

City of Philadelphia
OFFICE OF THE YOUTH OMBUDSPERSON



*Abraxas South Mountain
Systemic Issue Report*

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I. INTRODUCTION

In November 2022, former Mayor Jim Kenney issued Executive Order 5-22 establishing the Office of the Youth Ombudsperson (OYO) in response to the long-documented history of Philadelphia youth experiencing abuse, neglect, and systemic harm in residential placements. The OYO elevates youth voice, drives complaint and engagement activity, and independently monitors and evaluates the City's response to concerns raised.

The Office's mission is to ensure that youth in child welfare, juvenile justice, and behavioral health residential placements receive safe, lawful, and developmentally appropriate care. In partnership with the Philadelphia Department of Human Services (DHS), the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), and its managed care entity, Community Behavioral Health (CBH), the OYO works to strengthen complaint resolution processes and promote compliance with applicable laws, accountability standards, efficiency, impartiality, and transparency.

In March 2025, a concerned mother filed a complaint with our office regarding her son's treatment while placed at Abraxas South Mountain, a juvenile delinquent facility over 3 hours away from their home in Philadelphia. The complaint alleged discriminatory treatment, political indoctrination, unreasonable visitation policies, inappropriate staff conduct, and concerns about the facility's culture and disciplinary practices. In addition, the mother reported that her child went without his prescribed ADHD medication for a month when he first arrived at the facility and she worried this impacted his behavior and subsequent writeups. She also alleged that Abraxas never notified her of an injury her child sustained, and she only found out about it after requesting a summary report.

In April 2025, the OYO and DHS' Performance Management & Technology (PMT) team jointly interviewed the subject youth, who was no longer residing at Abraxas South Mountain. The youth corroborated several allegations raised by his mother and identified additional concerns based on his time at Abraxas. He discredited, however, the concern that staff discussed politics with him. He alleged staff discriminatory treatment, describing a culture in which Black youth experienced differential treatment and a lack of cultural understanding. He noted barriers to religious accommodations, specifically that Muslim youth cannot observe Ramadan and have insufficient access to prayer rugs. The youth further reported unclear facility rules, frequent discipline, and restrictive behavioral controls that are arbitrarily applied. He raised concerns about the use of restraints in situations that did not appear to present immediate safety risks. He also identified barriers to reporting concerns, describing staff conduct that discouraged use of the grievance process. The youth also stated that staff sometimes end calls between youth and families if they dislike what is being discussed.

Over the past year, in conjunction with PMT, our Office assessed these concerns through interviews with youth, staff, and leadership; a facility site visit; and a comprehensive review of Abraxas South Mountain's policies and incident reports. This assessment revealed troubling patterns of religious and racial discrimination, unsafe and improper restraint practices, confidentiality breaches, overly restrictive and outdated policies, and barriers that discourage or impede youth from filing grievances. Despite corroborating evidence across multiple sources, PMT declined to validate these service concerns and failed to require corrective action. PMT's

decision to overlook these concerns reflects a broader failure to adequately respond to serious and recurring violations impacting youth rights, safety, and wellbeing. The following report outlines the factual basis for these findings and identifies the corrective action and policy changes necessary to bring Abraxas South Mountain into compliance with applicable legal and regulatory standards (*See Appendix A*).

While writing this report on the Spring 2025 Abraxas South Mountain cases, a new youth contacted our office in March 2026 regarding similar allegations at the facility, highlighting ongoing issues requiring assessment and potential corrective action.

II. BACKGROUND

Abraxas Youth & Family Services

Abraxas Youth & Family Services is a multi-state organization providing a wide array of youth services, including secure treatment for male youth involved in the juvenile justice system. This report focuses specifically on the South Mountain, PA campus, which operates two programs:

1. **Abraxas Youth Center (AYC)** - a more secure residential treatment program serving youth adjudicated delinquent for certain offenses; and
2. **Leadership Development Program (LDP)** - a less restrictive residential treatment program generally serving younger youth with identified behavioral health diagnoses who are adjudicated delinquent for certain offenses.

Both programs operate a behavioral level system designed to encourage positive behavior and discourage rule violations. While AYC and LDP have slightly different level structures, youth in both programs begin at a base level upon arrival and progress through the levels as they demonstrate appropriate behavior and meet program expectations. Each level corresponds with varying privileges and restrictions. When youth violate program rules, they may be moved down to Level 1, or “Restrictive Level,” where privileges are significantly limited. The highest tier is the “Leadership Level,” where youth may earn additional privileges such as participation in outings, expanded group activities, and other opportunities associated with increased responsibility. Both programs operate under the trauma-informed organizational framework, the Sanctuary Model, and staff receive regular trauma-informed trainings and supervision.

Philadelphia DHS – PMT

Philadelphia Department of Human Services’ (DHS) Performance Management & Technology (PMT) team assesses complaints concerning the care and treatment of Philadelphia youth in city-contracted group homes and detention facilities. Complaints fall into one of three categories: serious incidents, service concerns, and assessment follow-ups. As a part of their assessment process, PMT collects initial information, completes file reviews, and conducts a site visit where they interview facility leadership, staff, and Philadelphia youth. In addition, PMT conducts high-level monitoring of facilities with a history of ongoing concerns. When PMT determines there to be sufficient evidence as to an allegation, they validate the serious incident or service concern and issue a corrective action plan (CAP). The OYO oversees and takes part in PMT’s assessment process from beginning to end and provides feedback as to PMT’s evaluation of the incidents and concerns.

Based on our knowledge and the information available in our collaborative folder, PMT never issued corrective action against Abraxas South Mountain prior to the OYO's March 2025 inquiry.

Pennsylvania DHS

The Pennsylvania Department of Human Services' Office of Children, Youth and Families conducts licensing reviews of state-licensed facilities, including Abraxas South Mountain, and requires facilities to submit corrective action plans (CAPs) when violations are identified and to maintain ongoing compliance. Recent and historical PA DHS licensing inspections reveal a pattern of noncompliance across multiple Abraxas South Mountain programs—including the Abraxas Youth Center, Leadership Development Program, and the on-site shelter. These programs all operate on the same campus, with LDP and the shelter co-located within the same building and under the same leadership team.

Abraxas Youth Center (AYC)

During its 2024 annual licensing inspection, PA DHS cited AYC for violating § 3800.32(j), which protects a youth's right to practice their religion or faith freely (*see Appendix B*). The facility required youth to cut their hair as part of the program, despite at least one youth expressing that doing so was against his religious beliefs. The state issued a corrective action plan and AYC discontinued their mandatory haircut expectation.

Leadership Development Program (LDP)

PA DHS identified violations within LDP across multiple inspection periods (*see Appendix B*):

- **2015 – Confidentiality violations (§ 3800.32(g)):** Staff were reading or “skimming” youth mail to censor content.
- **2023 – Improper restraint (§ 3800.211(d)):** A staff member failed to change positions during a manual restraint, prolonging the intervention beyond regulatory limits.
- **2024 – Failure to investigate grievances (§ 3800.31(f)):** The facility failed to document that they investigated or resolved a youth-filed grievance.
- **2024 – Verbal aggression and intimidation (§ 3800.32(c)):** Staff were observed yelling at a youth, with one staff member aggressively approaching the child.

Shelter Program

Although Philadelphia DHS does not contract with Abraxas South Mountain's shelter program, PA DHS findings from this program remain highly relevant given that it operates within the same building as LDP and under the same leadership team. Recent inspections identify escalating concerns related to youth safety and misuse of force (*see Appendix B*):

- **2024 – Statutory abuse (§ 3800.32(b)):** A staff member abused a youth resident.
- **2024 – Unsafe and improper restraints**
 - A staff member used an untrained restraint technique on a youth (§ 3800.32(c))
 - A staff member applied pressure or weight to a youth's respiratory system during a restraint (§ 3800.211(b))
 - Staff restrained a youth three times in one day in ways that caused him injuries and did not have him medically assessed until the next day (§ 3800.32(k))
- **2025 – Misuse of restrictive procedures (§ 3800.202(b)):** A staff member subjected a youth to a restraint for reasons unrelated to preventing harm to himself or others.

Despite PA DHS identifying incidents related to discrimination, inappropriate and excessive use of restraints, confidentiality breaches, and unaddressed youth-filed grievances at Abraxas South Mountain and issuing corrective action plans to prevent future violations, similar concerns have persisted over time. The findings in this report build on this history, illustrating how these issues continue to manifest in policy and practice. This calls into question whether prior corrective actions were sufficient to address underlying problems and ensure sustained compliance and protection of youth rights.

III. COMPLAINT TIMELINE & ASSESSMENT OVERVIEW

March 2025

- OYO received a complaint regarding a youth's treatment at Abraxas South Mountain.
- OYO sent PMT an inquiry letter outlining the allegations and requesting formal assessment.
- PMT assigned an analyst to assess the service concerns.

April 2025

- OYO and PMT interviewed the subject youth regarding the allegations.

May 2025

- OYO sent a second inquiry letter requesting that PMT assess the subject youth's new allegations raised during his interview.
- OYO asked PMT if they plan to interview Abraxas' leadership. PMT stated they already interviewed leadership prior to the youth interview but would interview them again with OYO.
- OYO asked Abraxas for their policies. Abraxas sent some but not all the requested documents.

June 2025

- OYO followed up with Abraxas for remaining documents. Abraxas sent some but not all.
- OYO and PMT interviewed Abraxas leadership virtually. PMT logged off early and left OYO to complete the remainder of the interview.
- OYO asked PMT if they will conduct a site visit to Abraxas to interview youth and staff and tour the facility. PMT said they would get back to the OYO about this request.

July 2025

- Abraxas sent the final round of policy documents.
- OYO completed a comprehensive review of Abraxas' documents. Our review of the facility's policy handbook and related materials raised significant concerns regarding clarity, accessibility, and alignment with youth rights and applicable regulations.
- OYO followed up with PMT on their request to conduct an Abraxas site visit, citing PMT's service concern process that dictates a site visit should occur in each case. PMT noted this was a case-by-case determination and that they decided they would not be conducting a site visit to Abraxas, mainly because the subject youth was no longer at the facility. OYO argued there were still Philadelphia youth placed there currently. PMT stood by their decision.

August 2025

- PMT informed OYO they were not validating any of the service concerns.
- OYO expressed concern with this determination, noting that the allegations could not be meaningfully assessed without a site visit, youth and staff interviews, particularly given reports concerning staff treatment of youth residents. OYO asserted to PMT that they should follow their

- written policy which requires a site visit, youth and staff interviews before making a determination and closing out the case (*See Appendix C*).

October 2025

- OYO informed PMT of their concerns with Abraxas' policies. PMT noted they had no concerns.
- OYO determined they would be visiting Abraxas for Know-Your-Rights presentations and invited DHS. PMT accepted the invite but made clear that this visit was not a part of their evaluation of the open service concern. Rather, the visit was an opportunity to shadow and support the OYO.

November 2025

- OYO conducted planning for the site visit and coordinated with PMT.
- PMT and OYO invited Juvenile Probation to the Abraxas site visit. OYO cited their concerns of discrimination and mistreatment of youth, and the corroboration from JPOs assigned to the facility who cited concerns with Abraxas' staff and policies during the OYO's stakeholder presentation.
- Juvenile Probation leadership confirmed receipt of OYO's emails but did not attend the site visit.

December 2025

- OYO and PMT conducted a joint site visit to Abraxas South Mountain where they interviewed youth, staff and leadership and conducted a tour of both programs. OYO provided youth Know-Your-Rights trainings and surveyed the youth on their experiences.
- OYO filed a ChildLine report due to youth allegations of staff sexual abuse and improper restraints.

January 2026

- OYO uploaded site visit notes, including interviews with youth, staff and leadership and tour observations. PMT uploaded staff interview notes but no youth interviews or tour observations.
- PMT informed OYO they would be issuing Abraxas South Mountain a Corrective Action Plan (CAP) but did not say for what reason(s).

February 2026

- PMT notified OYO that they may validate concerns related to the subject youth's medication lapse and Abraxas' failure to promptly notify the parent of the youth's injury.
- OYO notified PMT of outstanding concerns regarding racial and religious discrimination, improper use of restraints, and outdated and arbitrarily applied policies, and more.

March 2026

- OYO received a new complaint about Abraxas South Mountain alleging similar religious discrimination concerns, along with staff mistreatment and unfair disciplinary practices that impact length of stay.
- OYO followed up with PMT as to the concerns raised the month prior. PMT noted they identified no concerns during the December 2025 site visit absent some past due food items.
- OYO submitted a new inquiry to PMT notifying them of the new complaint and requesting formal assessment.

April 2026

- PMT uploaded Abraxas' CAP addressing the facility's delay in getting the subject youth's prescribed medication and notifying his mother of an injury while at the facility. OYO was unable to review the CAP in real time due to PMT not including the OYO in any CAP outreach to the facility.

May 2026

- PMT uploaded their assignment sheet for the new Abraxas case.

IV. ANALYSIS OF ABRAXAS POLICIES AND PRACTICES

As a part of our oversight process, we reviewed Abraxas’ policies to assess for developmental appropriateness and alignment with trauma-informed care. We identified policies that appear archaic and overly restrictive. We also identified additional areas of concern related to personal grooming, religious expression, family connection, and grievance procedures, which are discussed in the following sections. In several instances, written policies appeared to conflict with or potentially undermine established youth rights protections or lacked sufficient clarity to ensure consistent, rights-affirming implementation.

During a June 2025 virtual meeting, Abraxas leadership assured OYO and PMT that youth are not disciplined for insignificant reasons; however, during the December 2025 site visit, youth consistently shared that they are punished for minor rule violations and subjective expectations.

In addition to interviewing youth, we also interviewed Abraxas staff and leadership during the site visit to better understand how these policies are applied in practice. Youth consistently reported that facility rules are overly restrictive and outdated, aligning with concerns raised by the subject youth and complainant. Youth described policies that closely monitor and limit their movement, communication, and ability to meet daily basic needs such as eating, showering, and using the bathroom. Many youth shared that these practices prioritize control over care, undermining their sense of dignity and individuality, and creating an environment that feels punitive rather than supportive.

Youth also reported that staff make up, constantly change the rules, and apply them differently among youth. Youth noted that the rules in practice differ from what’s written in the handbook and that they learn the rules best through peer mentors.

Below is a sample of Resident Handbook policies that significantly limit youth movement, expression, and autonomy.

- ✓ “Touching other residents or staff in any matter is inappropriate.”
 - Leadership explained that fist bumps, high fives, and handshakes are acceptable forms of physical touch, but anything else is strictly prohibited. Leadership explained the rule is written as is so youth do not “cross the line.”
- ✓ “Once residents return to their room, they will remain in their assigned rooms until given expectations for the next activity of the day.”
- ✓ “Residents are not permitted to misuse any item in any fashion (i.e. tossing socks or balls of paper up in the air, paper planes, etc.)”
- ✓ “Residents may sit on the floor with staff permission but must be in a visible area in your room. No laying down or propping yourself up (i.e. on your side) while on the floor.”
 - This rule is only applied at AYC. Youth at LDP are allowed to sprawl out on the floor without staff permission.
- ✓ “Do not sit or lay on beds except during regular sleeping hours or when permission by staff is given.”

- This rule is presently still in the handbook; however, staff is currently “testing out” designated time on the weekends where youth on levels 2 and 3 may take a nap. If this practice is successful, they will allow youth on level 1 to have this privilege also.
- Leadership stated that youth are permitted to lay in bed when sick, with a nurse note.
- ✓ “Residents will sit on their assigned chair only; you are not permitted to sit/lean on any other piece of furniture or structure or walk around aimlessly in their room.”
- ✓ “There shall be no free or unsupervised movement of residents within the unit at any time.”
- ✓ “When preparing to step out of your room you must remain one (1) arm’s length from the doorway.”
 - At AYC, youth must go up to the door to get staff’s attention. At LDP, youth must sit at their desk with their hand raised until staff call on them.
- ✓ “No talking or singing in the bathroom.”
- ✓ “No posing or flexing in mirror.”
 - An example of this would be a young person looking at himself in the mirror, flexing his arm muscles, and saying, “I look good today!”
 - While leadership stated this is no longer enforced, they made comments about the justification for this rule that leads our Office to believe it is still being enforced.
- ✓ “No trading food, condiments, or beverages of any kind.”
- ✓ “Residents will be allowed to talk, provided they are not on RL, only at times designated by staff members.”
- ✗ “Residents are only permitted to have one piece of blank lined paper in their room.”
 - Youth are now permitted to have up to 3 books.
- ✗ “Residents will not ask to speak with staff while in the hallway.”
 - Youth are now permitted to speak to staff in the hallway so long as they raise their hand and wait for staff to call on them. If youth are walking past a staff person’s office, they can’t break the line to get the staff’s attention.
- ✗ “...handbook will be placed in the center of your desk. Towels and washcloths will be permitted to hang on the headboard closest to the wall.”
- ✗ To be on Level 3, youth must “not receive failure notices for any subject.”
 - ✗ Abraxas offers tutoring support to youth struggling in school. If the youth is trying to improve their grade(s), leadership stated there is no penalty for them. If a youth is not applying themselves (i.e. not completing their assignments, not engaging in tutoring, etc.), this can impact their level and ultimately when they complete the program.

* An x means the policies are out of date and the checks mean the policies are currently in use.

Our review of interviews and restraint incident reports indicates that youth are often restrained for not following certain rules dictated above, including not remaining in their assigned rooms until instructed otherwise. Youth expressed difficulty sitting still for extended periods without structured activities, and incident reports reflect that attempts to leave rooms or stand in doorways have resulted in restraints. This raises concern that highly restrictive expectations may contribute to behavioral escalation rather than support regulation.

In addition, youth and staff described a disciplinary practice referred to as, “the process,” or “around the corner,” in which youth are separated from peers to discuss behavioral concerns. They also reported that rule violations frequently result in being “processed,” and that restraints often occur during or following these interactions.

During our in-person meeting with facility leadership, we learned that many of these policies are no longer enforced or have been modified in practice but have not yet been updated in writing. Our team emphasized the urgent need to update and clarify policies to ensure they are applied equitably across staff and clearly understood by youth. We stressed that inconsistent interpretation or outdated guidance increases the risk of rights violations and confusion. Leadership acknowledged that policy revision is an area in need of improvement and shared that they currently lack the administrative capacity to prioritize comprehensive updates. They also explained that Abraxas' corporation policy review board must approve all policy changes, and that this process can extend the timeline for formal revisions.

Leadership also explained that several restrictive policies, particularly those limiting peer interaction and communication, were implemented in response to prior isolated incidents and are intended to deter sexual misconduct. However, these restrictions are applied universally to all youth, regardless of individual history, risk level, or age.

While safety is paramount, blanket restrictions that treat all youth as if they will engage in sexual misconduct are inconsistent with individualized, trauma-informed practice and the intent of the Prison Rape Elimination Act (PREA), which emphasizes risk assessment and targeted supervision. Broad limitations on normative peer interaction may undermine healthy adolescent development, increase isolation, and contribute to a more punitive environment that is counterproductive to rehabilitation. Effective safety planning should be proportionate, evidence-based, and tailored—not universally restrictive.

In summary, outdated policies allow for continued application, arbitrary implementation, and an overall lack of understanding and knowledge of the rules for both youth and staff. While the concerns with outdated policies were not explicitly written in the inquiry letters, the OYO did address them in bi-monthly meetings with PMT. Additionally, the concerns with overly punitive policies were expressed in the second inquiry letter. Despite being notified of these concerns, reviewing the policies themselves, and learning corroborating evidence from leadership, staff, and youth, PMT did not formally address nor validate these concerns during their assessment process. The OYO believes this concern should be validated to ensure that facility rules are consistently applied and understood by all, and that policies that govern youth conduct are developmentally appropriate and rooted in care not just control.

V. Religious Discrimination

Regulatory Standard

Pennsylvania's 3800 regulations clearly establish that youth have the right to practice the religion or faith of their choice and may not be discriminated against on that basis (§ 3800.32) (*See Appendix A*). Facilities are responsible for ensuring that policies and practices do not infringe upon this right.

Grooming Requirements and Religious Practice

Our investigation identified serious concerns regarding compliance with § 3800.32, particularly related to grooming requirements. Abraxas operates two programs on campus with differing grooming policies. At LDP, youth are permitted to choose whether to shave. However, at AYC, youth are required to shave regularly, without exception. Staff confirmed that youth will receive a “verbal intervention” or “process” for refusing to shave.

Muslim youth reported that refraining from shaving is a meaningful component of their religious practice. Youth housed in the building where shaving is optional expressed appreciation for being able to observe this practice. Youth in the building where shaving is required reported feeling uncomfortable complying with the requirement but stated they did so out of fear of discipline or potential extension of their stay. One youth reported raising his religious objection to staff and stated that his concern was dismissed and that staff continue to require him to shave.

AYC and LDP enforce different policies as it relates to shaving which demonstrates that mandatory shaving is a discretionary decision, not an operational necessity.

This concern mirrors PA DHS’s 2024 finding at AYC that youth were required to cut their hair despite expressing that doing so conflicted with their religious beliefs (see Appendix B), raising similar questions about the facility’s respect for and accommodation of youth religious practices.

Access to Religious Materials, Attire, and Worship

While youth reported that staff generally allow time for daily prayer and provide dietary accommodations, access to religious materials, attire, and communal worship is inconsistent and, at times, inadequate. There was one youth who shared he was not provided with dietary alternatives that met his religious needs. He went on to explain that the facility goes off the religion in youth’s admissions paperwork and that accommodations are not made for young people who convert during their stay at the facility. Leadership stated that youth’s religious dietary accommodations will be honored; however, they requested sufficient notice so that kitchen staff may make the necessary changes to the meal preparation.

Multiple youth reported requesting prayer rugs and waiting extended periods before receiving them, if they received them at all. Some youth reported praying on towels due to the lack or poor quality of provided prayer rugs. Access to religious items appeared to vary by unit and staff member, suggesting the absence of a standardized process.

Several youth reported they are not permitted to wear kufis at all; however, some reported they are allowed to wear kufis, though only in their bedrooms. Restricting religious headwear limits Muslim youth’s ability to outwardly practice and express their faith.

If Muslim youth are indeed not permitted to wear kufis at Abraxas South Mountain, such a prohibition would be in violation of PA’s 3800 regulations and Title VI of the Civil Rights Act of 1964. Other delinquent placement facilities permit Muslim youth to wear kufis throughout the day and, in some cases, provide kufis that align with facility uniform requirements at intake. These practices demonstrate that accommodating religious headwear can be accomplished while maintaining uniformity and institutional order.

In addition, several youth reported being prohibited from sharing Qurans with peers. Some youth stated they were reprimanded for sharing a Quran with other youth who did not have one or for attempting to help a peer read or understand Arabic text. Preventing youth from sharing religious texts, particularly when assisting one another in understanding their faith, further limits opportunities for communal religious engagement. When youth are restricted from sharing religious materials among themselves, the practical effect is the near elimination of communal faith expression.

Abraxas leadership stated they provide Muslim youth with Qurans; however, they do not usually provide them with prayer rugs. They went on to say that youth can ask their families or write Islamic organizations to send or bring them prayer rugs. Leadership admitted there is nothing preventing them from providing youth with prayer rugs.

Although Sundays at Abraxas South Mountain are designated for spirituality programming, youth noted that Friday is the congregational day of prayer (Jummah) in Islam. Youth reported no structured opportunities for communal Islamic worship.

Representation of Faith Traditions

During our site visit, we observed visible representations of Christianity throughout the facility, including seasonal decorations and messaging. We did not observe comparable representation of other faith traditions. In a facility serving youth from diverse religious backgrounds, visible prioritization of one faith tradition without equivalent accommodation or representation of others raises equity concerns.

Restrictions on religious items, practices, and the sharing of religious texts and materials among youth appear to be policy choices rather than safety-based necessities. Interviews with youth and staff, combined with review of facility policies, corroborate the subject youth's report of differential treatment of Muslim youth at Abraxas South Mountain.

Leadership Awareness and Capacity

Facility leadership acknowledged limited knowledge of Islamic practices despite serving a considerable number of Muslim youth and expressed a need for additional support and education. A lack of familiarity with the religious needs of a significant portion of the population does not relieve the facility of its obligation to comply with the 3800 regulations. Facilities are responsible for proactively ensuring that staff are equipped to meet youth's religious needs. Collectively, our findings point to inconsistently and insufficiently structured religious accommodation practices to ensure equal access for Muslim youth. Despite this, Abraxas South Mountain has not indicated they will be altering their policies nor has PMT validated this concern to issue corrective action on this issue for the facility. It is the opinion of the OYO that this service concern should be validated to protect youth's right to practice the religion or faith of their choice freely and without discrimination.

VI. Racial Discrimination

Regulatory Standard

Pennsylvania's 3800 regulations clearly establish that a child may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national

origin, age or sex (§ 3800.32(a)) (*See Appendix A*). Facilities are responsible for ensuring that policies and practices do not infringe upon this right.

Grooming Requirements and Cultural Significance

As noted in the previous section, our review of the facility’s grooming policies raised concerns related to both religious and racial equity. House Bill 439 (Pa. 2025), known as Pennsylvania’s CROWN Act, prohibits discrimination based on hair texture and protective hairstyles commonly associated with race, including locs, twists, braids, and other natural hairstyles (*See Appendix D*). Grooming standards that disproportionately affect Black youth must therefore be scrutinized for compliance with § 3800.32(a).

Although leadership informed our Office that prior head-shaving requirements are no longer enforced, and we observed youth wearing locs, twists, and other natural hairstyles during our visit, Abraxas’ written policies continue to reflect restrictive grooming standards, leaving open the possibility that such policies could still be implemented.

The Resident Rights document states:

✓ “It is their [the residents’] responsibility to maintain their personal appearance by being neat, clean, well shaven, and by following a proscribed regiment of daily hygiene.”

Similarly, the Resident Handbook provides:

✓ “Each resident’s hair will be kept neat, clean, and well-groomed always.”

✓ “Residents will maintain high personal grooming standards and be inspected on those standards daily.”

✗ “Hairline, front and back, sideburns and eyebrows will not be altered.”

Leadership stated that the haircut requirement reflected in policy is outdated and no longer practiced. Leadership further explained that the change occurred after youth attempted to straighten their hairlines with razor blades following barber appointments conducted by barbers unfamiliar with diverse hair types. However, PA DHS documentation indicates that the practice change followed corrective action requiring the facility to cease mandatory haircuts to comply with religious protections under § 3800.32 (*See Appendix B*).

The continued presence of restrictive grooming language in official facility documents presents a compliance concern. Written policies establish expectations for staff and youth and serve as the authoritative reference point for enforcement. Policies that remain in effect, even if not actively implemented, create risk of inconsistent or discretionary enforcement.

While we were encouraged to observe youth expressing themselves through natural hairstyles, the continued requirement that residents remain “well shaven” — reinforced by daily grooming inspections — raises parallel concerns. Grooming standards mandating facial hair removal may disproportionately impact Black youth and youth for whom facial hair is tied to cultural or personal identity. This concern is heightened given that Abraxas’ LDP program permits facial hair growth without identified operational disruption, suggesting that these restrictions are discretionary rather than safety driven.

To ensure compliance with § 3800.32(a) and the CROWN Act, Abraxas must revise its written policies to clearly reflect current practice and eliminate language that could permit or reintroduce discriminatory grooming requirements. As previously stated, when facilities do not regularly update their policies, this leads to youth and staff confusion, misinterpretation, and potentially discriminatory practices as policies are arbitrarily applied.

Differential Treatment Concerns

Beyond grooming practices, multiple Black youth reported experiencing differential treatment based on race and geographic origin. Youth described instances of hearing white peers use the n-word and reported that a white staff member repeated the word back to a Black youth who had used it without any intervention or discussion about the language.

The meaning and use of the n-word can differ depending on the context and speaker. Within some Black communities, the word has been reclaimed and is used among peers as a form of cultural expression. However, when used by individuals outside of that community, particularly by white youth or staff, it can reinforce the term's historical use as a racial slur. A white staff member repeating the word back to a Black youth, along with reports that staff did not intervene when white youth used the term, suggests a lack of cultural awareness and raises concerns about how racially sensitive language is understood and addressed by staff.

Youth also described feeling that Black youth from Philadelphia are intentionally separated, more closely monitored, or presumed to be affiliated with gangs when gathered as a group. In contrast, youth reported that white youth from the same county were permitted to congregate without similar scrutiny. One youth described an incident in which a staff member approached a group of Black youth, questioning what they were discussing and appearing to presume malicious behavior.

Several youth further reported that staff appeared to give white youth more opportunities to correct behavior and were quicker to restrain or punish Black youth for similar rule violations.

These concerns were shared with facility leadership, who confirmed that Philadelphia youth are separated but stated that youth from other counties are also separated due to concerns about prior history between residents.

Language, Cultural Expression, and Disciplinary Practices

During our site visit, youth and staff informed our team that youth writings are reviewed and that youth are “processed” and dropped down to restrictive level if found to be writing rap lyrics. Staff indicated that this practice is based on concerns that rap music often contains references to violence or profanity.

There was no indication that similar restrictions are applied to other genres of music that may also reference violence or profanity. Rap music, particularly within Black communities and among youth from Philadelphia, has a well-documented history as a form of storytelling, poetry, and emotional processing. Artists frequently use rap to describe personal struggles, trauma, grief, and aspirations for a different future. For youth in juvenile justice placements, writing rap lyrics can function as a form of self-expression, creative outlet, and healthy coping. Restricting this specific genre of expression, without clearly articulated and uniformly applied standards, raises

concerns about disparate impact.

Concerns were also raised regarding restrictions on language during phone calls. Facility policy states that residents are responsible for conducting themselves “properly” and using “appropriate” language during phone contact. The Resident Handbook further provides that calls “may be terminated if the language or the conversation is deemed inappropriate”. The policies do not define what constitutes “proper,” “appropriate,” or “inappropriate” language. Abraxas leadership confirmed staff listen in on youth’s calls with family and will disconnect calls if sex, drugs, or violence are discussed.

Youth and staff confirmed that calls may be terminated if a family member is yelling or using profanity, and that youth are prohibited from using profanity during calls. One youth described observing staff terminating a call after a parent informed her child that his brother had been shot, presumably due to the mention of violence. When determinations of “appropriate” language are left to individual staff discretion without clear written standards, there is a risk of inconsistent or discriminatory enforcement. Language norms vary across families, communities, and cultural backgrounds. Without explicit guidance rooted in cultural humility, enforcement decisions may reflect subjective interpretations rather than objective standards and ignore cultural norms related to language and communication.

Policing how youth and families communicate can suppress cultural identity and interfere with the right of youth to maintain meaningful family relationships. Youth communication with family is a critical protective factor for children in placement and should not be restricted absent a legitimate and documented safety concern. Practices that police tone, speech patterns, or language used in family communication may disproportionately affect Black families and families of color. Communication styles, including tone, cadence, and forms of address, vary significantly across cultures and should not be misinterpreted as misconduct or disrespect. Failure to recognize these differences risks reinforcing racial bias and unnecessarily disrupting family relationships.

In summary, the consistency of the youth’s reports, starting from the subject youth and corroborated through the current youth at Abraxas South Mountain, the outdated and arbitrarily defined policies allowing for discriminatory treatment, and leadership’s confirmation of county-based separation, raises serious concerns regarding potential racial bias in supervision and discipline; disparate enforcement of behavioral expectations; and a racially hostile peer environment. Despite all the evidence, PMT did not validate this service concern. It is the opinion of the OYO that this service concern should be validated to ensure that youth are not subjected to outdated policies and discriminatory practices.

VII. Privacy Rights

Regulatory Standard

Under § 3800.32(g), youth have the right to send and receive mail. Staff may not open or read outgoing mail or incoming mail from government officials or a youth’s attorney. Incoming mail from other individuals may only be opened by the youth in the presence of staff when there is reasonable suspicion that it contains contraband or materials that could jeopardize the youth’s

health or safety (*See Appendix A*).

Importance of Mail Communication

In juvenile delinquent facilities, youth are often placed far from home and may have limited access to phones, computers, or in-person family visits. As a result, written mail frequently serves as a primary means for youth to maintain relationships with family members and other supportive individuals. These letters may contain personal or sensitive information and therefore require strong privacy protections.

Reported Practices at Abraxas

During our site visit, youth reported that staff read their mail. One youth stated that he was disciplined after writing to his brother about having a crush on a girl back home. At least one staff member also shared that they “scan” youth letters for inappropriate matters, such as curse words. Leadership informed the OYO that staff should not be reading youth mail. However, youth and staff reports suggest that this practice may nevertheless occur in some instances.

Of note, this is not the first time this issue has been identified at Abraxas South Mountain. PA DHS cited LDP in 2015 for violating youth privacy rights after learning that staff were reading or “skimming” youth mail to censor content. The persistence of similar reports during our site visit suggests that this practice may continue despite prior corrective action, raising questions about sustained compliance with § 3800.32(g).

Policy Conflicts with § 3800

Facility policy further states that youth must open all incoming mail in front of staff so that it may be inspected for contraband. This requirement appears inconsistent with the regulatory standard, which permits inspection only when there is reasonable suspicion that contraband or harmful materials may be enclosed.

Additionally, while youth are encouraged to write to family and friends, facility policy places restrictions on the content of outgoing mail. For example, youth are prohibited from using “inappropriate language or content,” requesting brochures or informational materials, or joining book or magazine clubs. It is unclear how staff would be able to identify such violations without reading the contents of youth correspondence. Under § 3800.32(g), staff are prohibited from opening or reading outgoing mail. Policies that restrict the content of youth letters therefore raise concerns about whether compliance with these restrictions can occur without infringing upon youth privacy rights.

Although privacy rights were not listed as complaints in the inquiry letters submitted to PMT, concerns to this effect were disclosed during the interview with the subject youth for which PMT was present and corroborated by staff and youth currently at Abraxas. Abraxas’ policy requiring blanket reviews of youth incoming mail absent reasonable suspicion violates the 3800 regulations (*See Appendix A*). Additionally, Abraxas’ policy requiring staff to ensure youth’s outgoing mail does not contain certain language, such as rap lyrics strongly indicates that staff is reading, not scanning, youth’s outgoing mail which is also a violation of the 3800 regulations. PMT should assess this concern to ensure that youth’s privacy rights are protected at Abraxas.

VIII. Inappropriate Use of Restraints

Regulatory Standard

Under 55 Pa. Code § 3800.202, restraints may only be used when a youth poses a danger to themselves or others and only after de-escalation efforts have been exhausted. Restraints may not be used as punishment, for staff convenience, or as a substitute for programmatic interventions. Restrictive procedures must be a last resort and, if utilized, must be applied in a manner that ensures youth safety and lasts only the minimum amount of time necessary to resolve the immediate safety concern (*See Appendix A*).

Reported Practice of “Process” and Escalation to Restraint

Interviews with youth and staff identified concerns related to a disciplinary practice referred to as “a process,” during which youth are taken aside following perceived misbehavior to reflect on their actions and discuss impact. Multiple youth reported that restraints frequently occur during or immediately following these interactions, particularly when youth:

- Walk away from the discussion
- Indicate they need space
- Refuse to talk
- Show they are frustrated or upset

Youth described restraints occurring when they were “not following directions,” “not wanting to go to process,” or “walking away from process.”

While many staff appropriately identified physical violence as grounds for a restraint, a significant number reported that restraints also occur when youth:

- Walk away during a verbal intervention
- Leave their room
- Walk off the unit
- Pull away during a “touch prompt”

Staff described a “touch prompt” as using an open hand to redirect or prevent a youth from leaving before the verbal intervention is completed. Although intended as a mild intervention, staff acknowledged that youth often react negatively to being touched, which then escalates into a full physical restraint. In addition, incident reports showed staff’s use of “proximity,” moving physically closer to youth during redirection, also led to youth getting triggered, lashing out, and in turn staff restraining youth (*Not publicly attached due to confidential youth information*). In practice, efforts to prevent youth from disengaging from a verbal intervention appear to contribute to escalation rather than prevent it. Just two years ago, PA DHS cited Abraxas South Mountain after observing a staff member approach a youth in an aggressive manner, recognizing the intimidating effect such behavior can have on a minor (*See Appendix B*).

Incident Report Review

Our review of facility incident reports corroborated youth and staff accounts. Documentation reflects instances in which youth were restrained for refusing to exit their room, refusing to engage in discussion, or disobeying staff directives (*Not publicly attached due to confidential youth information*). These rationales do not meet the regulatory threshold of imminent danger to self or others required under the 3800 regulations. The documentation reviewed suggests that

restraints may, at times, be used in response to noncompliance or disengagement rather than immediate safety risk.

Trauma-Informed Practice and Youth Impact

Trauma-informed care recognizes that many youth in congregate care settings have experienced physical abuse, sexual abuse, community violence, or other forms of chronic trauma. As a result, interventions involving physical control must be approached with extreme caution.

Trauma-informed practice emphasizes:

- Allowing youth time and space to regulate before engaging in reflective discussion
- Avoiding forced conversations when a youth is emotionally escalated
- Minimizing physical contact unless necessary to prevent imminent harm

Forcing a youth to immediately participate in a “process” discussion while emotionally dysregulated may increase agitation rather than promote reflection. When youth attempt to disengage or request space and are physically redirected, this may trigger a fight-or-flight response, particularly for youth with trauma histories. The described use of “touch prompts” is especially concerning in this context. Even brief physical redirection can be experienced as coercive or threatening. When such interventions predictably escalate into full restraints, the approach itself warrants reevaluation. Restraints are among the most intrusive interventions used in child-serving settings. When used improperly, they can:

- Re-traumatize youth
- Damage trust between youth and staff
- Create a culture of fear rather than safety
- Undermine therapeutic goals

If youth perceive that walking away, requesting space, or declining to talk may result in physical restraint, they may become hypervigilant, anxious, or resistant to engagement. In a setting intended to promote rehabilitation and emotional development, reliance on restraints in response to noncompliance rather than imminent danger is inconsistent with both regulatory standards and trauma-informed principles.

Physical Harm Concerns

Nearly all youth interviewed described seeing marks or bruises on peers after restraint incidents. Youth also described situations in which multiple staff members restrained a single young person, sometimes involving staff significantly larger than the youth being restrained, hearing youth complain of pain days after the incident, and youth screaming during the restraint as if in pain. Youth questioned whether the level of force used in these situations was necessary. Youth further described instances in which a peer was held face down during a restraint, which raises additional safety concerns given prone position restraints are strictly prohibited under § 3800.211(b). The OYO filed a ChildLine report in response to these youth disclosures.

The presence of physical injury following a restraint raises serious concerns about proportionality, technique, and compliance with the 3800 regulations. Any use of force that results in visible injury warrants heightened scrutiny, documentation review, and supervisory oversight to ensure that the intervention was necessary, reasonable, and implemented safely.

When our office inquired whether PMT independently reviewed restraint incident reports as part of its assessment, PMT indicated that another team within their unit reviews such reports and confirmed they did not conduct their own review in evaluating this concern.

Given that determining compliance with § 3800.202 requires examination of the underlying restraint documentation, the absence of an independent review of those reports calls into question the basis for PMT's decision not to validate the inappropriate restraint allegation. Based on the totality of information reviewed, including youth accounts, staff interviews, and primary incident documentation, the OYO concludes that this concern should be validated to ensure that youth are not subjected to improper restraints.

IX. Grievance Process

Regulatory Standard

Under 55 Pa. Code Chapter 3800 § 3800.31(e) and (f), youth and their families have the right to lodge a grievance regarding an alleged violation of specific or civil rights without fear of retaliation. Facilities are required to develop and implement written grievance procedures to ensure the investigation and resolution of such grievances (*See Appendix A*).

Grievance Policies

Initially, our Office was concerned that youth may be discouraged from filing grievances, as policy documents emphasize young people airing out their concerns with staff involved through “the group process” before filing a formal complaint. However, in speaking with youth, staff, and leadership, this concern did not emerge. Other issues came to light, though — specifically, youth being unable to obtain forms on their own, youth feeling required to disclose their names on grievance forms, and grievances taking long periods of time to be addressed or, in some instances, never being addressed at all.

Abraxas' LDP has grievance boxes throughout the building where youth can drop off grievance forms. Only supervisors have access to these boxes, limiting the risk of staff interference. Abraxas' AYC, on the other hand, does not have grievance boxes. AYC leadership explained that this allows leadership to provide grievance forms to different staff members if needed.

Accessibility and Anonymity Concerns

Our review identified significant concerns regarding whether the facility's grievance process is accessible, confidential, and functionally anonymous. Youth reported that they must request permission to obtain grievance forms — either directly from staff or to step out of line to retrieve one posted on a hallway wall. Staff confirmed that youth must ask permission to access forms. Leadership, however, stated that this understanding was inaccurate and that staff were misinformed. They said youth can obtain a form without staff permission.

These conflicting accounts demonstrate a lack of clarity and consistent implementation of policy. When youth must seek staff permission to obtain a grievance form, particularly in a congregate setting, it undermines anonymity and may deter reporting as youth may be fearful of admitting they are considering filing a grievance regarding the facility.

Youth further reported that grievance forms ask for the youth's name and do not clearly indicate that providing a name is optional. Several youth stated they felt required to include their names or staff told them they must do so. While the 3800 regulations do not explicitly mention that there must be a mechanism for youth to file grievances anonymously, DHS' Scope of Services encourages providers to create such a method, recognizing that youth may be more inclined to submit grievances when their identity can remain unknown (*See Appendix E*).

Abraxas leadership explained that they require youth to write their names on grievance forms so concerns can be addressed in a timely manner, as required by the State. Leadership also stated that the grievance process is designed to resolve concerns with all parties involved, including the youth who filed the grievance, and expressed concern that they would not be able to resolve issues if grievances were submitted anonymously. They expressed an openness to learning different ways facilities structure their grievance process while still adhering to state regulations.

Inconsistent Submission Procedures

Our assessment also revealed inconsistent understandings among staff regarding who may distribute and receive grievance forms. Some staff reported that only treatment supervisors may provide youth with grievance forms. Other staff members stated youth could obtain forms from any staff member. Similarly, staff provided conflicting information regarding who may receive completed grievances. Some stated that only supervisors may accept them, while others indicated youth could submit forms to any staff member.

Leadership stressed that youth can return grievance forms to any staff member, not just treatment supervisors. However, current facility policy states that treatment supervisors receive grievance forms. This inconsistency raises serious concerns, particularly in situations where a youth may wish to file a grievance regarding a supervisor. A system that requires youth to seek out the very individual they may be reporting creates a structural conflict and may deter reporting.

Allegations of Interference and Delayed Responses

One youth described an incident in which a staff member discarded a grievance form. This allegation aligns with concerns raised by the subject youth in this matter. Additionally, several youth reported waiting extended periods of time for responses to grievances. A few youth stated they never received a response. Delays or failures to respond to grievances undermine the integrity of the process and may reinforce youth perceptions that filing complaints is ineffective or unsafe.

PA DHS identified a similar concern in 2024, when they cited LDP for failing to document whether they investigated or resolved a youth-filed grievance. Reports from our site visit of prolonged or unanswered grievances reflect a similar breakdown in the grievance process and suggest that these deficiencies may remain unresolved despite prior corrective action.

Policy Confusion and Low Utilization

Leadership indicated that staff were misinformed about grievance procedures. However, the widespread confusion among staff regarding basic elements of the process — including access, anonymity, and submission — suggests that training and oversight are insufficient.

Staff also reported that very few grievances have been filed during their tenure. While this could

be interpreted as an absence of concerns, in the context of the barriers described above, it may instead indicate that youth do not feel safe or empowered to use the grievance process. Low utilization of a grievance system in a congregate care setting does not necessarily reflect high satisfaction; it may reflect lack of trust. This is also another example of how outdated policies can contribute to confusion among youth and staff. If Abraxas does not update its grievance policies, there remains a risk that staff will continue interpreting and applying the process differently across programs.

In conclusion, Abraxas' current grievance process appears to contain structural barriers to anonymity, inconsistent implementation across staff, and insufficient oversight to ensure grievances are properly received, investigated, and addressed, concerns further corroborated by the State's 2024 citation. Despite these concerns, PMT declined to validate this issue. It is the viewpoint of the OYO that this service concern warrants validation to ensure youth can file grievances in a manner that is safe, accessible, confidential, and free from fear of retaliation.

X. RECOMMENDATIONS

The findings outlined in this report reflect systemic failures in policy compliance, youth rights protections, and oversight within Abraxas South Mountain. These failures place youth at risk of harm and undermine the fundamental rights guaranteed to youth in residential care under Pennsylvania law and federal civil rights protections. Addressing these concerns requires coordinated corrective action by Abraxas as the placement provider, strengthened contract monitoring by the City of Philadelphia Department of Human Services (DHS), and rigorous regulatory enforcement by the Pennsylvania Department of Human Services (PA DHS), Office of Children, Youth and Families. The following recommendations identify corrective actions necessary to ensure compliance with 55 Pa. Code Chapter 3800, federal civil rights laws, and basic protections for youth dignity and safety (*See Appendix A*).

For Abraxas South Mountain

Abraxas South Mountain is a city-DHS contracted placement that provides residential treatment to youth adjudicated delinquent in the juvenile justice system. The facility is tasked with rehabilitating youth and maintaining safety and structure for all youth and staff. Out of respect for this duty, the OYO makes the following recommendations:

Policy Review and Revisions

To address identified concerns and ensure that facility policies clearly reflect regulatory requirements and current best practices, the OYO recommends the following actions:

Immediate Actions (Within 30 Days)

Abraxas South Mountain should conduct a comprehensive review of all facility policies to ensure alignment with Chapter 3800 regulations and current best practices.

Short-Term Actions (Within 90 Days)

Upon completing the comprehensive policy review, Abraxas leadership should submit an updated version of the facility's policies to their policy review board as well as Philadelphia DHS and the OYO.

Following policy review board approval, Abraxas should provide mandatory staff training on updated policies and document staff acknowledgement of policy changes.

Longer-Term Actions (Within 6 Months)

Abraxas should establish a formal annual policy review process.

Religious Accommodation and Religious Rights

To ensure compliance with these protections and strengthen the facility's ability to support youth's religious rights, the OYO recommends the following actions:

Immediate Actions (Within 30 Days)

Abraxas South Mountain should eliminate mandatory shaving requirements and allow youth to grow facial hair consistent with religious beliefs and personal expression. Muslim youth should be permitted to wear kufis throughout the day as part of their religious practice.

The facility should establish a clear and timely process for responding to youth requests for religious materials to avoid any unnecessary delays with religious practice. Youth should be permitted to share religious texts with peers for purposes of study, discussion, and mutual support in their religious practice.

Short-Term Actions (Within 90 Days)

Abraxas should create opportunities for communal Islamic worship by locating an Imam or other qualified Islamic faith leader who can lead Friday Jummah prayer for Muslim youth. When in-person services are not feasible due to the facility's location, virtual services should be made available.

The facility should also create opportunities for faith-based study and reflection, such as Islamic study circles (Halaqas) for youth who wish to participate. These gatherings could initially be facilitated by an Imam or knowledgeable community member. Over time, youth in higher program levels could assist in facilitating discussions as a leadership opportunity and a way to support peers in learning about their faith.

The facility should also provide staff training on religious accommodation requirements and basic Islamic practices, including prayer schedules, dietary considerations, religious attire, and important observances.

Longer-Term Actions (Within 6 Months)

Abraxas should ensure the facility environment reflects and respects the diversity of religious traditions represented among youth in placement. This may include recognizing observances such as Ramadan and Eid, displaying decorations acknowledging significant religious holidays, and providing appropriate meal accommodations during fasting holidays. Abraxas may also host voluntary holiday gatherings and create opportunities for youth to participate in charitable activities connected to religious observances.

Racial Equity and Fair Treatment

To ensure compliance with these protections and promote equitable treatment of youth, the OYO recommends the following actions:

Immediate Actions (Within 30 Days)

Abraxas should discontinue the practice of disciplining youth for writing rap lyrics or engaging in other forms of artistic expression unless the content presents a clearly documented safety concern (i.e. mention of threats of violence against others). Youth writing, including rap music, poetry, and other creative expression, should be recognized as a legitimate form of self-expression and emotional processing.

Abraxas should provide youth explanations for the separation practice and how it is applied to all youth across counties. Abraxas should also conduct an immediate review of the facility's separation practices to ensure that the practice is being consistently and fairly applied to all youth across counties.

Abraxas should enforce a zero-tolerance expectation that youth and staff are never permitted to use hate speech, including racial slurs and epithets.

Short-Term Actions (Within 90 Days)

Abraxas should review and revise policies governing youth creative expression to ensure that any restrictions are clearly defined and applied consistently. If the facility limits certain content for safety reasons, the same standards should be applied uniformly across all genres of music or writing rather than singling out culturally specific forms of expression.

The facility should revise policies governing language during youth phone calls with family members. Policies should clearly define what constitutes "appropriate" or "inappropriate" language and should not rely solely on individual staff discretion. Youth communication with family should not be restricted absent a legitimate and documented safety concern.

Abraxas should require documentation and supervisory review whenever a youth phone call is terminated by staff, including the reason for termination, to ensure that restrictions are applied consistently and appropriately.

Abraxas should develop a clear zero tolerance policy regarding the use of hate speech including racial slurs and epithets to ensure all youth regardless of background feel a sense of belonging at the facility.

Abraxas should update the grooming policy to reflect more culturally appropriate practices.

Abraxas should update facility policy to explicitly state the reason for youth separation and under what circumstances this is utilized so youth, parents/guardians, and staff understand the practice.

Longer-Term Actions (Within 6 Months)

Abraxas should consider engaging an external diversity, equity, and inclusion (DEI) consultant or organizational equity specialist to assess facility policies, practices, and staff training related to equitable treatment of youth. This review should evaluate disciplinary practices, communication policies, and cultural competency training to identify potential disparities and recommend strategies to promote fair and consistent treatment of youth across racial and cultural backgrounds. Based on the findings of this assessment, the facility should implement recommended policy, training, or oversight improvements to strengthen culturally responsive practices and reduce the risk of disparate treatment.

With the support of an independent consultant, Abraxas should conduct an internal evaluation of the facility's restraints and discipline data across race to ensure restrictive procedures and discipline practices are consistently and fairly applied to youth across all backgrounds.

Abraxas should develop an equitable provision protocol to ensure staff are not enforcing rules arbitrarily and discriminatorily amongst youth.

Abraxas should provide staff training on culturally responsive communication and youth expression, including how language, tone, cadence, and communication styles may vary across families, communities, and cultural backgrounds. Training should emphasize the importance of avoiding assumptions about intent and ensuring that disciplinary responses are not influenced by cultural bias.

Youth Privacy Rights

To ensure compliance with Chapter 3800 and protect youth privacy rights, the OYO recommends the following actions:

Immediate Actions (Within 30 Days)

Abraxas should immediately cease any practice of staff reading or "scanning" youth correspondence. Staff should not open or read outgoing mail under any circumstances and may not open or inspect incoming mail from attorneys or government officials.

Short-Term Actions (Within 90 Days)

Abraxas should review and revise facility policies governing youth mail to ensure full compliance with §3800.32(g). Policies should clarify that:
Outgoing mail may not be opened or read by staff.

Mail from attorneys or government officials may not be opened or inspected.

Mail from other individuals may only be opened by the youth in the presence of staff when there is reasonable suspicion that it contains contraband or materials that could jeopardize the youth's health or safety.

The facility should also remove or revise policy provisions that restrict the content of youth correspondence unless those restrictions can be implemented without requiring staff to read youth mail.

Longer-Term Actions (Within 6 Months)

Abraxas should provide training to staff and supervisors on youth privacy rights and the regulatory standards governing mail handling under PA's 3800 regulations and implement supervisory oversight to ensure mail handling practices remain compliant.

Use of Physical Restraints

To ensure compliance with Chapter 3800 and reduce reliance on restrictive interventions, the OYO recommends the following actions:

Immediate Actions (Within 30 Days)

Abraxas should revise and clearly communicate its restraint policy to ensure alignment with §3800.202. Policies should explicitly state that restraints may only be used when a youth poses

an immediate danger to themselves or others and only after reasonable de-escalation efforts have been attempted.

The facility should also discontinue the use of “touch prompts” or physical proximity intended to prevent youth from disengaging from verbal interventions when there is no imminent safety risk, as this practice may escalate situations and increase the likelihood that a restraint will occur.

Short-Term Actions (Within 90 Days)

Abraxas should review and revise disciplinary and behavioral intervention policies to ensure youth are given appropriate space and time to regulate before being required to participate in reflective discussions with staff.

Staff should receive training on the regulatory standards governing restraints and on trauma-informed de-escalation strategies that prioritize verbal interventions and non-physical approaches.

Longer-Term Actions (Within 6 Months)

Abraxas should establish a structured supervisory review process for all restraint incidents. This review should assess whether the restraint met regulatory standards, whether de-escalation attempts were documented, and whether the intervention was appropriate.

The facility should also strengthen oversight and accountability for restraint practices by developing clear procedures for responding to instances in which restraints are conducted improperly or inconsistently with policy. These procedures should include supervisory review protocols, documentation requirements, and corrective action processes to ensure inappropriate restraint practices are identified and addressed promptly.

Abraxas should establish a quarterly practice of tracking restraint data including frequency, location, precipitating factors, and staff involvement to identify patterns and develop strategies to reduce reliance on physical restraint over time. In tracking this data, Abraxas should review video footage of a sampling of restraints to ensure credible staff incident reports.

Grievance Procedures

To ensure youth can safely raise concerns and that grievances are addressed effectively, the OYO recommends the following actions:

Immediate Actions (Within 30 Days)

Abraxas should ensure that youth can access grievance forms without requesting staff permission. Forms should be available in common areas of each unit so youth may obtain them privately.

The facility should install secure grievance boxes on all units so youth can submit complaints without staff involvement. Access to these boxes should be limited to designated supervisory staff responsible for reviewing grievances.

Grievance forms should clearly state that youth may submit complaints anonymously and are not required to include their names.

Short-Term Actions (Within 90 Days)

Abraxas should revise written grievance policies to reflect accessible and confidential submission procedures. Policies should clarify that youth may obtain grievance forms independently, submit grievances anonymously, and are not required to first resolve concerns with staff involved in the issue.

Policies should also establish clear timelines for acknowledging receipt of grievances, conducting investigations, and communicating outcomes.

The facility should implement procedures addressing instances in which a staff member interferes with, discards, or otherwise obstructs a grievance submission.

Abraxas should document all "group processes" or informal handlings of youth complaints, regardless of whether they rise to the level of a formal grievance, in the youth's file to document youth's concerns over the course of their facility stay.

Staff should receive training on grievance procedures, youth rights to file complaints without retaliation, and their responsibility to ensure grievances are not obstructed.

Longer-Term Actions (Within 6 Months)

Abraxas should implement a system for tracking grievance submissions, response timelines, and resolution outcomes. Facility leadership should periodically review grievance data to identify patterns or recurring concerns.

The facility should also ensure youth receive clear, age-appropriate information about their grievance rights during intake and throughout their placement, including posted instructions on each unit.

For Philadelphia DHS

Philadelphia DHS' Performance Management & Technology (PMT) team is responsible for assessing service concerns, serious incidents, and assessment follow-ups of contracted child welfare group homes and juvenile delinquent facilities that house and treat Philadelphia youth. To ensure that youth placed at Abraxas South Mountain receive care consistent with the protections established under the 3800 regulations, the OYO recommends that PMT take the following actions:

Validate Identified Service Concerns and Require Corrective Action

The findings described in this report suggest that several policies and practices at Abraxas South Mountain may be inconsistent with protections established under 55 Pa. Code §§3800.31, 3800.32, and 3800.202, particularly in the areas of religious accommodation, racial equity, youth privacy rights, restraint practices, and the accessibility of the grievance process (*See Appendix A*).

PMT should formally validate the concerns identified in this report and require Abraxas South Mountain to develop corrective action plans addressing each area of concern. PMT should also assess and validate privacy rights concerns raised during the site visit and mentioned in this report. Validation of these issues is an important step in reinforcing that youth rights protections

established in PA's 3800 regulations are meaningful and enforceable.

Implement Enhanced Monitoring of Abraxas South Mountain

Given the concerns identified in this report, Philadelphia DHS should implement high-level monitoring of Abraxas South Mountain to ensure that corrective actions are implemented effectively and that youth rights protections are consistently upheld.

Enhanced oversight may include periodic review of restraint incidents and documentation, including assessment of the events leading up to a restraint, whether de-escalation methods were attempted, and whether the restraint used was safe, appropriate, and consistent with regulatory standards. Monitoring should also include review of grievance submissions and response timelines, requests for religious accommodations, revised facility policies and training materials, and direct engagement with Philadelphia youth placed at the facility.

Require Revision of Outdated or Overly Restrictive Policies

PMT should require Abraxas South Mountain to conduct a comprehensive review of its Policies & Procedures Manual, specifically the Resident Handbook and Rights sections, to ensure alignment with PA's 3800 regulations and trauma-informed care practices.

As part of this review, PMT should require the facility to:

- Revise policies to align with PA's 3800 regulations and DHS' Scope of Services
- Ensure written policies accurately reflect current practices
- Clearly articulate youth rights and staff responsibilities
- Provide updated written policies to youth, staff, parents and guardians
- Conduct staff training on all revised policies

Require Ongoing Policy Submission and Implementation Monitoring

Philadelphia DHS should require all contracted providers, including Abraxas South Mountain, to submit updated policy manuals on at least an annual basis as part of contract compliance. In addition to reviewing written policies, PMT should conduct monitoring to verify that staff understand and consistently implement facility policies in practice. This may include staff interviews, observation during site visits, and comparison of policy requirements with actual practices reported by youth and staff.

Strengthen Service Concern Assessment Practices

The discrepancy between the findings outlined in this report and PMT's decision not to validate these concerns suggests that Philadelphia DHS may benefit from reviewing its current service concern assessment process and standards of practice. Philadelphia DHS should assess whether current practices adequately evaluate allegations involving potential rights violations or systemic concerns. The service concern assessment process should include interviews with the subject youth and Philadelphia youth currently at the facility, staff and leadership, policy and document review, and a site visit to tour the facility and ensure youth safety. Without reviewing all aspects of a case, PMT may miss or overlook an important factor needed to validate or invalidate a concern.

For PA DHS

PA DHS is responsible for licensing residential facilities under 55 Pa. Code Chapter 3800 and ensuring that providers across the Commonwealth comply with regulatory requirements designed

to protect youth rights (*See Appendix A*). The concerns identified in this report raise questions about whether certain policies and practices at Abraxas South Mountain are fully aligned with PA's 3800 regulations. Because PA DHS establishes and enforces these standards statewide, the OYO recommends the following actions to strengthen oversight and promote consistent compliance across residential facilities:

Conduct a Licensing Review of Abraxas South Mountain

PA DHS should conduct a licensing review of Abraxas South Mountain to assess whether facility policies and practices are consistent with PA's 3800 regulations.

This review should include:

- Examination of facility policies to ensure alignment with PA's 3800 regulations, particularly in areas related to youth privacy rights, religious accommodations, restraint practices, and grievance procedures.
- Review of restraint documentation and incident reports to ensure restraints are used only when permitted under regulatory standards.
- Interviews with youth and staff to understand how policies are implemented in practice.
- Assessment of whether youth rights protections are clearly communicated and consistently enforced.

If policies or practices are found to be inconsistent with regulatory requirements, PA DHS should require the provider to revise its policies and implement corrective actions to ensure compliance.

Consider OYO Suggestions When Updating Implementation Guide

As PA DHS updates the implementation guide to complement the upcoming 3900 regulations, the OYO recommends incorporating the following recommendations for greater facility understanding.

Guidance may be particularly helpful in areas where providers may interpret regulations inconsistently, including:

- Youth privacy protections related to mail and communication
- Appropriate use of restraints and documentation of de-escalation efforts
- Youth access to grievance procedures
- Religious accommodations and cultural expression

Clarify Anonymous Grievance Submission in Upcoming 3900 Regulations

As part of the forthcoming Chapter 3900 regulations currently being developed, PA DHS should explicitly require that residential facilities provide a method for youth to submit grievances anonymously. Anonymous reporting mechanisms are an important safeguard for youth who may fear retaliation or feel uncomfortable raising concerns directly with staff. While facilities must continue to comply with regulatory timelines for reviewing and responding to grievances, those requirements should not preclude youth from submitting complaints without identifying themselves.

The forthcoming regulations should clarify that facility grievance procedures must include an anonymous reporting option and provide guidance on how facilities can review, document, and respond to anonymous grievances while still meeting required

The forthcoming regulations should clarify that facility grievance procedures must include an anonymous reporting option and provide guidance on how facilities can review, document, and respond to anonymous grievances while still meeting required response timelines.

Strengthen Policy Review During Licensing Inspections

PA DHS should ensure that facility policies are reviewed during routine licensing inspections to assess whether they are current, clearly written, and consistent with state regulations. PA DHS should ensure that facility policies are reviewed during routine licensing inspections to assess whether they are current, clearly written, and consistent with state regulations. PA DHS should consider implementing a policy review cycle requiring facilities to periodically review and update policies to prevent facilities from going years without necessary revisions. When policies are identified as outdated, unclear, or inconsistent with regulatory standards, PA DHS should require providers to develop and implement corrective action plans to bring them into compliance. Strengthening policy review during licensing inspections will help ensure written policies accurately reflect regulatory requirements and reduce reliance on informal or inconsistent practices.

XI. Conclusion

This case highlights a deeper issue as it relates to oversight within the City of Philadelphia. The OYO learned of systemic concerns at a City-contracted juvenile placement and submitted them to PMT as the contracting agency capable of issuing corrective action. Despite substantial evidence, such action has not been taken. As an oversight agency, the OYO does not have the authority to perform independent investigations and issue corrective action. Philadelphia DHS, on the other hand, is responsible for ensuring their provider facilities are honoring youth's rights and affording them the quality care and treatment they deserve and are entitled to under the 3800 regulations. When PMT does not validate serious service concerns or issue facilities corrective action, who then, as the City of Philadelphia, is responsible for protecting youth in congregate care and ensuring accountability with providers?

When the OYO learned that PMT would not be validating the service concerns following the facility site visit, despite young people expressing religious discrimination at Abraxas South Mountain, the OYO decided to coordinate with local partners to address these concerns. During our visit, Abraxas leadership requested OYO assistance with collecting religious materials to distribute to Muslim youth and support with connecting with an Imam or Islamic religious faith leader to help guide the youth through worship services. Abraxas leadership noted their geographic location is often a barrier to securing Muslim faith leaders on a consistent basis.

Following our visit, we reached out to the City's Office of Muslim Engagement (OME), as well as a former city colleague who runs, Voices of Power, an initiative that advances public education and discourse around community violence intervention. Together, this small coalition worked together to coordinate support for Muslim youth at the facility, particularly as the month of Ramadan, a period during which Muslims are prescribed to fast and seek spiritual enrichment, was approaching. Voices of Power secured a magnitude of generous donations from business owners to provide the facility with 30 prayer rugs, 30 Qurans, and 30 kufis to be distributed among 25 observing youth. Additionally, we are coordinating efforts with OME to connect the

facility with an Imam and other Islamic faith leaders to encourage dialogue, foster inclusivity and offer guided worship services. Abraxas also hosted a special meal for youth to break their fast at each building in observance of Ramadan this year. Abraxas leadership sent photographs of two spaces that had decorations honoring the youth's faith.

Despite these positive steps, Abraxas has not informed the OYO that it will revise its policies restricting religious practice, observance, or adherence to accommodate Muslim youth, even though our Office informed them that Islam prohibits men and boys from shaving their beard.

The concerns outlined throughout this report are not isolated incidents, but rather reflect broader systemic deficiencies in policy, practice, oversight, and accountability at Abraxas South Mountain. Our assessment identified credible concerns regarding religious and racial discrimination, unsafe and improper restraint practices, confidentiality breaches, overly restrictive and outdated policies, and barriers that discourage youth from reporting mistreatment or asserting their rights. The documented history of PA DHS prior corrective action at Abraxas South Mountain further corroborates the patterns identified and indicates a need for ongoing monitoring to address the underlying systemic issues. Despite this and all the corroborating evidence gathered through youth, staff, and leadership interviews, policy review, incident documentation, and direct observation during the site visit, PMT declined to validate these concerns or require meaningful corrective action. The OYO finds this response insufficient. Youth placed in residential care are entitled to environments that are safe, lawful, trauma-informed, and respectful of their dignity, identity, and rights. Sustained corrective action, enhanced oversight, and meaningful accountability measures are necessary to ensure that Abraxas South Mountain operates in compliance with applicable legal and regulatory standards and that youth concerns are taken seriously when raised.

APPENDICES

Appendix A

Pennsylvania 55 Pa. Code Chapter 3800 Regulations

Appendix B

PA DHS Licensing Inspection Summaries for Abraxas South Mountain Programs (2015, 2023–2025)

Appendix C

Philadelphia Department of Human Services Performance Management & Technology (PMT) Service Concern Assessment Process

Appendix D

Pennsylvania CROWN Act (House Bill 439, 2025)

Appendix E

Philadelphia Department of Human Services Scope of Services for Congregate Care Providers

§ 3800.22. Waivers.

(a) The facility may submit a written request for a waiver on a form prescribed by the Department, and the Department may grant a waiver of a specific section of this chapter if the following conditions exist:

- (1) There is no significant jeopardy to the children.
 - (2) There is an alternative for providing an equivalent level of health, safety and well-being protection of the children.
 - (3) The benefit of waiving the regulation outweighs any risk to the health, safety and well-being of the children.
- (b) The scope, definitions or applicability of this chapter may not be waived.

CHILD RIGHTS**§ 3800.31. Notification of rights and grievance procedures.**

(a) Upon admission, each child and available parent and, if applicable, an available guardian or custodian, unless court-ordered otherwise, shall be informed of the child's rights, the right to lodge grievances without fear of retaliation and applicable consent to treatment protections specified in § 3800.19 (relating to consent to treatment).

(b) Each child and parent and, if applicable, the child's guardian or custodian, shall be informed of the child's rights, the right to lodge grievances as specified in subsection (a), and applicable consent to treatment protections specified in § 3800.19 (relating to consent to treatment), in an easily understood manner, and in the primary language or mode of communication of the child, the child's parent and, if applicable, the child's guardian or custodian.

(c) A copy of the child's rights, the grievance procedures, and applicable consent to treatment protections shall be posted and given to the child, the child's parent and, if applicable, the child's guardian or custodian, upon admission.

(d) A statement signed by the child, the child's parent and, if applicable, the child's guardian or custodian, acknowledging receipt of a copy of the information specified in subsection (a), or documentation of efforts made to obtain the signature, shall be kept.

(e) A child and the child's family have the right to lodge a grievance with the facility for an alleged violation of specific or civil rights without fear of retaliation.

(f) The facility shall develop and implement written grievance procedures for the child, the child's family and staff persons to assure the investigation and resolution of grievances regarding an alleged violation of a child's rights.

Cross References

This section cited in 55 Pa. Code § 3800.243 (relating to content of records).

§ 3800.32. Specific rights.

(a) A child may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, sexual orientation, national origin, age or sex.

(b) A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

(c) A child has the right to be treated with fairness, dignity and respect.

(d) A child has the right to be informed of the rules of the facility.

(e) A child has the right to communicate with others by telephone subject to reasonable facility policy and written instructions from the contracting agency or court, if applicable, regarding circumstances, frequency, time, payment and privacy.

(f) A child shall have the right to visit with family at least once every 2 weeks, at a time and location convenient for the family, the child and the facility, unless visits are restricted by court order. This right does not restrict more frequent family visits.

(g) A child has the right to receive and send mail.

(1) Outgoing mail may not be opened or read by staff persons.

(2) Incoming mail from Federal, State or county officials, or from the child's attorney, may not be opened or read by staff persons.

(3) Incoming mail from persons other than those specified in paragraph (2), may not be opened or read by staff persons unless there is reasonable suspicion that contraband, or other information or material that may jeopardize the child's health, safety or well-being, may be enclosed. If there is reasonable suspicion that contraband, or other information that may jeopardize the child's health or safety may be enclosed, mail may be opened by the child in the presence of a staff person.

(h) A child has the right to communicate and visit privately with his attorney and clergy.

(i) A child has the right to be protected from unreasonable search and seizure. A facility may conduct search and seizure procedures, subject to reasonable facility policy.

(j) A child has the right to practice the religion or faith of choice, or not to practice any religion or faith.

(k) A child has the right to appropriate medical, behavioral health and dental treatment.

(l) A child has the right to rehabilitation and treatment.

(m) A child has the right to be free from excessive medication.

(n) A child may not be subjected to unusual or extreme methods of discipline which may cause psychological or physical harm to the child.

(o) A child has the right to clean, seasonal clothing that is age and gender appropriate.

Cross References

This section cited in 55 Pa. Code § 3800.171 (relating to safe transportation).

§ 3800.202. Appropriate use of restrictive procedures.

- (a) A restrictive procedure may not be used in a punitive manner, for the convenience of staff persons or as a program substitution.
- (b) With the exception of exclusion as specified in § 3800.212 (relating to exclusion), a restrictive procedure may be used only to prevent a child from injuring himself or others.
- (c) For each incident in which use of a restrictive procedure is considered:
 - (1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.
 - (2) A restrictive procedure may not be used unless less intrusive techniques and resources appropriate to the behavior have been tried but have failed.
 - (3) A restrictive procedure shall be discontinued when the child demonstrates he has regained self-control.

Cross References

This section cited in 55 Pa. Code § 3800.171 (relating to safe transportation).

§ 3800.203. Restrictive procedure plan.

- (a) For each child for whom restrictive procedures will be used beyond unanticipated use specified in § 3800.204 (relating to unanticipated use), a restrictive procedure plan shall be written and included in the ISP specified in § 3800.226 (relating to content of the ISP), prior to use of restrictive procedures.
- (b) The plan shall be developed and revised with the participation of the child, the child's parent and, if applicable, the child's guardian or custodian, if available, any person invited by the child and the child's parent, guardian or custodian, child care staff persons, contracting agency representative and other appropriate professionals.
- (c) The plan shall be reviewed every 6 months and revised as needed.
- (d) The plan shall be reviewed, approved, signed and dated by persons involved in the development and revision of the plan, prior to the use of a restrictive procedure, whenever the plan is revised and at least every 6 months. The child, the child's parent and, if applicable, the child's guardian or custodian shall be given the opportunity to sign the plan.
- (e) The plan shall include:
 - (1) The specific behavior to be addressed, observable signals that occur prior to the behavior and the suspected reason for the behavior.
 - (2) The behavioral outcomes desired, stated in measurable terms.

(c) Devices used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet used for prevention of injury during seizure activity, are not considered mechanical restraints.

Cross References

This section cited in 55 Pa. Code § 3800.171 (relating to safe transportation); and 55 Pa. Code § 3800.273 (relating to exceptions for secure care).

§ 3800.211. Manual restraints.

(a) A manual restraint is a physical hands-on technique that lasts more than 1 minute, that restricts the movement or function of a child or portion of a child's body. A manual restraint does not include a manual assist of any duration for a child during which the child does not physically resist or a therapeutic hold for a child who is 8 years of age or younger for less than 10 minutes during which the child does not physically resist.

(b) Manual restraints that apply pressure or weight on the child's respiratory system are prohibited.

(c) Prone position manual restraints are not permitted for girls who are pregnant.

(d) The position of the manual restraint or the staff person applying a manual restraint shall be changed at least every 10-consecutive minutes of applying the manual restraint.

(e) A staff person who is not applying the restraint shall observe and document the physical and emotional condition of the child, at least every 10 minutes the manual restraint is applied.

Cross References

This section cited in 55 Pa. Code § 3800.171 (relating to safe transportation); and 55 Pa. Code § 3800.211a (relating to prone position manual restraint—statement of policy).

§ 3800.211a. Prone position manual restraint—statement of policy.

(a) Prone position manual restraint is a restraint during which a child is held face down on the floor.

(b) Prone position manual restraint is prohibited under § 3800.211(b) (relating to manual restraints) because it applies weight or pressure on the child's respiratory system.

Source

The provisions of this § 3800.211a adopted December 19, 2009, effective June 21, 2010.

Licensing Inspection Summary: 31032 - 08/04/2015 - Smolock, Tara

Facility Name: ABRAXAS.OPEN.RESIDENTIAL

1. REGULATION 55 Pa.Code §3800
3800.32(g)(1) - Outgoing mail may not be opened or read by staff persons.

2a. DESCRIPTION OF VIOLATION

Based on child interviews it was determined that staff members consistently read over outgoing mail to cross out profanity and inappropriate content.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Facility leadership developed a standardized supervisory conference note outlining appropriate procedures for handling outgoing resident mail. Specifically, the note states that employees will not open or read (or "skim") resident mail for inappropriate content. By September 30, 2015, direct supervisors will review the procedures with each employee during individual supervisory conferences. The signed supervisory conference note will be filed in the employee's supervision file.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)




Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jonathan P. Swatsburg, Divisional Vice President

Date 09/10/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-14-15
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 9-14-15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Licensing Inspection Summary: 31032 - 08/04/2016 - Smolock, Tara

Facility Name: ABRAXAS.OPEN RESIDENTIAL

1. REGULATION 55 Pa.Code §3800

3800.32(g)(3) - Incoming mail from persons other than those specified in paragraph (2), may not be opened or read by staff persons unless there is reasonable suspicion that contraband, or other information or material that may jeopardize the child's health, safety or well-being, may be enclosed. If there is reasonable suspicion that contraband, or other information that may jeopardize the child's health or safety may be enclosed, mail may be opened by the child in the presence of a staff person.

2a. DESCRIPTION OF VIOLATION

Based on child interviews it was determined that staff members consistently read over incoming mail to cross out profanity and inappropriate content.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jonathan P. Swatsburg, Divisional Vice President


Date 09/10/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

9-14-15
(Date)

The above plan of correction was approved by


(Initials)

Plan of correction implementation status as of

9-14-15
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

3800.211 Manual Restraints

1. Requirements

3800.211.d. The position of the manual restraint or the staff person applying a manual restraint shall be changed at least every 10-consecutive minutes of applying the manual restraint.

Description of Violation

On [REDACTED], Child A was put into a restrictive procedure with Staff Member A for a total of 15 minutes without a change in position or staff person.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction

Accept ([REDACTED] - 11/01/2023)

By November 24, 2023, staff member A will complete Safe Crisis Management training and complete the required skills test. The Executive Director will monitor this process through the Physical Intervention Review Board for 60 days or until compliance is achieved and sustained

Licensee's Proposed Overall Completion Date: 11/24/2023

On-site Verification

Implemented ([REDACTED] - 11/30/2023)

This plan was verified on 12/4/2023. [REDACTED]

3800.32 Specific Rights

1. Requirements

3800.32.b. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

Description of Violation

On [REDACTED], child A was found to be the subject of statutory abuse by Staff member A

Plan of Correction

Accept ([REDACTED] - 05/08/2024)

Childline was notified of the alleged abuse on [REDACTED]. Staff member A already submitted [REDACTED] resignation on [REDACTED] stating [REDACTED] last day would be [REDACTED]. [REDACTED] had PTO scheduled for [REDACTED], making [REDACTED] last day working in the building [REDACTED]. During the day on [REDACTED] the safety plan was enacted. Staff member A was asked to leave the building as the safety plan stated [REDACTED] would be placed on administrative leave and not to be working with clients pending the outcome of the investigation.

Licensee's Proposed Overall Completion Date: 05/03/2024

On-site Verification

Implemented ([REDACTED] - 07/01/2024)

This plan was implemented/verified on 7/11/2024. [REDACTED]

2. Requirements

3800.32.c. A child has the right to be treated with fairness, dignity and respect.

Description of Violation

On [REDACTED], child A was not treated with fairness, dignity and respect by staff member A. Surveillance footage showed Child A was restrained by staff member A using an untrained technique.

Plan of Correction

Accept ([REDACTED] - 05/08/2024)

Staff member A was placed on administrative leave on 02/05/24, pending the outcome of the child abuse investigation. [REDACTED] previously submitted [REDACTED] resignation and his last day of employment was scheduled to be [REDACTED]. By 7/26/24 staff members assigned to license # 355310 will participate in Safe Crisis Management Training where the trainer will emphasize the importance of using proper techniques and treating the resident with dignity and respect during interventions.

Licensee's Proposed Overall Completion Date: 07/26/2024

On site Verification

Implemented ([REDACTED] - 07/01/2024)

This plan was implemented/verified on 7/11/2024. [REDACTED]

3. Requirements

3800.32.k. A child has the right to appropriate medical, behavioral health and dental treatment.

Description of Violation

On [REDACTED], Child A was involved in 3 restraints in which they sustained injuries and was not medically assessed until the following day.

Plan of Correction

Accept ([REDACTED] - 06/11/2024)

By July 1, 2024, staff members assigned to license # 355310 will review the Abraxas South Mountain Program Safe Crisis Management policy. This policy outlines the following; " immediately after every physical intervention and before the resident moves from the physical intervention site, [REDACTED] must be physically examined. Staff should contact the medical department who will conduct a visual exam. In the event medical personnel are not available, staff may complete the exam, being sure to document any injuries in the incident report. Any complaint of pain or injury will be immediately reported to the medical department. Residents will be assessed by medical personnel

3800.32 Specific Rights (continued)

within 48 hours and their condition documented on the Post Medical Assessment form."

Upon review of this policy staff members will sign an acknowledgement form and training sheet. The Training Manager and Quality & Compliance Specialist will monitor for completion with this plan of correction.

Licensee's Proposed Overall Completion Date: 07/01/2024

On-site Verification

Implemented (█ - 07/01/2024)

This plan was implemented/verified on 7/11/2024. █

3800.202 Appropriate Use of Restrictive Procedures**4. Requirements**

3800.202.b. With the exception of exclusion as specified in § 3800.212 (relating to exclusion), a restrictive procedure may be used only to prevent a child from injuring himself or others.

Description of Violation

Child A was subject to a restrictive procedure that was being utilized for reasons other than to prevent a child from injuring himself or others.

Plan of Correction

Accept (█ - 05/08/2024)

By 7/1/24 staff members assigned to license #355310 will review the Abraxas Youth and Family Services Client Interventions policy. This policy outlines the use of Least Restrictive Alternative (LRA) and related skills to use to avoid physically intervening with a resident. Upon review of this policy staff members will sign an acknowledgement form and training sheet. The Training Manager and Quality & Compliance Specialist will monitor for completion and compliance with this plan of correction.

Licensee's Proposed Overall Completion Date: 07/01/2024

On-site Verification

Implemented (█ - 07/01/2024)

This plan was implemented/verified on 7/11/2024. █

3800.205 Staff Training**5. Requirements**

3800.205. Staff training.

b. Training shall include:

3. The proper use of the specific techniques or procedures that may be used.

Description of Violation

On 02/04/2024 Staff person A did not use an approved restraint technique on Child A.

Plan of Correction

Accept (█ - 05/08/2024)

Staff member A was placed on administrative leave on █, pending the outcome of the child abuse investigation. █ previously submitted █ resignation and last day of employment was scheduled to be █ By 7/26/24 staff members assigned to license # 355310 will participate in Safe Crisis Management Training where the trainer will emphasize the importance of using proper techniques especially as it pertains to supine related interventions.

Licensee's Proposed Overall Completion Date: 07/26/2024

On-site Verification

Implemented (█ - 07/01/2024)

This plan was implemented/verified on 7/11/2024. █

3800.211 Manual Restraints

6. Requirements

3800.211.b. Manual restraints that apply pressure or weight on the child’s respiratory system are prohibited.

Description of Violation

On [REDACTED], child A was subject to a manual restraint that applied pressure or weight directly on the child’s respiratory system.

Plan of Correction

Accept ([REDACTED] - 05/08/2024)

By 7/1/24 staff members assigned to license #355310 will review the Abraxas South Mountain Program Safe Crisis Management policy. This policy outlines the reasons to physically intervene, Crisis Intervention Strategies and approved techniques. Upon review of this policy, staff members will sign an acknowledgement form and training sheet. The Training Manager and Quality & Compliance Specialist will monitor for completion and compliance with this plan of correction. By 7/26/24 staff members assigned to license #355310 will participate in Safe Crisis Management Training where the trainer will emphasize the importance of using proper technique.

Licensee's Proposed Overall Completion Date: 07/26/2024

On-site Verification

Implemented ([REDACTED] - 07/01/2024)

This plan was implemented/verified on 7/11/2024. [REDACTED]

3800.202 Appropriate Use of Restrictive Procedures**1. Requirements**

3800.202.b. With the exception of exclusion as specified in § 3800.212 (relating to exclusion), a restrictive procedure may be used only to prevent a child from injuring himself or others.

Description of Violation

During an incident that occurred on [REDACTED], Child A was subject to a restrictive procedure that was being utilized for reasons other than to prevent a child from injuring [REDACTED] or others.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction**Accept ([REDACTED] - 06/09/2025)**

By June 16, 2025, The Executive Director will review the Leadership Development Program's Safe Crisis Management Policy with Staff Member A. This policy outlines the following; client intervention strategies (verbal, nonverbal, least restrictive alternative), reasons for the use of restrictive procedure, approved and trained Safe Crisis Management techniques, documentation, and reasons to continue use of restrictive procedure. The Executive Director will also review the Abraxas Youth & Family Services Client Interventions Policy with Staff Member A, focusing specifically on Least Restrictive Alternative, and related skills to avoid physically intervening with a resident. The Executive Director will remind Staff Member A that restrictive procedures may only be used to prevent a client from injuring himself or others. The Executive Director will document this meeting on a supervisory conference form. The Quality Compliance Specialist will monitor to ensure compliance with this plan.

Licensee's Proposed Overall Completion Date: 06/16/2025

On-site Verification**Implemented ([REDACTED] - 06/20/2025)**

POC Verified on 06/20/2025 [REDACTED]

3800.31 Notification of Rights and Grievance Procedures

1. Requirements

3800.31.f. The facility shall develop and implement written grievance procedures for the child, the child's family and staff persons to assure the investigation and resolution of grievances regarding an alleged violation of a child's rights.

Description of Violation

In 1 of 10 child records reviewed, Child E wrote a grievance on [REDACTED], and there was no documentation to show that the grievance was investigated or resolved by the facility staff.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction

Accept ([REDACTED] - 06/10/2024)

By June 17, 2024, the Senior Treatment Supervisor of license # 310320 will review the grievance process with license # 310320 unit supervisors. Beginning June 17, 2024, the unit supervisor will maintain a tracking sheet to indicate the date the grievance was received from the unit grievance box. After meeting with the resident, the unit supervisor will document the resolution of the grievance or indicate the need to escalate the grievance to the next level of supervision. The unit supervisor will submit the grievance to the Senior Treatment Supervisor, who will document on the tracking sheet the name of the supervisor who met with the resident and the date the grievance was resolved or escalated to the next level of supervision. If necessary, the Senior Treatment Supervisor will then meet with the resident and attempt to resolve the grievance. The final resolution date will then be noted on the tracking sheet. Copies of the final grievance forms will be maintained in the unit supervisor's office.

The Quality & Compliance Specialist will monitor the process for 60 days or until compliance is achieved and sustained.

Licensee's Proposed Overall Completion Date: 06/17/2024

On-site Verification

Implemented ([REDACTED] - 07/01/2024)

This plan was verified on 6/26/2024. [REDACTED]

3800.32 Specific Rights

2. Requirements

3800.32.c. A child has the right to be treated with fairness, dignity and respect.

Description of Violation

On [REDACTED], at approximately 9:30 am, Staff Member B and Staff Member C were observed to be yelling at Child C, and Staff Member B aggressively moved towards the child for close proximity.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction

Accept ([REDACTED] - 06/10/2024)

On April 3, 2024 the Executive Director met with Staff members A and C to discuss the pending licensing citation and discussed the facility policy violations related to the observed behavior. Specifically Client Interventions and 7 Key Principles were reviewed and a policy acknowledgement was signed and retained in the personnel files.

By July 1, 2024, staff members A and C will complete the Developing Trauma Sensitivity for OCYFS Training, #2429, on the Pennsylvania Child Welfare Resource Center website. The Quality Compliance Specialist will verify both staff members complete the training and the completion certificate is filed in the employee training files by July 1, 2024.

3800.32 Specific Rights

1. Requirements

3800.32.j. A child has the right to practice the religion or faith of choice, or not to practice any religion or faith.

Description of Violation

In 1 of 10 child records reviewed, the record of Child J included concerns that the child expressed regarding having their hair cut as part of the program requirements, as the child stated that it was against the child's religion.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction

Accept (████) - 06/10/2024)

Effective May 15th, 2024 the program no longer requires a haircut as part of the admission process.

Licensee's Proposed Overall Completion Date: 05/29/2024

On-site Verification

Implemented (████) - 07/01/2024)

This plan was verified on 06/26/2024. █████

3800.151 Staff Health Statement

2. Requirements

3800.151. A staff person or volunteer who comes into direct contact with the children or who prepares or serves food, shall have a statement signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant, within 12 months prior to working with children or food service and every 2 years thereafter, stating that the person is free of serious communicable disease that may be spread through casual contact or that the staff person has a serious communicable disease that may be spread through casual contact but is able to work in the facility if specific precautions are taken that will prevent the spread of the disease to children.

Description of Violation

In 1 of 93 tenured personnel records reviewed, Staff Member A had a health statement completed on 09/09/2021, and an updated health statement was not completed until 09/10/2023.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction

Accept (████) - 06/10/2024)

Beginning June 10, 2024, the Human Resources Business Partner will send a weekly email to the Executive Director with a list of the due dates for upcoming required HR documentation, to include two-year communicable disease statements. The Executive Director will add the list to the supervisory and managerial notes to be reviewed weekly with the leadership team. Supervisors will be responsible to follow up with their employees to ensure HR is provided the documentation prior to the due date.

The Human Resources Business Partner will also email reminders to the employee outlining the document (e.g., communicable disease statement) that is coming due along with the due date. The Human Resources Business Partner will monitor the completion of required documentation and report to the Executive Director when documentation has not been received prior to the due date.

The Quality Compliance Specialist will monitor the process for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: 06/10/2024

Service Concern Assessment Process

The following document outlines the DHS internal process for service concerns that are reported at provider facilities.

Service Concern Definition

Service Concerns are incidents that include contractual and quality issues and concerns at provider agencies. Through this process, DHS and the Division of Performance Management and Technology (PMT) can ensure that providers are in compliance with all relevant laws, contractual standards, and regulations.

The main differences between the service concern process and the serious incident process are timing and seriousness of incident. Service concerns can be a four-week process from receipt of incident to investigation completion, as they are contractual or service quality issues. However, Serious incidents require a more immediate response due to the seriousness of the incident.

Table 1: Service Concern Categories

Service Concern Categories	
Monetary or Per Diem Concern	Culture, Race, or Gender Concerns
Negligence of Staff	Questionable Provider Policy/Practice
Foster Parent Concern	Unsafe Physical Conditions
Lack of Services to Family	Lack of Proper Notification (HCSIS)
Lack of Services to Client	Child Neglect/Abuse
Excessive Restraints	Other

Service Concern Assessment Process

1. Reports of Service Concerns can come from a variety of places, including court.
 - a. Commissioner
 - b. CARO
 - c. Courts
 - d. Staff at agency
 - e. DHS Central
 - f. Social Worker
 - g. Parent
2. Within 5 business days of initial receipt of a traditional service concern, DHS will conduct initial information gathering and schedule an initial site visit.
 - a. Initial information gathering includes the looking into the following sources:

- i. Outreach to source
 - ii. Communication with PA-DHS and/or CBH
 - iii. Cognos report to identify DHS youth on site
 - iv. Collateral contacts (internal and external)
3. PMT analyst will conduct a site visit to investigate the service concern. This visit includes:
 - a. Meeting with the Quality Improvement or Agency Director to inform them of the investigation
 - b. Conduct a file review of staff involved
 - i. Certifications/clearances
 - ii. Training hours
 - iii. Disciplinary action reports
 - c. Conduct youth interviews focused on the identified program and service quality concerns
 - i. Youth with both DHS and CUA case managers are interviewed, and are split by dormitory when possible.
 - d. Perform a walkthrough of the facility
 - e. Conduct interviews with staff
4. Services concerns may involve visits with Foster Care providers, so several visits are expected as part of this process.
5. After site visit(s) are completed, the Analyst spends 3 business days drafting the final summary findings memo for Supervisor review.
6. The Supervisor has three business days to review and edit the summary memo.
7. The Senior Project Manager and Deputy Commissioner receive the final summary findings memo and distribute to all the relevant stakeholders.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 439 Session of 2025

INTRODUCED BY MAYES, McCLINTON, SMITH-WADE-EL, D. MILLER, MADDEN, VENKAT, GUZMAN, HILL-EVANS, MARKOSEK, KENYATTA, McNEILL, POWELL, SCHLOSSBERG, RABB, KAZEEM, WAXMAN, BRENNAN, HADDOCK, PIELLI, STEELE, KHAN, BERNSTINE, HANBIDGE, GIRAL, SANCHEZ, BOYD, HOHENSTEIN, BENHAM, CURRY, OTTEN, ABNEY, CEPHAS, N. NELSON, CARROLL, BELLMON, SAMUELSON, T. DAVIS, D. WILLIAMS, MALAGARI, PARKER, BRIGGS, A. BROWN, BURGOS, SCOTT, CEPEDA-FREYTIZ, KRAJEWSKI, SHUSTERMAN, CERRATO, BOROWSKI, FIEDLER, McANDREW, PROBST, DAVIDSON, GUENST, SALISBURY, FLEMING, DALEY, WEBSTER, RIVERA, KOSIEROWSKI, GREEN, O'MARA, MADSEN, CIRESI, DEASY AND K.HARRIS, JANUARY 30, 2025

AS AMENDED ON THIRD CONSIDERATION, HOUSE OF REPRESENTATIVES, MARCH 17, 2025

AN ACT

1 Amending the act of October 27, 1955 (P.L.744, No.222), entitled
2 "An act prohibiting certain practices of discrimination
3 because of race, color, religious creed, ancestry, age or
4 national origin by employers, employment agencies, labor
5 organizations and others as herein defined; creating the
6 Pennsylvania Human Relations Commission in the Governor's
7 Office; defining its functions, powers and duties; providing
8 for procedure and enforcement; providing for formulation of
9 an educational program to prevent prejudice; providing for
10 judicial review and enforcement and imposing penalties,"
11 further providing for definitions.

12 The General Assembly of the Commonwealth of Pennsylvania
13 hereby enacts as follows:

14 Section 1. Section 4 of the act of October 27, 1955
15 (P.L.744, No.222), known as the Pennsylvania Human Relations
16 Act, is amended by adding clauses to read:

17 Section 4. Definitions.--As used in this act unless a

1 different meaning clearly appears from the context:

2 * * *

3 (bb) (1) The term "race" includes traits historically
4 associated with the individual's race, including hair texture
5 and protective hairstyles. Nothing in this clause shall be
6 construed to prohibit an employer from adopting and enforcing an
7 otherwise valid workplace health and safety rule or policy or
8 other rule or policy justified as a bona fide occupational
9 qualification, provided the employer demonstrates all of the
10 following, if the rule or policy impacts traits historically
11 associated with the individual's race:

12 (i) Without the adoption of the rule or policy the health or
13 safety of an employe or other materially connected person may be
14 impaired.

15 (ii) The rule or policy is adopted for nondiscriminatory
16 reasons.

17 (iii) The rule or policy is specifically tailored to the
18 applicable position and activity.

19 (iv) The rule or policy is applied equally to individuals
20 whose positions fall under the applicable position and activity.

21 (2) Nothing in this clause shall be construed to prohibit an
22 employer from adopting and enforcing an otherwise valid
23 workplace policy to prevent a hostile work environment, provided
24 the policy is adopted for nondiscriminatory reasons and is
25 applied equally.

26 (cc) The term "protective hairstyle" includes, but is not
27 limited to, such hairstyles as locs, braids, twists, coils,
28 Bantu knots, afros and extensions.

29 (dd) (1) The term "religious creed" includes, but is not
30 limited to, head coverings and hairstyles historically

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1 associated with religious creeds. Nothing in this clause shall
2 be construed to prohibit an employer from adopting and enforcing
3 an otherwise valid workplace health and safety rule or policy or
4 other rule or policy justified as a bona fide occupational
5 qualification, provided the employer demonstrates all of the
6 following, if the rule or policy impacts head coverings and
7 hairstyles historically associated with the individual's
8 religious creed:

9 (i) Without the adoption of the rule or policy the health or
10 safety of an employe or other materially connected person may be
11 impaired.

12 (ii) The rule or policy is adopted for nondiscriminatory
13 reasons.

14 (iii) The rule or policy is specifically tailored to the
15 applicable position and activity.

16 (iv) The rule or policy is applied equally to individuals
17 whose positions fall under the applicable position and activity.

18 (2) Nothing in this clause shall be construed to prohibit an
19 employer from adopting and enforcing an otherwise valid
20 workplace policy to prevent a hostile work environment, provided
21 the policy is adopted for nondiscriminatory reasons and is
22 applied equally.

23 Section 2. This act shall take effect in 60 days.

- **Utilize congregate care as a short-term treatment modality** with discharge planning beginning at intake.
- **Utilize trauma-informed care and evidence-based approaches** at all levels.
- **Prevent or eliminate the use of restraint, seclusion, and other forms of coercion**, guided by approaches such as Substance Abuse and Mental Health Services Administration’s (“SAMSHA’s”) funded *Six Core Strategies*® *Preventing Violence, Trauma, and the Use of Seclusion and Restraints*.
- **Ensure interpersonal skill development and modeling** to increase youth’s capacity for self-control and self-regulation.
- **Incorporate youth voice and choice** in all aspects of programming, including maintaining a youth advisory group.
- **Provide clear information on rights, grievance procedures, key contact information**, and a system for anonymous reporting. Providers are to ensure that youth and families get clear information about their rights and responsibilities within the program, grievance procedures, and names and contact information for key people involved in their care both within the program and across systems. All system partners must enforce the expectation of a timely response to youth and families under their care.
- Establish quality staff hiring and retention policies and practices.

ii. **Connections to Family and Community Supports**

- **Engage parents/caregivers** and offer activities that strengthen family/kin relationships (including relationships with siblings and other important non-parental adults).
- **Facilitate family visitation** in the youth’s community of origin, unless prohibited by the Courts.
- **Strengthen positive social connections for youth** in their communities and school of origin.

PROVIDER ACTIVITIES

I. Intake, Planning, and Assessment

- **Establish a comprehensive orientation process** for youth and families that includes:
 - A full overview of the mission, program, daily activities, and supports;
 - A schedule for regular visitation and treatment team meetings; and
 - A copy of the grievance procedures written in plain language with contact information for relevant staff and chains of command.