



“Let me out. I didn’t know it was this bad.” – SPRTC Resident

“I truly think this program could help people if they change.” – SPRTC Resident

PUBLIC REPORT:
CONDITIONS AT SOUTHERN PEAKS REGIONAL TREATMENT CENTER
July 2022 to September 2025

BACKGROUND INFORMATION

Disability Law Colorado (DLC) is the designated Protection and Advocacy (P&A) system for the state of Colorado, and as such, we are responsible for advocating on behalf of people with disabilities, as well as investigating allegations of abuse and neglect involving people with disabilities.¹ As the P&A, we also have unique authority to monitor facilities that serve people with disabilities, including Psychiatric Residential Treatment Facilities (PRTFs). Generally, DLC staff can, during reasonable hours, access any part of a facility to which people with disabilities have access and speak with people who are served and who work in the facility.²

Over the last three years, DLC staff have conducted eight monitoring visits to Southern Peaks Regional Treatment Center (SPRTC) and engaged in conversations around necessary changes with their leadership team.

“I have a youth placed in Southern Peaks and her civil rights are violated daily.” - Guardian ad Litem

Specifically, we conducted monitoring visits to SPRTC on July 20, 2022, September 28, 2022, March 14, 2023, September 18, 2023, March 28, 2024, May 21, 2025, June 23, 2025, and September 22, 2025. We worked with SPRTC between these visits and issued internal reports to them in April of 2023 and March of 2024, for which we received follow-up and action items from SPRTC.

Among concerns we raised were the level of mental health services that the children there receive, staff treatment of children, high numbers of restraint and seclusion, education, and living conditions. Follow-up action that was anticipated to be completed by SPRTC included higher level of clinical treatment plan review, additional activities and a Youth Advisory

¹ Our authority for monitoring comes under the Protection and Advocacy for Persons with Developmental Disabilities (PADD), 42 U.S. Code § 15043; the Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act, 42 U.S.C. § 10801, et seq., as amended, 42 C.F.R. § 51; and the Protection and Advocacy for Individual Rights (PAIR) Act, 29 U.S.C. § 794e.

² See 45 C.F.R. § 1326.27(c)(2)(ii); 42 C.F.R. § 51.42(c)(2).

Council, making changes to staff training, and implementing an intensive restraint reduction plan.

During our monitoring visits, we conducted approximately 50 interviews with children at SPRTC. Some of these children have volunteered to speak with us upon learning who we are and that we are there to learn about their time at SPRTC or any other residential setting they've experienced. Others have been identified by SPRTC as children who might be helpful for us to speak with. Additionally, we have spoken with at least six advocates and two family members with youth currently or formerly in SPRTC. We have also monitored numerous other facilities for children throughout Colorado where SPRTC has come up in conversations with both children and adults who have experience with SPRTC.

During the three years we have monitored SPRTC, we observed them make many positive changes in an attempt to improve conditions there. However, we have also observed a cycle where those improvements are not sustained, resulting in poor conditions once again for children in the facility.

We recognize there has been new leadership at SPRTC since late this summer, and that they have started to and intend to continue implementing changes to make conditions better for children there. Specifically, SPRTC was close to being fully staffed with therapists and case managers during our September 2025 visit, and children expressed appreciation for having meaningful access to therapeutic services. We have also heard over the years that there are staff at SPRTC who are supportive and children trust them, and we want to commend those specific staff members for their focus on building relationships with children at SPRTC.

While we encourage continued investment into strong staffing, we have also observed ups and downs at SPRTC over the past three years and continue to have concerns about conditions there. We believe the children we've spoken with over the last three years deserve to have their experiences while at SPRTC validated and shared publicly. As the P&A, it is our job to shine the light on issues that otherwise would be hidden away from view. We therefore believe this public report is necessary.

As the P&A, the primary goal of this report is to provide public information that is not otherwise available with an eye towards protecting and promoting the rights of individuals with disabilities including the children placed at, or considering being placed at, SPRTC.

We hope the leadership team at SPRTC will use this information to inform them of their path forward to improve conditions at SPRTC in a sustainable way. They should seek out and elevate the voices of those with lived experience at SPRTC to create a positive and therapeutic environment for the children in their care. We also hope this report will highlight areas of need for the state and the public when it comes to SPRTC.

IDENTIFIED TRENDS & CONCERNS

Restraint & Seclusion Practices



Figure 1: Seclusion room at SPRTC

During our visits to SPRTC, children have continued to experience high rates of restraint and seclusion. As of May 2025, their rates were at about 75 restraints per month, down from about 150 per month a year prior, with the expressed goal of getting down to an average of 1 restraint per day. Other PRTFs in Colorado have expressed to us that they do not put hands on kids, or that they rarely use restraint, so these numbers are significant.

Additionally, this rate is significantly higher than half of the reported data from the Division of Youth Services (DYS) facilities in their last reporting period.³

Staff have expressed that restraints are primarily used to prevent self-harm or prevent children trying to run away. Children have often told us that they are not sure why restraint is being used, and staff are quick to jump to restraint rather than other types of de-escalation.

“My client is restrained almost daily, sometimes multiple times per day.” - Guardian ad Litem

It is not clear to us that incidents involving restraint and seclusion at SPRTC are limited to emergency situations. While we understand the desire to keep children safe, we also recognize research⁴ shows using restraints is not an effective long-term solution or coping mechanism for psychological pain.

In speaking both with children during our visits to SPRTC and with children in other placements who have previously lived at SPRTC, the most common reason a child has said that SPRTC was a placement they enjoyed was because they liked being restrained. From our statewide monitoring work, SPRTC continues to be more broadly known for their use of restraints rather than treatment. We are concerned that individuals have left SPRTC with additional trauma-related issues that are stemming directly from their time there.⁵

We are also concerned about the amount of force being used during restraints. We have seen children with bruises who reported they were caused by a restraint. Children have also

³ Data on DYS can be found here: <https://cdhs.colorado.gov/youth-seclusion-working-group>.

⁴ See generally [Alliance Against Seclusion and Restraint](#), [Lives in the Balance](#), [Substance Abuse and Mental Health Services Administration](#), and [Mental Health America](#).

⁵ See generally [Conflict Prevention, De-Escalation, and Restraint in Children/Youth Inpatient and Residential Facilities](#)

reported seeing other children get injured during restraints. They have also told us that staff hold their arms back behind them and lift them up in a way that causes pain. Children have also expressed that staff often try to make the child's legs fall asleep so they cannot fight back.

Additionally, while we do not have exact numbers on the use of seclusion at SPRTC, we are told it is regularly used, specifically if a restraint is prolonged. Again, most other PRTFs in Colorado have expressed to us that they do not use seclusion, and it is also rarely used at DYS facilities.

When asked about their high numbers of restraint SPRTC has stated that the children they serve are often those who have been denied admission at other facilities, including PRTFs. However, we remain concerned and hope the new leadership team will create an actionable plan to reduce the use of restraint and seclusion at SPRTC, as well as the amount of force used during any restraints.

“Staff seem to have the mentality that the kids should be treated like prisoners” - Advocate

Resident Services

MENTAL HEALTH TREATMENT

Children at SPRTC have expressed over the years that the therapists constantly change, and they do not feel like they are receiving the treatment they are there to get. Many children we have spoken with have expressed that they did not understand why they were at SPRTC since they were sent there specifically for mental health treatment and felt they were not receiving any effective or meaningful treatment there.

During our most recent visit in September 2025, the therapeutic services seemed to have improved, which is a positive change. We hope the staff who are effectively working with the children at SPRTC remain consistent long-term; however, we believe it is important to highlight that this has been a consistent cycle of ups and downs over the years and children at SPRTC often have not received the mental health services they were there specifically to receive.

“My client makes progress then reverts. We’re spinning.” - Guardian ad Litem

DLC also receives critical incident reports for SPRTC when a child goes to the hospital. One area of increase in these reports between January to June 2025 was children who were hospitalized for suicidal ideation or behaviors

and then sent to other placements. We received about 20 such reports since January 2025. When talking to children who have spent time at SPRTC, they have expressed that many children will fake symptoms or attempt self-harm so they can try to get taken out of SPRTC

to go somewhere else. Children, parents, and advocates have expressed to us that children are not receiving adequate mental health treatment from SPRTC.⁶

EDUCATION

During our monitoring visits, we have typically seen students engaged in an online curriculum. While there are some licensed teachers on staff, children have expressed that they do not always get the help they need from the adults in the classroom. Most children have expressed to us that they find it difficult to learn in this online format. However, some have expressed that they like this method of learning. The main concern we have with educational services at SPRTC is that all children who are sent there for residential services must also attend school there. This decision must be individualized, and a team must consider whether attending a local public school would be the least restrictive environment for each child.

YOUTH VOICE

SPRTC developed a Youth Advisory Council to allow for feedback from residents about the facility. When we visited in 2025, the Council was not active. Additionally, SPRTC had previously added a building for art and recreation, but as of our May 2025 visit, that building was not in use for that purpose.

SPRTC also developed various clubs in 2024 based on feedback from residents, including art, dance, running, and development of a choir club was in progress at that time. Upon our most recent visits in 2025, those clubs were no longer active. Youth voice of those currently at SPRTC and additional voices of those with lived experience should be at the forefront of discussions around SPRTC's services and treatment. Though youth voice has been considered during portions of the time we've been monitoring SPRTC, it has not been consistently elevated as a priority as it should be in such a setting.

POLICE INVOLVEMENT

SPRTC has a contract with the Cañon City Police Department (CCPD) and the police do regular "Special Detail" stops by the facility. Between January 2025 to August 9, 2025, there were 324 calls to the CCPD. Most of these calls were made by staff, with only 33 being indicated as being made by residents of SPRTC. Of the 324 calls, 107 were noted as "Special Detail," 68 were flagged as runaways, 36 were for assault, 25 were categorized as abuse/neglect, and 13 were sexual assault/harassment. The remaining 75 calls ranged from hang-ups to information requests to things like suspicious vehicles or disturbances. While we recognize that it may be

"It's like jail." - SPRTC Resident

⁶ See generally [What Are Effective Strategies for Implementing Trauma-Informed Care in Youth Inpatient Psychiatric and Residential Treatment Settings?](#)

appropriate in some circumstances to involve the police, we also recognize that police involvement can cause trauma, and our justice system does not have a history of treating people with disabilities fairly. Based on the frequency of police involvement, we want to flag that SPRTC should consider this when determining the necessity of police involvement, and that they are considering more therapeutic alternatives prior to calling the police.

Living Conditions

STAFF TREATMENT

Children have reported that staff at SPRTC are often unkind. Children have reported that staff will say things to them like, “you suck” and “you’re a piece of crap.” One child who had previously been at SPRTC felt that “9 out of 10” staff had the mindset of those working in corrections. Another child reported that staff yell at them and treat them “like shit.” While we recognize that staff are working in a challenging environment, there are some things that may need to be talked through internally rather than speaking to children in a negative or not trauma-informed way.⁷

“It really can't get worse. She even drank cleaning fluid to try and get out.” - Guardian ad Litem

Many have expressed feeling the need to self-harm or act out to get attention from staff. Children have also expressed that they do not have their feelings validated by staff, leading to behavior that communicates an unmet need. Some children have gone as far as cutting themselves, drinking cleaning fluid, and hanging themselves from trees in the courtyard to get staff’s attention and try to get out of SPRTC.

Overall, in the past three years we’ve been monitoring, there seems to be a culture of high accountability standards for children, but not the same level of accountability for staff,

*“Staff told me to go
kill myself.”*

– SPRTC Resident

which is frustrating for the children at SPRTC. Many of the children we’ve spoken with have expressed that they live in an environment where they feel unsafe and unheard.

Additionally, SPRTC has historically used a level system to add positive incentives for good behavior and show a child’s progress towards meeting their treatment goals. Unfortunately, children have expressed that it is easy to lose incentives and harder to gain them. They have also found that staff do not determine points fairly and can play favorites in how decisions are made. This has been frustrating for the children and sometimes resulted in them acting out.

⁷ See generally [What Are Effective Strategies for Implementing Trauma-Informed Care in Youth Inpatient Psychiatric and Residential Treatment Settings?](#)

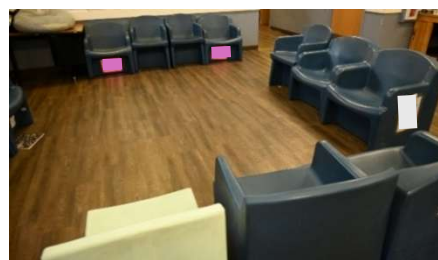
LIVING SPACES



Figure 2: A bedroom at SPRTC

The rooms and residential settings at SPRTC cannot be described as feeling homelike. Children have metal beds and dark rooms with breakable windows. Their common areas are filled with furniture that is often found in correctional settings like jails and prisons. This furniture is even less homelike and welcoming than the furniture in juvenile corrections facilities in Colorado.

According to public records, the property SPRTC operates on is owned by [The GEO Group](#), which also operates immigration detention and correctional settings throughout the United States.⁸ SPRTC leases the facility and therefore has limited control over the physical space and grounds. SPRTC used to be affiliated with Cornell Companies, including Cornell Corrections, which was acquired by The GEO Group in 2010.⁹ The Colorado Department of Public Health and Environment lists Cornell Corrections as SPRTC's owner; however, it also states SPRTC has 152 beds when SPRTC has 52 beds.¹⁰ This information may be outdated or incorrect, and SPRTC staff have stated that SPRTC is not currently associated with Cornell Corrections or The GEO Group. However, there still appears to be some level of connection between the groups given that The GEO Group continues to own the property.



PHONE ACCESS

Children have expressed to us over the years that they do not get regular access to the phones, and when they do, their time is limited. Children have also expressed that they did not know they could call places like Disability Law Colorado or the Child Protection Ombudsman. Although we confirmed that this information is provided to children at SPRTC during our last visit there in September 2025, we believe this is an important issue to flag to ensure phone access, and to recognize this has not always been consistent for the children at SPRTC. They must be allowed to access the world outside the fences and gates of SPRTC.

FOOD

We have had numerous children report to us that they have received raw or undercooked food, including raw chicken. Multiple children have reported getting food poisoning while in the care of SPRTC. Overall, through the course of our visits, we have received mixed reviews of the food at SPRTC.

⁸ <https://fremontcountyco-asr-web.tylerhost.net/assessor/taxweb/account.jsp?accountNum=P157269>; <https://fremontcountyco-asr-web.tylerhost.net/assessor/taxweb/account.jsp?accountNum=R038422>.

⁹ [History Timeline](#), <https://www.geogroup.com/about-us/history-timeline/>.

¹⁰ [Find and Compare Facilities | Colorado Department of Public Health and Environment](#).

RECOMMENDATIONS

SPRTC

SPRTC should urgently and immediately reduce its reliance on restraint and seclusion when working with children. This facility should consult with its licensing agencies, national experts, and other facilities in Colorado to better understand best practices in this area. SPRTC should also review and revise its policies and practices to ensure that the rights of children in their care are continuously upheld, and treatment goals are adequately being met. They must explore resource options to replace the metal furniture in the bedrooms. They must focus staff training on relationship-building and their own accountability rather than focusing on control over a child's behavior. Behavior is a form of communication, and this point must be at the forefront of everything that happens at SPRTC. They must also focus on the voices of those with lived experience as they develop policies and practices.

We recognize that SPRTC has recently undergone many staffing and administrative changes. Our hope is that new leaders take the initiative to address the concerns outlined in this report to better serve the children in their care sustainably in the future.

"I do not think Southern Peaks is adequately meeting my child's needs. The communication is horrid." - Parent

State of Colorado

Oversight agencies, including the Colorado Department of Human Services, the Colorado Department of Education, the Colorado Department of Public Health and Environment, and the Department of Health Care Policy and Financing should monitor and assist SPRTC to reach a higher standard of care for the children that are placed there.

Colorado must also improve opportunities across the state for children to receive services in less restrictive settings, such as group homes, therapeutic foster homes, and their own family homes with significant supports and services.

CONCLUSION

Disability Law Colorado's primary goal in issuing this report is to provide public information that is not otherwise available with an eye towards protecting and promoting the rights of individuals with disabilities such as the children placed, or considering being placed at, SPRTC. DLC also hopes that SPRTC will make the changes necessary to best serve the children in their care, and if they do not, DLC strives to ensure that the oversight agencies mentioned above understand their respective legal obligations to support children in the care of SPRTC and in all PRTFs in the state of Colorado. We are hopeful that this report will help ensure that all children served in PRTFs in Colorado, and by SPRTC specifically, will receive the safe and appropriate care and treatment they deserve. We also recognize that

there is a lack of services and placement options available in Colorado. Colorado must do better to comply with the promise of the U.S. Supreme Court’s decision in *Olmstead v. L.C.*¹¹ and ensure there is a continuum of placement options available across the state for all children with disabilities to best meet their needs in the least restrictive environment.

“Southern Peaks feels more like a warehouse. It does not feel like a therapeutic placement.” – Guardian ad Litem

¹¹ 527 U.S. 581 (1999).