



Dignity. Respect. Advocacy.

Tom Masseau, Executive Director

November 18, 2022

On August 24, 2022, Disability Rights Arkansas (DRA) conducted an onsite visit of Perimeter Behavioral of the Ozarks.

Following that visit, on September 6, 2022, a letter was sent to the facility outlining concerns that surfaced during or predated the visit and were not adequately resolved in the debriefing prior to exiting the facility. All issues addressed in the letter were thoroughly discussed with the CEO and Program Director at the conclusion of the onsite visit.

The cautious optimism referenced in the letter is gone.

On October 4, 2022, Perimeter Behavioral of the Ozarks responded to DRA's letter. Their emailed letter and the recreation schedule provided are attached here. Daily schedules for each unit, an "IEP 504 Tracker," and the resident grievance policy were also attached to the email DRA received. Those documents are not included here.



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Tom Masseau, Executive Director

September 6, 2022

Michael Hinton
Perimeter Behavioral of the Ozarks
2466 S. 48th Street, Suite B
Springdale, AR 72762
Mhinton@perimeterhealthcare.com

Mr. Hinton,

As you are aware, Disability Rights Arkansas conducted a monitoring visit of your facility on August 24, 2022. Below is a summary of our observations made during that visit. We appreciate the time you took with us to go over our observations and concerns prior to leaving the facility. We also appreciate how new you are to the program and that many of the identified issues predated your tenure there. Your engagement and responsiveness have left us cautiously optimistic that we will see dramatic changes upon our return.

1. COVID-19 Protocols

We discussed the handling of the current COVID-19 outbreak and general response to COVID-19. We understand that there has not been a written COVID-19 specific plan in place and speculate that this may be part of the reason for the repeated outbreaks at the facility. Please forward a copy of the COVID-19 protocol when completed along with the staff vaccination rate.

2. Grievance Process

We discussed that most residents interviewed either were not clear on the grievance procedure or had lost faith in the process due to nonresponses in the past. There was some confusion regarding the current grievance policy, who is responsible for responding, and where the grievances are retained after response. We suggested while there and reiterate here that information and training on the new process be provided to the residents.

3. Environmental issues

There were numerous references to drugs and profanity on the walls and in artwork displayed in the residents' rooms. There was water on the floor at the entrance to blue unit. We understand this is from a leak that maintenance had been attempting to address for over a week. There was a missing tile in the resident room accessed from the dayroom on Orange unit. It was reported this is also the result of leak.

4. Education

We briefly discussed the education department and our broad concerns. Based on the information we received, out of 31 residents, 8 have IEPs and 5 have 504 plans. That means that 58% of your population has not been identified as needing any modifications or accommodations for instruction or behavior. We spoke with the head of the education department and were informed that no referrals for evaluation have been made in the last year. This is in keeping with information shared in previous years as well. We were informed that residents are “not [there] long enough” to determine whether they should be evaluated. In keeping with the Child Find requirements of the IDEA we hope to see an increase in the number of residents referred for evaluation, subsequently receiving needed services, and being set up for success upon their exit from the program and reintegration into a public-school setting.

5. Staffing

We have received reports that it is common for only one staff member to be assigned to a dorm, especially at night. These complaints were reiterated by residents we spoke with and appeared to be confirmed with respect to at least one dorm during our visit. Residents also stated that on more than one occasion a resident being on RTU has restricted the entire unit due to there not being enough staff to split the residents up and take some off unit.

Several of the residents commented on the high number of male staff, particularly on the night shift. We noted that all floor supervisory staff are male. Given the nature of the clients served in your facility, if resident backgrounds and trauma histories are taken into account, units should never be staffed with only male staff members.

6. Lack of activities

All interviewed residents concurred that they spent most of their time on the units watching tv, listening to music through the tv, and sitting around. They also indicated that they do not frequently go outside and whether they are able to go outside or to the gym is largely dependent on how the lead feels and if there is enough staff. You mentioned your plan to “change the active treatment definition,” signaling your awareness of the current lack of engagement and activities. We look forward to seeing the implemented changes.

7. Infrequent and/or inconsistent therapeutic interventions

Residents were not able to identify a regular schedule of group therapy or confirm that groups or therapeutic activities are happening with any regularity. Most did express that they felt their therapist was helpful, however several also expressed that they have not been able to see their therapist individually for 2 or more weeks. We understand that COVID outbreaks and other illnesses can impact services however, this far into the pandemic it is hoped that contingency plans, such as temporarily providing video sessions, have been established so that residents are not without services.

8. Safety

Seven residents that were interviewed stated they do not feel safe or only feel safe sometimes. Some of the reasons stated for not feeling safe include: too much fighting and staff being slow to respond to fights, “raping,” recent “staff issues,” “all the sexual stuff” that goes on, and how the staff treat the kids.

We were informed that a resident has had to call for staff support on a staff walkie on multiple occasions due to a staff member engaging with a resident, leaving their walkie on the table, and no other staff being present on the unit. We have seen walkies left unattended on tables and picked up by residents in video review, corroborating these accounts.

9. Peer to peer sexual contact

Residents recounted numerous incidents of peer-to-peer sexual contact and the ease with which contact could occur. We were informed that sexual contact has occurred in the dayroom but is most prevalent in the bedrooms at night. The lack of lighting in the resident hallways aids residents' ability to move between rooms without alerting staff.

There have been complaints in the past, including grievances written by residents, regarding what residents considered inappropriate relationships among residents due to large discrepancies in ages. This appears to be an ongoing concern, as we were made aware while there that a 14-year-old resident was or believed she was in a relationship with a 9-year-old resident and that at the very least the 9-year-old resident had exposed herself to the 14-year-old.

You mentioned making changes to the flashlights used for night room checks. We also recommend installing night lighting in residence hallways and increasing staff awareness and checks.

10. Inadequate attempts to investigate and address staff sexual abuse allegations

Residents interviewed indicated there was a therapy group held after the latest allegations of staff sexual abuse were made and [REDACTED] was terminated. It was not clear, but based on the relayed recollections of the residents, it does not appear that the group discussed boundaries, appropriate touch, or disclosures. No resident we spoke to, other than an identified victim that had already come forward, indicated that anyone had spoken with them regarding their interactions with either of the identified staff perpetrators.

Residents interviewed spontaneously shared their knowledge of sexual abuse allegations against former staff member [REDACTED] but all stated their information came from other residents and that the allegations or his "disappearance" were never officially addressed. [REDACTED] name or allegations against him were not brought up by DRA monitors.

We do understand the complexities involved in addressing allegations, maintaining the privacy of residents and accused staff, and not interfering with any criminal or maltreatment investigations that may be occurring; however, balancing these interests should not result in a failure to identify and provide support to all victims.

Not only does it appear that no attempts have been made to determine if there were additional victims of the two known perpetrators, an additional potential staff perpetrator was either not identified or not reported by your facility. The alleged perpetrator is former [REDACTED] staff member, [REDACTED]. As shared during our debriefing, a resident is alleging that [REDACTED] on numerous occasions. This information was shared with DRA, without prompting, by the alleged victim and two other residents.

The program director, present in our meeting, stated that [REDACTED] had quit and that he was unaware of any sexual abuse allegations against [REDACTED]. Records we had previously received from Perimeter of the Ozarks indicated [REDACTED] was terminated on [REDACTED] after "no less than 5 client grievances alleging misconduct on the

part of the employee” were filed. Residents and staff members interviewed confirmed [REDACTED] engaged in “inappropriate conversations regarding recent allegations of misconduct on the part of another team member.” It has been reported by staff members that [REDACTED] was upset with the resident that reported staff member [REDACTED] for sexual misconduct. The Perimeter Healthcare Corrective Action Form reflecting [REDACTED] termination also states [REDACTED] staff members corroborated [REDACTED] making statements “to the effect of [resident name] touched [REDACTED].”

There is no indication that the allegations of inappropriate touching were investigated further. They were not reported to the [REDACTED] [REDACTED] [REDACTED] until [REDACTED]. It is unknown to DRA if the [REDACTED] report originated from the facility. The program director’s lack of knowledge of critical events occurring within the facility and/or lack of candor with monitors is concerning.

When questioned about what changes have been made in response to the multiple staff sexual abuse occurrences the program director’s response was that “on those nights specifically [he] and [REDACTED] were not there.” He went on to say that kitchen locks have been changed, staff cannot bring anyone anywhere after med pass, and “minor boundaries changes” were implemented. You added that one-on-one exits are no longer permitted.

While the changes noted are important changes, it is concerning that the program director appears to have taken such a narrow view of the events that have occurred. The victimization of residents inside the facility is not limited to discreet identified encounters. There almost certainly were warning signs that should have been picked up on and reported by other staff members. As a psychiatric residential treatment facility, particularly as one that purports to specialize in the treatment of residents who have experienced sexual abuse, there is an expectation that staff at all levels have a deeper understanding of sexual abuse, warning signs, and trauma informed responses.

11. Incident Review

We discussed incident review procedures, using [REDACTED] as an example. On that night 5 residents were arrested, restraint and seclusion were used numerous times, the sprinkler was set off in a dorm, a resident attempted to elope and appears to have been unaccounted for for some period of time, and 3 residents were given chemical restraints while in handcuffs.

The program director was unable to articulate who reviewed the events, what that review might have consisted of, or any changes or corrective actions that were implemented in response. If you have not yet had a chance to, we implore you to review video from the night of [REDACTED]. Anyone who was present or later reviewed video and found no areas of concern or needed improvement should not be directing any activities within a PRTF.

12. Reliance on Law Enforcement

There appears to be an increasing reliance on law enforcement for behavior management. At least seven residents have been arrested since May of this year. This is in stark contrast to the average of two residents per year arrested that the program director estimated to be the case.

As follow up to our visit we are requesting the following:

Document Requests:

1. COVID-19 written protocol
2. Grievance policy

Follow-Up Questions:

1. Staff vaccination rate
2. What educational assessments were being conducted with residents on the day of visit?
3. Has year-round schooling been implemented? If so, what does that consist of?

We look forward to your follow up and our continued collaboration.

Thank you,

Reagan Stanford
Abuse and Neglect Managing Attorney

Kris Stewart
Advocate

Dear,

Reagan Stanford and Kris Stewart

Thank you again for the extension and ability to respond to your agencies survey concerns.

1-COVID 19 PROTOCOLS:

Perimeter of the Ozark Springdale now counts with a written covid 19 plan/policy in place, was reviewed with staff and during morning meeting.

We attached a copy of this policy and the infection control policy; vaccination rate as requested are as follows (See attachment):

51 Employees
47 Completed Vaccine
1 Pending second dose
0 Missing Documentation
3 Exempted from Vaccine
0 Has plan to vaccinate

2-Grivance Process:

We are attaching the Grievances Process (See attachment). In addition, residents have been given information during admission and verbally upon request.

They can request a Grievance form, fill it out and place it anonymously in a box on unit; the grievance then flows to the advocate for disposition.

During nursing groups, we will keep reinforcing this process for them to have better training and clear information on the process.

3-Enviromental issues:

As of 09/15/22 all chalkboard areas were repainted, and all negative content removed. Review of content has been added to the Lead check list for each shift checking the environment. Maintenance conducts an EOC round each day and he is removing any negative content from the

chalkboard areas. It has been explained to the youth on all units this is an unacceptable behavior and to use their journals for negative writings/pictures.

In addition, all units will be repainted with two pastel, calming colors; completed by 11/1.

4-Education:

After discussion with our education director, we will track our progress for each youth, weather receiving an IEP or 504. We will attempt to attain 100% if needed, however, some youth will not require an IEP or our attempts to get the forms from the sending school may not be realized.

Please see the attached tracker which follows each child in our school, assuring an IEP or 504 plan are tracked. (See attachment)

5- Staffing: Perimeter ensures a staff/child ratio of 1:6 during walking hours and 1:8 during sleeping hours all the time. During our recent COVID wave we housed COVID patients on one unit and remained within ratio; at times we only had 1-5 youth in our COVID unit and one staff, plus our lead. If a youth is restricted to Unit, the Lead will observe the youth directly, effectively 1:1.

In the last 3-4 weeks approx. 20 new hires, and they will not be working on units until they have all clear background checks and all the appropriate training which allows them to shadow. WE have rearranged our orientation to ensure this: day one is SOMA training, day two is first Aid and CPR.

“high number of male staff” we have made it a priority of hiring additional female staff and not violating EEOC.

6- Lac of Activities: Perimeter of the Ozarks has a full resident’s activity schedule in place, including fun outings for higher levels, more nursing groups and therapy groups in place . We are attaching unit schedules and see the attached – daily recreational schedule.

We ae running an “active treatment Milieu”.

Ms. Jordan is our activities coordinator, and her goal is to give our youth fun and educational activities. In addition, she is working with the units to create a council so youth will be able to have say and give direct feedback.

7- Infrequent and/or Inconsistent Therapeutic Intervention:

Please see the unit schedule which identifies a constant treatment milieu and group therapy (7 sessions per week). Each resident is also seen in an individual session once per month at a minimum and additional sessions as required by treatment plan or clinicians advise.

It is my understanding COVID had a severe impact on groups and individual therapy, to what extent we are uncertain, as current staff were not present. Our contingency plan includes services to be delivered via tele psych into units and/or per individual. The current COVID outbreak did not impede our delivery of services.

8. Safety:

- Every new hire gets a full back grown check and training before working on the units
- Maintaining staff/ resident ratio 1:6 walking hours and 1:8 during sleeping hours.
- We are running anti-bully groups
- We have increased intervention with violent behaviors
- Staff are being counseled as to 0 tolerance for negative staff actions or responses to youth
- We are implementing “healthy” touch workbooks in group
- Motion sensing lights are in end of hallways where lights are dim
- Walkies are being kept in the nurse station (room is locked) when not in use, and staff are being required to keep walkies in their possession all the time; and resident should have access to them, no walkies should be left unattended on tables or any other place. Staff have been reeducated on this and will continue to have staff acknowledge and sign a walkie talkie procedure.

9. Peer to Peer Sexual Contact:

New motion light system has been installed to help control incidents and allows higher visibility at the end of halls during nighttime

New red lensed flashlights are being used for night room check, providing high visibility without disturbing sleep

Staff are required to have 15-minute rounds and more awareness to ensure the safety of the residents

No 1:1 youth to staff leaving units

Kitchen is off limits to youth unless supervised scheduled activity

During daytime: no resident allowed in their room unless special request.

During the night once room time starts, staff should be checking constantly without stopping, and once they fall asleep every 15 minutes.

10. Inadequate Attempts to Investigate and Address Staff Sexual Abuse Allegation:

Our clinical director met with the youth who were close to [REDACTED] (alleged perpetrator) and or those involved in the situation individually. Not every resident knew what happened, it was her clinical decision at that time, not to address that in a group setting to protect other residents. The two 2 residents had 2-3 follow up sessions to process events and emotions. The remaining residents, who were close to him but not directly involved, were given one individual session and one follow up session. All youth may request to address any concern with their therapist during individual sessions.

During the individual sessions, each resident was given the opportunity to discuss boundaries appropriate touch or make further disclosures.

As for “allegations or disappearance” of [REDACTED] none of the individuals currently in key positions were here during that timeframe, nor do we know what happened at that time.

As for [REDACTED]. we have one document in [REDACTED] personal file that indicates [REDACTED] termination and does not imply [REDACTED] sexual perpetration of the youth, the document states [REDACTED] stated to other staff members that a youth touched [REDACTED] “ [REDACTED] ” and “ [REDACTED] ”. Again, no current administrative staff were present at the time of [REDACTED] termination.

In response to the above information, we are building a comprehensive training for all staff on recognition of sexual abuse, warning signs, and trauma informed responses beyond receiving our trauma informed training in orientation.

11. Incident Review

Current administrative staff were not present during the June 6, 2022, incident and our 15-year-old system crashed and failed. Since your visit Springdale PD has seized our hard drives; if they are returned, we will have our techs attempt to recover saved video and we will review camera footage as a group for a teaching moment, conducting a critical review.

To address these concerns, moving forward, we have a new HD camera system; camera review doubles from 2 – 4 hours per week by administrator on call and administrators will randomly review videos, documenting on video review forms.

We have processed the director in question, and he is very aware of the level of standards required of him.

12. Reliance on Law Enforcement

It is the goal of our administration not to have reliance on law enforcement for behavior management, we are committed to improve staff training and protocols also selecting more suitable residents via our screening process and using administration as a team to review admissions, this allows more opinion and insight.

In summary, we are committed to building an exemplary facility and program that is youth/client focused. We are committed to providing a safe, therapeutic atmosphere where youth may grow, laugh, and overcome their traumatic challenges.

If there are further questions, please communicate at your preference, my cell phone is [REDACTED], day or night.

Best Regards,

Michael D. Hinton, LCSW

CEO Perimeter of the Ozarks

Ana Salazar, RN, BS

DON Perimeter of the Ozarks

September 2022

Highlights for September

Green-11:00-11:30
 Orange-11:30-12:00
 Blue-12:30-1:00

MON	TUE	WED	THU	ERI	SAT	SUN
29 Ankle Balloon Pop Green-11:30-11:00 Blue-12:45-1:15	30 Balloon Pop Orange 12:30-1:00 Notes for ↑ DONE	31 Head, Shoulders, Knees, & Cone Green-11:00-11:30	1 Head, Shoulders, Knees, & Cone Orange- Blue- Notes for ↑	2 Hungry Hippos w/ scooters B- O- G-	3	4
5 LABOR DAY Water Day- All units	6 Picasso Faces Notes ↑	7 Phase 3 & 4 outing Crystal Bridges 10am-12pm	8 Phase 2 outing Park & Ice Cream 11am-1pm	9 Would you rather...	10	11
12 What do you feel?	13 Crumbled Paper Art	14	15	16	17	18
19	20	21 Fast Lanes Phase 2 12pm-2pm	22 Gator Golf-Phase 3 & 4 10am-12pm	23	24	25
26	27	28	29	30		

Toe Painting
 What do you feel

September 2022

Highlights for September

Green - 1100-1130
 Orange - 1130-1200
 Blue - 1230-100

MON	TUE	WED	THU	FRI	SAT	SUN
29 Ankle Balloon Pop Green 1030-11 Blue - 1245-1315	30 Green - 1100-1200 Balloon pop - Orange 12-1230 Toe Painting	31 Orange - 300-400 Toe Painting	1 Blue - 300-400 Toe Painting	2 Hungry Hippos w/ Scooters	3	4
5 LABOR DAY Cookout/Water Day	6 Picasso Faces	7 Crystal Bridges phase 3&4 Picasso Faces	8 Outing Phase 2 Picasso Faces	9 Blanket Volleyball	10	11
12 Grab Bag Skits	13	14	15	16 Spot the Difference	17	18
19 Flip Cup Tic Tac Toe	20 Crumbled Paper Art Masks Cooking Group	21 Crumbled Paper Art Fast Lanes phase 2 Masks Cooking Group	22 Crumbled Paper Art Gator Golf Phase 3&4 Masks Cooking Group	23 Group Texts	24	25
26 Would you rather	27	28	29	30 Who else questions		
	Spelling Bee	Spelling Bee	Spelling Bee			

Need to Order
- candy corn

- Christmas
Stuff

Jenga for Outside

razors

Christmas
wish list

haven't done "what do you feel"
 "hand children know me"

October 2022

Highlights for October
Outing- Pumpkin Patch

Green
11:1130
0 - 1130 - 12

B
12:30-1

MON	TUE	WED	THU	FRI	SAT	SUN
		Phase 3 outing Crystal Bridges	Phase 3 outing Park and Ice cream	Phase 4 outing Library, Community	1	2
3 Blind Retriever wasn't her	4 Crumbled paper art Masks ✓ Already did	5 Already did Crumbled pap art Masks ✓	6 Already did crumbled paper art Masks ✓	7 Staff trivia	8	9
10 Columbus/Indigenous Drawing Challenge	11	12	13	14 Stop/Walk	15	16
17 Cinderfella	18 Unit Door Decoration	19 Unit Door Decoration	20 Unit Door Decoration	21 Halloween Characters	22	23
24 Candy Corn Bingo	25 Pumpkin Painting	26 Pumpkin Painting	27 Pumpkin Painting	28 Halloween Trivia	29	30
31 Halloween Games/Trick or Treating	← Paper Bag Coloring Bob for Apples Mummy Race Candy Corn Pick Up	Paper Bag Coloring	Paper Bag Coloring			