



October 19, 2007

Gregory D. Kutz, Managing Director  
Forensic Audits and Special Investigations  
U. S. Government Accountability Office  
441 G Street, N.W.  
Washington, D.C. 20548

Dear Mr. Kutz:

I am writing to you to express serious concerns regarding the inaccuracies and misrepresentation of facts as noted in your testimony GAO-08-146T – “Residential Treatment Programs: Concerns Regarding Abuse and Death in Certain Programs for Troubled Youth” as specifically related to Case 8.

Following you will find a point-by-point itemization of the factual inaccuracies and misrepresentations:

1. In two different references you note that the young woman’s death took place on the first day of the program (p. 16 and p. 29). This is incorrect. She died on the second day of the program. On the first day of the program, the adolescent took part in an office-based family meeting that included the staff members who would be leading the expedition, her parents, and the other participants and their families. After the meeting the participants were outfitted with appropriate gear and supplies and then driven to a trailhead where they set up camp for the evening. They began their expedition after breakfast the following day.
2. In your testimony you state, “The victim had had a drug screening done 1 week before entering the program; she tested positive for methamphetamine, which the program director knew but the staff did not.” This is incorrect. All of the staff members on the expedition were aware that she had used methamphetamine. We had completed a psycho-social assessment on this child which included American Society of Addictions Medicine (ASAM) screening criteria. Additionally, the issue of methamphetamine use was brought up at the family meeting on the first day of the program, which explains why all of the other clients on the expedition were aware of her use.
3. In your testimony you state, “However, the program did not make a determination whether detoxification was necessary, which was required by the state where the program was operating (Nevada), according to a court document.” This is incorrect. Based on the information we had from the young woman’s physical exam, signed by the family physician, and the information that we obtained from the parents regarding the extent of

her drug use, plus our own psycho-social assessment which includes ASAM screening criteria, a determination was made that there wasn't a need for inpatient medical detoxification. It is important to understand that our program is designed to accept adolescents that have been abusing drugs and alcohol. On the day clients arrive at our program, each undergoes a thorough search including their clothing and belongings to ensure that drugs are not brought with them on our expedition. Moreover, our program has specific graduated exertion levels to allow participants to physically adjust to the activity level.

4. In your testimony you note, "The victim was also taking prescribed psychotropic medications, which affected her body's ability to regulate heat and remain hydrated." Information and warnings regarding this specific medication and its link to heat illness were not published by the FDA until a year after this young woman's death. Specifically, the medication was found to inhibit one's ability to sweat (oligohydrosis), thus making it difficult for one's body to regulate internal temperatures through the normal mechanisms. The day of the young woman's death, she had hiked less than two miles over a five hour period that included rest breaks and a lunch break in the shade. There was little elevation gain (approx 500') and the temperatures were in the high 70's. She consumed at least 1.5 liters of water and had taken a rest in camp prior to her collapse at a spring, where the group was refilling their water bottles.
5. In your testimony you state, "The EMT on the expedition had recently completed classroom certification and had no practical field experience." This is incorrect. The staff member in question was new to our program; however, he had worked in other outdoor settings prior to this expedition. More importantly, this statement is a misrepresentation as it fails to note that both of the other staff members on the expedition had Wilderness First Responder (WFR) certifications and had multiple years of experience operating in remote backcountry settings. For your information, the accepted standard of care in outdoor programs is to have a single WFR on an expedition. We had two WFRs and one EMT, which far exceeds today's standards. Additionally, one staff member held a master's degree in social work. The staff to student ratio on this expedition was 3:7.
6. You state that, "The district attorney's office declined to file criminal child abuse and neglect charges against two program counselors, although those charges had been recommended by investigating officers." Please provide your source for this information. This is a serious misrepresentation that implies unlawful conduct on the part of our staff members, an allegation that is simply not true.
7. In your testimony you state, "Moreover, even though the wilderness program attended by the victim had been running for 2 years, it was not licensed to operate in Nevada." This is a misrepresentation. We were certified in the State of Nevada to provide drug and alcohol treatment services and were clinically supervised by licensed Nevada practitioners. In addition, we proactively met with the state Child Welfare Department regarding our program operations and how we could best operate in the State of Nevada.
8. In your testimony you state, "Although it claimed to be accredited by the Joint Commission on Health Care Organizations [sic], this accreditation covered only the base program—not the wilderness program or its drug and alcohol component in which the victim participated." This is a misrepresentation. The Joint Commission accreditation (JCAHO) does cover our wilderness therapy program, including the drug and alcohol components of our program. It did not, however, apply to our Nevada branch. That said, the Nevada branch did follow similar programming and used the guidelines of our

Oregon program. Moreover, it was clearly explained to any parent interested in sending their child to the Nevada branch that the JCAHO accreditation applied only to the Oregon program.

9. On page 16 of your testimony, it is noted that the female was a California resident. That information is incorrect. She was a resident of the State of Arizona.
10. In your testimony you state, "After the death, that the state investigated and ordered the program closed." This misrepresents the true timeline of what happened. Prior to the state order we voluntarily stopped programming at our Nevada Branch, under no duress from the State, so that we could conduct our own internal investigations.

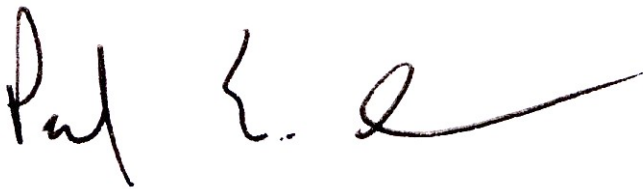
These concerns regarding factual inaccuracies and misrepresentations are made all the more disturbing relative to the fact that we specifically invited the GAO to visit our program and allowed your office open access to information regarding our program and the incident that you reviewed in your testimony. Information that is counter to your written testimony.

In my interactions with your staff, I was assured that your office's approach was to be non-political, independent, objective and fact-based. As it applies to our specific case and to the general tone of your testimony, I believe you have fallen far short of those assurances and the GAO's expressed goals of accountability, integrity and reliability.

I attempted to reach you by phone on Wednesday, October 10th, just after your testimony was published, to discuss these concerns. To date, I have not received a response from your office. I would appreciate a call to follow-up on the points brought forth in this letter and to discuss your intentions to substantiate the aforementioned points in light of the fact that your testimony is now part of public record and the damage is done.

Please be clear that while we dispute the facts and misrepresentation of Case 8 and the general tone of your testimony as a whole, we do not dispute that abuse does happen in both private and public programs. We support well-crafted and conceived regulations established to ensure that families and their children are protected, while preserving their freedom of choice regarding a wide array of ethical and proven treatment options. We currently hold multiple state licensures and are nationally accredited.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Smith", with a long horizontal flourish extending to the right.

Paul Smith, M.S.Ed.  
Operations Officer