-day—there was a time, and I don't know if it is relevant in this case, where that was related to insurance payment, that you got an insurance benefit that, sort of, had a 30-day cut-off on it for mental health or treatment.

Is that operative in this situation, with respect to placement of these young people?

Mr. KUTZ. I don't know.

But with respect to health insurance, we were marketed by some of the programs, one in particular saying that you might be able to get money back from your health insurance. But what they told us was, "Don't tell them in advance because," I think the word was, "you will be up a creek." So they said, wait until the end. Well, you

know most insurance programs require pre-approval for substantial disbursements.

And so you advise a parent not to talk to the health insurance company, get them to believe they are going to get money at the end of the day. I believe they would be up a creek, probably, because most health insurance companies—even for hospital stays, you have to get pre-approval for health insurance. So, for something like this that is even possibly not covered at all, to give parents that advice is very misleading.

Chairman MILLER. Dr. Bellonci, do you know of that?

Dr. BELLONCI. Yes, absolutely. I think the point is that most health insurances would do the due diligence and not fund programs that were unlicensed or unaccredited. So I don't think most health insurances would actually support these programs.

Health insurances also want to know that they are getting a return on their investment for treatment. And they would know that these are not programs practicing evidence-based practice or care, and, therefore, they would not allow payment to these programs.

And I think that your point is essential, about the desperation that these families are finding themselves in as they are searching for appropriate treatment and intervention. I think it is a very large issue. It has to do with access to appropriately licensed, regulated, accredited programs. It has to do with the shortage of child psychiatrists in this country. It has to do with the limitations on health care, particularly behavioral health. And it has to do with mental health stigma.

Chairman MILLER. Thank you.

Mrs. McCarthy?

Mrs. MCCARTHY. Thank you again, Mr. Chairman.

I was just wondering, as I was listening to the testimony, where a lot of these particular facilities are. I was just wondering, Ms. Brown, when you were looking at all this if there was a correlation between where these facilities are and maybe that particular state being extremely weak in child protective cases, you know, those states that might be weak or didn't have the finances to be able to do what they need to do, just even through, say, foster care of anything that had to do with children.

Ms. BROWN. We did see some correlation between a lack of oversight in some states and types of facilities, Utah being one that had a very large number of—a disproportionately large number of boot camps. Now, they have since started to make some changes in their laws in oversight. And we don't know how that has affected the number of facilities there.

I think Mr. Kutz's team actually has a map that outlines where some of the different facilities and types are.

Mr. O'CONNELL. Mr. Chairman, if I could add—Andy O'Connell from GAO—we have found that most of these boot camps, wilderness programs, residential treatment centers exist in about 48 states today.

Chairman MILLER. Yes. The map, I think, is page 22 or 23 in the GAO testimony, where they demonstrate where their case studies, where the student came—what state they came from to what state they went to the program.

Mrs. MCCARTHY. Okay. You know, the more I keep hearing this testimony—some of us are old enough, going back to the 1960s and the 1970s when, unfortunately, children that had some mental illnesses were in these particular facilities that were supposed to be hospitals or treatments for them until investigations like yours were done to expose that these children were living under conditions that were totally unacceptable to the majority of people of the world.

And I think that, you know, by having a hearing like this and trying to expose the issues that we are facing with, unfortunately, young people and parents who want to do the right thing for their children are led down this path, as Mr. Miller has said—you know, these parents want the best for their kids, and sometimes they do come to the end of the line.

But I think that I do believe the federal government has the right and certainly we should be able to work it out, whether it is, you know, putting standards to protect children. Your facility—we are not concerned about facilities that are treating our young people at an early age. But in this day and age, I mean, it breaks my heart to hear about these particular facilities. You would think we would have grown or certainly gotten past on what we should be doing for our children and our young people.

So hopefully we will go forward. Hopefully a hearing like this will educate those parents that might be having a problem with their young person now to really go out and—that is why I just think collecting the data and having a place to go for parents to really check out what it is, maybe even working with every D.A. in this country, to set up something with them so that we can put that data in that also, and really start collecting the information for more information for those parents.

You know, today is the world of the Internet, today is the Web site. You know, put out the ones that are there, you know, that are the good ones, or even the bad ones, so parents can make an intelligent decision.

But I do believe the federal government has a role, because obviously the states haven't done their job. And I think that is what we are seeing here.

With that, I yield back.

Chairman MILLER. Thank you.

Mr. Kildee?

Mr. KILDEE. Mr. Chairman, under general leave, I will submit questions in writing.

Chairman MILLER. Thank you.

Mr. Platts?

Mr. PLATTS. Thank you, Mr. Chairman.

Before questions, if I could move that we keep the record open for 14 days for additional testimony and for some of the documentation that we have requested?

Chairman MILLER. That is fine, without objection.

Mr. PLATTS. Okay, thank you, Mr. Chairman.

Dr. Bellonci, to follow up on your testimony, you talk about the membership of the American Association of Children's Residential Centers and that any member of the association has to be licensed and you encourage additional accreditation as well.

Am I correct in understanding that, first, the license is by the individual state, wherever the facility is located?

Dr. BELLONCI. Correct.

Mr. PLATTS. Are you aware, to be licensed, does it involve any—or does it mandate on-site visits of the facilities, to have those licenses?

And then, also, does it involve or require any follow-up interviews with individuals who have gone through the facilities after they have left them?

Dr. BELLONCI. I think that is an excellent question.

I can't speak to every state, because what you are hearing is there is really a patchwork of state licensing and regulation.

Mr. PLATTS. Right.

Dr. BELLONCI. I can speak to Massachusetts, where they do come on site. They are authorized to come unannounced.

There are actually multiple levels of oversight and regulation that my facility comes under. So Department of Education can come from the state. Child Welfare can come from the state because they have children placed in our program. Department of Mental Health can come from the state. Our licenser, which is EEC, can come.

And whenever there is an allegation of abuse or neglect against our facility, they do on-site visits. They would meet with the staff. They would talk about the incident. We would provide them the data.

We do our own internal investigation. We have a very low threshold. Even though we are serving children as young as 5, if a child makes an allegation against a staff person, we investigate that, and we do, at times, even report on ourselves.

And there is a whole division of Child Welfare/Child Protective Service that has institutional investigational capacity.

But I can't speak to whether or not—

Mr. PLATTS. The other states.

How about in Massachusetts, to your specific state, any follow-up with individuals after they have left your facility or other facilities, in other words, to get that feedback after they are no longer on site?

Dr. BELLONCI. It is a real problem, the follow up after youth leave programs.

There have been times—and I have been at the agency 13 years now—that I have heard about youth making an allegation against a staff person after they have left. And that would be also investigated, within the capacity of gathering the data, finding the staff that are probably no longer even there, to try to track down what occurred.

Mr. PLATTS. But there is no—what I am really after was more like any random sampling, of just randomly picking—not because an allegation was made, but just a random, we would pick this patient or individual to follow up with, with the parents, with the individual.

Dr. BELLONCI. Not that I am aware of. We do try to do our own outcome studies, and we have staff that call 6, 12—we are trying for even further—months out, just to see, are we doing what Congressman Scott asked, can we have data to show that our interven-

tion is yielding results. And it is a real challenge, but we are trying to do the best we can to gather data to show that it is a treatment worth the state's investment.

Mr. PLATTS. Great. Thank you.

I guess, to any of our witnesses, our focus has really been on the medical side or behavior modification, but an important part of any of these facilities, as the Committee on Education and Labor, is the education that is provided.

And through some of our testimony—Ms. Whitehead, I think in your testimony you talked about it really didn't exist, that you taught yourself algebra and that you really didn't have an education aspect, even though you were there for a long period of time.

What, to the best of your knowledge, each of you, education standards are adhered to or, you know, enforced, given that we have national standards, what we expect of our states to do for children? Whether it be in a public or private setting, we want, you know, a minimum level.

What kind of oversight occurs, to the best of your knowledge, regarding education standards?

Mr. MARTIN-CRAWFORD. As far as education, that is the only thing that I can give The Family School credit for. We did actually have a decent education. Most of us—some of us have gone—a few people went to American University; I went to Vassar College. We had a bunch of decent graduates coming out of it.

Whether or not these teachers were certified or not to teach the classes is a different question. We did have some that were qualified enough that they could have been certified, but I don't believe they were.

At the same time, we also have no time to do anything but do homework. So, in that nature, our grades were obviously going to be improved. But, at the same time, it is the only thing that the school actually has credentials for. They do give out a New York state Regents Diploma that is actually an official New York state Regents Diploma, unlike a couple of other—

Mr. PLATTS. So you took the Regents Exam?

Mr. MARTIN-CRAWFORD. I took the Regents Exams. I took A.P. college—not A.P., but college credits while I was a senior. You know, I was able to get into a relatively decent school.

That is not the case with all programs and definitely not the case with some of them; it is completely the opposite. But when it comes down to misleading aspects of it, that is the only thing that I could say that they probably told my parents the truth about.

Mr. PLATTS. And, Ms. Whitehead, yours was probably one of those opposite—or, from your testimony, not a very good standard?

Ms. WHITEHEAD. Right. I mean, my facility was accredited. I don't know what kind of documentation they needed to prove that. But what I can tell you is that we had schooling maybe a couple hours a day. And then we had one certified teacher that taught everybody both history and science. And then there was an uncertified teacher, the headmaster's wife, that taught English, which was pretty minimal.

So, overall, maybe we had, I would say, 12 hours of schooling a week, maybe. And some of our field trips were considered schooling. You know, we would look at the trees and identify the leaves

and things like that. But when I left the facility, I was far behind in everything. You know, I barely knew how to write a paper, and I was in 10th grade.

Mr. PLATTS. Okay.

Dr. BELLONCI. If I may?

Mr. PLATTS. Yes.

Dr. BELLONCI. Our students follow the same Mass Curriculum Frameworks. We have data to show that they have educational attainment. We actually do quite well with a very disabled population, particularly in terms of learning disabilities. Most of our children are gaining a year for a year in reading. We are struggling more with math, as the nation is.

They have to take the MCAS, which is our state annual exams. So we have to meet all the same criteria. They are on individual educational plans, and we meet with the school district annually to update those.

Mr. PLATTS. Okay.

Mr. KUTZ. I would add a couple things here for us.

We saw some examples of schools that said they were accredited, and they weren't. So that has been something out there.

And we had one kid, in our case study number five, who was there for 4 years and he got no education.

Mr. PLATTS. Ms. Brown, did you—

Ms. BROWN. From the oversight perspective, I can tell you that in our survey of the states, when we asked about what aspects state agencies monitored, they presence of educational programming and also, in particular, the quality of educational programming were the least likely to be monitored.

Mr. PLATTS. Of, kind of, a cross-section.

Ms. BROWN. Of other things, like physical plants, staff issues, use of seclusion and restraint.

Mr. PLATTS. Okay. Thank you.

Thank you, Mr. Chairman.

Chairman MILLER. Thank you.

Mr. Kutz, on your case number five, on page 15, you write about in the report the interaction between the parents and the placement facility. And you talk about, when the victim's father, the victim of this abuse, refused to attend therapy meetings for the fear of losing his job, the program told him to quit. When he would not quit his job or miss work to attend the meetings, the victim said the program convinced his mother to leave her husband. After the parents separated, the program would not allow the victim to contact his father. The victim said the program never told the victim's family that all of the drug tests they performed—and we referred to this earlier—were negative results, including the initial one.

I mean, I just don't understand this pattern of therapy, where this much trauma can be activated within the family. I don't quite get this. I have never heard of—

Mr. KUTZ. It is an incredible story, actually. It was almost like a cult-like organization. And they brainwashed a lot of the parents, it appeared from what we saw, and they became part of the process.

And actually kids were going home at night sometimes to other people's parents' houses and staying, and there was abuse going on, in some cases, at other parents' houses.

So it was a very bizarre thing, Mr. Chairman. There is a movie about it. "Over the G.W." it is called. I mean, it is just an incredible story.

And this was one of the ones that accepted Medicaid money. That is how they were primarily funded, millions and millions of dollars from Medicaid.

But the parents became, kind of, sucked into the program. And there were apparently split marriages and things involved, because one parent might get sucked in, the other one didn't, and that caused pretty significant issues.

Chairman MILLER. Dr. Bellonci, you are—

Dr. BELLONCI. You know, we have learned a lot about the treatment of mental health disorders for children and youth in this country. There are established, evidence-based protocols and practices, largely funded by the federal government. The Substance Abuse and Mental Health Services Administration, National Institutes of Mental Health have funded studies to show what works and what does not.

This is absurd that this is being done in the form of—or in the claim of treatment. And to think that federal dollars are being spent in this abuse is unconscionable to be and, certainly, not anything that any child psychiatrist, any medical professional, any mental health professional should be condoning or participating in.

You know, it is not like we don't know what works. And the fact that we are not utilizing what is known is, I think, the greatest sin.

Chairman MILLER. Thank you.

Mr. Kutz, you have, several times in your testimony this morning, used the word "torture." And we have some discussion about the use of restraints and—I am sorry—

Ms. BROWN. Seclusion and restraint?

Chairman MILLER. Seclusion and restraints. Could you comment on this and why you used the word "torture"?

Mr. KUTZ. Yes. I would say two things.

Torture would be, for example, in case number one, where the boy couldn't walk, was having trouble breathing, yet they were forcing him to exercise. They were actually picking him up and dropping him on the ground as a push-up. In other words, he couldn't do a push-up, he was ready to die, and they were picking him up and dropping him on the ground. And I understand the last word he breathed was "no." And so, that is an incredible case.

But you are talking about the human restraint here too, and we saw human restraint in many forms. The ones that caused the death were typically the face-down restraint. And, again, some of those were done contrary even to the program's policies and procedures, where there were either three people on top of a child or one. And one of the boys, in fact, had asthma, and the staff had not been told that, and they did a face-down restraint, and he died.

Some of the other restraints were, you know, it was called three-point, four-point, five-point; three-point being three people holding down limbs or the head. The five-point restraint would have been

one person on each arm, one person on each leg, and one person holding the neck or the head still, many times for hours.

And so, I would say that that is pretty severe abuse, bordering on torture. I mean, I am not sure what the distinction is between abuse and torture, but certainly I think that in some of the cases I would define it as torture, what we saw.

Chairman MILLER. I just wanted to make sure you weren't casually using the term. You are using it based upon the case studies that you examined.

Mr. KUTZ. Not just the case studies. Other kids in these programs had the same thing done to them.

Chairman MILLER. On page two of your long testimony, you explained how you selected these cases. "We limited our cases to closed criminal cases and, thus, did not include ongoing cases from the last several years."

Can you tell us how many ongoing cases there were?

Mr. KUTZ. There is a lot. And we actually had more cases we looked at. We didn't include them in the testimony because they had some sort of ongoing litigation, or there may have been some other reason we excluded them.

But, as I mentioned before, there are other big civil cases with hundreds of plaintiffs involved that are out there right now that have some of the similar types of things we have talked about here, that your two former victims, I will call them, sitting at the table here have described, the same types of things. So there are hundreds of cases out there of individuals involved with these.

Chairman MILLER. That is abuse you are—

Mr. KUTZ. Yes, those are abuse because the kids are still alive for that particular—

Chairman MILLER. Or, I don't know if there were families, but what about in—were there other cases of death?

Mr. KUTZ. Yes. Yes, there were others. Suicides and other types of cases of death, yes.

Chairman MILLER. Can you supplement your testimony for the committee with those numbers?

Mr. KUTZ. We can provide other information based on the other cases.

Chairman MILLER. Do you know those numbers?

Mr. KUTZ. We don't have any broad numbers, again, as Ms. Brown. I think just no one knows how many. But we can submit other information on what we know, yes.

Chairman MILLER. So these cases were selected from a larger number—

Mr. KUTZ. Absolutely.

Chairman MILLER [continuing]. Of cases either of death and/or abuse.

Mr. KUTZ. Yes. And given another couple years, we could have used some of those other cases as they became closed, et cetera, yes.

Chairman MILLER. Yes.

Ms. Brown, you know, very often this Congress has reacted very, very quickly to the question of background checks, certainly around the care of young children or the teaching of children, people working with children. We have criminal background checks. We are

worried about sexual predators. We worry about all those kinds of things. In many cases, we have enacted statutes to require that of states or agencies or of programs.

How do these programs fall within those kinds of background checks?

In the first round of hearings, I think in a number of instances, we found very questionable characters working in these programs but no requirements for background checks. I don't know, again, what your survey told you about the background checks.

And Mr. Kutz has alluded to, in a number of cases, where students were sexually preyed upon by some elements of these programs. What can you tell us about that?

Ms. BROWN. Well, according to what was reported to us, state agencies are saying that they do require background checks when they are funding facilities. Now—

Chairman MILLER. If the facility is required to be licensed by the agency.

Ms. BROWN. Correct.

Chairman MILLER. But if their facility is not required, as a number of these apparently were not, that would not apply.

Ms. BROWN. Correct.

Chairman MILLER. There is no generic state law with respect to that for a business?

Ms. BROWN. There may be some generic state laws. I don't know if we know the full answer to that.

But certainly there are facilities that are exclusively private that are not under the purview of state agencies that would not be monitored for their background checks. Even if they were required to conduct them, there was no oversight, no one would know whether they had actually conducted them and what the outcomes were.

Chairman MILLER. Mr. Kutz, in any of your interviews the GAO did of prospective programs, was there any discussion about background checks, about staffing?

Mr. KUTZ. Yes. And sometimes they had been done; sometimes they hadn't.

But remember what we talked about here earlier. A lot of these people were never convicted of anything. So even if you did a fingerprint background check on a lot of these people, they might come up clean, but they could have been involved with the cases of torture and abuse we have been talking about here.

But I still would support a fingerprint background check as being one of the potential standards here.

Chairman MILLER. Mr. Platts, do you have any further questions?

Mr. PLATTS. Thank you, Mr. Chairman.

No other questions. Just, again, my thanks to each of you for your testimony.

And, Mr. Chairman, also to echo your sentiments on the abuse that occurs to the youth, the children in these programs, and also the psychological, probably, ramifications to the parents who are probably in desperate situations, seeking what they think is help and trusting others to be giving assistance when, instead, they are not, and the long-term consequences within the family dynamics of the abuse that occurs in these facilities.

I think that is an important aspect of the oversight you are leading and the efforts to reform it. So, again, my thanks for your leadership on the issue.

Chairman MILLER. Thank you. I want to thank you and Mrs. McCarthy for all your cooperation and your input in this matter. And I look forward to continuing to work with the whole committee on this.

And I certainly want to thank GAO for all your work. I can tell you how much we appreciate it. I think you have given us a much better idea of the scope of the problem that we are confronting, some of the difficulties that we are going to have in trying to deal with it, given the patchwork of regulations and the creativity of some of these organizations.

Tragically, you have also given us a pretty good idea of how dangerous and reckless some of these programs are, with respect to the students that have been assigned to their care by their parents.

And maybe even more astonishing is almost the predatory nature of some of these programs, in preying on both the students when in their care and preying on these families prior to their surrendering their children to the care of these programs.

Again, this is not an indictment of this entire industry. But clearly these reckless and dangerous programs should not be able to hide behind those who are doing the responsible thing with respect to the care of these children, in many instances, who are, in fact, very, very difficult problems and, as Dr. Bellonci pointed out, cannot be cared for in their own homes. They require some other kind of treatment outside of their homes.

Ms. Whitehead and Mr. Martin-Crawford, thank you very much for publicly coming forward and talking about your experiences. And, obviously, I think every member of this committee wishes you the best in your continued endeavors. I am quite amazed, given your stories, to see where you are today, and you should be very proud of that.

And, Dr. Bellonci, thank you for giving us a compass here of where we should be thinking about and some standards of what we should be thinking about, with respect to the program you are involved in but also the state's regulation of that kind of program.

So thank you all. I am sure we will be back in touch with you in rather short order, because I think the hearing has raised some issues that we want to continue to clarify from both sides of the aisle. But thank you for your cooperation.

And, with that, the committee will stand adjourned. Thank you.
[The statement of Mr. Altmire follows:]

**Prepared Statement of Hon. Jason Altmire, a Representative in Congress
From the State of Pennsylvania**

Thank you, Chairman Miller, for holding this hearing about child abuse and deceptive marketing by some residential programs for teens. This is our committee's second hearing about residential treatment programs for teenagers and I commend you for your dedication to protecting teenagers and for your diligence in investigating these programs.

Last October, this committee met to discuss cases of child abuse and neglect in residential treatment facilities. Since then, the Government Accountability Office (GAO) has continued to investigate instances of child abuse and deceptive marketing by some of these programs. Today, I am interested to hear about the results

of the most recent GAO study and to learn about what role Congress may be able to play in ensuring the safety of children at these facilities.

Thank you again, Mr. Chairman, for holding this hearing. I look forward to continuing to work with you on this important issue.

[Additional submissions of Mr. Miller follow:]
 [Compilation of testimony from Community Alliance for the Ethical Treatment of Youth, Internet address follows:]

<http://cafeity.youthrights.org/wiki/index.php?title=Submit—Your—Testimony>

January 17, 2008

Chairman Miller and Honorable Committee Members,

Thank you for the opportunity to share my testimony with you. Chairman Miller, I share your urgent desire to ensure that abusive and neglectful “boot camps” and “tough love” programs do no more harm to adolescents in need of special care and nurturing.

I would however, like to let you know that there are many therapeutic schools and programs that do provide healthy and positive environments in which children may learn while healing and finding themselves. My daughter Miriam is attending such a program at the New Haven Therapeutic School in Spanish Fork, Utah. Miriam had just completed 8th grade at the Porter Gaud School in Charleston, SC. This school is a highly respected academic private school. It was all we could do to get her through this last year there. Each child is an individual and while we knew she was extremely intelligent, we also knew that she was having a very difficult time socially there. We had her tested in Columbia, SC at The Price Group which helps in placing students in schools that are best for the individual student. Mostly they place students in boarding schools. What came out of this testing was she was brilliant, IQ in the 99%, and that she was emotionally on the path to a “train wreck”. The only schools that were suggested for our daughter were therapeutic boarding schools, all of them being in Utah. Needless to say this was a complete blow to us, though we knew she was having social problems. We immediately arranged to visit these schools and decided, with Miriam’s blessing, to have her attend the New Haven School in August of this year. This decision could well have been one that saved her life. Miriam has always been different socially and she has seen therapists and a psychiatrist her locally. They all felt that she had the possibility of being bipolar, but she would not open up with them and let them help her. In fact, it took her about three months at New Haven to finally let herself begin to find herself. Instead of blaming everyone and every thing, with the help of her therapist and all of the wonderful staff members, she is finally taking responsibility for herself and finding out who she is. It has not been an easy path to go down, but if we had not started this process in this great environment, then I do not know where she would have ended up. The program at the New Haven School is a value based program, one that has the individual girl find out what values are important to her and then use these values from which to build her own value structure from. They help her to build her basic value system and then help her to apply these to her day to day choices. The goal is to have these values become so internalized that the hard choices to make good decisions become easier. The program helps all types of troubled girls find out who they are, how their family system works, and then guides them through the process of living their life to its fullest potential. It is not brainwashing, it is not abusive, it IS nurturing, loving, caring and always carried out with the good of the individual in mind. We just came from a parent weekend and the psychiatrist told us that Miriam was a lucky girl because we had sent her to this programs early enough in her life for her to make the positive changes that she would not have been able to make another environment. Miriam needed to have her peers around her to hold her accountable for her actions. This needed to be done with professional therapists involved so that she could have help in sorting through what actually had happened. She

could not get this in any other environment. We now have hope for her to become the beautiful person that she would not let out. She herself knows this is the best place for her to be able to let herself find herself. This program reaches all types of girls in many different situations. Because it is a value based program, one that the individual girl chooses the values that are important to her, it serves as the strong platform from which these girls can jump from to become productive creative citizens in the world. This is what these girls and many more like them need in order to succeed in this world.

I hope you take from my story the knowledge that there ARE great programs out there that DO positively impact the kids and their families that are involved with them. PLEASE DO NOT LUMP ALL THERAPEUTIC SCHOOLS INTO ONE GROUP! Yes there are bad programs, BUT PLEASE CONSIDER THE FACT THAT THERE ARE INDEED GOOD PROGRAMS ALSO. Allow for these differences and do not pass a broad piece of legislation that does not address these differences. The streets will only be filled with more homeless lost and or mentally ill people, if we do not provide for the help that they need at an early stage in their lives. Mental illness is just that, an illness. Finding the right doctor and or help empowers people to make good choices for themselves. The right program gives these individuals the power to make the right choices. Please give these types of programs the help that they need so that they may provide these services for the many kids that need this type of help.

I respectfully ask that you do all that 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. If you would like information on my experiences, you may contact me at any time. Once again, thank you for the opportunity to participate in this extraordinarily important hearing.

Sincerely,
Brew and Libby Hagood
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Sullivan's Island, SC 29482
843-883-3294
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Abuse at a Troubled Teen "Faith-Based" Program Using Physical Restraint by a "Chemical Straight Jacket"

This is a case of physical abuse, of chemical restraint by illegal medicating of our daughter and other children using illegally obtained prescription medications without the child's or parents' knowledge, and what appears to be a local government cover up or simply repeated lack of actions by Public Servants that followed.

This is our family's statement concerning our run-in with an unregulated "religious" teen program known as Mountain Park Baptist Church and Boarding Academy in Patterson Missouri. This program was owned by Bobby R. and Betty Sue Wills and operated by Samuel L. and Deborah Gerhardt.

On or around January 15, 2003 my wife Katrina mentioned that she had called around to some of the local Baptist churches in our hometown of Lewisville, Texas. Katrina was looking for a boarding school for our daughter Erika. Katrina felt that Erika was falling away from God with some of the behaviors of adolescence that

were starting to show needed a change in direction before the behaviors escalated. Erika was not a bad kid, or a troubled teen. She was starting to show how head strong she could be at times.

My wife Katrina in her teen years had, herself, been enrolled in a boarding school in 1983 to 1984 in Mississippi called Bethesda Home for Girls. Katrina, from what she remembered, had a pleasant experience and felt Erika could gain from her own experience at a bible-based boarding academy.

The first time my wife Katrina mentioned sending Erika away to a boarding school I had the usual fears that any parent would have. I wanted to make sure our daughter would be taken care of properly and could grow both mentally and spiritually.

Katrina said that a church staff office worker at Temple Baptist Church in Lewisville, Texas had a name and number to a Baptist boarding school in Missouri. Katrina had called and talked to Brother Sam Gerhardt and realized during the phone conversation that Sam Gerhardt also had run Redemption Ranch for Boys in Mississippi. Katrina had remembered that it was the boy's academy owned and operated by Bobby R. Wills and Betty Sue Wills, and who also ran the Bethesda Home for girls.

Katrina was excited to say the least she reflected on many of the good times she had while she attended Bethesda. She spoke highly of "Papa and Mama Wills" (Bob and Betty Wills). Katrina told me of the bus tours they would take going around to different churches and singing for the church's congregations. With Katrina's memories of the good times she had while attending Bethesda, along with her fond memories of the Wills, and with the recommendation of a local church, I felt that I would need to take a leap of faith and go along with Katrina's decision to send Erika to a boarding school.

January 18, 2003 we enrolled our daughter Erika in Mountain Park Baptist Boarding Academy in rural Patterson, Missouri.

I understood from what was represented to us that Mountain Park was firm in discipline, and would be a good Christian environment that Erika would be involved in. When we were driving back to Texas from dropping off Erika we felt confident that, although Mountain Park Baptist Boarding Academy would be tough at first for Erika, it would ultimately be a good experience for her.

Looking back this first impression was the furthest from the truth and only the beginning of a bad nightmare.

For the first few weeks everything seemed like it was going well. Then Katrina came home from her Wednesday night church program at Northview Baptist Church in Lewisville, Texas with a folder from a church member by the name of Elaine Dawson. Elaine had asked previously which Boarding Academy Erika had been sent to. Katrina told her. Elaine went on the Internet and found several websites and articles concerning Mountain Park and the owners. Elaine gave Katrina the folder and told her to view it with an open mind. Katrina gave me the folder and asked if what was in it could be true. I read through the articles from the websites www.mountainparksurvivors.com, www.mountainparkhorrors.com, and copies of lawsuits and bankruptcy concerning the Wills and Gerhardts. I was shocked at what I saw.

If even an ounce of what was contained in the folder was true, I knew I did not care to be associated, nor have my family members associated with the Wills and Gerhardt clan.

The next day I called to have our DSL Internet connection hooked back up so I could do my own research. One of the forum posts concerned a mother who tried to remove her daughter from Mountain Park Academy and was arrested for kidnapping.

I told Katrina that when she spoke to Erika or the staff at Mountain Park Academy not to let on that we felt something was not right. My greatest fear at that time was for Erika's safety and to see what had to be done to remove her as soon as we could.

Mountain Park required a Power of Attorney, and since access to our daughter was limited and from what I understood at that time concerning papers we signed, we could not just drive up and demand custody of our daughter. I now know different. Their power of attorney was not limited as it stated or even legal, although Mountain Park Academy Administrator/Principal Samuel L. Gerhardt presented that it was. The contract papers are illegal, according to Missouri Laws concerning "take it or leave contracts." Mountain Park Boarding Academy clearly had the upper hand as far as the contract agreement was concerned.

As soon as the DSL was re-connected I started researching for myself. I have researched the stories of abuse, neglect, reaching back in to the early 1970's and also

found that they had connection to Lester Roloff and his brand of discipline that gave me a little more insight into how they operated.

I decided then that we had to get Erika out of there as quickly and as safely as we could. I was torn because I wanted to confront Samuel and Deborah Gerhardt for the lies that we had been told, but I was concerned that if they were confronted over the phone something bad may happen to Erika. It was a tough decision, but we decided not to tip them off that we knew things weren't as they the Gerhardt's represented them to be. As parents we had to play along with Mountain Park's stupid manipulation game with their requests to help "re-establish our authority as Erika's Parents."

The whole time they were trying to make it seem as if they were helping to re-establish our relationship with our daughter they were actually working to destroy the relationship.

I knew in order to get Erika out safely it was a possibility that we would have to wait until our first "four month family visit" unless an opportunity arose before that.

I knew that according to a copy of the Power of Attorney that had been posted on Mountain Park Survivor's website and comments that were with it, we needed to draw up a Revocation of Power of Attorney to remove any supposed parental right Mountain Park thought they had. I contacted a few attorneys and others for suggestions. I found out what the form needed to say and to whom to submit, etc. I found a generic version on the Internet and modified it. We would also have to have it signed, before a notary, and make sure it was also filed as certified in Wayne County, Missouri, where Mountain Park was located, before going for our visit.

Meanwhile, on or around the first part of April 2003 Erika had mentioned that her tooth was cracked and she needed to see a dentist. We told her that she needed to tell the staff at medicine call so they could make arrangements for an appointment. It took close to two months, and only after Katrina made several calls to Debbie Gerhardt, for Mountain Park Academy to finally get Erika to their dentist. First they would use the excuse that Erika couldn't go to the dentist until her four-month family visit. Then the next excuse was that the dentist could not see her for a few weeks. Normally for emergency dental work it should be a few days at most, not a few weeks. That was pure neglect on Mountain Park's side. For them to allow a child that was suffering with a cracked tooth to continue to suffer until it was finally made an issue with the repeated requests by the parents. I guess Mountain Park realized that we as parents still had some authority. Or they noticed that we as parents would not allow our child to suffer as they would.

Erika's tooth was repaired by sub-standard dental work to say the least. We had to take her to another dentist once she was set free from their Gulag to have a dentist repair the sub-standard work Mountain Park's dentist had done. We paid \$144.00 for Mountain Park dentist, (because in Mountain Park's and their dentist words Erika had a huge cavity) and then another \$351.00 to have the cracked tooth and crappy dental work corrected after she was out.

While it took well over a month for Mountain Park get around to taking our daughter to a dentist of their choosing after our repeated requests, it took less than a week for them to send a notice that "we as the parent of Erika needed to replenish her medical account." In my opinion Mountain Park's greed played a part since the coffer was not full to the rim.

My wife Katrina had started requesting "our first family visit" around mid to late April. First Sam Gerhardt told her that request couldn't be made over the phone it had to be in writing. So Katrina hand wrote a request and sent it. Next the request came back, with a note saying that request had to be made on the request form that was contained in the PARENT/student handbook. So Katrina filled out the correct form and sent it. The next week we received it back with another note stating that the dates Katrina had chosen WOULD NOT work because that was the week of graduation.

So Katrina, being a little peeved by this time, called up Mountain Park and asked Mrs. Harper (Mountain Park's Secretary) to please get a message to Sam Gerhardt that we will be there to see Erika on May 16, 2003 for our family visit.

Time was growing very near and although we didn't realize, at that time, the real reason that Mountain Park was trying to stall us on our visit. I now feel we caught them off guard a little when we arranged our visit a week before graduation instead of two weeks after graduation. (explained later)

On May 15, 2003 we left Texas for the long 10-hour drive to Missouri for Our First Family visit. On Saturday May 16, 2003 instead of going directly to Mountain Park Academy, we made a detour to the County Court House to file the revocation of Power of Attorney papers with the county clerk.

Shortly after filing the papers we proceeded to the sheriff's office. There we asked to see Sgt. Handy. Another Deputy was on duty (Deputy Fox) and said that Sgt. Handy was off that day. We spoke with him and told him that we were going to Mountain Park to retrieve our daughter. I asked him if he was familiar with the Boarding School and he said "Oh yes, we here of all kinds of things going on out there."

Deputy Fox asked if we needed an officer to go with us. At first we said yes but when he said that we needed to wait a little while until he called someone. I decided that I wasn't going to take a chance of wasting time, since I didn't know just how well he knew them and what if any his connection was. I knew through researching Mountain Park Academy they had a maintenance guy with the last name of Fox and I was not going to wait to find out if they were related. I told him that we go alone and if we needed them we would call.

We drove straight to the Mountain Park Compound we arrived shortly after 9:00 am. Of course the front door to the office was locked. (They would not want any of their golden geese escaping.)

My wife called from their front porch phone so we could gain access to the office. There we met Debbie Gerhardt. She asked who we were and allowed us in to the office.

Katrina was allowed to go back into the dorm to get Erika. From what Katrina has told me, she grabbed Erika's bag and started filling it as fast as she could. Katrina said that the student guide that escorted her back to the dorm had an odd look on her face like she knew something was awry.

While Katrina was getting Erika, I stayed in the front office making small talk with Debbie. She asked me where we would be staying for our visit and what sights did we plan on seeing while we were on our "family" visit.

That was the longest ten minutes of my life, standing there listening to someone that I knew was an out-and-out liar and a fraud. And worst of all using religion as a tool to take advantage of people and their family in need.

As soon as Erika had entered the office I started making a beeline for the front door. Debbie wanted to continue the small talk but at that point I really had one thing on my mind and that was to get Erika out of there.

We exited the office and headed straight for our vehicle. On the road out of the Mountain Park Compound I turned to Erika and told her that I hoped that she got everything she wanted (as far as clothes and personal items) because if she didn't she would not be seeing them again. She had the most puzzled look on her face. And said "Sir?" Katrina repeated what I had said. I told Erika then that she was out and was not coming back so what ever she left she will not see again.

I wasted no time getting out of Missouri; we drove as fast and as hard as we could to get back to Texas and away from Mountain Park's Culpable Regime.

On the drive home Erika had complained that her right arm hurt and that she had three spots that looked like burns. Katrina asked Erika to pull up her shirtsleeve to see the spots. I didn't see them real clear until we got home. One spot was on the inside near her wrist, one spot was inside of her arm near her elbow, and the other spot was located on the inside of her upper arm.

As soon as we arrived home I emailed Attorney Oscar Stilley, whom we had previously been in contact, to let him know that we filed the revocation of power of attorney and that we arrived home with Erika safely. I mentioned to him in the email that Erika had three spots on her arm that appeared to be possibly burns and she didn't know how she got them. I also asked him what, if any, repercussions should I expect from Mountain Park as far as Mountain Park expecting full payment of tuition.

We spent the rest of the weekend enjoying the time with our family. On Sunday night around 5:00 PM CST, I stayed close to the phone expecting Mountain Park to be calling wanting to know if we were lost and why Erika was not back at the Academy.

That call never came. I guess once again that Mountain Park has shown that they were not concerned about our daughter, or our family. They never even bothered to call to check up with us on her status.

Of course, it might also be possibly someone in Wayne County informed Mountain Park administrators that we had filed the Revocation of Power of Attorney.

On Monday morning Katrina faxed a copy of the filed revocation Power of attorney, just so if Mountain Park didn't already know they would then be notified that we did not plan on bringing Erika back to them.

On Tuesday around 11:40pm CST, I receive an email from Oscar Stilley (a reply to the one I sent him on Saturday night) Oscar dropped a bombshell in that email. One I never in my wildest dreams thought would happen. In that email he mentioned that he and others suspected that Mountain Park Administrators/Owners/

Staff may have been illegally medicating the children in their custody. Without a Doctor's prescription, without the knowledge of the children, and without the knowledge of the parents. He didn't know exactly what drug was used but asked if I would be willing to have Erika tested for a class of medications. He thought it was rather strange that Erika had burns on her arm but she didn't know how she got them. I printed a copy of Oscar's email with the list of drugs to test for and the following morning (Wednesday) I took Erika to our family doctor to have drug tests done.

We spent another week in turmoil not knowing what the results would show. We would let all the abuse (burns on her right arm), and the neglect (dentist incident) pass as something to learn from and to never again take a leap of faith no matter how innocent and well-meaning people seem to be on the surface.

But then the three-page tests results came back. The first page (urine test): "none detected." I thought well good may be Mountain Park was abusive but not cruel and inhumane as other people on the Internet had portrayed them to be. Then the following day I got a call from the nurse at the doctor's office. "Mr. Hoover it would appear that the results I gave you yesterday were not complete there are two more pages that came in today and it shows that Erika tested positive for chlorpromazine in the serum (blood) test, which goes by the brand name Thorazine and traces of Mellaril." The test results on the third page clearly show that Erika was drugged with Thorazine at a level of 198ng/ml.

Horrified * * * ! Damn right. How dare they. * * * Mountain Park Boarding Academy states that they don't believe in Behavior Modification drugs. The BASTARDS were going against their own policies and violating the law by secretly medicating the children in their care.

Looking back this would explain the complete change in Erika's headstrong attitude. When we picked her up from Mountain Park Academy she was overly submissive.

It was not God, it was not Mountain Park's Miracle "Religious" Message and Discipline practices. It the simple fact that they were chemically restraining children that refused to conform.

For the record, I do not know how many other children over the 30 years that Wills and the Gerhardts claim to of been helping troubled teens were or may have been restrained chemically, but there are other children with positive serum tests and positive hair tests. Our daughter was not the only child to fall victim to these predators; we are not the only family that knows this to be true.

Also for the record, based on my daughter's positive test results, I contacted the Wayne County Sheriff's Department about abuse of my child. I also called the Missouri child abuse hotline and complained. As a result, the Sheriff's Department and a unit of the State Highway Patrol went to Mountain Park, took urine samples from kids and drinks, and collected pills, and apparently hair samples to test for illegal drugs. But either the lab never received the samples, the samples were never tested, or the test results were lost or destroyed, because according to a state investigative letter sent to me almost 2 years later, they could not substantiate my claims because the Department could not get the Sheriff's Office or the Highway Patrol to give them results.

On the surface it would appear to the general public that Mountain Park Baptist Boarding Academy is using religion to help bring change in the lives of children in their care. In reality it is not religion that this Clan (Bobby Ray and Betty Sue Wills and Samuel L. and Deborah Gerhardt, who are related by marriage, and any of the other family members of their staff) at Mountain Park Baptist Boarding Academy & Palm Lane Baptist Boarding academy were using to "help troubled teens." Religion is simply the cloak that is hiding their abusive practices.

These Faith-based programs need regulated as well as the other teen programs. If researched, you will find that many of the "faith-based" programs have a network behind the scenes.

Some of the very referral services and non-profit corporations have the very people that run these programs sitting on the board of the non-profit corporations. The fox minding the hen house, so to speak. These non-profit corporations are believed also to be using the "Associations of Christian Child Caring Agencies" that have been set up in several states: Texas, Florida, Missouri, and many other states. These agencies use referral services to transfer children from state to state. In some cases, even to out of the country and/or off-shore programs. The Founder of FACCCA is Bobby R. Wills. Michael Palmer was also on the board of FACCCA, as well as the corporate board of Palm Lane Baptist Boarding Academy in Florida, which the Wills also owned. Michael Palmer, who owned Genesis Ministries, as known as Victory Christian Academy, is believed to have transferred students out

of the country to Palmer's Genesis-by-the-Sea Academy in Mexico, which was raided several years ago for abusive practices.

When Mountain Park Baptist Boarding Academy in Missouri and Palm Lane Baptist Boarding Academy in Florida finally shut their doors, Mountain Park Boarding Academy's Principal Sam Gerhardt was quoted as saying, "We've been in some battles for the last couple of years. It is just time for us to do something different."

My belief is that although we were unable to get these criminals charged, as they should have been, we got to close to what was actually happening. They were caught with their hand in the cookie jar. Instead of them standing on their religious soap-box much like they had done so many times in the past they instead closed the academies and fled to another state: first to Newport and now Knoxville area of Tennessee.

Mountain Park Academy's Owners/Administrators/staff were likely illegally obtaining prescription medications to control, dominate, and warehouse the children under their care so they could fleece the parents of the tuition monies. And they were making quite a profit for their "church"—only a rough estimate of well over \$4 million a year. Of course the IRS may need to check to verify the actual amounts they claimed.

To further add insult to the injury it would appear that they are using the profits of tuition money, along with donated mission funds to defend them in court and provide them with a nice retirement nest egg and to buy political favors along the way.

I have screamed loud and I have screamed long and still in today's America I cannot get the civil servants of Missouri to do their jobs. I called and wrote all levels of local, state, and federal agencies, including the governor's office and the FBI. Sure Missouri Family Services investigated but never followed through. Instead they sent a letter dated April 18, 2005, stating, in part, the following:

Incident Number 03209148 and 03217038

"This case was pending until the results came back from the MSHP Division of Drugs and Crime Control. As of April 18, 2005, there are no results of these tests. The Wayne County Sheriff's office reportedly forwarded the evidence to MSHP Division of Drugs and Crime Control for testing, however, there is no report in the Wayne County Sheriff's Office in reference to this. Numerous attempts were made to obtain this information from Wayne County Sheriff's office and the MSHP Division of Drugs and Crime Control."

—RICK ENGELHARDT (by *Dea Nobis*, *OHI Field Supervisor*).

My question is this: Why and how could a case be closed as unsubstantiated when the results have not been received?

The federal court in the Eastern district of Missouri is clearly not impartial. Justice in America is not blind, in my personal opinion, it is being bought. If a person was to review the case *Woods v. Wills* a person would clearly have to reason that the premature summary judgments, along with rulings by the Judge were not impartial they were biased to the defendants. The issue of Mountain Park using drugs on the children in their care never even was allowed in to the trial. The parents' portion of the complaint concerning fraud by Mountain Park Academy was also not allowed in. How is this happening?

Please keep in mind that when we realized what Mountain Park Boarding Academy Owners and Administrators were using illegally obtained prescription medicine, and illegally medicating children in their care, we did everything in our power to get criminal investigation and charges to be brought against them before any civil actions were taken. The civil court actions were only brought against them after no criminal actions were taken. We have cooperated fully with the Government Agencies that are supposed to stop this type of Illegal activity. We will continue to cooperate fully if and when any criminal actions are finally brought against these religious frauds.

Too many people in power positions mysteriously are turning a blind eye to what is happening.

Finally, the Federal Government is looking into the physical abuses and the deceptive practices used by Owners and Administrators of programs in the troubled teen industry.

Although the Hearing held on April 24, 2008 covered and made public the physical abuses, deaths, it covered a few of the deceptive practices in only a few programs. I heard mention of physical restraints used against several of the children in these programs, but what was not mentioned was use in these programs of chemical restraints.

From the research, I have done it clearly shows the effects of chlorpromazine is a chemical restraint also known as the "Chemical Straight Jacket." In Mountain Park Academy's use of this chemical straight jacket it achieved for them what phys-

ical abuse could not. With chemical restraints there are no outward signs of abuse, but it is no less dangerous. There are many side effects from the use of chlorpromazine some that will not appear until years down the road. I hope that Erika will be fortunate and any adverse effects will not affect her in the future.

In closing I would like to thank the Committee for allowing our statement to be included into the records.

I hope that the committee, lawmakers, and the general public will see that this issue is not an isolated incident. In researching Mountain Park Boarding Academy, the only regulation through the state of Missouri was an annual fire inspection. What a joke. I hope that regulating the programs will promote the safety and well being of our children and to stop the abuse and torture that has existed for many years. It is well past time to regulate these programs.

It has been shown that these programs are either unable or unwilling to self regulate for the safety of children these programs have placed profits above the well being and safety of children.

Thank you,

DOUG HOOVER.

Letters Received Concerning Residential Programs for Teens

BETH GOLDBERG,
Gloucester, MA, May 7, 2008.

TO WHOM IT MAY CONCERN: My son attended the Family Foundation School from January 2003 until December 2004.

After many interventions, which included school counselors, doctors, therapists, drug counseling and two psychiatric hospitals he was sent to Family Foundation School

Prior to his being accepted as a student, I was required to visit the school, speak with admissions directors, get a tour of the campus, and participate in a family lunch. At that time, I determined that this was the place that my son needed to be to address his addiction issues.

My son was heavily involved in drugs and alcohol, was abusive both physically and verbally, stole, lied, cheated and was sexually promiscuous. He punched holes in walls, broke doors, snuck out at night, refused to go to school, and was completely out of control. He had no respect for himself or anyone else. No matter what interventions were put in place here at home, it became painfully clear that they were not working, and that he was in need of long term rehabilitation. I felt completely hopeless, and without any viable options to help my son.

I heard about the Family Foundation School from a parent whose son had attended the school, and was then attending Northeastern University after completing the Family School program. A year later my son was enrolled at the school. He was sixteen years old.

Today, my son is a senior at Binghamton University and is slated to graduate in a matter of weeks. He has been sober for five years. The tools he received at the Family Foundation School were far beyond anything I could have imagined.

Not only did he learn the tools to become a responsible, caring and sober adult, but he experienced many educational opportunities which included taking college credit courses while at the school, participating in national debate competition in Salt Lake City, Utah, and found his voice in Family Foundation School's award winning chorus and theatre productions. He was a contributing editor of "The Family Times" newspaper and surrounded by caring adults who encouraged him to be the very best he could be. My son also learned the value of giving back, and has returned to the school to work part time while attending college.

There are no words to express my gratitude to the Family Foundation School. I believe that my son is alive today because of his attendance there. He went to the school as a defiant, irresponsible, drug and alcohol addicted teen and left the school as a caring member of this world with a sense of how to use the tools he was given to maintain a sober and healthy life. He has a strong sense of community and of the importance of helping others. There is no doubt he gained these important convictions as a result of his stay at the school.

The Family Foundation School also works very closely with parents to help them understand addictions and encourages participation in 12 step programs, as well as offers family meetings to address specific issues. Parents are given many insights and opportunities to gain tools to move into the future as a healthier parent. The healing that occurred as a result of my son's attendance at the Family Foundation School has been felt though out our family system. I have an honest, loving and open relationship with my son today and he has healed relationships with his broth-

er and father as well. I will forever be grateful to the caring and talented staff at the school.

If you have any questions, please feel free to contact me at the address and phone number above.

Sincerely,

BETH GOLDBERG.

January 14, 2008.

Re: Education and Labor Full Committee Hearing "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities" (10/10/07)

DEAR REPRESENTATIVE: As leaders in the private outdoor behavioral healthcare industry, we were instrumental in obtaining regulations in our state and would like to offer our expertise and experience to you as you consider drafting legislation for programs such as our own. Unfortunately, we recently received negative attention at the Education and Labor Full Committee Hearing "Cases of Child Neglect and Abuse at Private Residential Treatment Facilities." We hope that you will take the time to look beyond what was conveyed, listen to the other side of the story, and to consider our recommendations for regulation.

Twenty years ago, Catherine Freer Wilderness Therapy Programs was founded on the belief that combining therapy and outdoor experiences would offer troubled teens and their families a valuable treatment option. Since 1988, our program has helped thousands of adolescents address the issues that are causing them to struggle. These youth, as many will attest, would most likely still be abusing drugs and alcohol, alienated from their families, in jail, or worse if their parents hadn't intervened and sent them to our therapeutic wilderness program. (Enclosed please find letters from clients and their parents discussing their experiences at our program.) We currently hold multiple licensures in the State of Oregon and are accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Catherine Freer Wilderness Therapy Programs serves 300 adolescents per year and helps middle class youth whose parents have run out of options for saving them from self-destruction. These are kids that haven't found success in outpatient treatment, have not yet become enmeshed in the criminal justice system, and who don't qualify for federally or state funded programs. These working families often fall through the cracks and can do little to help their children with emotional and behavioral issues. We strongly believe that these families deserve to have options for their children. With our licensing and accreditation, 70 percent of our families are able to receive some third party (insurance) reimbursement for their treatment, which is a critical factor for most of our clients. Taxpayer dollars are not used to run our program.

Our program was mentioned in the Government Accountability Office's testimony due to the tragic loss of life of one of our participants (Refer to GAO-08-146T—Case 8). Even with licensing, accreditation and regulation, incidents can happen as our program has learned to our great sorrow. With all of the information before them, the investigating authorities came to the conclusion that this young woman's demise was not the result of abuse and neglect. (Her dehydration was later found to be caused by the use of a prescription drug for which no FDA warnings existed at the time of her treatment with us.) It is unfortunate that not all the details were brought forth in the GAO's testimony regarding this incident. We also suffered the unrelated loss of a participant that died from a falling tree limb and a client who died of natural causes while sleeping. In all of these cases, we reached out to the authorities, asking for them to thoroughly examine and review these incidents. And, in each case, neither abuse nor neglect was found.

We firmly believe that well-crafted and thoughtful regulation can raise the bar for outdoor therapy programs and other privately funded therapeutic programs. These programs offer effective approaches to treatment for families. At Catherine Freer, we have invested heavily in outcome research to verify that our treatment is helping families. Following is some of the data gleaned from multiple studies:

- *Long-Term Outcome Research Program*

A study by the Outdoor Behavioral Healthcare Industry Council (OBHIC) and the University of Idaho Wilderness Research Center of 850 parents and adolescent participants indicates that clients entered wilderness programs with about the same level of dysfunction as adolescent patients entering psychiatric hospitals. At graduation their average scores were slightly above the normal adolescent range. Another phase of this study suggests that a large majority are doing well 24-months after treatment. More than 80 percent of parents and over 90 percent of graduates contacted believed that their wilderness treatment experience was effective two years

after the process. (Enclosed please find detailed information on the research and a summary of other research from 1999-2006.)

- *Catherine Freer Customer Satisfaction / Outcome Study*

This study found that 90 percent of parents said they would recommend the Catherine Freer program to others. The average satisfaction score for their children being treated with dignity and respect was 2.84 on a three-point scale. On a four-point scale (one indicating an "extremely serious problem" and four indicating "not a problem"), parents rated their children on 13 behavior items with an average pre-program score of 1.81, a one-month post-program score of 3.38, and a one-year post-program score of 3.45.

As this research clearly indicates, outdoor therapy is a proven solution for troubled youth. Our industry is helping serve families in need and deserves attention and regulation, not censure. Presently there are 102 outdoor behavioral healthcare programs. Ninety percent of these programs are licensed by state agencies, and more than 60 percent are nationally accredited by the Joint Commission or the Council on Accreditation (Russell, K. C. [2007], *Adolescent Substance Use Treatment: Service Delivery, Research on Effectiveness, and Emerging Treatment Alternatives*. Director, Outdoor Behavioral Research Cooperative, College of Education and Human Development, University of Minnesota.) We believe that the risks to adolescents participating in a licensed and accredited private therapeutic wilderness program are not significantly different from the risks to adolescents in the general population. Unfortunately, there are some programs that are not licensed and have created both service quality and risk problems for some families and their children.

Understanding the importance of regulation, we strongly advocated that Oregon develop regulatory rules for outdoor therapy programs operating within the state. We had the honor of consulting on legislation and participated actively in helping craft the regulations. Oregon created a good process, with clear assignment to Child Welfare for both writing and enforcing the regulations, while including both program stakeholders and outside parties as consulting participants. We believe the result could serve as a national model for regulation of outdoor therapeutic youth programs.

From our experience, some of the issues that should be addressed through regulation include management issues, following the JCAHO model: how policies are created, monitored and enforced; outside oversight on those processes; and how incident reports are analyzed and then utilized to alter policies and to provide staff training. In addition, intake procedures, medication management, and staff qualifications and training should be considered in the regulation process.

We humbly request to join you at the table to help create regulations that would protect families, while at the same time preserving viable options for children in need. We also ask that there be a serviceable level of appropriations allocated to fund this regulation and abuse and neglect prevention. We would be happy to discuss approaches to regulation creation with you and your staff and be helpful in the future in any way that we can.

Sincerely,

ROBERT COOLEY, PH.D.,
Executive Director.

PAUL SMITH, MA,
Program Director.

CODY W. TRAUB,
Kalama, WA, January 9, 2008.

DEAR CONGRESSMAN MILLER: It has come to my attention that you are working on some legislation to regulate outdoor wilderness programs. Putting restrictions and capping these programs would be a mistake.

In 2002 I attempted to take my own life. I was only an 8th grade student. I suffered severely from depression, behavior and family issues. Many times I thought there was no hope for me. My parents also felt similar at times.

I was in and out of different behavioral treatment centers in the Portland, Oregon area. Nothing worked. I came home to the same destructive environment and fell back on bad behavioral habits. It seemed as if I was lost and had nowhere to go.

I had little aspirations in my life. After being stuck in different facilities and coming home to the same issues, I found hope. Catherine Freer Wilderness Therapy Programs answered my call for help.

One March day in 2002, my parents picked me up at a behavioral health center in Washington State. They transported me to the offices of Catherine Freer Wilder-

ness Therapy Programs in Albany, Oregon. I was terrified. As I was in all of the facilities I went to.

After having a group meeting with other families and participants, my journey began. I said goodbye to my parents, as I would not see them for the next twenty-one days.

The group of complete strangers left for an unknown location in the Oregon Cascades. We arrived in the unknown location and began our trek through the Oregon wilderness. The next three weeks would be the hardest and most influencing events of my life.

After completing the three week trek through the Oregon wilderness, I was a new person. I left the trek and spent a day with my parents in Bend, Oregon. A day later, my parents transported me to Burns, Oregon where I stayed on a mule ranch with a well structured family.

I stayed on the ranch for two months. I was stripped of all of my materialistic items and lived a simple life working on the ranch. This experience helped shape me.

Overall, my experiences with Catherine Freer Wilderness Therapy Programs were phenomenal. I would not have the drive, personality and sense of humor I have today without this experience. There is the possibility that I could have taken a different path in my life. I could be a criminal or even dead today without this program.

I went from a depressed, self destructive middle school student to a mature young man that made history in his small town. In high school, I served on the Washington Association of Student Councils as the President and held the office of President on my high school student council. I had the opportunity to meet with several Washington legislators, Governor Chris Gregoire and U.S. Congressman Brian Baird. My teachers and principals described me as a history maker and dream student.

I started working at the age of fifteen years old for the City of Kalama, Washington as a Computer Network Manager and Administrative Assistant. In January 2008, I started working full time for the City of Kalama with my old position and in a new position at the Kalama Police Department as a limited authority law enforcement Community Service Officer. I am also currently enrolled in the Associates in Criminal Justice program at the University of Phoenix.

Without Catherine Freer Wilderness Therapy Programs, I would have never made those accomplishments. I would not have the sense of humor I have nor would I have the motivation and morals I do today.

Please do not put a cap on outdoor and in-patient therapy programs. These programs are life changing for many people and it would be a devastating event to see the programs botched because of government regulations.

Best wishes,

CODY W. TRAUB,
Kalama, WA.

January 4, 2008.

TO WHOM IT MAY CONCERN: I am writing to express my support for wilderness programs. It has been five years since I first participated in a Catherine Freer Wilderness Expedition and five years now that I have been sober. I owe my sobriety to Catherine Freer Wilderness expeditions. Without the program's support, I would not have had the motivation to drop my addiction to drugs and alcohol and return to values that I once knew were important. In all honesty, I would have ended up dead or in prison without the intervention the Catherine Freer program offered.

The program was effective because it took place in the wilderness. The wilderness offered the necessary space to evaluate my life and an important reminder of what is necessary to survive in this world—food, water, shelter, clothing, and friends—and what is not—drugs and alcohol. Catherine Freer used the wilderness to make me responsible for my own life. In the wilderness, I was responsible for wearing the best clothes for the weather, eating enough food, and making sure my water was clean. These skills demonstrated how good life is when I do the right things and how miserable it can be when I do not. With the support of my Catherine Freer Wilderness expedition and the lessons learned from the wilderness, I was able to rekindle a relationship with my family, return to school, and take advantage of opportunities not before available.

One of the opportunities that I took advantage of was being a field staff for Catherine Freer. With the perspective of being both a field staff and a client, I know Catherine Freer takes the necessary precautions to create safe experiences for their

clients. As a client, I always felt safe and cared for by the staff leading me through the experience. As a staff member, I learned that my trust in those staff that led me through the wilderness was not blind.

I would like to think that Congressman Miller's intent is good, but I am worried about the type of legislation he may propose. Miller has capitalized on the misfortunes that have occurred in the wilderness programs while overlooking the success these businesses have in saving lives. I therefore believe that Miller's proposal will hinder wilderness programs' success. Congress should not restrict Catherine Freer from being able to effectively change destructive behavior. I applaud Catherine Freer for being safe and humane, and I find Miller's proposals unnecessary.

I would not have been awarded three years in a row Academic All-American in college or have continued to pursue a love for the wilderness with my father as a companion if it had not been for Catherine Freer. I urge you to think about the good that this program has had for me and the many others and balance it against the risks those must take to effectively participate in a wilderness program. Please let Catherine Freer and the other businesses in the industry provide their services without restricting or hindering them.

Sincerely,

CHAS BIEDERMAN,
South Haven, MS.

January 10, 2008.

TO WHOM IT MAY CONCERN: I am not sure where I would be right now if it weren't for the Catherine Freer Wilderness Program. I am actually frightened when I think about it. My life was on a road to disaster, and I had refused the help of my loved ones, close friends, and professionals who tried to stop my self destructive behavior. I felt angry, lost, and alone, and the only comfort I could find was in drugs and alcohol. If it weren't for my father enlisting me in this program I most surely would be in serious trouble today, if I were around at all.

My mother died when I was very young and, despite therapy and support from my family, I self-medicated with drugs and alcohol. I felt as though nobody could really understand what I was going through, and I longed to get away and be on my own with my friends who also used. I attempted to run away from home several times, and went on binges that sometimes lasted several days. I was fifteen years old.

By the time my drug use was at its worst I had experimented with cocaine, ecstasy, methamphetamines, and prescription drugs. I was also a regular user of alcohol and marijuana. Although these drugs made me feel better while I was using, I was destroying my relationships with everyone around me, most importantly my father. I feel so guilty when I think of what I put him through during that time. I am so lucky to have family that cares about me so much, and even though they did everything they knew how to help me, I was destroying their trust and abusing their help.

My father tried so many ways to reach me. He sent me to several counselors, which I manipulated into thinking that I was fine by blaming everything on him. We tried to ease my depression with drugs such as Zoloft and others, but it didn't help. I was still using, lying, sneaking out in the middle of the night, and getting in trouble with the law. It seemed like nothing was working. I didn't want to stop. Then my dad found out about the Catherine Freer Wilderness Program.

He heard about it from the parent of one of my friends that I first started using with. He had sent his daughter on a trek to try and change her destructive behavior and drug use. Although it seemed extreme, it was like a last hope. So one day my dad woke me up early and took my brother and me to the Catherine Freer office. It was there that I met the other kids who I would be sharing this experience with and their families. Everyone had a chance to tell their stories, and I realized that even though our situations were different we all had a lot in common. It was heart-breaking to here everyone's families share the effect that their child's and sibling's actions had on them. Everyone cried. I was scared, because I knew that we were about to be sent away.

At first I resisted, as I am sure most kids do, but after a week or too out there in the wilderness things started to become more clear. The Catherine Freer staff was so amazing; you could tell that they were really there to help us. It was hard to open up in group every night, it's hard to be so vulnerable with people you hardly know, but over the period of three weeks I learned more about myself than I ever had. I knew I wanted to change my life. I knew that I had to make things right with my family and loved ones. I made the decision to change and, in a way, it was

scarier than being on trek. It was very emotional, physically challenging, and eye-opening. I learned important tools to stop my addiction and become the person I want to be. These tools have helped me tremendously to this day, and will continue to help me throughout my life.

After trek was over I had the opportunity to stay in a transitional home. It was there that I learned even more tools to help me overcome addiction and rebuild the damaged relationships with my family. The Catherine Freer staff was still very much involved with my progress, making phone calls to the home to see how I was doing, and planning weekend retreats for the people in the transitional homes. I felt very cared for and valued by these people, and I still do. I have received multiple emails and phone calls from members of the Catherine Freer staff even years later.

When I left the transitional home and returned to my home town things were not easy. But with the help of those people who had supported me for the last couple of months I became active in AA and NA. They encouraged me to communicate with my father and use the tools I had acquired to rebuild our relationship. Now we are closer than we have ever been. I learned how to communicate my true feelings and have conversations in a way that I had never had before with my family.

My senior year of high school I applied for my small communities' royalty court for the Strawberry Festival. It might not seem much to people that have never been to the Strawberry Festival, but for my town it is huge. I couldn't believe it when I was accepted onto the court and went on to win the title of queen. It was a great honor, and an experience I will never forget. It was so rewarding to share with the Catherine Freer staff this accomplishment, because I give them a lot of credit for my success, as I mentioned in my newspaper article when I was on the court.

Since the Catherine Freer Program worked with my school I was able to earn credits for the time I was away, which helped me to graduate on time. Since graduation I have gone on to attend Western Oregon University, where I am well into my third year. My inspiration to become a teacher came from the woman who tutored us at the transitional home. Somehow she was able to get us to actually care about our education, and she allowed me to take on extra credits which helped me to graduate. It was her dedication and compassion for our learning that really inspired me to teach. It couldn't have been an easy job, we were a group of girls with many behavior issues, but she didn't give up on us. I want to have that impact on my students someday. I want to show them that I care about them as people, and I want them to succeed.

I have been living on my own now for about three years. My first year I spent in the dorms on campus at Western, and now I live in an apartment close by with a roommate that I met in the dorms. I have been spending my summers working at a grass seed research farm in Albany, and for a little over a year I have also been working at Target in Salem, Oregon. I am supporting myself and continuing my education, and I am very happy. I have many friends who do not use, and I am very close with my family.

I still read my journals that I wrote while I was on trek from time to time to remind me how far I have come. Whenever I am frustrated or upset I think about all of the good things I have in my life because of the changes I have made. I cannot thank the people at Catherine Freer enough for this opportunity to be a whole, happy, and healthy person, and for caring enough to keep in contact with me years later. If it were not for completing this program when I was 16 years old I probably would not have even completed high school. I owe so much to them, and I hope they are able to continue helping troubled kids for a long, long time. Thank you for reading my story.

Sincerely,

ERIN VAN ATTA,
Montana Academy.

May 4, 2008.

DEAR CHAIRMAN MILLER AND RANKING MEMBER MCKEON: After studying your proposed bill, I write to include my reactions in the public record. I applaud your intentions and efforts to improve the safety of private programs, but I strongly oppose H.R. 5876 as written.

I am an owner of a private therapeutic program that would fall under regulation with the proposed bill. I agree that we must place safety and appropriate care of children as the foremost priority in all residential care, in both public and private settings. I also agree with the general safety requirements outlined in Section 3 with the possible exception of section E (access to telephones must in many cases be supervised to ensure that access is restricted to parents and a child abuse report-

ing number). Unrestricted access to telephones has great potential to corrupt treatment with calls to undesirable and unsafe contacts.

However, I strongly disagree with the suggestion that the law turn over authority for regulation of these basic safety principles to the federal government. Federal authority to regulate will override and conflict with the many states that have worked for years to understand and create regulations responsive to this level of treatment. Federal regulation in all fifty states will also create a costly, inefficient, bureaucracy that largely duplicates state and county agencies that are already in place to provide on-site inspection and assurance of compliance with safety standards. It would also be impossible for the federal government to create well informed and reasonable regulatory rules and enforcement procedures within the ninety day period allowed. Appropriate regulation can only derive from a careful and diligent attempt to examine and understand these programs and the need they fill.

The mandate from your committee to the GAO was simply to investigate and document any evidence of abuse in private programs. The investigation did indeed document a few clear incidents of abusive practices. They made no attempt to compare these incidents of abuse to the incidence in the public at large, or in public residential programs. However, it should be noted that the GAO's suggestion that they uncovered "thousands of allegations of abuse in residential programs" came directly from the Department of Health and Human Services NCANDS data base, a data base that derives almost entirely from public, state funded, and licensed residential treatment programs. If anything, the GAO report provided clear evidence that whatever child safety laws are passed with regard to residential care must apply across the board to publicly run programs, group homes and foster homes as the evidence overwhelmingly suggests that the incidence of abuse is much greater in these programs than in private placements in which parents have complete authority over making and terminating the placement.

What was lacking in the mandate was any effort to understand and report on the important care that is now given to thousands of children in private residential treatment facilities. Tens of thousands of families are paying out of pocket to place their children in private residential programs each year because of inadequate and failed treatment in their community settings. Virtually all of the children in our private therapeutic programs have tried and failed to respond to conventional outpatient therapies, community based psychiatric facilities, and medication. And yes, there are a few remaining programs that are highly disciplinary in nature, the so called "boot camps", but they have nothing in common with virtually any of the private programs that would fall under the regulation of this law. In fact, the vast majority of military and boot camp programs are run by state correctional facilities which are not covered by your bill.

The problem for most troubled adolescents in private residential care is that they are grossly immature, and have failed to develop a personality structure sufficient to handle the stress and demands of being a teenager in a culture that is loose, unstructured, and toxic. It is extremely dangerous to be an adolescent who relates to the demands of being a teenager with the approach of a child. Such adolescents display a variety of DSMIV-R Axis I psychiatric symptom clusters such as anxiety, depression, school failure, impulsivity, and lack of morality. However, the underlying problems are primarily failures in character development. Treatment of such problems does not require a hospital level of care, but often does require removing children from their locally toxic environments and placing them in safe, nurturing, well structured programs that allow them to repair the wounds that have led to their failures to mature.

Attempts to regulate such programs must first involve an effort to understand them in order to establish regulations that are appropriate but reasonable for the levels of care. Failure to take the time to understand and be responsive to the different levels of care required for character growth can result in eliminating these important programs, or turning them all into inpatient hospitals, or day treatment programs, solutions that have already been tried and failed for these children and their families.

Most states have worked with programs for many years to understand, and modify standards to fit treatments and yet protect children. The federal government does not have this local level of expertise, and making a mistake in this type of regulation that eliminates or alters significantly these programs will put thousands of children in eminent danger for their life.

I strongly urge you to amend your bill to provide funds for states to meet or exceed your basic standards of section 3 within one year of passing this law. In this way we will have strong basic standards, but each state can demonstrate how they meet these standards for the various types of programs that operate in their juris-

dictions. You will also greatly reduce the funding requirements of the bill, empower states, and eliminate a costly bureaucracy.

I feel that I own and operate a high quality therapeutic school, as do many of my colleagues. We support the intent and goals of your bill, but are terrified that arbitrary and uniformed regulation can easily make it impossible for us to operate our facilities that truly have saved thousands of struggling adolescents.

Respectfully,

JOHN L. SANTA, PH.D.,
Licensed Clinical Psychologist, Owner, Montana Academy.

TO WHOM IT MAY CONCERN: I was one of those parents who had my son at 15 escorted to The Family Foundation School on April 23, 2003. He was escorted at 4:30 A.M. After coming home drunk and God knows what else. He graduated on June 25, 2005 with a high school diploma, above average grades, and many extra-curricular activities. It was one of the few times in his life he finished what he started to my amazement and did it better than I would have ever dreamed. The experience may even have saved his life!

But most important, he was sober for 26 months and experienced life on life's terms and allowed his brain, (frontal lobes) to develop. Now he is my only child, and I am here to tell you that I was a very protective parent who hated the idea of doing this in the first place. But it does not take a keen eye to see the spiral of drugs and alcohol coming to a point of critical mass. I did what was right and stand by it to this day.

Was the school tough. * * * yes? Did it brainwash my son * * * yes. But he needed the structure and he needed his brain washed. He will tell you for himself that he needed the structure. He watched the testimony along with me and after he discussed it, his comment was that he wants to go back and visit the school one day.

I would encourage you to invite parents and former students, sober or not to tell their side of the story of their experience. Ask any military person, West Point Cadet or grunt and they will tell you the school was a cake walk. Go to any AA meeting and you will hear that there is no "easy or soft" way of combating addiction.

Yes, the school has evolved, grown for the better made changes but it was never the hell this kid is portraying. And regarding scars, I am not buying it. As for the failure of his military career, what part did he play in that? What part did he play in getting to the school in the first place? Everyone has scars, get over it.

Did you watch the PBS program about life aboard the Nimitz, the aircraft carrier? You will hear young kids at 18 talk about the horrendous conditions they escaped to find that the structure in the military was the best thing for them. Furthermore, they did not allow their awful environment to become an excuse for any failure. They got off their back sides and had the courage and presence of mind to do something about it. Now my son does not walk the line as I would like him to but I am convinced that the school planted a seed that for ever more will stay with him.

Yes, like anything out there, there are the good schools and bad schools for wayward youth. There are some losers that need to be shut down or tweaked. But The Family Foundation School is not one of them. The school is an open book.

Regards,

GENE LYSICK,
Montana Academy.

May 6, 2008.

CHAIRMAN MILLER AND COMMITTEE MEMBERS: I write, after studying your bill, to place my observations about its surface good intentions and its deeper fatal flaws into the public record. Unfortunately HR 5876 addresses upsetting and real state-level problems with an expensive, massively inefficient and duplicative federal solution that is likely to do substantial collateral damage to useful, innovative, irreplaceable high-quality programs that have nothing to do with these incidents or flawed practices. As written it ought not to be passed. If amended sensibly, it could serve a useful purpose.

Since my comments are critical, my motives may be relevant. Let me introduce myself briefly. I am a democrat, who has trained and worked as an economist. My objections to your bill are not to do with a doctrinaire allergy to regulation, for surely some sectors of the economy, like medicine, surgery and psychiatric programs that involve high-risk youth, need regulatory structure and constraints. With my colleagues I have supported sensible state regulation of therapeutic programs for teenagers in Montana. Inasmuch as there has been resistance to this effort in our

state, your bill could help us if it encouraged responsible state supervision for adolescent programs here. Yet, as written, your bill seems unlikely to help very much with Montana's own effort—and instead it overrides state regulation with new federal bureaucracy.

I was trained as a physician—educated at Harvard College, Cambridge University (UK), Case-Western Reserve School of Medicine (Ohio) and in Yale's Department of Psychiatry. For 8 years I was a professor of psychiatry at University of California (San Francisco), where I helped direct the training of young psychiatrists. Since then I have become experienced in private outpatient and hospital inpatient practice with both teenagers and adults. I have led adolescent hospital start-ups in Texas and Montana, serving as clinical or medical director, and I have decades of outpatient office experience. In 1997, in a break from the enforced mediocrity of managed care and unnecessary overhead costs of inpatient units, I joined other experienced clinicians to co-found a first-rate therapeutic school in a remote valley west of Glacier Park—called Montana Academy. In this past decade we hired and trained a remarkable staff: 8 PhD psychologists, 2 board-certified psychiatrists, 3 MSW therapists, 7 certified teachers, and tens of BA-level supervisory staff, who together address the protean serious developmental problems of 85 floundering teenagers.

In sum, in 35 years of clinical and administrative experience I have become expert in some of the problems of troubled American teenagers and knowledgeable about the various approaches to the treatment of their own and their families' many troubles.

Given my involvement in an innovative, safe and well-managed clinical and academic program, given our professional ethical scruples—about which I may say that we need no instruction from anyone—it is clearly in our interests to promote competent, firm regulation and licensure. It is in our interest that sensible regulation weed out irresponsible, incompetent programs and practices, and expel the bad actors. For both can harm children and, when they do, they tar our collective reputations. There is no protective motive on your committee that we do not share, nor is there any fierce indignation about wretched adult misbehavior or mismanagement that we did not also feel long before your committee hearings. In fact, we know more about what it takes to provide safe, responsible and useful treatment than you have any reason to have learned. Moreover, most of the measures your bill calls for—e.g., criminal background checks, proper training of staff, prohibitions of staff violence or sadism, adequate medical supervision, and the proper care and feeding of growing children—already are established aspects of our routine practice and should be enforced—by competent regulation—in any program involving children and teenagers. We have been impatient about the lack of enforcement of ethical standards in program marketing and in the referral process.

Yet the values and good intentions we share do not produce great enthusiasm for HR 5876. In fact, I have three substantial reasons to oppose your approach to these problems—and to propose an alternative. In brief, your hearings documented a few egregious clinical debacles and unethical marketing practices—and, as to the latter, we could add examples of practices more troubling than those the GAO cites. But as egregious as those cited cases may be, the GAO report and the evidence cited in your hearings fail to justify the solution you propose: a massive new federal howitzer to be fired immediately and from Washington, DC at distant private programs taking care of troubled teenagers.

First, your data provide no reliable measure of the size of the problem for which you propose this massive federal solution. The GAO report claims to have “identified . . . thousands of allegations of abuse . . . at residential programs across the country” (p. 1)—but these data concern public programs for adjudicated youth. Those data are not relevant to private programs for troubled teenagers. The populations of adjudicated teenagers in public programs is not at all the same as the population in private NATSAP programs, nor are those programs structured or staffed in the same ways, nor are the results of residential treatment at all comparable (Ellen Behrens, 2008). There are not “thousands of allegations of abuse” in private residential programs. And HR 5876 specifically excludes all those public programs from its regulatory mandate, so that, in effect, the GAO report demonstrates a substantial problem about apples so as to justify federal regulation of oranges.

Second, a few egregious cases of abuse, incompetence and unethical marketing practices certainly might justify sudden massive federal intervention if there were no state regulation in place already. But in many states, particularly in states in which most of the private programs for troubled youth have long been up and running, there already are regulatory rules and licensure standards, which are firmly enforced by state authorities. In some of those states (e.g., Utah) this structure and those nuanced regulatory practices are the result of years of experience and expertise. State regulators know well the best programs and best practices as well as

those programs with egregious problems, and have adjusted their regulatory practices in a nuanced way to their local, innovative programs. Surely it would be useful for federal pressure to push states new to regulation to learn from those whose tested practices result from solid experience and years of data, but to ride roughshod over those informed local regulatory agencies and to invest massively in yet another centralized federal bureaucracy seems another example of Washington arrogance and contempt. Moreover, if (as implied in HR 5876) the goal is to promote state governments to accomplish their own adequate regulation, massively funding a new national bureaucracy for inspection and enforcement hardly seems like a rational way to do it. To argue, as you have, that some examples of incompetence or misbehavior justify a massive new federal juggernaut is no different than to urge, on the basis of regularly published examples of physician malpractice, impairment or error, that we need massive federal regulation to over-ride, supercede and supervise California's own medical licensure board. I expect the honorable chairman's own state board would discover a fatal flaw in this logic.

Parental due diligence, already in place, makes the need for a new federal bureaucracy less than obvious. Unlike teen inmates in public programs, teenagers in private residential schools have parents involved—at the very least to give consent and to pay the tuition. At Montana Academy we have never enrolled a student without requiring parents first to come to Montana themselves—to discuss their children's problems, meet our staff, visit our school and talk privately with other students. Moreover, the parents of every child we have ever enrolled has been referred to us by an independent educational consultant, who has visited our program and knows all alternative programs in the nation.

In addition, there are independent accreditation bodies that, in our case, make federal inspection redundant. Montana Academy's academic program is accredited by the Northwest Association of Schools and Colleges (NWASC), which accredits Montana's public schools. Our clinical program—policies and procedures, safety, staff credentialing, clinical competence—has been accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). Both academic and clinical aspects of our program has been reviewed and accredited by the National Independent Private Schools Association (NIPSA). The state of Montana is putting in place a state licensure, and we must demonstrate that we meet state fire codes. This being so, a reasonable person must ask why—in addition to NWASC, JCAHO, NIPSA, Montana's Fire Marshall, Flathead County Public Health Department (kitchen standards) and the MT Department of Labor—the legitimate regulation of Montana Academy also requires a new federal bureaucracy, located three thousand miles away, to duplicate these requirements and inspections. At the least, it makes sense to exempt from new federal scrutiny any program that achieves regular, substantial on-site inspection in other ways.

Finally, neither the GAO report nor hearings before your committee seem to have bothered to ask a representative sample of parents about their experience—and so discover the worth of many of these private residential programs. I can tell you, as they would, that there are no equivalent services available within conventional psychiatric and psychological and academic facilities. I can tell you, as they would, that their children already had failed to respond to outpatient therapies tried at home, brief hospitalization, and competent prescriptions of (usually multiple) medications. I can tell you, as they would, that they would not have some so far, or endured a painful separation from their much-loved children, if contemporary psychiatric remedies had resolved their many potentially crippling problems.

Yet I can find little evidence in HR 5876 to suggest that, prior to offering this legislation, the committee has given respectful consideration to the collateral damage this legislation could do—as it creates a remote, federal bureaucracy and mandates unknown new rules, regulations and costly requirements. Given the total lack of consideration and knowledge about the unique virtues of these alternative programs, there is a significant risk, many of us recognize, that such a federal bureaucracy will, with the best intentions in the world, transform our less-costly, ingenious, innovative and effective private programs into stereotyped, massively-costly psychiatric hospitals. That is, we fear that, out of an imprecise picture of alternative private schools and programs, and out of indignation at the egregious misbehavior of the few, you may destroy something valuable for the many—innovative useful programs that have taken us years to develop, and about which we are justly proud.

I hope that these observations and objections can get a serious hearing from members of the committee and the Congress—and that responsible legislators will consider the duty to which physicians must swear an oath: first to do no harm.

Sincerely yours,

JOHN A. MCKINNON, M.D.,
Co-Founder and CEO.

KRISTIE HENLEY,
Bonnors Ferry, ID, May 6, 2008.

TO WHOM IT MAY CONCERN: My name is Kristie Henley (formerly Vollar, maiden name Woodbury). I'm a graduate of Explorations Wilderness Assessment Course in Trout Creek, MT, as well as Mission Mountain School in Condon, MT. I graduated Explorations in 1993 and Mission Mountain School in 1994. I am also an Affiliate member of NATSAP (National Association of Therapeutic Schools and Programs), and a student member of the American Psychological Association. I work at Woodbury Reports, Inc., owner of the resource web site *Strugglingteens.com*.

I'm not sure where to start, as I wasn't sure I'd be given a chance to share my story / experience with schools and programs in the private parent choice network. I want to thank Mr. McKeon for allowing additional testimony from graduates who hold other views of their program than those that were allowed to testify. No one coerced me (or even asked me) to share my story, it is of my own free will and desire.

I initiated contact after I watched the second of Congressman Miller's hearings on abuse in residential treatment centers, emotional growth schools and programs, therapeutic boarding schools, wilderness camps, etc. and saw the testimony of Kathryn Whitehead, former student at Mission Mountain School. One reason I felt it was important for me to speak up is because I was Kathryn's roommate at Mission Mountain School for almost eight months. She was the first roommate I had upon arrival. My intention here is not to poke holes in her testimony or bash her in any way, as each of us will see things differently and each interprets experience differently. However, I know there was at least one inaccuracy in her testimony that I'd like to be addressed for the record.

That inaccuracy is in the educational component of Mission Mountain School. According to Ms. Whitehead's testimony, "we only attended 12 hours of unaccredited education (by uncertified teachers) per week with "extreme amounts exercise". This is an exaggeration. We attended school Monday through Friday. Classes started between 9:00-9:30 am (after a community meeting to communicate with each other how we were all doing) and ended at 2:30 or 3:00 pm. At 3:30 pm we had a 45 minute aerobic exercise time, Monday, Wednesday and Friday. Depending on the season, this was either 45 minutes of biking or cross-country skiing. On Tuesday and Thursday, we did yoga or stretching. This exercise was for health reasons as well as Physical Education credits, not for punishment.

Our lunch period was an hour and a half each day. For part of the lunch break, we did community chores * * * the same type of chores rural families would do in a home, or people would do on a working ranch: cooking, dishes, kitchen cleanup, taking care of pets, cleaning horse stalls, gathering/ chopping firewood, etc. These were designed to help the students learn work ethic, discipline, responsibility, carrying your own weight, etc. There was a daily rotation so groups of girls would each take turns on different chores.

Educational classes included Health, Sciences, English, Math, etc. There were also a couple independent study programs, which provided a variety of options. The independent study classes were a lot like being homeschooled. One of the Sciences we did was Environmental/ Earth Science. As part of the labs of Earth Science, we would take field trips to the surrounding forests to identify different plant life.

We also attended 3-4 hours of standard education on Saturday morning. The classes we took were accredited and we did receive high school diplomas. My transcripts were fully accepted by North Idaho College, which would not have happened if the school were unaccredited. We even took monitored SAT's, which were also accepted by my community college. I did not have to take an entrance exam, nor did I have to take a GED exam prior to being accepted in college.

I have written numerous articles over the years based on my experiences in both a wilderness program and a therapeutic boarding school, which were published in the Woodbury Reports newsletter and on the website *Strugglingteens.com*. I have attached many of them to this letter showing that although the programs I attended were not easy, they did help me and I am grateful.

It has been 14 years since I graduated and there hasn't been one day over the last 14 years that I felt either of my programs were abusive or punitive. In fact, I currently work in the network of private, parent choice, emotional growth/therapeutic boarding schools. Many alumni do. I chose to work in this network because I believe my programs saved my life, changed me for the better and gave me tools to lead a very successful life and work through life's trials. I also know how bad it can be if a mismatched placement is made, and want to help ensure that doesn't happen.

Over the last eight and a half years of working in this network, I have visited numerous schools and programs. I have talked with children, out of the presence

of others, under no scrutiny of the staff or other students. I have asked them questions about their programs and experiences, and shared my experiences with them. Although there are bad programs and referral services out there, many programs are highly reputable and know what they are doing. I have helped place a handful of students in programs, based on their needs. I have written articles about my experiences and done a lot of research on which schools and programs work well and which don't.

In this second hearing, all the examples except one (not including the two witnesses who attended schools) were outside the network in which I work. Many were actually state run/ state placed facilities or boot camps, rather than private, parent choice therapeutic boarding schools or wilderness programs. In addition, the "referral agencies" the GAO contacted were not in fact Independent Educational Consultants experienced in successful placements of children. The GAO did not for example objectively contact my office, which is one of the largest (yet legitimate) companies of information for parents and professionals. They contacted us before the first hearing, where we shared with them some of the research we do annually on schools and programs in the private, parent choice network. They did not use any of the information we provided. We also would like to see those illegitimate referral agencies and programs shut down, but not at the detriment of the good schools and programs available to help the thousands of children who need (and succeed) in private programs.

If more information is needed, I can be contacted via email at kristie@woodbury.com, via my office 208-267-5550, on my cell phone at 208-610-9831, or postal mail at PO Box 1107, Bonners Ferry, ID 83805.

TO WHOM IT MAY CONCERN: I attended the Family Foundation School for two and a half years starting in 1991 and ending shortly after graduation from high school in 1993. During my stay at The Family I was involved in all levels of the organization, first as a troubled teen being admitted, then as a student, a senior member of the student body, an employee, and eventually as a college student.

I was shocked and appalled by the allegations made by a fellow Family School alumni, Jon—Martin Crawford, before the US House of Representatives. I know that many of the statements made by Mr. Crawford are untrue and feel compelled to do whatever I can to restore any damage to the reputation of the Family School suffered as the result of this testimony.

It is not easy for many people to understand the profoundly positive impact The Family School has had in my life and the lives of countless other troubled teenagers. All who have known me from my teen years through today mark two phases in my life, before The Family School and after The Family School. My parents, brothers, friends, and others are still in amazement and grateful fifteen years later for the process I went through at The Family and the results that it has produced.

Today I own and run a rapidly growing Internet Advertising company with over 50 employees in Lake Mary, Fl. Many of the virtues I learned while attending The Family School are actively in place in our work environment. Honesty, Work Ethic, Integrity, and the pride associated with being a contributing member of society are all alive and well within our organization. I know of many of my fellow alumni who have made significant improvements in their lives and have benefited their families and communities as the result.

I believe it is enormously important that everyone who heard the testimony of Mr. Crawford learn the reality of what really happens at The Family School. In admirably high numbers, troubled teens become top students, athletes, painters, actors and actresses, singers, golfers, debaters, chess players, and most importantly, positive members of their families. All of this is accomplished in a very loving environment that empowers people to move beyond their current troubles and issues and "act their way to right thinking".

There are undoubtedly organizations that profess to change lives, and do so under the conditions Mr. Crawford described. Like any reasonable person * * * I am horrified that such institutions exist. Please be assured that The Family Foundation School * * * is not such an institution. The greatest shame that could come from this testimony would be if legislation were passed that contained provisions which hampered the ability of life saving organizations like the Family School from carrying out their good work. Undoubtedly, there is a need to protect teenagers from mistreatment at the hands of others, let's not do so by removing the ability of The Family School to protect them from themselves.

Most Sincerely,

MICHAEL E. JENKINS,
Founder & CEO, MarketLeverage.

MICHELLE FUNARO,
Guilford, CT, May 8, 2008.

TO WHOM IT MAY CONCERN: After viewing the latest senate hearings on the child abuse and deceptive practices of residential programs, I felt compelled to write as I have a daughter who attended The Family Foundation School in Hancock, NY from Sept. 2003 to June 2005. I will share some of our family history with you. My daughter was a difficult child growing up. We, her parents, always made sure she received all the love and care that she needed. By the age of 14, she was drinking, drugging, getting in trouble in school, stealing, and getting in trouble with the law. By the age of 16, she was stealing credit cards, money, the car and taking off in the middle of the night. By this time, she would go to parties, use drugs, get drunk, and was sexually active without use of protection. She became verbally and physically abusive to us.

My daughter was the driver involved in a car accident that could have taken the lives of three other girls, as well as her. By the age of 17, she was failing in high school. The school said that they could not provide an education for her and that we needed to find someplace else for her to go. My daughter had been through the court system for 3 separate offenses (possession of drugs, possession of stolen credit cards, and for physically abusing me). She was mandated by the court to wear a monitoring device and was restricted to home, medical/therapy appointments, and school only. She was using her therapist to obtain medication that she then crushed and snorted up her nose, along with the medication that she and her friends were taking from family member's medicine cabinets or buying off the streets.

We had gotten to the point that we had to lock up our wallets/purses/money and put locks on bedroom doors so she didn't steal from us. We hired an attorney so that we did not violate our daughter's rights. We went through the court system to get permission from the courts to take her to The Family Foundation School in Hancock, NY. It would have been her choice to go to an adult woman's prison instead of going to a residential program. The court felt she was not capable of making good decisions and gave me the power to make the decision for her. The court and the school system monitored the entire time she was at the school. Reports were supplied and I continued to go to court for her with her attorney. She faced a mandated jail sentence if she didn't complete her program at the school.

This was not an easy decision for us. It took research, talking to other parents, students, visiting the school, and investigating it plus figuring out where we were going to get the funds for this. The place was clean, spiritual, food was good, educational standard were high, and the staff was well qualified and caring. Some of staff members having been former addicts themselves understood the disease. We understood that, they could help guide our children.

I took my daughter to the school with a court order in hand. She was under the influence of drugs. When we got to the school, she and her belongings went into the administrative building. She was searched, as was her clothes, toiletries, etc. They found sleeping pills hidden in a makeup container. I was allowed to say goodbye to her, which she refused, and I left. We were not allowed communications for 30 days, although I was in weekly contact with the school and a staff member who was overseeing her program and her family group.

After 6 weeks we had a meeting with other parents and staff and got to visit with our daughter. We were also exchanging letters and receiving phone calls each week for 10 minutes. If she acted up then she lost the privilege of speaking to us and we did not get the call. As her parents, we were required to go to a 12 Step Meeting. In our case, we went to Families Anonymous, a 12 step program for people affected by a family member or friend who was an addict or had behavioral issues. We also attended family and parent group sessions at The Family Foundation School. We learned how to not enable the behaviors of our loved ones.

My daughter went to school, did chores and was expected to participate in gym, help maintain the grounds (shoveling snow in the winter, sweeping, garden, etc). There were some things that I thought odd and that I questioned. My questions were answered to my satisfaction. Medical and mental healthcare was provided as needed. She went to the OB doctor, dentist, eye doctor and talked to the school psychologist. She was on some medication while she was there. My daughter was expected to participate in two extracurricular activities (chorus, art, debate, school newspaper, yearbook, or sports). The school has a nationally recognized 1st place chorus and debate team.

There were times that she received consequences. Sitting in the corner, running around the building for exercise, and yes, moving gravel size rocks back uphill to the upper parking lot when she refused to go to class. I was always informed about what was going on with her. I was aware that if the child was a danger to themselves and to others that they would be separated from the group. There was no

wrapping with duct tape and blankets. There was a padded room with cameras to monitor the child if they tried to hurt someone and were completely out of control. At no time were they left alone or physically abused.

We visited our daughter many times, ate lunch with her family group, took her off campus and made visits back home. The school went on daytrips and overnight trips to competitions, historical sites, the movies, bowling, the park and even had special programs brought into the school. There is a spiritual aspect to this school as they run the program with the principles of a 12 step program. Respect of other religions and cultures was taught. The children would go on spiritual retreats to a retreat house, in Pennsylvania, twice a year. They put on a play for the community and the parents once a year and also a holiday show. These children have amazing talents when channeled in the right direction.

I would also add that the school was open to me coming there at any time. I agreed to limit my visits to times that were best for my daughter. Personal possessions were limited due to space and need. We were allowed to send clothing and personal items as needed. Money was sent at Christmas so the children could go shopping (at a mall) for each other.

When my daughter graduated, she graduated with 30 high school credits and 9 college credits. The school works with local colleges to allow students to take college courses while they are there. After graduation she went on a trip to Lourdes, France with the Dean of Education, Father Stephen Morris, with many other graduates and staff members. They were escorting mentally and physically handicapped women to Lourdes for 9 days. After that my daughter remained at the school working in a paid position in the office for the summer before returning home.

It has taken time for things to settle down after she returned. I'm not going to say that it was perfect, because it has not been easy. She does have resentments at being sent away for 21 months. She tells us at times that she was traumatized and yet I know that she had a difficult time leaving the staff and students. I believe that I got back the same child that I sent to that school. It's the behaviors that have changed. She also knows that there are consequences and that we are strong enough to follow through with them, if she returns to her old ways. She now makes better choices, lives on her own, works, and is going to college. She is no longer that angry, abusive child. She is turning into a responsible adult, who still has some anxiety issues. We continue to support her seeking counseling.

Not too long ago she said to me: "Mom, I know someday soon that we are going to be the best of friends." I know that had we not sent her to The Family Foundation School, she would not be alive today. At the very least, she is still alive 4½ years later. I'm sure things have changed at The Family Foundation School even in the past 10-plus years. I can't vouch for what happened then. I can tell you what my experience has been over the past 4½ years. We've healed as a family. We have gained back a daughter. We will always be grateful to The Family Foundation School.

Sincerely,

MICHELLE FUNARO.

ROBERT H. KIESERMAN,
Cherry Hill, NJ, May 8, 2008.

TO WHOM IT MAY CONCERN: I am writing this letter to praise the efforts of the staff and faculty of The Family Foundation School in Hancock, New York. My son Benjamin was taken to the school on December 20, 2005 by escorts. Ben never had any substance abuse problems, but rather behavioral issues that reeked havoc and chaos in our home for over two years. Despite going from psychologist to psychologist to psychiatrists, no one was able to reach Ben. He shut himself up in his bedroom, refused to attend school, and was in jeopardy of heading down a road of self-destruction. Finally, in desperation, we sent him to FFS.

No words could ever describe the gratitude we have for the folks at FFS. They devoted every ounce of perseverance they had to turn Ben around toward a positive life direction. There were times that they needed to be firm with him, but always in a loving manner. Ben graduated from the Family Foundation School in December, 2007 with a high school diploma. He now holds down two part-time jobs and just finished his first semester of college. He lives with us, and he is a different person than he was three years ago. FFS helped Ben look at himself, develop the self-confidence that he needed, and provided him the coping skills that he will have for the rest of his life. Throughout Ben's two years at FFS, his sponsor Chris Stein along with his co-Family leader Cindy Argiros, worked arduously with Ben and was always available to us as well, and Chris became our dear and trusted partner in changing Ben's life for the better. Susan Runge, Director of Psychological Services,

was also a tremendous influence on Ben and on us, teaching us how to be better parents to an adult child. Every member of the staff interacted with Ben, and since he has been home, we have had many opportunities to openly and candidly discuss his life at FFS. Ben now acknowledges that although everyone on the staff challenged him to live up to his fullest potential as a person, they always treated him with respect, and most importantly, with a dedicated love. He has told us that there were times that other students were isolated for bad behavior, but at no time, was there any concern by any of the students that those students were mistreated. At all times, according to Ben, discipline was administered with sternness, but with compassion and with a parent's love.

I wish to go on record that both my wife and I strongly support the work of the entire staff and faculty of FFS. They have created one miracle after the next, and if not for them, most of the children who have entered through their doors as lost souls, but have walked out as accomplished high school graduates and better men and women, would never have seen that transition in their lives. We will forever be indebted to each and every member of the FFS team.

Sincerely,

ROBERT & REGINA KIESERMAN.

ROBERTA M. MATHEWS,
New York, NY, May 7, 2008.

DEAR MR. CHAIRMAN: I am writing because I respectfully oppose the elements of the recently introduced H.R. 5876, "Stop Child Abuse in Residential Programs for Teens Act of 2008". I would like to submit to you and the Committee that there are many residential treatment programs for teens which are providing very high quality clinical services and which abide by the highest ethical standards of professional conduct and delivery of services. While a small minority of the programs across our nation has proven to be negligent and should be held accountable on a case by case basis, it is my opinion that federal regulation of the many programs in our nation is unnecessary. However, the already existing regulation and licensure by each of the States as well as professional accreditation should continue as it has to assure high standards and ethical delivery of services.

My own experience with these matters makes me certain of the necessity for families to have personal choice of private treatment options for youth which are safe, ethical, and professionally effective. My teenage son, who has struggled for the past two years with serious clinical depression and severe anxiety disorder, has been receiving highly effective, professional treatment, first at a therapeutic wilderness program and then at a small residential treatment center and school. In both these private programs, the treatment services are rooted in respect, dignity, expertise, and compassion. I can assure you that many programs like the ones my son has experienced are delivering truly life-saving services to youth.

Parents of teenagers in crisis have often first utilized all modes of out-patient treatment in order to keep their teenager at home; but in some cases, like my son's, the personal crisis deepens and there needs to be a more intensive and sustained treatment intervention that cannot be provided in out-patient therapy or even in brief in-patient hospitalization. Parents, like me, who have searched for help through established channels, can find very high-quality private residential programs with the help of educational consultants who can answer all questions about licensure, accreditation, and standards of each program. Also, parents can go and visit the programs in person, which is what my husband and I did before we decided on one for our son. It is highly important to preserve the element of personal choice because what parents and their consultant need to find is a program whose specialized services match the individual needs and specific problems of each teen. When parents are searching to identify that match, they often find that the best program(s) are not in their home state. It is a very difficult decision to send one's child out-of-state for treatment, but my husband and I feel that it was the best decision that we've ever made because our son has received the specialized help that he needed so badly and which couldn't be had near home.

There have been absolutely no abusive treatment practices in the programs that I have come to know well. Both in the therapeutic wilderness program and at the residential treatment center where my son still currently resides, he has been kept safe and has been met with treatment protocols which place a priority on personal dignity and respect. The credentialed, highly professional clinicians who have worked with him and with our family have operated on the highest standards of professional conduct and also have demonstrated a solid foundation of expertise and compassion in their work with struggling teenagers.

These private programs deserve to continue their life-saving work unencumbered by federal regulation. It is far better for the States, individually, to take on the responsibility of oversight and regulation because there can be a closer working alliance between a state government and its constituent programs to ensure that professional licensure and the highest quality standards are upheld and enforced. This, in turn, will best protect the necessity for families to have personal choice of private, professional residential treatment programs which are safe, ethical, and clinically effective.

Sincerely,

ROBERTA M. MATHEWS.

May 7, 2008.

RE: A Realistic Commentary on The Family Foundation School

TO WHOM IT MAY CONCERN: My name is Sal Guarino and I have had a close association with The Family Foundation School ("The Family") for nearly twenty years. The following is my personal and well qualified letter of support for a tremendous institution that has served the desperate needs of so many so well for decades. You will find my testimony to be fundamentally in direct contrast with the one-sided comments offered by Mr. Martin-Crawford recently. I would like to thank you sincerely in advance for your consideration of my words.

Having been an employee of The Family for the better part of a decade, who was closely involved in The Family's early days of becoming the truly exceptional haven for troubled kids and families and academically superior school that it is today, and knowing its founders and many of its principal architects and contributors very well, and being acquainted with many of its alumni too, I assure you that my assessment of this wonderful institution that has helped so many is based on a solid foundation of a rich history of direct experience and observation.

I have witnessed hundreds of The Family's graduates transform from children who were typically rejected by their home schools due to behavior problems, were underperforming academically, were unhappy and in many cases profoundly sad and unmotivated to do much of anything, were abusive toward their parents (by any reasonable measure of professional or lay assessment), were putting themselves at serious risk due to a variety of high risk behavior, such as drug use, sexual promiscuity, illegal acts, self-mutilation and numerous other maladaptive behaviors, who were once 'good kids' from caring families who tried in vain to help their children, only to meet blatant and often forceful resistance from them, who had typically been treated by numerous mental health professionals by the time they came to The Family, with limited or no positive results to speak of, and I can assure you that contrary to Mr. Martin-Crawford's testimony, which was at times clearly untrue, and at other times, at best incomplete, The Family is not only being unjustly characterized in a negative light, but it is in fact a truly unique and remarkable place—a superior school academically and perhaps more importantly, a refuge that offers the safety and security that its 'at risk' students and their families need, as well as the right combination of therapeutic variables required to address the short term needs of stability and compliance for these adolescents and the long term development of strong, healthy and well developed coping skills.

Upon viewing Mr. Martin-Crawford's faulty and obviously jaded testimony, I was struck by several of his points on which I will offer comment below. Please note that I am paraphrasing his comments:

- Mr. Martin-Crawford mentioned that he suffered from relapses after leaving The Family due to his nightmares about his experiences there.

By even the most extreme brand of psychological analysis, one that would already be pushing the limits of common sense, to offer the clear causative relationship between his supposed nightmares and the relapses that Mr. Martin-Crawford suffered subsequently is spurious. This seems more clearly to be a casting of blame and inaccurate responsibility on the Family for behavior that Mr. Martin-Crawford engaged in of his own volition. The fact that Mr. Martin-Crawford, years after his successful graduation from the Family, continues to claim it was responsible for his ongoing personal struggles, is dubious at best.

- Mr. Martin-Crawford asserts that 4 of his 25 classmates are 'sober' today. (Please note that at The Family and elsewhere, 'sober' is often the word often used as a general term to describe someone being in a positive state of recovery from what may be numerous negative behavior patterns.)

Whether Mr. Martin-Crawford is using the term in this general sense or in the more literal one, suggesting that those referenced are abstinent from alcohol, it is clearly a positive attribution to The Family. This raises another interesting point.

Presuming that this is a correct statement and assuming that none of the other classmates have reaped any legitimate benefits from their experience at The Family, (another logical stretch for the point of argument here), then Mr. Martin-Crawford is in fact asserting that 16% of his group has made a significant positive accomplishment! If Mr. Martin-Crawford were to further investigate the data on recovery rates and behavior change for troubled adolescents over time, as difficult as it is to gather and interpret accurately, he may be surprised at the success he attributed to The Family, albeit perhaps unwittingly, in his House testimony.

- Mr. Martin-Crawford indicated that he had to fabricate stories of how poor his behavior was before arriving at The Family in order to create the illusion that he was getting better as a result of his stay at the school. He asserted that this was necessary in order to appease the staff members.

While he did perhaps engage in fabrication, as he claims, it was not in fact necessary. In viewing the dynamics of The Family, or any other environment that is attempting to help troubled teen-agers come to terms with their own behavior in an honest and straight-forward manner, one is advised to consider a proposition that I suspect almost all parents, including me, would be in accordance with. That is that the full truth may not always be included in the initial explanations offered by our kids! This is especially likely when the teens are in the midst of negative behavior or other addictive patterns. Perhaps if Mr. Martin-Crawford had spent more time and attention on examining his own personal liabilities, which is a core tenet of The Family's and many other therapeutic models, rather than on attempting to 'beat the system,' he would have gained further useful insight into how even the 'small' deceitful actions of word and thought may be at the root of one's difficulties or at the least be contributors to one's problems.

There are many other drastic misrepresentations and key omissions in Mr. Martin-Crawford's testimony. I am sure that anyone with even minimal exposure to The Family would find the comments of Mr. Martin-Crawford both outrageous and frankly, rather sad. As much as I dispute his erroneous testimony, I can also honestly say that I feel bad for John in light of his apparent state of mind at present. That he seems to be mired in a morass of self-pity and blame toward, as they say, 'the hand that fed him' troubles me on a personal level. As The Family suggests though, it is important to oppose someone's actions at times but to also reach a hand out to them simultaneously. This is a challenging call to action of course but one that I will certainly take on regarding John. I will make myself available to him as a friend and mentor should he wish to make that connection.

Beyond the scope of his commentary though, I would like to conclude by suggesting that members of this great body, those in whom we as citizens have placed our trust to do what's best with our most precious resources, visit The Family personally. You could then experience firsthand a place where so many thankful parents have entrusted their most precious resources—their children—into the hands of the most caring, wise and humble group of dedicated helpers and teachers you will find. Taking the time to do so would likely be a welcomed and refreshing change from the daily grind of Washington and would give you the unrivaled benefits of direct exposure to assess its merits and intentions. The Family School is not perfect but it has been so dearly close enough for so many grateful parents and alumni who swear by it. As successful as The Family has been, however, it remains very open to constructive criticism to improve itself at every level. Its track record clearly reflects its commitment to a constant, open-minded and positive evolution. And by the way, it couldn't hurt to know of a great place for a troubled teen. Perhaps someday you may need it!

Thank you again for your patient consideration of my comments. It is deeply appreciated.

SAL GUARINO,
Sanford, FL.

SCOTT MONTGOMERY,
West Point, TX.

TO WHOM IT MAY CONCERN: This Letter is in support of the Family Foundation School and staff who work miracles with kids having a difficult time finding their way. My daughter has been at the school for 1 year and is doing extremely well compared to what she was like when enrolled. My daughter thanks me every time I see her for saving her life and I agree. There may be other programs out there but I was fortunate enough to find this one and am very pleased at what my daughter has accomplished with the care and guidance of the FFS staff. I can actually say I am proud of her today, something I could not have said a year ago. I am sure

that what ever comes of this the staff at the FFS will learn from it and incorporate it into the every day life at the FFS. If you are in doubt I urge you to visit the FFS and see for yourself what this place of miracles is all about.

Thank You

SCOTT MONTGOMERY.

May 2, 2008.

TO WHOM IT MAY CONCERN: The intention of my letter is to encourage the members of the Education and Labor Committee to make therapeutic programs (specifically wilderness and residential treatment centers) available to struggling adolescents and their families which are safe and therapeutically appropriate.

I write as a parent and taxpayer to communicate my experience with two programs (the Aspen Education Group (SUWS-Idaho wilderness program) ("SUWS") and the New Haven Residential Treatment Center ("New Haven")) we used which helped save our adolescent daughter's life. The SUWS therapeutic wilderness program took place outside Boise Idaho and New Haven is located in Spanish Fork, Utah should you wish to look into their programming. My daughter has successfully transitioned from both SUWS and New Haven to a therapeutic boarding school this past year and continues on her journey in a less structured environment.

My daughter had a traumatic childhood. In 2006 we required the different interventions offered by SUWS and thereafter New Haven. When we started down this path of intervention we were full of fear, anxiety and hopelessness. SUWS (for the summer) and New Haven (the following school year) provided us with a sanctuary of safety, compassion and hope so that we could all develop life-strengthening skills and begin to examine the core issues that got us to this point.

Tragically, there have been instances of abuse and neglect in wilderness and residential treatment center programs. There is a compelling need for states to license and regulate therapeutic programs so that the safety and welfare of children in need of such services can be carefully safeguarded. The U.S. House Education and Labor Committee has convened hearings to consider allegations (some verified, some not) of abuse and neglect within private therapeutic wilderness and residential treatment center programs. To date, the majority of the voices heard have condemned such programs. There are, however, thousands of positive stories of rehabilitation and healing at many residential treatment centers and wilderness programs. I would like to go on record stating that our daughter's life and the life of our family have been saved by two of these programs. We have been given a second chance. We could not have done the work needed without this intervention.

Programs like SUWS and New Haven have saved lives, overcome incredible challenges, restored broken families through the participation of family members themselves, and helped youths reclaim their lives to become productive members of society. You should be aware that there is a broad spectrum of available programs run responsibly, safely and with integrity. I urge you to consider what programs like SUWS and New Haven are doing and support their life changing work with regulation to weed out the horror story programs. Please share our experience with your colleagues in Congress. You have an obligation to protect families and children by ensuring that responsible, safe and much-needed programs like SUWS and New Haven may continue into the future with proper regulatory oversight.

Our family has been blessed by many, many gifts we received from the staff, therapists, and treatment personnel at both SUWS and New Haven RTC. We hope that such services will be available to others in the future in their time of crisis.

SINCERELY,
Wendy M. Broadbent.

Jupiter, FL, April 28th, 2008.

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

Re: Hearing on "Child Abuse and Deceptive Marketing by Residential Programs for Teens"

DEAR CONGRESSMAN MILLER: I would like to thank you and the Committee for exposing a multi-billion dollar plus industry that has been allowed to run amok without effective regulatory oversight, licensing or enforcement. It is my understanding that I may submit the following, for Congressional Record. I apologize for

the length of this letter, however to give an accurate summation of the depth of deception and corruption that we encountered, I found it necessary.

In November of 2004, my daughter Tenley Aleksandra Ryan was admitted to what we understood was a "Therapeutic Boarding School" called Hidden Lake Academy (HLA) in Dahlonega, Georgia, owned by Leonard Buccellato. We were referred to the academy by her psychologist who provided a brochure of Hidden Lake Academy. I visited the academy web-site, telephoned the academy and was forwarded literature including a "Parent Handbook". Up until this point, I had no idea what a "Therapeutic Boarding School" entailed. I was desperate to save my daughter, as all else was failing. Hidden Lake Academy offered hope, we were vulnerable and thus a continuing nightmare unfolded.

Hidden Lake Academy Marketing Representations as apparent in all literature/media provided:

- Licensed Therapeutic Boarding School
- All peer group counselors were licensed with a Masters Degree level or higher
- All teachers were certified in their field by the State of Georgia
- Clay Erikson, "M.D." Director of Addiction Services (Addiction counselor)
- 24 hour RN on staff to dispense psychotropic medications
- SACS accredited (including Science lab required for College Preparatory Credit)
- No violent or court ordered children were accepted
- Safe, nurturing environment
- Restrictions involved light tasks such as raking and would not be 'corporal'; duration would be limited one hour, to an hour and a half after classes.
- Pre-paid tuition refunded minus last month's deposit (if child was pulled early)
- As a "Therapeutic Boarding School," fees/expenditures were tax deductible

The Truth:

• Hidden Lake Academy was not a "licensed Therapeutic Boarding School" (in their attorney's own written words to Carol Winstead ORS, "therapeutic is a marketing term" Quirk and Quirk P.C., August 8th, 2004"). HLA was marketed to other states as a licensed TBS, accepting out-of-state IEP students and children under the "No Child Left Behind ACT". No record of students transported from state to state pursuant to the ICPC, as exempt from licensure, although HLA accepted students nationwide for a 'therapeutic' program.

• All peer group counselors were not licensed by the State of Georgia. The only licensed counselors were the owner, Leonard Buccellato, who did not counsel children, but instead signed off on counseling bills for tax purposes and Joe Stapp (currently new Headmaster). For example, Kees de Ventas, Spiritual Coordinator, was given a peer group to counsel and taught English without any qualifications. Another counselor, Chris Grimwood lists an M.S.W. from "Farington University" an on-line diploma mill.

Farington University is not accepted by the State of Georgia Department of Education, therefore he cannot be licensed.

• All teachers were not certified in their field by the State of Georgia (cross utilized without permission from SACS) Example: Kees De Ventas, Spiritual Coordinator .

• Clay Erikson, M.D. Director of Addiction Services was stripped of his M.D. in the State of Washington in 1999.

• R.N. was not always on staff to dispense medication, office receptionists frequently dispensed medications. There were dangerous mistakes made.

• SACS—There was never a Science Lab on premises. HLA counsel Quirk and Quirk wrote that "a mobile lab was purchased", but HLA Director of Operations, teachers and staff later confirmed that a mobile lab was never purchased.

• Violent and court ordered children were accepted into and attended Hidden Lake Academy. Psychiatrists later reported that Leonard Buccellato asked them to change the children's diagnosis so the child could meet school parameters. For example, changing a diagnosis of Pedophilia to ODD (Opposition Defiant Disorder).

• The environment was not safe, nor was it nurturing. It was based on fear. Relentless screaming and grilling of the children ensued. Attempted suicides, rapes, cuttings, broken limbs, zip-tying, cold-cocking, hazing, and other egregious harms occurred that were not properly documented or reported, and were denied by the school. However, EMS records clearly indicate the incidents occurred, including "life flight" transport.

• Restrictions would go as long as eight hours. Parents requested restriction guidelines during a 'parent workshop' and the guidelines were never provided. Climbing up and down a hill for hours at instructors pace in all weather.

Carrying logs and boulders across a field for hours in all weather.

Relentless push-ups in a Goose Laden Field, no gloves provided

Picking up Goose feces with no gloves provided

Girls were not permitted to use lavatories, but instead told to use the “wood-line”

- Leonard Buccellato used the children as labor both at HLA, his private home, at his mother’s home and clearing land for new stables. (OSHA)

- HLA withheld pre-paid tuition monies for services not used or provided, if child was withdrawn.

- Because HLA was specifically and intentionally not a licensed Child Caring Institution under the tax code, the fees of the mere private boarding school were not properly tax deductible. Nevertheless, Owner Buccellato signed off on the counseling bills, when he never saw the children, for the unauthorized deductions taken by the unknowing parents.

Other Abuses:

- At no time, was I or other parents, informed that our minor children would be strip searched by HLA staff, without parental consent.

- At no time were we ever informed our children would be held at “the Chalet”, away from the main campus, if on restrictions when agencies or educational consultants visited.

- At no time was I or other parents informed that children would be used as informants against each other during “fall-out”. If a child did not oblige, there were severe negative consequences.

After much research about HLA, the following Georgia authorities were contacted by me and several other parents regarding the misrepresentations and abuses at HLA:

Governor Perdue; Secretary of State Cathy Cox(then); Attorney General Thurbert Baker

Tobin McDaniel GAO State of Georgia; Department of Human Resources—Office of Regulatory Services—Residential Child Care—CPS; Margaret Palli DHR; Carol Winstead DHR/ORS; Nina Edidin ORS Attorney; Tamisha Jones ORS;

Keith Bostick DHR/ORS; Sharon Dougherty ORS; Amy Murphy DHR/ORS

Katherine Wallace DHR/CPS; Cara Adams DHR/ORS/CPS; Mollie Fleeman Secretary of State Professional Licensing Board; Georgia Medical Board Agent; Adrienne Baker; State Fire Marshall; IRS Fresno, CA(on-line Fraud reporting); Department of Education; GAC;

SACS—Southern Association Of Colleges—Dr. Judy Flatt

CASI—Council on Accreditation and School Improvement—Dr. Judy Flatt

SAIS—Southern Association of Independent Schools—Tom Redmon

The Georgia ORS refused to require licensure of HLA as a Child Caring Institution (Therapeutic Boarding School) despite years of parent inquiries, complaints and pressure until HLA was hit by a class action based on fraudulent business practices that brought public attention. The ORS finally succumbed, and CPS launched an investigation into Hidden Lake Academy in the summer of 2006. CPS investigators told me they found that suicide attempts, rapes, cuttings, broken bones, zip tying, cold cocking and the like were never reported to CPS by either HLA, the Lumpkin County Sheriff’s Department, Chestatee Hospital, and other responsible institutions. Either there was no protocol in place, or if there was protocol in place, it was not followed. The ORS knew that psychotropic drugs were being dispensed, there was a “Director of Addictions,” albeit stripped of his medical license, and many children were given the wrong medication by a receptionist or whoever was available to dispense meds. ORS also was aware of the lack of licensing among the counseling staff. Nevertheless, ORS Director Keith Bostick still refused to require HLA to be licensed as a Child Caring Facility, until finally in December of 2006, the ORS was forced to admit that Hidden Lake Academy had indeed been operating under the radar for 12 years as a “Therapeutic Boarding School”, a “Child Caring Institution” without proper licensure. Despite the CPS report of 2006, ORS granted HLA two consecutive six month temporary licenses. Mr. Bostick assured us that if HLA did comply with the regulations in the first six months, ORS would shut them down. Nothing had changed, he did not shut them down.

Now ORS has allowed HLA owner Buccellato to recently open a new school, Mountain Brook Academy(MBA) on the same premises as HLA. The ORS license shows “Ridge Creek-Mountain Brook as a single entity, though Ridge Creek is the ‘sister’ Wilderness Program to HLA and a separate entity. Mountain Brook Academy advertises itself as a “Residential Treatment Center”. According to the Georgia Department of Juvenile Justice (DJJ), they were told Mountain Brook “is some kind of wilderness program” and Chris Grimwood of HLA called looking to take “baseline offenders” initially. Mountain Brook would be a lock down facility on the same campus as the three other non-secure schools. ORS will oversee the residential aspect of the program, granting a license and MHDDAD will oversee mental health. The DJJ stated ORS will make their recommendation for application and contract

of MBA to the JDD. Mr. Grimwood assured the DJJ that facilities were separate and apparently already has counseling in place. MBA will utilize all staff from Hidden Lake Academy. To put it mildly, this is highly irregular.

Numerous letters and calls to SACS and SAIS were also to no avail. Even with proof that HLA was operating at a sub-par educational level, with hand-picked colleagues making the accreditation visit and review (no Science lab, cross utilization of non-degreed teachers in different fields), they all did nothing.

Attorney General Thurbert Baker's office in a phone call, suggested "off the record", I go to the media. I was told the AG's office represents the ORS and the ORS has "sovereign immunity". I received a letter this year from the AG's office stating that I may wish to call "the Better Business Bureau".

In March of 2006, I contacted Berger and Montague of Philadelphia, September 2006, a class action lawsuit was filed. August 15, 2007, Judge O'Kelley denied the Class Suit, without prejudice. I have since objected to 'minute' class wide settlement with prejudice, as it would bear no responsibility for what has been allowed to transpire, not just pertaining to Leonard Buccellato, but the ORS and all State of Georgia agencies, entities that turned their back on our children.

In the interest of the Committee, the testimony of Dr. Christopher Belloncini of the Walker School, may be conflicting. In the spirit of full disclosure, the President of the Walker School is listed as Benjamin W. Thorndike, of Bain Capital, LLC. Aspen Education was acquired by CRC Health; Bain Capital acquired CRC Health, owning Aspen Education. As reported on FICA:

- 10/27/2007—Emily Graeber, a 15 year old Missouri girl, goes 'missing' on the way back to Aspen Education Group—owned program Island View RTC.(still missing as of 11/09/2207

- 06/28/2207—Brendan James Blum, a 14 year old California boy, died of a bowel obstruction after complaining of pain, losing bowel control and vomiting, but only given over-the-counter medicine and being told to go to bed. He was enrolled in Aspen Education Group-owned Youth Care RTC in Draper, Utah.

- 04/2007—Unidentified 16 year old attempted to hang himself from a tree at the ranch with a shoelace. After some time the staff found him unconscious and revived him, but he later died in the helicopter transporting him to the hospital. This took place in Aspen Achievement Academy in Loa, Utah.

There is far more regarding Hidden Lake Academy, but I will not try your patience any more. I have submitted documents to Keith Steck of the GAO and Keith is very aware of Hidden Lake Academy and Leonard Buccellato. I hope this letter will be of some help to the Committee and

I would be happy to address any questions you all may have and do whatever I can to bring safety, transparency, effectiveness and accountability to an out-of-control industry.

Thank you again, for the children.

Respectfully,

JILL OHANESIAN-RYAN,
Jupiter, FL.

Plano, TX, April 28, 2008.

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

Re: Hearing on "Child Abuse and Deceptive Marketing by Residential Programs for Teens"

DEAR CONGRESSMAN MILLER: Thank you for your dedication and efforts regarding this matter. As a parent of two children who were abused in a three private facilities, and who received no assistance from government agencies, I understand the importance and necessity of this action and legislation. I share your mission and have worked diligently on public internet forums to expose the fraudulent nature of such programs for the past seven years, trying to get accurate information to parents so they might make informed choices for their children. No child should be subjected to abuse and the risk of death under the guise of "therapy" or "treatment".

My older son attended Harlingen Marine Military Academy in the late 90s, which had many similarities to these behavior modification programs. He was heinously abused during the six months he attended. My son was a plaintiff in a class action suit and received one of the largest settlements, due to the nature of his abuse.

Four years later, my former husband enrolled our younger son at San Marcos Baptist Military Academy which was closer to home and had a better reputation. A week after he was there he reported his dorm officer for molesting the children

in his dorm. A repeat offender, that staff is currently serving a 95 year sentence. Since then, there was another incidence of sexual misconduct by staff. SMBMA promptly changed their name to San Marcos Baptist Academy, to avoid public scrutiny, and continues to operate. Aspen Education now has a weight loss program operating on SMBA's sizeable campus.

Following that incident, my son was terrified and began to act out. Consequently, he was expelled, at which time his father took him to Hidden Lake Academy (HLA) in Ga. I was not informed or consulted, my parental rights ignored. That is when I first learned of the private behavior modification industry. He was 14 at the time. While I did not enroll my son, I believe my testimony is worthy of your consideration. I have been in contact with many divorced parents who have found themselves in this situation and were unable to get their child out of a program once they were enrolled. Hidden Lake Academy presented false information to the judge, via telephone, in our family court hearing; that swayed the judge to rule that my son would stay, consoling me with the promise to make up my lost visitation. To that, I would implore you to add something into the legislation that would prevent this from happening to other divorced parents. Admittance should require the approval and signatures of both parents.

My former husband used an Educational Consultant, as required by HLA. When I spoke to her some time later, she knew nothing about my son. She knew nothing of HLAs methods and policies and stated that she referred to HLA based on the owner's reputation. I contacted the authorities in my state to inquire as to whether she was licensed or required to be if placing children out-of-state. In fact, such a person is required to be licensed, but they did not pursue this because she hadn't physically taken him to HLA. She never met him or my son, simply spoke to my former husband by phone, and collected a significant sum of money for a referral to a program she literally knew nothing about.

As part of this fraudulent industry, there should be stringent requirements placed on Educational Consultants, who should also be regulated. At a minimum, they should be required to confirm that the facilities they refer to are properly licensed, ensure that a pre-placement evaluation has been conducted to prove the necessity of such an austere placement, and face adverse action if they violate regulations. I taped, then transcribed my discussion with her and posted it on the internet to educate prospective parents. While kickbacks from programs to Ed Cons may be difficult to prove, HLAs Headmaster told parents attending the workshop that while HLA couldn't compensate Ed Cons, parents who provided a receipt would receive a \$250 refund that they could do with as they pleased. His tone made his intention clear. In a NATSAP press release it was reported that Aspen Education granted \$100,000 to the IECA—Independent Educational Consultants Association, earmarked for training Ed Cons on placing teens in private residential programs.

Merideth Burns PhD of HLA testified by phone at our family court hearing. She impressed upon the judge that my son was on a "slippery slope" and needed the treatment HLA offered. My son had no diagnosis prior to attending HLA. He was diagnosed as ODD by HLA, "based on his father's complaints" the day he was enrolled. I felt this to be a conflict of interest. I went to court to ask that he be brought home for Christmas so I could have an independent evaluation conducted to show the placement was unnecessary. Ms Burns told the judge that his father would lose \$110,000 in pre-paid tuition if our son left the facility. After the hearing I learned that this was false, based on the refund policy, which is documented.

When I received the call from Mike Witherspoon at HLA stating that my son had been enrolled, I asked by what authority he was able to sever contact between me and my son. Was he in trouble with law enforcement? Were they a Psychiatric Hospital? Was there a court order stating that contact between us was not in his best interest? No. They were a Therapeutic Boarding School, that was their policy, and his father had agreed to abide by it. I had grave concerns, which only grew with each passing day. Contact with his siblings, grandparents, and extended family was also severed; for no just reason. He was totally isolated from the outside world, and everyone who loved him. Mail and phone calls were censored. He was, for all intents and purposes, treated like a criminal. Tragically, a criminal who was not afforded due process.

My son was placed at HLA in violation of the ICPC (Interstate Compact) which at that time applied to these programs. I contacted the ICPC office in my state. They deferred to the Georgia ICPC office's decision that HLA was a private boarding school, therefore exempt from ICPC requirements. I provided ample documentation to refute that ruling and prove that they indeed met ICPC's criteria based on "services provided". Neither office pursued it further. In fact, my state office didn't even know the criteria or how to implement the ICPC. My interactions with them are

documented in emails. Yet, another failed attempt to have my son removed from HLA. Another mishandling of our situation by a government agency.

In case you're not aware, due to the efforts of Robin Arnold-Williams, the ICPC no longer applies to "parent-choice" residential programs. Ms Arnold-Williams was Executive Director of Utah DHS before becoming Secretary of the Washington State Department of Social and Health Services in 2005. As one can imagine, the industry disliked the ICPC and sought to exempt their programs. Pre-placement proof of need could significantly decrease profits by interfering with their "strike while the iron's hot" strategy.

I first saw my son three months after he was enrolled at HLA. Unfortunately, I don't have photo documentation, but he looked almost as bad as Aaron Bacon did before he died. He was thin, skin was ashen and dry. He was ill and had been for days. Our 36 hours together was spent treating his symptoms. He explained to me the so-called treatment he had received. I was a Counseling student at the time and was appalled by his accounts. He cried frequently. He expressed frustration and confusion. He didn't know how to comply because the rules were constantly changing. They twisted his words and used them against him. My once vibrant, confident, gregarious, son could not make eye contact with people in public. He declined to make any decisions about where we went or what we did. He was jittery and terrified of making a mistake at the restaurant, and when he inevitably spilled his drink, he lost his appetite and demanded we leave. In the car, I reached to hold his hand. He cried and asked me not to show him affection, it was too confusing. We both cried. What kind of treatment was he receiving? As I would come to understand, the so-called therapy practices were not evidence-based, but based on Synanon and est, employed by mavericks of the Human Potential movement. Might I add, concepts that even adults struggle to comprehend. The origins of the "therapy" provided by CEDU programs and all their cloans, of which HLA is one, is well documented and I'd be happy to provide that if it is useful to this investigation. I believe this to be one of the most significant frauds being committed by most programs. Parents assume, based on the advertising and cost of the program, that their child will be receiving stellar, evidence-based treatment.

At this juncture, I have to ask, why insurance companies are paying for "therapy" that is not evidence-based? Further, why are parents allowed to take tax deductions for travel expenses to visit their "disabled" child, if that child is enrolled in an unlicensed facility which fraudulently claims to their regulatory agency to be nothing more than a private boarding school, but all the while advertises to the public as a Therapeutic Program? Why are school districts paying tuition to unlicensed facilities for children with IEPs who need specialized care, when education is typically inadequate in programs? Citizen of the US are assisting parents in paying exorbitant money for non evidence-based behavior modification.

During our short visit my son divulged that he had been on restrictions for most of the time he'd been there for minor offenses and many times for unsubstantiated claims made by others. He detailed the diet he had consumed while on restrictions. This explained his weight loss. The Headmaster had mentioned that we might hear about the infamous "Restrictions Diet" in the parent workshop, stating that "while sparse, the diet had been approved by the Health Dept". He implored parents not to be manipulated by their child's complaints, but rather tell them that they were aware of the diet and supported what HLA was doing. Months later, when another issue arose, I inquired with the Health Department to confirm that they had approved the diet. They had not approved the diet and further stated that it wasn't within their scope of duties to do so. This is documented in emails.

The restrictions diet was not mentioned in the Parent Handbook, just as many other punishments. My neighbor, who was the Head of the Nutrition Dept at a local community college told me it was a starvation diet, most likely used for submission, as in Oliver. She said that no teen should consume that diet for more than 24 hours. She also said that given the strenuous nature of the work my son was required to do as punishment, that he should be consuming 3000 calories per day. This is documented in email. My son developed a dependence on Claritin and Flonase due to the excessive consumption of white bread and cheese sandwiches for two meals per day, for months on end.

When my son was denied his first home visit at 7 months, under very suspicious circumstances, I began to research the facility more thoroughly. He was instead sent to Ridge Creek (RC), their newly opened wilderness program. He was in the second group of kids and his placement there was a violation of HLAs own policies at that time. Their marketing stated that RC was not a "boot camp", but rather an outdoor leadership program. The facts didn't support that. The Director and all the staff that had daily contact with the children were ex-military. The Director did not possess the necessary credentials or experience to run such a program and most of the

staff did not possess credentials or experience working with youth. I have documentation of all staff at that time and their biographies.

In my research I discovered that residential and wilderness programs were required to be licensed in Georgia, but neither HLA nor RC were. Meredith Burns at HLA told me that wilderness programs were not required to be licensed in Ga and refused to have my son removed from RC and sent back to HLA. In June 2001 I contacted Jo Cato at the Office of Regulatory Services (ORS). I sent her ample documentation to aid her in identifying the services provided by both facilities, including links to their online marketing and information from the Parent Handbook. They conducted an investigation and reported that RC was required to apply for licensure, but they determined that HLA was exempt due to their classification as a private boarding school. This, in spite of the significant documentation I had sent to refute it. I requested to be sent a copy of the final report of their investigation of HLA through the open records act. I never received it.

When HLA discovered that I had reported them to ORS, they executed a successful plan to label me "adversarial". They falsely claimed that I was harassing staff at home and on campus. Without demonstrating any form of proof, it was decided that I would be forbidden from calling the facility; all calls had to be placed through their corporate attorney. Calls were slow to be returned, if at all. I rarely received my scheduled phone calls with my son for the remainder of his stay, which was almost a year. They successfully severed contact between us. It was very difficult to get a pass for my son to attend my father's wake. HLA offered 24 hours to travel over a thousand miles, attend the wake, and be back on campus. Their attorney overrode them and allowed 72 hours. This is documented in email.

As for the College Prep education HLA advertises, my son was an A/B student before attending HLA. He left there, just short of two years, five credits behind his peers at home. He had to attend summer school in order to graduate with his class.

Prior to my former husband withdrawing our son from HLA two months before graduation, he was slated to attend a traditional boarding school in the NE. This was required by HLA policy as part of their "warranty". If a child did not attend one of their pre-approved boarding schools following graduation, the warranty would be void. This is common to the industry, and it's my belief that it's designed to keep the child as far away from their parents as possible in order to further the illusion that the "program worked".

Resigning myself to the fact that no one could aid me in getting my son out of HLA, I began to report my experience on the internet in hopes of contacting other parents who had similar experience with HLA and other programs. Several years later, I did meet other parents who were displeased with their experience. We formed a group and collectively made demands to ORS to properly license HLA, to no avail. I'm aware that you have received detailed testimony on this issue, so I won't reiterate all the details of our experience. Except to say that after several failed attempts, appealing all the way up to the Governor, HLA was finally required to apply for licensure in 2006, six years after my first request.

Aware that scores of children had died in wilderness programs, I was very worried about my son while he was at RC. I asked ORS amongst others, to act on my son's behalf and remove him from HLAs unlicensed wilderness program. He remained the full 28 days. He had been out of RC just a few weeks when I learned that our former neighbor, Ian August, had died at Skyline Journey in Utah. Ian was one of the GAOs case studies in the first hearing. I closely followed that case, which was a gross miscarriage of justice. Familiar with Utah regulations, I noted over 20 violations based on public comments made by the program owner and staff, and law enforcement alone. The Licensing Rep who was sent to investigate attended the same LDS ward as the owner of SJ, and no violations were cited. When the DA filed charges, Stettler's comment was, "Crud, there's got to be something". He sent a different rep that cited 4 violations. As you may know, SJs license was eventually revoked but they continue to operate under the name Distant Drums.

Regarding deceptive marketing practices in general, I can provide documentation that many of the so-called independent studies published, touting the effectiveness of the programs, were indeed conducted by people who formerly had or still have direct connections to programs. One such study was prepared by Ellen Behrens and staff at "Evidence Based Consulting". She was formerly the director of Aspen's Youth Care facility where Brandon Blum died recently due to medical neglect. Partners Smoot and Fenstermacher have connections with Aspen and other programs. Jan Moss of NATSAP then attempted to apply that study to the entire industry when it only included 9 Aspen programs. To my knowledge there hasn't been one genuinely independent, third-party study conducted to date.

Over the years, I've noticed serious problems with State Licensing. Woodside Trails Wilderness was closed due to deplorable conditions, resulting from an inves-

tigation by the Comptroller. The state revoked their license and removed all state placed children. Woodside changed their name to Eagle Pines Academy and continued to do business as usual, as a private boarding school which was exempt from regulation. The state was aware of this. I sent a letter to Licensing imploring them to act, telling them that this was a common strategy within the industry. I didn't get a response. The owner of Woodside, Bebe Gaines, was on the first Board of NATSAP at that time that this happened.

Star Ranch's license was revoked following two deaths (restraint and negligence) and numerous violations of abuse and neglect. While they aren't allowed to apply for a license to operate an RTC for five years following a revocation, they are operating with a permit as a non-residential summer camp called Charis Hills Camp. A non-profit, religious-based program.

Aspen Education (now CRC/Bain Capital) owns several programs here in Texas. Excel is one of them and is not licensed. Recently a child was taken from the facility to the county jail for a wake up call. He was turned over to inmates who forced him to disrobe and proceeded to smear vasoline on his back side. He was taken by the Director of Excel and an employee of Excel who also worked for the Sheriff's department.

To this day, Aspen's Academy at Swift River remains unlicensed. They escorted the state off their property. Why doesn't licensing take a stronger stand? They could enter the property with a court order and demand that ASR apply for licensure. Why aren't they motivated to do so?

As Ken Stettler—Director of Licensing in Utah—commented, the state is “reactive”, not “proactive”. That is a fundamental flaw where states are concerned given that they have the authority and are sanctioned to inspect programs they suspect are operating without a license. Due to public pressure, Utah has the most comprehensive regulations of all the states, but are still lacking. The problem in Utah and elsewhere, solid regulations will not protect children if Licensing doesn't fulfill their obligation to enforce them. When Ken Stettler stated publicly that he trusted his fellow moron saints to correct the violations found at NorthStar (prior to Aaron Bacon's death), he should've been removed from his post and replaced with someone who had no direct personal connections to the industry. It has always seemed a conflict of interest that Utah licensing has articles written by one of their employees, Carol Sisco, which promote wilderness therapy.

I particularly appreciate that this legislation provides for a website for the purpose of disseminating information. I hope that advocates such as my self will be allowed to submit public information for consideration. ISAC—International Survivor's Action Committee has a useful format that could be considered as a model. At a minimum, I feel it would be useful to provide links to the state licensing page, and that states be required to post all investigations of abuse and violations of regulations that were cited during monitoring visits. Texas and Georgia do post most inspection reports, but Utah and other states don't post any.

One common defense used by state licensing agencies is that there is not ample financial resource to adequately monitor these programs. Attention should be given to that. Programs should pay a significant permit fee and should incur stiff fines for violations of regulations. If their record shows repeated violations, they should be put on probation and monitored more frequently and incur the necessary expense of this extra monitoring. Just as reckless drivers pay a higher insurance premium. The taxpayer should not bear the burden.

I'm very pleased about the National Hotline. Careful thought should be given to how to ensure that children and staff have access to that phone at all times. If a program is ever found to have denied access to or retaliated for a call placed to the hotline, that should be grounds for immediate revocation of their permit and significant fine. Ironically, these programs desperately need the discipline and consequences that they purport to provide to children.

NATSAP's creation was funded by the owner of HLA. They claim that their programs are either licensed or accredited with agencies such as JCAHO, giving parents a false sense of security. Last I checked, only 1/3 of their programs were licensed. Most parents do not understand the difference between the terms “licensed” and “accredited” and what aspect of the program are monitored by each. Fourteen deaths at Vision Quest and still accredited by JCAHO. Four deaths at Catherine Freer and still accredited. Ironically, Paul Smith of CF was appointed to JCAHO's Behavioral Health Advisory Board and CF was selected as a test site for the purpose of “sharpening the focus on the accreditation process, emphasizing safety and quality of patient care”. Considered an “Industry Leader”, there had been 3 deaths at CF at that time, and a fourth shortly after.

Regarding Sen McKowen's comment regarding the lack of criminal action in these deaths, there are several reasons I believe this to be. First and foremost, there ap-

pears to be a general feeling that these kids deserve what they get, by some citizens, judges, and prosecutors. On Track Wilderness, displeased with the first Medical Examiner's stated cause of death, hired a private Medical Examiner who coined the term "excited delirium" which puts the blame for a child's death during restraint squarely on the child. Appalling, but true. This was the Chase Moody death. If one investigates thoroughly, they will find the reasons there are no criminal charges filed. But, that is possibly a different investigation.

I will close there. It is very difficult, as this is but the tip of the iceberg. I have been researching and compiling information on the industry and the people involved for seven years. I would love to put that information to good use, and would be happy to answer any questions or provide further information that might assist this investigation.

Thank you again for your time.

Sincerely,

DEBORAH THOMAS-VIGLIANO,
Plano, Texas.

[Questions submitted to the witnesses and their responses follow:]

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, May 9, 2008.

Christopher Bellonci, M.D.,
Medical Director and Senior Clinical Consultant, Walker School, Needham, MA.

DEAR DR. BELLONCI: Thank you for testifying at the April 24, 2008 full Committee hearing, "Child Abuse and Deceptive Marketing by Residential Programs for Teens." Below are the questions which Committee members have asked you to respond for the record. Please send an electronic version of your written response the Committee staff. If you have any questions, please contact us.

Ranking Member Howard P. "Buck" McKeon (R-CA) has asked that you respond to the following questions:

1. Does the Department of Health and Human Services (HHS) have the capacity to carry out direct Federal regulation of the variety of residential treatment centers discussed at the hearing?

2. If not, how long would it take HHS to develop the capacity?

3. How many staff would HHS have to hire to carry out inspections of every program and location in the country? How many staff would HHS have to hire to investigate all reports of child abuse and neglect reported by the states and all complaints of child abuse or neglect received by the proposed national hotline?

4. If States were able to do a good job of regulating these programs, would direct Federal regulation be necessary?

Thank you for your time at the hearing and in responding to these questions.

Sincerely,

GEORGE MILLER,
Chairman.

Follow-Up Statement of Christopher Bellonci, M.D.

DEAR CHAIRMAN MILLER: The Ranking Member, Howard P. "Buck" McKeon has asked me to respond to several additional questions since I provided testimony before your committee on April 24th. The first three questions address the capacity of HHS to the goals of your legislation entitled "Stop Child Abuse in Residential Programs for Teens Act of 2008". In that regard I am not prepared to render an opinion as I have no knowledge of the functions and capacities of the HHS.

Regarding the fourth question, addressing whether Federal oversight would be needed if States were doing a better job of regulating these programs, I have some thoughts. I think there is an appropriate role for the Federal government to set clear definitional guidelines of what qualifies as a Residential treatment center, a therapeutic boarding school, a wilderness program or a bootcamp. These terms are often used interchangeably and add to the confusion that exists for parents and in the field of children's behavioral health. Once definitions were agreed to, then States could more easily enforce regulation that may already exist or develop or amend legislation and regulation if needed. Unfortunately, experience has shown that States have either lacked the ability or the will to regulate and license these programs on their own, leaving untold thousands of children, youth and families vulnerable to predatory marketing practices as was heard during your hearings on this topic.

I hope that this additional testimony is helpful as the committee continues its deliberations.

Sincerely,

CHRISTOPHER BELLONCI, M.D.

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, May 2, 2008.

Ms. Kay Brown, *Director,*
Education, Workforce, and Income Security, the U.S. Government Accountability Office, Washington, DC.

DEAR MS. BROWN: Thank you for testifying at the April 24, 2008 full Committee hearing, "Child Abuse and Deceptive Marketing by Residential Programs for Teens." Below are the questions which Committee members have asked you to respond for the record. Please send an electronic version of your written response the Committee staff. If you have any questions, please contact us.

Ranking Member Howard P. "Buck" McKeon (R-CA) has asked that you respond to the following questions:

1. Does the Department of Health and Human Services (HHS) have the capacity to carry out direct Federal regulation of the variety of residential treatment centers discussed at the hearing?
2. If not, how long would it take HHS to develop the capacity?
3. How many staff would HHS have to hire to carry out inspections of every program and location in the country? How many staff would HHS have to hire to investigate all reports of child abuse and neglect reported by the states and all complaints of child abuse or neglect received by the proposed national hotline?
4. If States were able to do a good job of regulating these programs, would direct Federal regulation be necessary?

Representative Robert Scott (D-VA), has asked for your recommendations on oversight for programs not covered under the definition of H.R. 5876 that you thought should be covered.

Representative Todd Platts (R-PA) has asked for a description of the ideal oversight/regulation that should be practiced by states; and

Representative Platts also asked that you submit the CRIPA report referenced during your testimony for the record.

Thank you for your time at the hearing and in responding to these questions.

Sincerely,

GEORGE MILLER,
Chairman.

Follow-Up Statement of Kay E. Brown

DEAR CHAIRMAN MILLER: Mr. Chairman: This correspondence addresses questions submitted by committee Members to the GAO on May 2, 2008 following our testimony at the above-referenced hearing.

Questions Submitted by Ranking Member Howard P. "Buck" McKeon

1. Does the Department of Health and Human Services (HHS) have the capacity to carry out direct federal regulation of the variety of residential treatment centers discussed at the hearing?
2. If not, how long would it take HHS to develop the capacity?
3. How many staff would HHS have to hire to carry out inspections of every programs and location in the country? How many staff would HHS have to hire to investigate all reports of child abuse and neglect reported by the states and all complaints of child abuse or neglect received by the proposed national hotline?
4. If states were able to do a good job of regulating these programs, would direct federal regulation be necessary?

GAO Response: We do not have the information necessary to respond to questions regarding the capacity of HHS and the staff needed to directly regulate residential facilities. This information is beyond the scope of our study.

Regarding the question of whether direct federal regulation would be needed if states were able to do a good job of regulating residential facilities: We found that states' regulation and oversight and the existing patchwork of federal legislation and oversight have failed to provide needed protections to youth in some facilities. However, in our forthcoming report to be issued in mid-May, 2008 (see Residential Facilities: Improved Data and Enhanced Oversight Would Help Safeguard the Well-Being of Youth with Behavioral and Emotional Challenges, GAO-08-346), we iden-

tify actions that states, federal agencies, and the Congress could take, either together or independently, to address these issues, and we offer policy options for each to consider. Options for states focus on ways to expand and improve oversight for residential facilities. States could expand licensing coverage to establish minimum standards for youth in all facilities. In some cases, this would require changes in state law or regulation. Other options include requiring accreditation for all residential facilities that serve youth, either in addition to or in lieu of licensing, or creating common contract provisions for all facilities. States would need to devote the necessary resources to support regular and effective monitoring to ensure that their new efforts were achieving the goals.

Question Submitted by Representative Robert Scott

What are GAO's recommendations for oversight of programs not covered under the definition of H.R. 5876 that GAO thinks should be covered?

GAO Response: Our report showed that youth well-being was at greater risk in all types of government operated and private facilities that did not benefit from the full spectrum of oversight activities, such as licensing, standards of care that address common risks to youth well-being, and monitoring. We identified gaps in licensing for both government-operated and private facilities—such as juvenile justice facilities and residential schools and academies. As currently written, H.R. 5876 covers a wide range of types of residential facilities, including private facilities. It is important to cover all types of private facilities to prevent facility operators from self-identifying their program as a type that is not covered by state licensing or, in this case, by federal oversight.

However, the bill does not cover programs that are operated by a governmental entity. Based on our work, we have found that some government operated facilities, such as juvenile justice facilities, are often exempt from state licensing requirements altogether. Annual reports prepared by the Department of Justice Civil Rights Division document patterns of severe youth maltreatment and civil rights violations in these government-operated facilities. Therefore, our report results would support a comprehensive system of licensing for all residential facilities with the common goal of serving youth with behavioral and emotional challenges, regardless of type of facility or whether such facilities were owned or operated by government or private entities.

Question Submitted by Representative Todd Platts

What is a description of the ideal oversight/regulation that should be practiced by states?

Please submit a copy of the CRIPA report referenced during the GAO testimony.

GAO Response: Our forthcoming report describes a set of fundamental elements that are needed for an effective oversight system. These include:

- minimum standards of care that address the primary risks to all aspects of youth well-being;
- comprehensive state licensing that covers the spectrum of facilities with the common goal of serving youth with behavioral and emotional challenges, regardless of ownership, operation, and type;
- regular, timely, and rigorous monitoring that includes announced and unannounced on-site visits to ensure facility compliance with standards;
- a full range of enforcement options to give oversight bodies the flexibility to quickly address identified problems depending on their severity;
- data collection and reporting systems that can act as a feedback loop to assess adequacy of oversight efforts, identify areas of weakness or risk, and inform changes in oversight policy; and
- disclosure of data and reports to government agencies and the public to allow them to make informed choices about use of facilities.

It should be noted that these elements together form the foundation for a minimum system of oversight to help ensure the safety of youth in residential facilities. For example, the basic standards we cover in our report include requirements that facilities pass inspection of the physical plant and have procedures in place for use of approved seclusion and restraint techniques, among others. However, these basic standards do not address the quality of the services provided or ensure a facility's success in helping youth address their behavioral or emotional challenges.

The past three CRIPA reports used in the GAO testimony for fiscal years 2004, 2005, and 2006, are included as attachments to this correspondence. In addition, these reports and other information on investigations done under the auspices of the Civil Rights for Institutionalized Persons Act can be found on the following Web site <http://www.usdoj.gov/crt/split/findsettle.htm#congregp>.

We appreciate the opportunity to provide this information to you and the committee on the issues of safeguarding youth well-being in residential facilities. We would be happy to provide any additional information upon your request.

Sincerely,

KAY E. BROWN, *Director,*
Education, Workforce, and Income Security, U.S. Government Accountability Office.

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, May 9, 2008.

Mr. Gregory D. Kutz, *Managing Director,*
Forensic Audits and Special Investigations, the U.S. Government Accountability Office, Washington, DC.

DEAR MR. KUTZ: Thank you for testifying at the April 24, 2008 full Committee hearing, "Child Abuse and Deceptive Marketing by Residential Programs for Teens." Below 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 Sarah Dyson of the Committee staff at sarah.dyson@mail.house.gov. If you have any questions, please contact Ms. Dyson at (202) 226-9403.

Ranking Member Howard P. "Buck" McKeon (R-CA) has asked that you respond to the following questions:

1. Does the Department of Health and Human Services (HHS) have the capacity to carry out direct Federal regulation of the variety of residential treatment centers discussed at the hearing?

2. If not, how long would it take HHS to develop the capacity?

3. How many staff would HHS have to hire to carry out inspections of every program and location in the country? How many staff would HHS have to hire to investigate all reports of child abuse and neglect reported by the states and all complaints of child abuse or neglect received by the proposed national hotline?

4. If States were able to do a good job of regulating these programs, would direct Federal regulation be necessary?

Thank you for your time at the hearing and in responding to these questions.

Sincerely,

GEORGE MILLER,
Chairman.

Follow-Up Statement of Gregory Kutz

DEAR CHAIRMAN MILLER: This correspondence addresses questions submitted by Ranking Member Howard P. "Buck" McKeon to Gregory Kutz, Managing Director, Forensic Audits and Special Investigations (FSI), on May 9, 2008, following our testimony at the above-referenced hearing.

Questions Submitted

1. Does the Department of Health and Human Services (HHS) have the capacity to carry out direct Federal regulation of the variety of residential treatment centers discussed at the hearing?

2. If not, how long would it take HHS to develop the capacity?

3. How many staff would HHS have to hire to carry out inspections of every program and location in the country? How many staff would HHS have to hire to investigate all reports of child abuse and neglect reported by the states and all complaints of child abuse or neglect received by the proposed national hotline?

4. If States were able to do a good job of regulating these programs, would direct Federal regulation be necessary?

In addition to these questions, you asked FSI to create a chart that reflects the state and local response and outcome of any investigation or action taken by the state for the cases of death and abuse FSI examined.

GAO Response

In a letter dated May 8, 2008, GAO's Education, Workforce, and Income Security (EWIS) Director, Kay Brown, who also testified at the Committee's April 24, 2008 hearing, submitted GAO's response to these four questions. Similar to the EWIS response, FSI does not have any information to respond to questions regarding the capacity of HHS and the staff needed to directly regulate residential facilities or investigate complaints of child abuse received by a national hotline. This information is beyond the scope of FSI's work.

Regarding the question of whether federal regulation would be necessary if states were able to “do a good job” of regulating residential facilities:

As previously cited by EWIS in their response submitted May 8, 2008, GAO found that states’ regulation and oversight and the existing patchwork of federal legislation and oversight have failed to provide needed protections to youth in some facilities. FSI found that, in some cases, even after action was taken against a program or staff member in one jurisdiction, that program or staff member was able to move beyond the jurisdiction of the admonishing court or agency and continue working in the industry in another jurisdiction, potentially placing additional children at risk of abuse or neglect.

GAO identified gaps in licensing for both government-operated and private facilities. A comprehensive system of licensing for all residential facilities is important to prevent facility operators from self-identifying their program as a type that is not covered by state licensing. FSI found that in some cases, even though a facility held one type of state license to operate, it did not have the required state license to provide the types of services it offered to the children under their care. States allowed some facilities to operate or obtain licensing even though they employed direct care staff not qualified or trained to effectively deal with the risks and problems children under their care were likely to experience, which sometimes resulted in the abuse, neglect, and death of those children. We reiterate that common definitions, minimum standards of care that address the primary risks to all aspects of youth well-being, and comprehensive licensing requirements that cover the spectrum of facilities with the common goal of serving youth with behavioral and emotional challenges are needed to safeguard children placed in these facilities (regardless of whether such facilities are owned or operated by government or private entities).

The lack of minimum standards of care and definitions common to all facilities located in all states hinders consumers’ ability to identify the types of services a particular facility is required or even likely to provide. Parents and guardians do not have access to information that would help verify the qualifications or past history of the program or its staff. And in the cases we examined, the majority of the children were placed in programs located far from their state of residence, presenting additional obstacles for those parents and guardians to gain access to information.

Local or state law enforcement and state child protective service agencies may lack the ability to investigate complaints filed against facilities. They have cited obstacles such as being required to rely on the cooperation of facility operators for access to staff and potential victims; failure of facilities to report incidents or complaints of alleged abuse received or identified by the facility; or that they otherwise lack the authority they feel is needed to adequately investigate complaints of abuse.

In addition to the questions addressed above, you asked FSI to create a chart that reflects the state and local response and outcome of any investigation or action taken by the state for the cases of death and abuse FSI examined. This chart accompanies this letter as Enclosure I.

We appreciate the opportunity to provide this information to you. If you have any questions, please contact me at (202) 512-9505 or Andy O’Connell at (202) 512-7449.

Sincerely,

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

Enclosure—1.

Enclosure 1

The following two tables provide further information on the case studies FSI examined for its two testimonies.

Table: Summary of 10 Cases of Death for October 10, 2007, Testimony (GAO-08-146T)

Case	Victim information	Case details	Government actions and outcomes	Other information
1	Female, 15, California resident Utah Wilderness Program (death occurred in Arizona) Died May 1990 Dehydration	Died while hiking on fifth day of program. Exhibited signs of illness for 2 days, such as throwing up water, falling down and complaining of blurred vision; staff did not realize victim was dehydrating and thought she was feigning. Program staff got lost and group wandered into Arizona.	Police investigated but no charges were filed. Utah officials cited lack of jurisdiction to investigate (death occurred in Arizona). Program closed.	Program owner previously worked as an administrator in another program where a death occurred (Case 2). After closing the program in Utah, the owner moved to Nevada and operated there until ordered to close. Program owner returned to Utah and worked at another program where another death occurred 5 years later (Case 7).
2	Female, 16, Florida resident Utah Wilderness Program Died June 1990 Heat Stroke	Died while hiking on third day of program. Staff did not have salt tablets or other supplies to offset effects of heat.	The program owner was charged with negligent homicide but acquitted. Child Protective Services concluded child abuse had occurred and placed the owner on Utah's registry of child abusers, preventing him from working in the state at a licensed child treatment facility. Two program staff agreed to cooperate with the prosecution to avoid trial; they received probation and were prohibited from being involved with similar programs for up to 5 years.	After the program closed, its owner opened and operated a number of domestic and foreign residential treatment programs over the next several years, many of which were ultimately shut down by state officials and foreign governments because of alleged and proven child abuse. The two staff who received probation in exchange for cooperating with the prosecution opened another program in Utah where another child died (Case 3).
3	Male, 16, Arizona Resident Utah Wilderness	Approximately 11 days into the program, victim began exhibiting signs of physical distress. During the next 20 days he suffered severe	The program owners and several staff were criminally charged by Utah State Attorney General's Office and the local county prosecutor. 5 staff pleaded guilty to charges that	The program owners had previously worked at a program where a child died (Case 2); they were charged criminally in
	Program Died March 1994 Acute Infection from perforated Ulcer	abdominal pain, significant weight loss (the nearly 6 foot tall victim went from 131 lbs to 108 lbs in less than 30 days), loss of ability to control bowels and bladder, and weakness, victim's body was covered in cuts, bruises, abrasions and a full-body rash	Included negligent homicide and failure to comply with a license; 1 staff was convicted of "abuse or neglect of a disabled child" at trial. All received sentences of probation and community service. Utah revoked the program's operating licensing. The program closed 3 months later because the Utah Attorney General's Office initiated an investigation into child abuses in the program, closed with finding no abuse.	that case and given probation in exchange for cooperating with the prosecution. Despite having also been prohibited from being involved with similar programs for up to 5 years, they were able to open and operate this program
4	Male, 15, Oregon Resident Oregon Wilderness Program Died Sept 2000 Severed Artery in the neck (restraint)	Several days into the hike, the victim refused to return to campsite but was not acting violently. Victim was restrained by staff and held face down to the ground for almost 45 minutes until they realized he was no longer breathing. Died later at the hospital; cause of death listed as a homicide.	One counselor was charged with criminally negligent homicide; a grand jury subsequently declined to indict. Died in part to this victim's death, in early 2002, Oregon implemented its outdoor licensing requirements. Oregon Department of Justice filed a complaint alleging numerous violations of the state's Unlawful Trade Practices Act and civil racketeering laws, including charges that the program misrepresented its safety procedures and criminally mistreated enrolled youth in an unrelated incident; the program was also charged with child abuse related to frostbite. As a result of these complaints, in February 2002, the program entered into an agreement with the state's attorney general to modify program operations and pay a \$5,000 fee. In the summer of 2002, the Bureau of Land Management revoked the camping permit for the program. The program closed in December 2002.	The founder of the program had previously worked at five other wilderness programs in Utah where deaths had occurred (Cases 2 and 3). Program founder also employed staff who had been charged with child abuse while employed at other wilderness programs.
5	Male, 14, Massachusetts resident West Virginia residential school and wilderness therapy program	Child suffered depression and had attempted suicide twice before enrolling in the program. On fifth day of program, victim cut his arm several times with a program issued pocket knife; staff did not take the knife away; program founder told staff the child	Program owners and the program were indicted by a grand jury on criminal charges of child neglect resulting in death. In exchange for dismissal of charges against them, the program owners entered a plea of no contest to the charge filed against the program (child neglect resulting in death) with a fine of \$5,000 levied against the program.	The family of the victim subsequently filed a civil suit and settled for \$1.2 million, which included the owners admitting and accepting personal responsibility for the suicide. Despite the agreement entered

	Died Feb. 2001 Suicide	was being manipulative in an attempt to be sent home and that they should ignore him to discourage further manipulative behavior. Hung himself near his tent the next day.	The state conducted an investigation and planned to close the program, however, the owners negotiated an agreement with the state not to shut the program down in exchange for a change of ownership and management.	into with the state to change ownership and management, one of the owners continued to be involved in the operations of the program and provides training to program staff
6	Male, 14, Arizona resident Arizona boot camp Died July 2001 Dehydration	On seventh day of the program, victim was punished for asking to go home, was forced to sit in 113 degree desert heat for several hours. Became delirious and dehydrated and appeared to have a compulsive seizure but staff thought he was faking. The program owner told staff to take the victim to a nearby motel room to cool him down and clean up. They placed him in a tub with running water and left him unattended. When they returned he was face down in the tub and not responsive, he had defecated and vomited on himself. When they pressed on his chest, mud oozed from his mouth. The drove him back to the camp, and eventually called 911, reporting that the victim had been eating dirt all day, had refused water, and was now unconscious and not breathing.	In 2005, founder of the program was convicted of felony reckless manslaughter for the death and sentenced to 2 years in prison; he was also convicted of felony aggravated assault of another student and sentenced to 5 years in prison. Sentences ran concurrently. He was also ordered to pay over \$7,000 in restitution to the family. Other program staff received probation after being convicted of various charges, including trespassing, child abuse, and negligent homicide. Program closed in 2001.	
7	Female, 16, Virginia resident Utah wilderness therapy component of a Utah therapeutic boarding school	Fell while hiking. Staff had not scouted the extremely dangerous area.	State Department of Human Services planned to revoke the program's license after finding multiple violations, including inappropriate staff to student ratio, hiking without a first aid kit, and failure to have an emergency or accident plan. Ownership of the wilderness component was transferred to the director of the program and	The program director and admissions director had both worked at the program discussed in Case 2; the admissions director was the owner of the program discussed in Case 1 and continues to work in the

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	Died Jan. 2002 Massive head trauma		the wilderness component subsequently closed in 2002; the boarding school remains open and licensed by the state.	industry as a referral agent.
8	Female, 15, Arizona resident Oregon wilderness therapy program (also operating in Nevada at the time) Died May 2002 Heat Stroke complicated by drug induced dehydration	Died while hiking on first day of program. Victim experienced signs of distress for several hours while hiking; collapsed and stopped breathing.	District Attorney declined to file criminal child abuse and neglect charges against two program counselors, although those charges had been recommended by investigating officers. Program did not have a license to operate an alcohol and drug treatment program in the State of Nevada where the child died. After Nevada ordered the program to close unless it complied with state licensing requirements, the program closed its Nevada operation.	
9	Male, 14, Texas resident Utah wilderness program Died July 2002 Hyperthermia (excessive body temperature)	On a 3 mile hike in desert heat, victim complained of thirst and refused to continue. Left in the sun for an hour and stopped breathing. Staff thought victim was faking illness.	Utah Department of Health Services (DHS) initially found no indication that the program had violated licensing requirements, but after the program manager and program owner were both charged with child abuse homicide, DHS ruled that there were in fact licensing violations. The program manager was found not guilty of the criminal charges, the judge ruled that he did not violate licensing requirements, and concluded that the state did not prove that the program owner engaged in reckless behavior. Later that year, however, an administrative law judge affirmed the DHS decision to revoke the program's license after the judge found that there was evidence of violations. The program closed in late 2003, but 16 months later, the owner applied for and received a new license to start a new program.	Comment 10A017 Comment 10A018
10	Male, 15, California resident Missouri boot camp Died Nov. 2004 Complications of	Victim displayed signs of physical distress and illness for several days. Program's medical officer told staff that victim was faking. Victim became lifeless and could	Missouri social services' investigation determined that program staff did not recognize the victim's medical distress or provide adequate treatment and found evidence of staff neglect; no criminal charges were filed against the program, its owners, or any staff. Several staff have made other complaints	Comment 10A020 Comment 10A021

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rhabdomyolysis	hardly move, but was punished for not participating in required exercises. Autopsy reported death was caused by complications of rhabdomyolysis due to a probable spider bite, also noting numerous bruises all over the victim's body.	alleging abuse to law enforcement, but no criminal investigation has been undertaken. The Sheriff we spoke with cited lack of access to program staff and alleged victims as obstacles to conducting an investigation.	
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Source: Interviews including prison reports, legal documents, and state investigation documents.

Table 2: Summary of 8 Cases of Death and Abuse for April 24, 2008, Testimony (GAO-08-7131)

Case	Victim information	Case details	Government actions and outcomes	Other information
1	Male, 16, California resident Arizona Boot Camp Died March 1998 Empyema (accumulation of infectious pus in the chest)	Victim suffered from asthma and chronic bronchitis. For several weeks, victim complained of chest pain and difficulty breathing, program nurse said that his breathing problems were in his head. He was punished by staff and forced to do push-ups and carry cinder blocks. Autopsy found more than 70 injuries, including some from blunt force indicating that the victim had been physically abused before his death.	Pinal County Sheriff's Office investigation resulted in the indictment of staff members including the facility's nurse on charges of manslaughter and child abuse. These charges were eventually dismissed due to insufficient evidence. According to the lead prosecutor on the case, this occurred in part because the state's expert medical witnesses reviewed information which he did not originally have and changed his position about the timing of fluid buildup. Arizona Department of Economic Security Division of Child and Protective Services (DES CPS) performed an investigation into the victim's death and found that the facility had committed numerous violations of Arizona's licensing rules and standards including physical abuse, verbal abuse, and ignoring the victim's cries for help and his medical symptoms. DES CPS also determined that the facility failed to provide the victim with health services, and allowed other children to be subjected to maltreatment, abuse, neglect, and cruel and unusual punishments. As a result, DES CPS closed the facility's application for renewal of its license.	The facility was subsequently purchased by another organization and reopened.
2	Male, 14, Texas resident Texas wilderness	Victim's hiking group became lost and spent several unforeseen hours in temperatures that reached 90 degrees.	Texas Department of Family and Protective Services investigation into allegations of Neglectful Supervision found no preponderance of evidence that abuse or neglect occurred.	
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5	<p>Male, 14-18, New York resident</p> <p>New Jersey residential behavior modification program</p> <p>Abused 1994 - 1998</p>	<p>Despite the negative results of drug tests the program performed on the victim, he was accused of being dependant on alcohol and drug abuse and "treated" for 4 years.</p> <p>Victim was restrained more than 250 times, at least 46 restraints lasted more than 1 hour and at least 2 restraints lasted more than 12 hours.</p> <p>Victim received no schooling while in the program and was held against his will past the age of 18.</p>	<p>Local police investigated, but no criminal charges were filed.</p> <p>Despite having been previously approved to participate in the state's Medicaid program in 1995, New Jersey terminated the program's participation in Medicaid, holding that the program did not qualify as a children's partial care mental health program, was noncompliant with client rights standards, and failed to meet various staff requirements such as staff to client ratios and requisite education and experience levels for staff.</p> <p>In September 1995, the program and its director were sued by the United States Attorney's Office in U.S. District Court on behalf of the Office of Personnel Management predicated on the false claims act asserting that approximately 254 claims were improperly submitted to the Federal Employees Health Benefits Program from 1988 to 1992 for services that were not provided by the physician whose name appeared on the claim forms, or were not provided by any licensed practitioner, or were provided by other adolescents, graduates of the program or former members of the program. In an agreement reached by the parties to settle the case, the defendants were required to pay \$45,000 to the United States.</p>	<p>Program founder previously worked as director of a substance abuse program in another state.</p>
6	<p>Male, 17, Connecticut resident</p> <p>Mississippi faith based academy and boot camp</p> <p>Abused April 1999</p>	<p>Victim fell from the second story of a building and suffered a compound fracture of his left arm, but he was not given medical attention for 2 weeks.</p> <p>Staff and other students harassed the victim, subjecting him to physical and verbal abuse. On one occasion, victim was beaten unconscious by staff and other students.</p> <p>A staff member owned a pit bull that he had trained to bite people in the</p>	<p>We are not aware of any law enforcement or state response.</p> <p>This program subsequently closed, however, the owner and his family have changed the program's name a number of times and continue to operate residential programs for children despite previous orders by state agencies and county courts to close dating back nearly 10 years prior to this case (as noted in column to the right)</p>	<p>In June 1988, pursuant to an investigation of allegations of abuse at a program run by the founder of this program, the State of Mississippi Welfare Department obtained a court order to remove all children not in parental custody from the program. When sheriff's deputies attempted to execute the order, the founder instructed the children to hide while he and his staff resisted the police by throwing rocks and physically assaulting the</p>

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7	<p>Male, 10, California resident</p> <p>Utah boarding school</p>	<p>croch on command pit bull bit victim in the croch.</p> <p>According to court records, other abuse inflicted by staff involved students being forced to jump in a swimming pool and when they came to the surface for air, one staff would spray the student in the face with water from a hose while another staff tried to hit the student in the head with a paddle.</p> <p>Victim was verbally abused and punched, kicked, and slapped by other students under the direction of one of the school's owners.</p>	<p>In 2005, seven criminal counts were filed against the owner. In 2006, the owner entered into a plea of abeyance agreement with the prosecution and the charges were amended to four counts of misdemeanor attempted luring.</p>	<p>officers. At least one staff member was subsequently charged and convicted in July 1989 of assault on a law enforcement officer and sentenced to 1 year in jail and receiving or obstructing arrest sentenced to 6 months in jail to run concurrent.</p> <p>In 1988, the Mississippi legislature passed legislation that required child residential homes to meet licensure requirements. The founder refused to respond or cooperate with the State Department of Health's (SDH) notices to close the program until he complied with state licensure requirements, and admitted that he threw the letter in the trash. SDH filed a complaint to close the program and permanently enjoin the founder from operating any children's residential home. In a hearing on that complaint, the county court issued an order enjoining the program founder from operating the children's home and issued a permanent injunction against him. The founder still did not close the program and in May 1995 was subsequently found to be in civil and criminal contempt and sentenced to five months in county jail.</p> <p>In July 2002, one of the owners was convicted of animal abuse related to abuse and neglect of several horses and dogs in Canada and banned from</p>
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<p>Abused Nov. 2004</p>	<p>On multiple occasions throughout his stay, victim was locked in a bathroom and a closet and forced to sleep on a shelf.</p>	<p>After 12 months and fulfilling the terms of the agreement, which included her relinquishing any right she may have to operate or be involved in any capacity with any program offering services of any kind to children within the boundaries of the county for the rest of her life, pay restitution and designated fees, and complete community service, the charges would be dismissed.]</p> <p>In November 2004, Utah DHS sent the program director a notice of Revocation of Residential Treatment License based in part on findings which included that the academy failed to provide adequate supervision which resulted in physical abuse and inappropriate sexual contact between students at the facility; not reporting incidents of physical abuse to proper authorities, and failure to provide staff with appropriate training, among many other problems.]</p> <p>In December 2004, the owners surrendered the academy's license as a residential treatment center and moved all the children into a mansion, declaring that the academy was a boarding school.]</p> <p>In December 2005, while the criminal case was pending, the State Office of Licensing notified the program owners that they were required to apply for licensure due to the passage of a state law. The owners continued to attempt to avoid state oversight by claiming they enrolled less than the number of students required for licensure.]</p>	<p>owning or having control over animals in Canada." However, in a brochure provided to parents describing the academy, equine therapy was listed as a "major factor in the success" they achieve.</p> <p>They also advertise that the program is structured around facilities in three main locations: Utah, Canada, and Mexico. However, we have not attempted to verify their current or past involvement with those or other programs.</p>
<p>6 Male, 14, California resident, Colorado boarding school, Abused May 2006</p>	<p>Staff member assaulted victim by grabbing him by the arm, pushing him into a stairwell, and slamming his face into a wall.</p> <p>Victim's face was visibly bruised including a black eye.</p> <p>Victim was also forced to kneel on the floor for hours with his knees at</p>	<p>Colorado District Attorney's office prosecuted the staff member, who was the Director at the time of the offenses, on assault and false imprisonment charges related to this victim and other students at the school. In August 2007, he was found guilty of 3rd degree assault (related to abuse inflicted upon the victim) and false imprisonment (related to another youth at the facility). He was sentenced to 12 months probation on each conviction and 25 days jail.</p>	

Comment (GA0201)

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	<p>the point where the floor meets the wall and his nose touching the wall</p>	<p>fixed court costs, and ordered to have no contact with any current or former students of the academy and no contact with the campus.</p>
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Source: Records including police reports, legal documents, and interviews with participants.

In conducting our work for the April 24, 2008 testimony, FSI identified additional potential case studies of death and abuse. However, upon examining these potential cases in further detail and obtaining related documents, we decided not to report on these cases. None of these cases resulted in substantiated allegations of abuse.

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, May 9, 2008.

Jon Martin-Crawford,
57 Hoose Blvd, Fishkill, NY.

DEAR MR. MARTIN: Thank you for testifying at the April 24, 2008 full Committee hearing, "Child Abuse and Deceptive Marketing by Residential Programs for Teens." Below are the questions which Committee members have asked you to respond for the record. Please send an electronic version of your written response the Committee staff. If you have any questions, please contact us.

Ranking Member Howard P. "Buck" McKeon (R-CA) has asked that you respond to the following questions:

1. Does the Department of Health and Human Services (HHS) have the capacity to carry out direct Federal regulation of the variety of residential treatment centers discussed at the hearing?
2. If not, how long would it take HHS to develop the capacity?
3. How many staff would HHS have to hire to carry out inspections of every program and location in the country? How many staff would HHS have to hire to investigate all reports of child abuse and neglect reported by the states and all complaints of child abuse or neglect received by the proposed national hotline?
4. If States were able to do a good job of regulating these programs, would direct Federal regulation be necessary?

Thank you for your time at the hearing and in responding to these questions.

Sincerely,

GEORGE MILLER,
Chairman.

Follow-Up Statement of Jon Martin-Crawford

DEAR CHAIRMAN MILLER: I apologize for the time it has taken to respond to the questions asked, as I have been somewhat busy with my educational requirements. Unfortunately, I can not answer the majority of the questions as asked, because I am in no position to do given my lack of understanding of the scope and necessity such a program would entail. However, I do feel as if I can honestly, and quite helpfully, offer my insights on the final question.

When asked if this is a problem that the states can handle without federal intervention, the answer is clearly not as easy as we would like. While ideally, this is a situation that all states should be able to manage, it is clear that it is not something that has been done thus far, while numerous states have been contacted about the abuses that go on. Additionally, as was pointed out in the first hearing on October 10th, 2007, part of the problem with this industry is the ability for programs to pick up and move from one state to the next, thus avoiding reporting and penalty.

The ideal would be for all states to establish their own regulations that are up to the same standards, or in excess of the standards, of what has already been included in H.R. 5876. However, until such time as the states act upon this call, it is evident that the catalyst for such regulation must come from the federal government. Just as was in the case with the paramount case of *Brown v Board of Ed.*, and other cases of integration during that important time in U.S. History, it is clear that the federal government has an obligation in this case to ensure proper and safe treatment for its most important citizens * * * the children. As a nation, we are focused on bringing evil to justice and being the leaders of a free, democratic world. We have a responsibility to do so. Part of this responsibility starts right here in our own home.

Many programs, already have called this legislation something that is going to give "drug dealers and predators" easy access to students. They have called for state, rather than any federal legislation. They have repeated this empty claim for years. Jan Moss of NATSAP sat and made the same statement, later creating a link for an "ethical complaint process" which has ever since been "under construction." While the need for programs to help the truly troubled is undeniable, we must have a safety net in place to avoid the problems that have gone on for far too long.

The proposed federal legislation is the tip of the iceberg when it comes to what is necessary for states to adopt. While it seems to be far reaching, the reality is that it is as loose as possible given the scope of the problem. As such, I see no possible way for the states to regulate such programs on their own until a federal mandate of regulations is in place. Once each state meets such standards and is able to self regulate in a safe and open way, perhaps the federal legislation would be able to back off. Regardless, the suggestion of a national reporting and statistics website is something that is useful for the long haul, and should be implemented as quickly as possible. Since the hearing, it is frightening how many parents have already contacted myself and Mrs. Whitehead about such programs and their fears of not knowing whether or not a program is safe. Without accurate reporting parents are in the dark and childrens' lives are in the balance. Please ensure that this bill moves quickly and efficiently through the necessary channels. It is of the most crucial importance for our future generations.

Sincerely,

JON MARTIN-CRAWFORD.

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC, May 9, 2008.

Ms. Kathryn Whitehead,
277 Starr St., Brooklyn NY.

DEAR MS. WHITEHEAD: Thank you for testifying at the April 24, 2008 full Committee hearing, "Child Abuse and Deceptive Marketing by Residential Programs for Teens." Below are the questions which Committee members have asked you to respond for the record. Please send an electronic version of your written response the Committee staff. If you have any questions, please contact us.

Ranking Member Howard P. "Buck" McKeon (R-CA) has asked that you respond to the following questions:

1. Does the Department of Health and Human Services (HHS) have the capacity to carry out direct Federal regulation of the variety of residential treatment centers discussed at the hearing?
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3. How many staff would HHS have to hire to carry out inspections of every program and location in the country? How many staff would HHS have to hire to investigate all reports of child abuse and neglect reported by the states and all complaints of child abuse or neglect received by the proposed national hotline?
4. If States were able to do a good job of regulating these programs, would direct Federal regulation be necessary?

Thank you for your time at the hearing and in responding to these questions.

Follow-Up Statement of Kathryn Whitehead

DEAR CHAIRMAN MILLER: In response to Ranking Member McKeon's request for a response for the record, I regret I am unqualified to comment on the first 3 questions. I would like to submit a response for the record on question 4.

If States were able to do a job of regulating these programs, would direct Federal legislation be necessary?

I do believe that federal regulation would play an important role in assuring youth safety and program accountability even in the event that effective regulation and monitoring policies were in place at the state level. I will touch upon the 3 concerns I have surrounding the loopholes that would remain present.

1. The history of the industry's fluidity, by which program operators easily relocate from one state to another, suggests a need for some type of monitoring at the federal level. Without federal regulation, a facility may easily be shut down in one state and open in a different state, under a different name. At the very least, the federal government should maintain a mechanism for tracking programs that have been closed for cause to ensure that they do not re-open in another state. Furthermore, in the event that one state has less stringent standards of oversight in scope and reach, parents may easily be deceived into thinking the same protections exist in the state in which they reside.

2. States do not maintain the same level of regulatory standards and thus there is variability across state lines. This problem can be addressed by setting a national level of requirements that becomes the basis for state regulation. Youth are often sent to a state they are not resident of. A white paper issued by the Department of Public Health and Human Services in the state of Montana titled, "Unregulated Youth Residential Care Programs in Montana," it was estimated that ninety to 95 % of youth placed in "therapeutic residential schools or programs" are from out of state. In the best interest of youth, such interstate commerce of minors should receive federal oversight.

3. The historical failure of the ability of families to hold facilities accountable suggests a need for federal legislation such as H.R. 5876, which contains the "Private Right of Action" clause and will help circumvent the obstacles which have arisen when families attempt to hold programs accountable in court for their failure to meet the standards advertised or maltreatment of their child. By allowing for jurisdictional expansion and for courts to award punitive damage and costs, such as attorney fees, families will not be limited to seek justice in a state or county with a vested interest in the promoting the particular program accused or industry and help make cases more attractive to attorneys.

Sincerely,

KATHRYN WHITEHEAD.

[Whereupon, at 12:25 p.m., the committee was adjourned.]

