



BACK FROM ARKANSAS: Katie James sits on her daughter's bed in their home in Anaconda, Montana.

Credit: Thom Bridge

ARKANSAS BLOG NEWS

## The import business: How Arkansas residential psych facilities make money on out-of-state kids

by Lara Farrar

October 7, 2024 7:00 am

*Editor's note: This story is the first in a series on psychiatric residential treatment facilities for juveniles in Arkansas. Lara Farrar's reporting for this series was undertaken as a University of Southern California*

*Annenberg Center for Health Journalism Data Fellowship grantee.*

In the spring of 2022, Katie James, a schoolteacher in the rural mountain town of Anaconda, Montana, faced an agonizing choice.

Her 11-year-old daughter was hospitalized at Shodair Children's Hospital in the Montana capital, Helena, for depression, anxiety, threats of suicide and trouble regulating her emotions. After six weeks of intensive inpatient treatment at the hospital's acute mental health unit — far longer than the usual one- or two-week patient stay — the hospital said James' daughter needed to go elsewhere. But because she was so young at the time, the family could not find a psychiatric residential treatment facility in Montana that would admit her for more prolonged care.

Doctors advised James to search for programs in other states and provided the family with a list of residential treatment facilities in Utah, Idaho, Georgia and Arkansas. Only two said they could admit the girl immediately.

One was **Perimeter Behavioral of the Ozarks**, a 32-bed facility in Springdale, more than a thousand miles from Anaconda.

"I was very nervous as a parent to send my child that far away," James said. But she felt her daughter, who had a history of violence and self-harm, needed much more support before she was ready to come home.

"I asked [her], 'How do you feel about it?'" James said. "She said, 'Mom, I need help. I want to get better.'"

The day after James' daughter was discharged from the hospital, the two boarded a plane at Helena Regional Airport and headed to Arkansas. It marked the start of a harrowing two-month stay for the child that ended with James racing back to Springdale after a riot inside Perimeter Behavioral of the Ozarks left two children hospitalized and five more arrested.



The exterior of Perimeter Behavioral of the Ozarks in Springdale.

Perimeter Healthcare, a company based in Georgia, runs three of Arkansas's 13 psychiatric residential treatment facilities, or PRTFs. The facilities offer long-term treatment programs for children with sometimes severe psychiatric, behavioral or emotional disorders, like reactive attachment disorder, major depression, bipolar disorder or schizophrenia.

Some offer specialized programs for children who have experienced extreme abuse or trauma, such as human trafficking or sexual violence. Many children end up in residential treatment facilities after entering foster care or the juvenile justice system. Others are placed there by parents or guardians, like James, who are desperate to find help.

A surprising feature of Arkansas's psychiatric residential treatment facilities is how many of their residents are not from Arkansas. On any given day, about half of their occupied beds are filled by children from other states — some from as far away as Alaska. Records from the **Arkansas Department of Human Services**, which

has regulatory oversight of the facilities, document children from dozens of states, including Wisconsin, South Dakota, Illinois and Ohio.

Until recently, Arkansas's Medicaid reimbursement rates for psychiatric residential treatment facilities were lower than rates in many states, according to those familiar with the industry and *Arkansas Times* requests for Medicaid data from other states, including North Carolina, Ohio and Alaska. The higher rates paid for patients from other states have incentivized facilities to fill their beds with kids from elsewhere. Some operators say they would not be able to stay open without the additional income.

And unlike James' daughter, many of these out-of-state children have no one to advocate for them or check on their care. Often, they are shipped to Arkansas by another state's child welfare agency or juvenile court system. Though they are housed in Arkansas facilities that are regulated by Arkansas DHS, they typically do not become part of Arkansas's foster care system; instead, they usually remain the legal responsibility of caseworkers and child welfare agencies in their home states, often hundreds of miles away.

Experts said it is hard to know how closely anyone from another state monitors these children.

"The majority of these kids in these facilities are in foster care who don't really have anywhere else to go," said **Joonu Coste**, a former attorney with the advocacy group **Disability Rights North Carolina** and an expert on children shipped across the U.S. for psychiatric care. (Coste is now an assistant attorney general for the North Carolina Department of Justice.) "No one is really looking out for them to begin with, so they can just fly under the radar, and as long as they are housed out of sight, no one is really going to ask a lot of questions."



Credit: DISABILITY RIGHTS ARKANSAS

## 'Taxpayer-funded child abuse'

Psychiatric residential treatment facilities are under increasing national scrutiny after numerous documented cases of abuse, neglect, even deaths, behind their locked doors.

In November 2023, a **teenager died in Youth Villages**, a Tennessee facility near Memphis, after being restrained by staff. (Youth Villages **said an autopsy report shows** employees did not abuse the teen while she was restrained; the teen's family said the facility is to blame.)\* **Cornelius Frederick died two days after brutal physical restraints on April 29, 2020**, after the 16-year-old threw a sandwich at another child at the Lakeside Academy facility in Kalamazoo, Michigan. Last summer, **Utah officials closed a facility called Diamond Ranch Academy** after a 17-year-old Native American girl died from sepsis there in 2022.

This June, the **U.S. Senate Committee on Finance** held a **hearing on youth residential treatment facilities** during which national experts delivered scathing testimony about staff physically or sexually abusing minors, high rates of peer violence and inadequate treatment plans. One of the speakers was **Reagan Stanford**, an attorney with **Disability Rights Arkansas**. The nonprofit is part of a national network of protection and advocacy agencies federally authorized to investigate issues in institutions that serve disabled people, giving advocates unique access to psychiatric residential treatment facilities and their records.

“Across Arkansas, facilities are rife with countless examples of abuse, violence and neglect,” Stanford told senators. “The child is often seen as the failure, not the treatment facility. And because they are viewed as the failure, all too often the child gets cycled back into a residential placement.”

A five-year investigation by Disability Rights Arkansas turned up reports of staff members hitting children in the face and showing them pornographic images and videos. The organization keeps a database of incident reports that show fights among patients, self-harm and escape attempts.

**Sen. Ron Wyden**, an Oregon Democrat and chairman of the committee, vowed to introduce legislation holding these facilities accountable. “The system is failing, except the providers running these treatment facilities, who have figured out exactly how to turn a profit off taxpayer-funded child abuse,” Wyden said. “Overwhelmingly, it’s clear that the operating model for these facilities is to warehouse as many kids as possible while keeping costs low in order to maximize profits.”

It’s difficult to know just how much money Arkansas’s psychiatric residential treatment facilities are making, but their revenue is substantial. Data from Arkansas DHS shows that the agency’s Division of Children and Family Services, which manages foster care placements, paid about \$3.8 million to 10 Arkansas facilities in the 2023 fiscal year. For the week of Sept. 9, there were 57 Arkansas foster children in Arkansas facilities.

In many cases, Medicaid foots the bill for a child’s stay, though the rates can vary dramatically from state to state. Montana, **which sent almost 200 children to psychiatric residential treatment facilities in other states between July 1, 2023, and June 30, 2024**, pays an average of about \$500 per day, according to state records. (That number includes children on Medicaid, in foster care and in the juvenile justice system.) The average stay for a Montana child in an out-of-state psychiatric facility during that time period was 146 days, and the average total cost was \$75,760 per child.

Some PRTFs are operated by nonprofits, but others are run by publicly traded corporations like **Acadia Healthcare**, one of the nation’s largest operators of psychiatric facilities. Acadia recorded revenue of \$796 million in the second quarter of 2024, an 8.8% increase over the fourth quarter of 2023. Its stock price is up 143% over the past five years. Acadia’s three psychiatric residential treatment facilities in Arkansas include **Millcreek Behavioral Health** in Fordyce, a 162-bed facility with a long history of instances of abuse and

neglect. (In September, The New York Times **published an investigation** into Acadia's hospitals that found the company had "lured patients into its facilities and held them against their will, even when detaining them was not medically necessary.")

In 2014, Arkansas cut off Medicaid payments to **Trinity Behavioral Health**, a company that operated a psychiatric residential treatment facility in northeast Arkansas that accepted large numbers of out-of-state children. Previously known as **The Lord's Ranch**, the facility was shuttered after its owner was caught bribing a state DHS official. The owner, **Ted Suhl**, was sentenced to seven years in federal prison, but he served less than half that time — then-President Donald Trump commuted his sentence in 2019 at the request of former Arkansas Gov. **Mike Huckabee**, a friend of Suhl's. Over 50 former residents of The Lord's Ranch in the '80s, '90s and '00s have since sued Suhl and his businesses, alleging widespread sexual and physical abuse by senior staffers.

Perimeter Healthcare, which operates the Springdale facility that housed Katie James' daughter in 2022, is another for-profit operator.

James said red flags first emerged for her when she had difficulty reaching her daughter by phone. When they did speak, her daughter said she was not receiving individual therapy and spent most of the day watching television.

James repeatedly requested a treatment plan for the child, to no avail. She also learned that her daughter was being heavily medicated and sleeping for long stretches at a time, with staff providing a constant supply of sedating drugs.

"They just handed out her [medication] like candy," James said.



Katie James poses in her daughter's bedroom in Anaconda, Montana, on Sept. 17, 2024, while holding her favorite stuffed animal.

Credit: Thom Bridge

But the final straw was what she learned from her daughter one day in early June 2022, during one of their rare calls. The girl told her about an incident inside Perimeter Behavioral of the Ozarks that sounded reminiscent of a prison riot.

“Big stuff went down,” James said her daughter told her. “The fire department came, police came, girls started running and tried to escape. One made it all the way to the fence. Some were escorted off in handcuffs.”

The chaos began when a resident broke the sprinkler system, setting off a fire alarm. What followed was a confusing string of events involving one child stabbing herself in a stitched wound with a piece of metal. Another child “obtained a shank from another resident and used it to injure two RNs [registered nurses],” according to reports reviewed by the *Arkansas Times* that described the June 2, 2022, incident.

Another child assaulted police officers. At least five were arrested. Two ended up in the hospital.

“I knew at that moment my daughter’s safety was worth anything,” James said. “At what point is her being there more damaging than helpful?”

In what James said was a “split-second decision,” she booked another plane ticket and returned to Springdale to bring her daughter back home.

“We have had to do additional work to undo all of the harm done by Perimeter of the Ozarks,” James said. “She still cries when she hears fire alarms.”

Perimeter did not respond to repeated requests for comment from the *Arkansas Times*.

### **‘Sending’ states and ‘receiving’ states**

Out of the 13 psychiatric residential treatment facilities in Arkansas, 10 accept out-of-state children. They include Perimeter’s three facilities in Springdale, Forrest City and West Memphis and the three owned by Acadia Healthcare. One of the Acadia facilities, **Little Creek Behavioral Health in Conway**, only takes children from other states.

In mid-September, DHS data showed 587 occupied beds in psychiatric residential treatment facilities across the state, of which 289 were filled by out-of-state children. (The number is likely slightly higher than that. Centers for Youth and Families, which has residential treatment facilities in Little Rock and Monticello, only submits numbers to DHS for children occupying beds that are designated for children on Arkansas Medicaid, an executive told the *Arkansas Times*.)

The number of out-of-state children placed in Arkansas facilities has alarmed regulators and advocates alike.

“It is a system of child trafficking,” said Coste, the North Carolina attorney and expert on the interstate system of child psychiatric care. “There are sending states and receiving states. There are states that take pride in having no PRTFs, but when you look closer you find out they are sending their kids to other states.” Advocates consider Arkansas and Utah, among others, to be “receiving” states.

*Out of 589 children in Arkansas psychiatric residential treatment facilities in mid-September, 289 were from other states, or about 49%.*

— Arkansas Department of Human Services PRTF weekly census data

As these facilities have come under increased scrutiny, some states have tried to phase out residential treatment for children in favor of early interventions and more community-based mental health solutions. But progress is slow, partly because such interventions are expensive, but also because institutionalization has become the norm.

Even as states have reduced residential settings for children, they have made little progress in implementing alternative treatment options, resulting in those states sending kids across state lines to facilities elsewhere. [A 2020 investigation by ProPublica Illinois and the Chicago Tribune](#) found the number of children sent outside of Illinois increased even as the state tried to limit the number of children living in institutions. Many ended up in Arkansas at Millcreek Behavioral Health in Fordyce.

“There are a number of states that have done away with PRTFs, but that does not mean they do not put children in PRTFs,” **Keesa Smith**, a former Arkansas DHS deputy director who is now the executive director of **Arkansas Advocates for Children & Families**, said. “We do think it is a significant problem, especially when we have children who are child-welfare involved from other states and because of the frequency of whether or not a child is being seen by that other state.”

Kids from out of state can fall through the cracks. DHS officials confirmed there have been instances in which children from other states were abandoned by their families at Arkansas facilities. **State Rep. Fran Cavanaugh** (R-Walnut Ridge), who sponsored legislation on psychiatric residential treatment facilities during the last legislative session, said Arkansas facilities have taken in children covered by private insurance, and “when the private pay ran out, the parents, on several occasions, would not come and pick up the child, so then the child became a ward of the state of Arkansas.”

Foster kids from out of state can sometimes languish for months, even aging out of the system. That “could also create issues, particularly since other states are not required to care for these youths any longer once they turn 18,” **Gavin Lesnick**, a spokesman for DHS, said in an email.

**Meredith Parekh**, an attorney for **Disability Rights Texas**, said there is typically “very minimal oversight” from a foster child’s state of origin. “There is a particular kind of terror when a client is placed out of state and knowing there are terrible things that can happen. I can only imagine the terror and abandonment the kids feel when they are sent out of state,” she said.



An interior shot of Perimeter Behavioral of the Ozarks in Springdale.

Credit: Disability Rights Arkansas

Communication between authorities in other states and Arkansas appears to be sporadic at best. In 2021, reporters with the Arkansas Democrat-Gazette reported on the use of restraints that resulted in children with broken bones at Centers for Youth and Families' Little Rock location, which accepted children from Idaho and other states. Arkansas officials issued a rare letter of reprimand to The Centers and required the facility to adopt a corrective action plan. When Democrat-Gazette reporters contacted authorities in Idaho, they were unaware of the letter or the action plan, which had been issued months earlier.

James said she was kept similarly in the dark about the violence at Perimeter Behavioral of the Ozarks in June 2022. “I had to hear about it from my daughter,” she said. “Not one single staff member told me about it.”

Taking kids from elsewhere in the country sight unseen can also strain resources in Arkansas facilities. **Peggy Kelly**, the chief clinical officer and interim CEO at [Youth Home](#), a psychiatric residential treatment facility on the outskirts of Little Rock, said her facility previously accepted children from child welfare agencies in other states, but no longer.

Those seeking placements in Arkansas were not always transparent about the seriousness of the child’s therapeutic needs, Kelly said. Some of the incoming children were struggling with severe mental health issues that Youth Home was not equipped to deal with, requiring treatment in acute hospital settings. “But we could not find an acute facility that would take them because they were from [another state] and the [acute hospital] was not sure it would get paid, so we would have to manage an acute kid in a PRTF, which is not safe,” she said. Some kids were violent, placing other children and staff members at risk of being hurt, Kelly said.

She described one child who injured two employees. Youth Home had to have the child arrested and placed in juvenile detention, Kelly said.

“It was two days of hell,” she said.

Third-party transport services sometimes do the work of hauling children across state lines, a practice that can be inhumane and traumatizing. Kelly described child transport services that pick up patients in a van in the middle of the night, outfit them with physical restraints, and drive them to treatment facilities hundreds of miles away.

“It happens, and it is horrific,” Kelly said. “We would never participate in anything like that.” Employees at other Arkansas facilities, who spoke on the condition of anonymity for fear of losing their jobs, confirmed this practice, describing children who had been flown to Arkansas in shackles.

While Arkansas’s psychiatric residential treatment facilities house hundreds of out-of-state kids at any given time, they sometimes do not have room for Arkansas children. Kids can wait for weeks for a bed to open up. Cavanaugh, the state representative, said she first became aware of such problems when she learned of a 12-year-old boy in her district who urgently needed help.

“We had nowhere to put that child,” Cavanaugh said. “He could not go back home. It was a nightmare. A judge eventually intervened and found a placement, but the experience made her realize the state doesn’t have enough available beds, she said.

## Patchwork funding, regulatory loopholes

Money — or the lack of it — has been one of the main drivers behind the practice of shipping children to Arkansas.

The families of some children pay out-of-pocket or via private insurance plans, but most children who need residential treatment are on Medicaid. Because Medicaid is a joint state-federal program, reimbursement rates can vary significantly from state to state. For years, Arkansas Medicaid paid facilities \$350 per day to provide residential treatment for one child. In comparison, Montana's daily rate was \$500. Alaska paid a daily rate of up to \$550, according to records obtained from that state's health department.

The rates paid by other states can be opaque themselves, with agencies negotiating payment on a case-by-case basis, depending on the type of treatment a child needs. In an email, the North Carolina Department of Health and Human Services said its average Medicaid rate is about \$420 per day, but the agency said it couldn't provide a standard daily rate. "Each facility is paid individually and at different rates," a spokesperson said.

**Andy Altom** is chairman of the state **Child Welfare Agency Review Board**, one of several entities that licenses and regulates psychiatric residential treatment facilities. He is also president and CEO of **Methodist Family Health**, which operates residential treatment facilities in Little Rock and Bono. Methodist's facilities are among the few in Arkansas that do not accept out-of-state kids, but that comes at a cost, he said.

"We are losing money," Altom said in a 2022 interview. "Because of the level of staffing you have to use with those very difficult kids, that daily [Medicaid] rate does not support it. So we can understand why other people are taking out-of-state kids.

"It is probably to survive. To keep their doors open."



Children sit in a classroom at Methodist Family Health's psychiatric residential treatment facility in Little Rock — one of the few such facilities in the state that does not accept out-of-state kids.

Credit: Heather Collins

Kelly, the Youth Home chief clinical officer, said her facility “would not be able to operate safely and therapeutically if we only accepted Arkansas Medicaid.” Although Youth Home no longer accepts clients from other states’ child welfare systems, it still takes out-of-state kids from other sources. They include military families covered by Tricare, which pays about \$1,000 per day for residential treatment.

Those higher rates make a huge difference to Youth Home’s bottom line. “We have a lower staff-to-patient ratio than is required and pay our direct care staff a living wage,” Kelly said.

State lawmakers and DHS have been trying to address the issue. In 2023, DHS set a new Medicaid “comparison rate” of \$500 for managed care entities that handle payments for most Arkansas children placed in psychiatric residential treatment facilities.

“We gave them a significant raise,” Rep. Cavanaugh said, acknowledging that the state’s Medicaid rates have been too low in the past. “For these places to stay in business, they were having to take out-of-state kids and private pay kids to help make up what was not being paid through the state of Arkansas.”

*Kelly, the Youth Home chief clinical officer, said her facility ‘would not be able to operate safely and therapeutically if we only accepted Arkansas Medicaid.’*

The state Legislature also passed a law in 2023, sponsored by Cavanaugh, that gave Arkansas DHS the authority to monitor the care of children sent here from other states. It also allows DHS to impose civil penalties of up to \$2,500 per violation when facilities fail to follow the rules, conceal information from the agency or demonstrate “gross negligence.”

“Unless there is a specific agreement, the state of Arkansas had no obligation to monitor anything for out-of-state [children],” Cavanaugh said. “But they do now with the passage of this law.”

But Stanford, the Disability Rights Arkansas attorney, told the *Arkansas Times* she is not optimistic. “I have no reason to believe that DHS has any interest in or intention of connecting with other states to alert them to identified issues with individual residents,” she said, given that Arkansas and other states have failed to share basic information with one another in the past about placements of kids across state lines.

“Unfortunately, based on the history of enforcement in the state, there is little reason to believe that this legislation will dramatically impact the quality of the facilities,” she said. “I hope I am wrong.”

(An earlier version of the bill went further: It would have required each PRTF to “allocate a minimum of 70% of its licensed bed capacity to Arkansas residents or the children of Arkansas residents” at any given time. That provision was struck from the final legislation.)

To comply with the new law, DHS is contracting with **Arkansas Foundation for Medicaid Care**, a nonprofit that works with state Medicaid programs and health care providers, to make sure children are being treated appropriately, “whether they are an in-state or out-of-state placement,” DHS said in an email. That contract will go into effect Jan. 1.

It's not always clear what state agency is responsible for overseeing what. The regulatory confusion sometimes allows the facilities to operate with a surprising degree of independence.

For example, in 2008, the Arkansas Department of Health placed a moratorium on any additional psychiatric residential treatment beds licensed for children on Arkansas Medicaid, apparently due to concern over the industry's growth. The cap was put in place "to stem the increase in existing areas that were over-bedded," **Danyelle McNeill**, a health department spokeswoman, said via email. The agency has approved a total of 520 beds for Arkansas Medicaid children.

Despite the moratorium, though, the Child Welfare Agency Review Board allowed Arkansas facilities to keep adding more beds over the following decade. Those beds can't be used for Arkansas Medicaid recipients — but they can be used for out-of-state children. According to numbers provided by DHS in March, the 13 psychiatric residential treatment facilities in Arkansas include a total of 685 licensed PRTF beds, 165 of which are effectively out-of-state-only beds that were never approved by the Arkansas Department of Health.

Acadia, the national behavioral health care provider, used this loophole to open Little Creek, the Conway facility that only takes children from out of state. None of its 64 beds are authorized for Arkansas Medicaid placements. The Child Welfare Agency Review Board approved Little Creek in January 2020.

The Arkansas Legislature passed a law in 2021 that closed the loophole, seemingly preventing the Child Welfare Agency Review Board from granting more beds to a facility without it also receiving health department approval. "I had been concerned because we have a facility in Conway that is one of the very few in the whole nation that is set up especially for deaf kids," said **Rep. Charlene Fite** (R-Van Buren), a sponsor of the 2021 law, referencing Little Creek's specialized programs for deaf and hearing-impaired children. "They could not take deaf kids from Arkansas but had deaf kids from all over the nation."

But the law did not change the status of the out-of-state-only beds that were previously approved by the board. Over the years, the facilities have grown to accommodate large numbers of kids from other states, and they continue to do so. A DHS headcount from August showed 592 total occupied beds, with 310 kids from Arkansas and 282 from out of state.

Most weeks, Millcreek Behavioral Health, Acadia's 162-bed facility in Fordyce, has more than 100 children who are not from Arkansas, DHS data shows. Little Creek continues to serve only out-of-state children; it is almost always at capacity. Acadia's Piney Ridge Treatment Center in Fayetteville typically has almost half of its 102 beds filled with non-Arkansas residents.

And despite the change in law, Acadia hopes to find a way to add still more beds. All three of Acadia's psychiatric residential treatment facilities in Arkansas are undergoing "construction/expansion projects,"

according to emails to DHS from Acadia executives reviewed by the *Arkansas Times*. A planned expansion of Little Creek includes 24 beds, while Millcreek is adding a 12-bed building. Justin Hoover, the chief executive of Piney Ridge, appeared before the Child Welfare Agency Review Board in June to discuss the request of 12 additional beds for out-of-state children.

Hoover said Acadia has “been trying for six months” to get approval for the additional beds “but there is not a process in order to do it that is identified.”

Altom, the board chair and Methodist Family Health CEO, told Hoover the 2021 legislation now prevents the Child Welfare Agency Review Board from granting additional beds.

“If we could, I would not be opposed to it, but I don’t think we can do it,” Altom said. “I honestly think you are going to have to change the law to do it, and trust me, we know the feeling. We know your pain because some of us providers, when that law was written, it killed a bunch of our licenses. We felt the same way you do.”

In an email to the *Arkansas Times*, an Acadia spokesperson confirmed the company’s intentions to grow: “Working with the state, we expect to expand access to care at each of our Arkansas facilities for patients both within the state and across the nation.”

“Our licensure allows Acadia to serve local and national patient populations, and we work closely with state regulatory officials to maintain the highest levels of care for our patients ensuring that upon discharge all requirements and expectations are met for patients and their families,” the spokesman said, adding that children from other states in Acadia’s Arkansas facilities “are heavily monitored” by those states.



An interior photograph of Perimeter Behavioral of the Ozarks, the facility where Katie James sent her daughter.

Credit: Disability Rights Arkansas

## **'A ticking time bomb'**

On Nov. 1, 2022, emergency dispatchers in Northwest Arkansas received a 911 call from a child inside Perimeter Behavioral of the Ozarks, the Springdale facility where Katie James had sent her 11-year-old daughter. Six months after the June incident that prompted James to withdraw her child, the facility was in chaos again.

"There is a riot. We need you," the caller said to the 911 operator. "I need you to send everyone you can." Screaming can be heard in the background.

The operator responded: "Are there any weapons involved? Is anyone injured?"

“Yes, people are injured,” the child said.

“Are they needing ambulances?” the operator asked.

“Most likely,” the child said. “I need you to hurry.”

0:00 / 2:47

Listen to the Nov. 1, 2022 911 call from a child receiving treatment at Perimeter Behavioral of the Ozarks. (Source: Disability Rights Arkansas)

Stanford, the Disability Rights Arkansas attorney, emailed a recording of the 911 call to the Child Welfare Agency Review Board before its January 2023 meeting. At that meeting, some board members expressed concern about the pervasive problems at Perimeter Behavioral of the Ozarks.

“This is a ticking time bomb,” board member **Sanford Tollette** said. “It is just a matter of time before something serious is going to happen to a kid. This is dangerous.”

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Facility Type: Residential

Incident Type: Dual

Report Description: Peer disclosed to MHT Lead Blair P. that resident ( ) - ( ) told peer that she ( ) had sex with staff member ( ) last night. Camera footage reviewed. Footage showed staff and resident went into the cafeteria and off camera on 3 separate occasions. The longest time off camera was 7 minutes. Resident spoke with Program Director, Patient Advocate, and Clinical Director and stated she had sex with ( ) on 2 separate occasions with last night being the last time.

Interim Action Narrative: ( ). Staff member sent home on suspension pending investigation. His key fob disabled. Resident's clothes from previous night were placed in a bag. She will be interviewed and evaluated by the Children's Safety Center on 8/1

Facility Name: Perimeter of the Ozarks

Facility Number: 237

Facility Type: Residential

Incident Type: Dual

Report Description: Resident ( ) reported that ( ) (AO) knew she had sexual impulse issues and allowed her to do stuff. ( ) stated that ( ) allowed her to touch her knee, thigh, and vagina over the clothes. ( ) reported the incident happened all the time and would occur at the staff's table in the dayroom. ( ) reported that ( ) allowed her to do that. ( ) is no longer employed at Perimeter.

Agency Name: Perimeter of the Ozarks

Agency Number: 237

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Arrest

Incident Description: Resident ( ) was aggressive with staff and assaulted a RN. The resident then obtained a shank from another resident and used it to injure two RNs.

Agency's Interim Corrective Action: Staff attempted to redirect and restrain resident.

**INCIDENT REPORTS:** Snapshots of Arkansas DHS reports documenting serious incidents at Perimeter Behavioral of the Ozarks.

The board discussed whether an emergency closure of the facility might be necessary, an almost unheard of sanction. (The only Arkansas PRTF to be shut down in recent memory is The Lord's Ranch, and that closure was due to misuse of Medicaid funds rather than concerns over the welfare of children.)

If Perimeter Behavioral of the Ozarks were to be closed, though, it wasn't clear what would happen to the facility's out-of-state kids. "There would not be an issue finding placements for the Arkansas children or the DCFS [Division of Children and Family Services] children," **Michelle Bridges Bell**, a DHS attorney, told the board. "We would run into an issue with where to place the out-of-state kids. That would not be a quick process."

The board placed Perimeter on a probationary license instead. The probationary license had originally been set to go into effect in 2022, but the board and DHS had failed to offer Perimeter a "pre-deprivation hearing" as required by regulations, so the length of the sanction was shortened by several months.

"The pre-deprivation hearing is something we were unfamiliar with," one board member said at the January 2023 meeting. "It slipped through the cracks."

Regulators' unfamiliarity with the protocol for sanctioning a PRTF indicates how rarely it is done. State laws and regulations remain confusing, and oversight of the facilities rests with a maze of state agencies, boards, third-party contractors and other entities.

"The regulations are so lax here, I think that is why we are a haven for so many [PRTFs]," **Kris Stewart**, an investigator with Disability Rights Arkansas, said. "Other states have been like, 'We are not going to get in that business.' ... Here you can get away with almost anything."

Perimeter Behavioral of the Ozarks' probationary status expired in October 2023, but its issues haven't gone away. Records obtained by the *Arkansas Times* show that between April 4 and Aug. 1 of this year, DHS received 19 serious incident reports from the Springdale facility. The Springdale Police Department is frequently called there, police reports show. (Because psychiatric residential treatment facilities largely self-report incidents, there could be even more that were not documented — a concern raised by watchdogs like Disability Rights Arkansas.)

During an Aug. 28 Child Welfare Agency Review Board meeting, a DHS employee reported the agency had received 11 complaints against Perimeter Behavioral of the Ozarks within the last 90 days, including six peer-on-peer sexual abuse allegations, three allegations of abuse of a resident by a staff member, one for failing to provide therapy services and one for unnecessary use of physical and chemical restraints. The facility was cited eight times by DHS for issues including "behavior management and restraint documentation," and four times for failing to report incidents to the state's child abuse hotline.

James, the mother from Montana, was able to find better treatment options for her daughter once they returned from Arkansas. The child was placed in an intensive therapeutic program enabling her to receive treatment at home with her family, instead of a residential facility over 1,000 miles away.

“It’s been far better than sending her to Arkansas,” James said. “My heart hurts for the kids there who don’t have family looking out for them and advocating for them.”

*\*This story has been updated since its original publication to include Youth Villages’ account of a November 2023 death at one of its facilities.*

4 Comments

1

Login ▾

G

Join the discussion...

LOG IN WITH

OR SIGN UP WITH DISQUS ?

Name



Share

BestNewestOldest

C

Conwegian

6 months ago

Thanks for this good reporting. Another significant issue is (or has been) the burden placed on local school districts to provide assessment and IEPs for children at facilities in their boundaries, even if the children are not attending public schools and are not residents of Arkansas.

3oReplyShare >



Roger Head

6 months ago

So the system is rife with problems (both residents and staff) at the current number of beds allowed and yet the same businesses want to grow their numbers before the problems are resolved?

Tell me what is wrong with that picture.

3oReplyShare >

G

Grace Lead

5 months ago

