

Angela Smith

From: "HEAL" <heal@heal-online.org>
To: <admissions@grifton.org>
Sent: Sunday, June 12, 2011 5:50 PM
Subject: Questions Regarding Your Enrollment Materials and Handbook
 Dear Grafton Admissions Team,

Greetings. We understand that the following list of questions and concerns may need to be distributed to others within your organization to achieve accuracy in response. We appreciate your time and hope you will review and respond to our questions below. We have reviewed the enrollment materials and parent/client handbook you have available online. Our questions are based on those materials. And, we have compartmentalized our questions using the "header" or "title" of the document(s) addressed by those questions.

Document Header: "PERMISSION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION"

Is this form used for a "catch all" permission for any psychotropic drug prescribed by Grafton and/or psychiatrists under contract to provide services to Grafton?

Do you obtain permission from parents for all psychotropic medications and all individual changes in medication?

Do you use chemical restraints? Do you ever use Haldol, Thorazine, or any other potent anti-psychotic to disable children in your program? If so, can you provide a description of under what circumstances such chemical restraints are used? Can you provide any statistical data regarding how often it is used and under what circumstances?

Document Header: [None] "Personal Information"

Why do you require the social security number of children enrolled in your program? Public schools, the Department of Motor Vehicles, and most educational providers do not require the social security number of individuals enrolled. How is this information used?

How often are children placed in your program through a Social Services Agency?

What Social Services Agencies contract with your program?

How many children have you enrolled through IEPs?

How often are children placed in your program through court order or the juvenile justice system?

Do you accept children who are placed involuntarily and privately by parents with no school, social services, or court referrals?

Is Grafton a licensed medical facility?

Document Header: [Family Care Pharmacy] "NOTICE OF PRIVACY PRACTICES"

What is your business relationship with Family Care Pharmacy (FCP)?

Are families notified by you and/or the pharmacy when there is a change to the notice so they know to request a copy of the new notice?

Does FCP include in their definition of "business associates", providers that are not currently and/or have never provided treatment or services to the individual/family whose privacy may be violated by disclosing the information?

Does FCP help their business associates market their services by disclosing PHI of their clients?

Does FCP require a court order prior to releasing PHI in the event of a legal dispute? In your paperwork, you state that you require a court order before releasing PHI in the event of a legal dispute. FCP claims that a lawyer's request for the information will suffice regardless of court order. This is stated under item 11 in the FCP notice. This appears to put PHI at risk of misuse and is a concern.

Does FCP regularly disclose PHI to organ transplantation programs? What if a client does not wish to be an organ donor? This would also appear to violate the privacy rights of individuals enrolled at Grafton who use FCP through Grafton.

Document Header: "I AM A PERSON"

What kinds of research projects are conducted at Grafton?

How does Grafton define harm? We understand that harm is defined elsewhere in your materials. We ask that you explain your understanding regarding the definitions of abuse, neglect, and exploitation and how your program protects children from those harms.

We have also contacted Carrie Flowers and Mark Seymour for additional information.

Document Header: "INDIVIDUAL RIGHTS"

Under what circumstances does Grafton limit use of the telephone?

Under what circumstances does Grafton monitor/restrict/censor mail?

Does Grafton have regular visiting hours (daily/weekends/etc.) for parents and approved friends and family?

Does Grafton consider consent to participating in research projects to be implied at time of enrollment? How does Grafton ensure that families and children provide informed consent prior to participating in any research projects?

Do you protect children from abuse, neglect, and exploitation? How does your program model ensure that children are treated respectfully and with care?

What do you mean by "Do not interfere with the treatment programs of others"?

In your own documentation, namely document # 11 with header "Authorization for the Release of Confidential Information", you acknowledge that by providing drug treatment that that information cannot be disclosed to law enforcement without violating patient protection laws. However, you claim on the "INDIVIDUAL RIGHTS" document that you may turn in individuals found to be in possession of or using contraband substances to law enforcement. Doesn't such a policy violate the law in regards to protecting individuals in treatment? And, can you explain why the information provided is contradictory?

Document Header: "NOTICE OF PRIVACY PRACTICES"

Are families/clients notified when there is a change in the notice so they can request a copy of the new notice?

What research projects have you participated in and what types of projects are you currently participating in and/or considering? What medical/psychiatric research is conducted at Grafton School?

Under what circumstances does an individual's PHI need to be disclosed for National Security reasons? How does an individual's protected health information's non-disclosure ever create a threat to the President?

Where are the client directories kept? Are copies given to clergy or other members of the public? What efforts are made to ensure that a child's enrollment in your program is not disclosed in a manner that subjects them to

judgment or ridicule by their communities?

Who should families contact to learn of their private information having been shared for "national security purposes", with law enforcement, or correctional facilities? Wouldn't all three of those include the ability for an individual to submit a Freedom of Information Act request to the agencies that have received PHI on the individual making the inquiry?

Document Header: "CLIENT PHOTOGRAPH POLICY"

Do you obtain permission from minors or adult (18 +) enrolled residential clients/former clients prior to using photographs of those photographed (as opposed to their guardians) in marketing or other promotional or publicized materials? Do you compensate individuals for the use of their photos in marketing materials?

Document Header: "Grafton Bio-Psychosocial Evaluation"

Is Grafton a licensed medical facility?

What is the purpose of obtaining the gynecological history of female clients? How is the information regarding abortions, miscarriages, and/or pregnancies used in your treatment model?

Why is sexual activity a primary concern?

Do you consider homosexuality a disease?

What in the questionnaire pertains to psychosocial evaluation?

Who performs the bio-psychosocial evaluation? How is accuracy determined?

Document Header: "PLACEMENT AGREEMENT FOR STUDENT SERVICES"

What medical care, dental care, and emergency immunizations is Grafton authorized to give directly?

How often do children have an adverse response to your methods that requires emergency psychiatric hospitalization?

Does Grafton take financial responsibility for harm caused by its own mismanagement, maltreatment, negligence, overt or induced acts? For instance, if a child is injured during restraint and the injury is caused by the restraint, does Grafton take financial responsibility for such an injury?

What are the program requirements that must be met for a child to have visits, phone calls, or uncensored/unmonitored incoming and outgoing mail?

What are the procedures of Grafton? Would you consider Grafton a behavior management or behavior modification program?

Do you inform parents that they likely do not have the legal authority to place children in the program without court order? Do you advise them to review pertinent laws regarding children's rights to help them understand whether or not they do have the authority to place their child in your facility?

We have reviewed the handbook as well and will include those questions below. However, it is clear that the handbook does not describe the level system or the mandatory restrictions on telephone contact, visits, and other "privileges" that are referenced throughout the handbook.

Will you provide us a complete description of your program methods, level system (including consequence/privilege system), and explain how such a system is compliant with the human rights standards you claim to impose at Grafton?

Does Grafton put the needs of others above the needs of the children enrolled? For instance, when an IEP suggests a less restrictive environment than Grafton can offer, does Grafton refuse placement of that child? How does Grafton protect the interests of children enrolled at Grafton?

How often does Grafton discharge children in the best interest of the child? If Grafton believes placement in the program is not beneficial to a particular child, why is there a two week delay in moving them to an appropriate environment?

If a custodian wishes to remove a child from Grafton due to personal concerns for the child's well-being, why is there a 2-week notice requirement? How difficult is it to get Grafton to agree to a shorter written notification? What is the minimum notice for withdrawal Grafton accepts without penalty? What penalties apply when this portion of the agreement is not satisfied?

Document Header: "AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION"

Do you house children as young as five with young adults as old as 21?

Do you think it is appropriate for parents to abandon children as young as 5 to institutionalization?

How many children under 10 years old are currently enrolled in your programs? How long will they be institutionalized? What are the statistics regarding discharge procedures? How many children transfer to other therapeutic boarding schools, rtc's, wilderness programs, transitional programs, and/or home?

Document Header: "Parent-Student Handbook"

Page 5

How do you define independence? What do you mean by maximum independence?

What do you mean by community inclusion? To what community are you referring?

Do you only accept children who voluntarily enroll when there is no court order or social services directive?

Can children in your program refuse treatment? If so, how is this situation handled by Grafton?

What do you mean by solution-focused opportunities?

Page 6

What do you mean by evidence-based? What evidence-based methods or models are used by Grafton? What is Grafton's method/model? From what schools of thought regarding psychology/psychiatry (i.e. Maslow, Freud, Breggin, etc.) does Grafton construct its treatment model/methods?

Are all children from the day of enrollment allotted equal and all rights, privileges, programs, and activities available to any and all Grafton clients regardless of level? If rights, privileges, programs, and activities depend upon earning a specific privilege/responsibility set, will you submit a detailed explanation of this level system for our review?

Do you evaluate the child and their family prior to enrollment to determine whether or not institutionalization is necessary? If so, what steps are taken in this evaluation to ensure that the child is not being unfairly scapegoated and/or abandoned? Do you ever recommend parents showing signs of mental health issues seek both individual and family therapy and redirect them to less restrictive and more family-focused services to ensure that children receive the best possible solutions to their individual and family struggles?

Page 7

Are children only allowed one call per week? When do these calls begin? And, are calls between the children

and their parents always monitored by staff? If so, this contradicts your stated Human Rights policies and raises serious concerns regarding your practices and integrity. Do children have regular, daily access to make unmonitored telephone calls to their parents or other approved friends, families, and agencies? If such access is dependent on the level/phase/stage a child has "earned" in the program, please submit a detailed explanation of your level system (privileges/consequences system) to us for review.

Page 8

How are the clothes marked? Are children assigned a number? Is this number used to identify their belongings? If a number is assigned, is it used in any other way to identify or address clients? Please describe.

Would you consider music, film, television, and/or other pop-culture clothing (i.e. that found at Hot Topic) acceptable?

Grafton claims to lead by example, yet, seems to disclaim responsibility for the physical well-being of children and their belongings. What does Grafton do to lead by example in regards to providing responsible adult role models through its own policies and practices?

Page 9

How many hours do youth receive in care from licensed mental health providers while enrolled in Grafton?

What limitations are placed on visits?

Do you have established visiting hours each week for all residents?

Do children have daily access to private calls home? (May be a duplicate question. If addressed above, please disregard this question.)

Page 10

Why are parents restricted from visiting their children by their child's case manager?

This page references "each stage of progress" which suggests a level system. Please send us a detailed description of your level system.

Page 11

The Plan of Care appears to be solely related to behavior management and behavior modification. Would you consider Grafton a program that uses a behaviorist model of treatment as the primary source of therapeutic service?

CARF is not respected as an accrediting agency by legitimate child and family advocacy organizations. CARF has accredited abusive, cult-like programs that have since been closed such as Pathway Family Center.

What licenses do you hold and what requirements must you meet? Does any licensing or accrediting agency perform unannounced inspections of your facilities on a regular basis? (We have also submitted inquiries to those offices regarding your program. We would appreciate your answers, but, will review all information we obtain in regards to the standards to which you are held and how those standards are enforced by the agencies that provide your licensing and accreditation.)

It is well established that basing any treatment plan on an evaluation done within 72 hours of a child arriving in a new and oppressive environment will not result in accurate assessment. It can take over two weeks for a child to adjust to the new environment and stabilize in order to be evaluated properly. Why are these evaluations and assessments not done prior to enrollment?

Page 13

Do children provide labor or assist with marketing or fundraising during these community activities?

Are you referring to the Grafton "community" or the community (city/town) at large?

On what research do you base your instruction model?

What do you mean by research-based?

How do you teach critical thinking?

Page 14

The STAR program is a behaviorist model for dealing with Autism which is counterproductive. HEAL volunteers include those diagnosed with Autism Spectrum Disorder, etc. And, we know that the behaviorist model is disrespectful to human dignity and human rights. This raises concerns.

What other resources do you use in developing your program?

What is SAIL? We were unable to find any descriptions of this program in our research. Is this something you have created in-house? If so, what resources, models, and methods are used in your development of this program?

Is your educational component primarily done online? We have reviewed the information at <http://www.philliproy.com/Phillip%20Roy%20Academy%20flier3.pdf>. According to our initial research, it appears that Phillip Roy Academy's diplomas are not accredited. This is a serious concern. Please see <http://online.degree.net/accredited-unaccredited-state-approved-diploma-mill/t-phillip-roy-inc-whats-your-opinion-1545.html> and address issues raised by the lack of accreditation of Phillip Roy as it is your schooling model and is not even a legitimate school.

Page 15

Do you pay students minimum wage for their labor? Do you receive any pecuniary or in-kind benefit through the labor provided by students in your program?

Page 17

On this page you state, "In the operation of Child Nutrition Programs, no individual will be discriminated against because of race, color, sex, age, physical or mental disabilities or national origin." However, you do not mention whether or not a child will be discriminated against based on religion or ethical standards.

Do you provide Kosher and/or other alternatives for children that practice religions or other ethical/moral standards that preclude them from consuming certain foods?

Do you offer a vegetarian option?

Page 18

Are medications always administered by medical professionals?

What is the complaint process if a child feels his/her rights are being violated or that he/she is being abused/mistreated? Do children have access to privately telephone Carrie Flowers and/or Mark Seymour to lodge a complaint? Do you typically handle complaints in-house? Do you understand that abuse is often covered up and/or not investigated by authorities when not reported in a timely manner? How do your policies and procedures ensure that justice is done in the event abuse has occurred?

Who monitors children for adverse reactions to psychiatric medications on a regular (at least weekly) basis?

Does the person doing the monitoring have the necessary education, knowledge, and training to determine whether or not a child is having an adverse side effect? What is the most severe side effect a child has reported while on psychotropic medications at Grafton and how did you resolve the issue?

What do you consider to be "serious acting out" behaviors? Please provide examples and, if applicable, how you resolved those situations.

Is Grafton a behavior modification program?

Page 19

Do children your community-based homes get transferred to the Berryville RTC if/when isolation is "necessary"?

What is the Grafton-approved behavior intervention system used in regards to physical restraint?

Page 20

Are tokens used by the children to purchase necessities? What is the token system and how do you implement it? Are tokens given instead of pay for labor the children perform?

Do you have janitorial staff and grounds staff that are paid to clean and cultivate the facilities?

Page 21

What is the Increased Structure Program?

Under what circumstances does Grafton ban contact and visits with children in your programs?

Under what circumstances does Grafton deny or withhold incoming or outgoing mail?

What aversive stimuli do you use to force compliance with Grafton's program?

Do you provide an environment that is supportive of rest/sleep? What do you mean by "opportunities for sleep or rest"? How do you provide a peaceful and appropriate sleeping environment?

Page 23

This page claims you will not disclose PHI to a legal authority without a subpoena or court-order. However, the Pharmacy privacy notice claims that they will release it to lawyers upon request without a subpoena or court-order. We asked about this issue above in discussion of the Pharmacy's privacy notice. We have referenced it here to assist with locating the contradictory information given by the pharmacy as opposed to Grafton's policies.

Page 25

What do you mean by "Grafton does provide liability insurance"? Do you mean you will assist families in getting liability coverage or that Grafton carries liability insurance? If you are insured, why do you not accept financial responsibility for children's medical expenses if they were injured due to your actions/inactions?

Is Grafton insured? If so, what policies do you have and how do they protect you and your clients?

Why is there a minimum 90-day notice when children are ready to transition home? This seems overly restrictive and not in-line with providing children the least restrictive environment possible. How does such a policy protect the interests of the children?

Page 26

What medical, psychiatric, and detention services are offered by Grafton?

What do you mean by "intensive"?

Why is there a 2-week minimum notification when Grafton chooses to discharge a child and a 30 day minimum when parent/agency chooses to withdraw a child? Is there a penalty for withdrawing a child without providing the notification required by Grafton?

Can minors refuse treatment? (This was already asked above, but, came up again in regards to reviewing this page. Please disregard if answered above.)

Page 27

Are clocks and calendars permitted? Do children have daily and/or immediate access to clocks and calendars while enrolled at Grafton?

Would you consider wearing the "Rebel flag"/Confederate flag to be a gang-symbol?

Page 29

What behaviors result in restraint and seclusion?

If a child is unwilling to participate in an activity is that enough of a "behavioral" issue to result in restraint or the use of physical "assistance" to move the child from one activity to another? What methods of restraint and/or physical "assistance" are utilized by your program?

What is the longest time a child has spent being restrained at Grafton?

What is the longest period of consecutive time a child has spent in isolation/seclusion at Grafton? We understand you claim a 4-hour maximum. However, we also understand that you can and do create consecutive orders to continue seclusion before and after the original seclusion directive has been issued. Please explain.

How do you transport a child who refuses to go into seclusion into seclusion? What methods do you use to physically "assist" non-compliant children?

How many rooms do you dedicate to seclusion? Where are these seclusion rooms and do they include access to water and a toilet? Do children ever share a room when placed in seclusion?

What training does your staff undergo prior to being trusted to restrain youth in the program?

Please describe your "approved behavior management system."

Page 30

How often is seclusion and/or restraint performed before authorization or order is given?

What are all situations that have resulted in restraint and/or seclusion?

Other questions that were raised by this page were already asked in regards to page 29 and we have chosen not to repeat them here.

This concludes our questions and concerns regarding Grafton School at this time. We look forward to hearing from you.

Sincerely,

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