Office of
Children and Families
CITY OF PHILADELPHIA
Department of Human Services

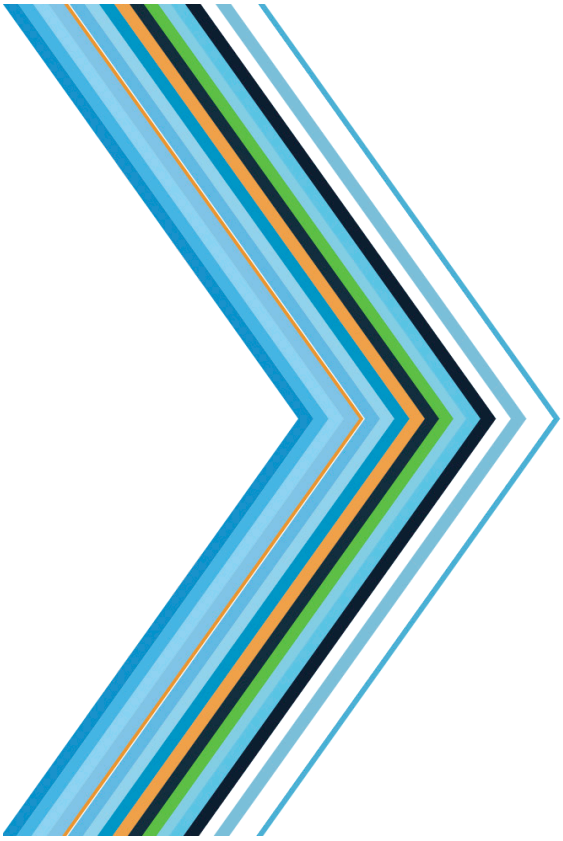
2019 congregate care report

Fiscal year 2018 - 2019
(July 1, 2018 - June 30, 2019)

contents

This report reflects the City of Philadelphia Department of Human Services (DHS) commitment to transparency and improving quality of services for children, youth and families. It includes a review of both compliance and quality indicators for providers of dependent and delinquent residential services that contract with DHS.

A New way forward



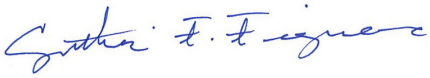
Ensuring quality services for youth drives our commitment to continuous improvement and transparency. These are the values that underscore the City of Philadelphia Department of Human Services' (DHS) first public report on congregate care services provided to children and youth in the delinquency and dependency systems. This baseline report helps direct a new way forward for the use and delivery of congregate care services.

Providing effective oversight helps us evaluate our overall system priority of Improving Outcomes for Children (IOC). The goals of IOC are that more children and youth are safely in their own homes and communities, more children and youth are reunified more quickly or achieve other permanency, congregate care is reduced, and that children, youth, and family functioning is improved.

We aim to provide effective oversight that encourages quality programming. Additionally, over the last three years, Philadelphia DHS has stopped using five residential sites due to concerns for youth safety and program quality.

While we are pleased at the progress we've made reducing congregate care, there is a lot of work to do to build and support quality programs for children and youth in these facilities. This report is critical to this performance management strategy, providing a road map toward improvement in key quality areas.

We are committed to working in partnership with key stakeholders, providers, and families to improve service quality. This report is the first step in a new way forward to help youth restore, heal, and build a better future.



Cynthia F. Figueroa
Commissioner,
City of Philadelphia Department of Human Services
(September 2016 - January 2020)

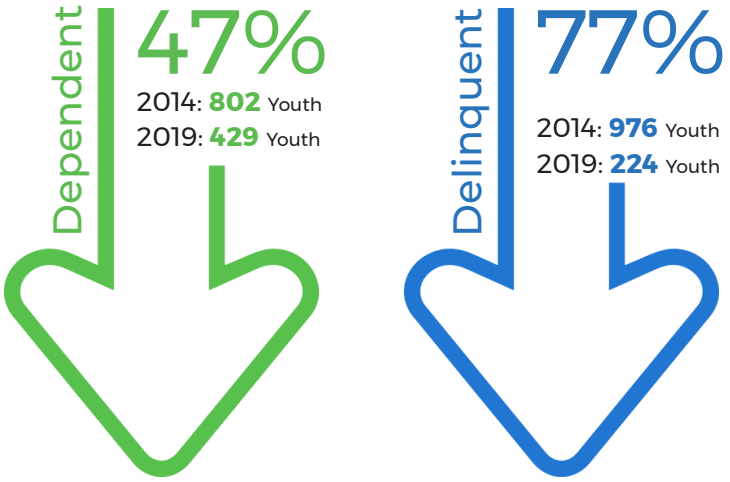
how we got here

In 2013, DHS began a massive system reform effort called Improving Outcomes for Children (IOC). This became the foundation for prevention, child welfare, and juvenile justice services. Four core principles guide IOC:

- **More children and youth are safely in their own homes and communities.**
- **More children and youth are reunified more quickly or achieve other permanency.**
- **Congregate (residential) care is reduced.**
- **Improved youth, child, and family functioning.**

With these principles always in focus, DHS along with its system partners, set to decrease the use of congregate care placements and prioritize community-based services. The goal was to use congregate care only when public safety or treatment needs supported this option and to decrease the length of stay in these situations.

A laser focus on these issues, resulted in a dramatic decline in the use of congregate care facilities.



Congregate care facilities are licensed by the Pennsylvania Department of Human Services. Programs must follow state regulations regarding the operation of residential facilities (section 3800 of the Pennsylvania code). Counties across the commonwealth - and even other states - rely on the licensing process to make decisions about using specific programs. ***It has become clear that this process needs improvement****. The state is now accepting feedback about how to improve the 3800 regulations.*

Date of Data: 7/1/19

Despite the decreased use, youth safety at congregate care programs has continued to be called into question. This led to the Youth Residential Placement Taskforce, which was formed by City Council to address significant concerns with the use and quality of congregate care. DHS participated as a member of the Taskforce, which released its report in 2019, outlining specific priorities for Philadelphia youth—namely that the use of residential placements should be rare, and only when needed, and that youth should be placed close to home.

We believe that in tandem with continuing to decrease congregate care, we must work to build quality. DHS past evaluations were solely compliance-based. In order to chart a new way forward and to build **quality programs**, performance measures must also include **quality indicators**.

In order to develop the DHS Fiscal Year 2019 Congregate Care Report, DHS partnered with Casey Family Programs, a national leader in child welfare practice and policy. They worked with DHS to design a new and rigorous process that assesses both the quality of care provided within congregate settings and compliance with regulations. This work included a research literature review to identify best practices and a needs assessment with providers to set priorities.

Throughout the design and development of this report, congregate care providers were engaged through interviews, surveys, and in-person provider listening sessions. This provided the opportunity to share feedback on priorities and needed practice improvements. A new program evaluation instrument was developed and tested with a group of providers during the fall of 2018, and DHS began implementing the enhanced evaluation process for all congregate care providers later that year.

about the report

This report reviews the congregate care system. It is research-driven and provides a consistent methodology, assessing where we are on both compliance and quality. DHS evaluated 37 providers by organization and included providers serving dependent and delinquent youth, as well as providers who serve both populations. Types of evaluated facilities include:

- **Emergency shelters,**
- **Group homes,**
- **Institutions, and**
- **Community Behavioral Health (CBH) funded Residential Treatment Facility (RTF) institutions.**

The data sources that inform this report are:

- *standardized measurement of quality and compliance indicators;*
- *a survey of youth in congregate care; and*
- *youth interviews during on-site visits.*

Providers vary greatly in services offered, size of program, and number of facilities. While providers received individual scores, each congregate care provider is unique in its structure and programming. Therefore, the report is best understood as a cumulative picture of where congregate care services are as a system.

Thus, this report provides an aggregate overview of the performance of congregate care services in Fiscal Year 2019 (July 1, 2018 – June 30, 2019). It highlights areas of quality programming, compliance with state and local regulatory standards, perspectives from youth in congregate care, and opportunities for improvement. Since this is the first year that DHS integrated research-based, quality measures into its evaluation, this report serves as a baseline assessment to track future progress. In this transition year, both compliance and quality were reviewed. Future reports will have one integrated rating that reflects both quality and compliance.

Integrating quality measures is a significant step toward charting a road map for providers to prioritize quality improvements. This report reflects our ongoing commitment to transparency and accountability, and our dedication to strengthening services to improve outcomes for children and youth.

Quality indicators reflect best practices in the field, such as culturally responsive services, individualized services, and discharge planning delivered to youth. Youth surveys and interviews complement data collection.

For this report, we reviewed:

196 youth case files
356 staff files
500 youth surveys
122 youth interviews

DHS evaluates its congregate care providers on an annual basis, and the first integrated quality and compliance review of congregate care providers took place in Fiscal Year 2019. DHS will continue to monitor progress through on-site follow-up visits and provide more hands-on quality improvement support moving forward.

Providers are rated Optimal, Satisfactory, or Needs Improvement based on their score by domain and overall. See page 12 for a list of providers and rating.

Score	Rating
86 – 100%	Optimal
71 – 85%	Satisfactory
Below 70%	Needs Improvement

ongoing accountability

DHS will continue to enhance its evaluation processes over the next year to support providers with their quality improvement efforts. When providers do not make progress based on their evaluation results and Plans of Improvement, DHS has a graduated accountability response that ranges from closing intake for a particular provider, providing targeted technical assistance, conducting an organizational assessment, and ultimately contract termination.

DHS is committed to working with its provider community to improve the quality of services and continue enhancing our evaluation processes so additional quality measures can be incorporated. Based on this evaluation, DHS will:

- Provide ongoing technical assistance to providers. This includes conducting organizational assessments of provider care and management practices.
- Facilitate connections to training on trauma-informed care to help strengthen provider capacity.
- Convene providers on a regular basis to provide policy and practice updates and opportunities for dialogue and engagement.
- Encourage peer mentoring among provider agencies to share best practices across agencies.
- Refine the evaluation tool and processes based on lessons learned in FY19 and integrate all indicators into one overall quality score.
- Enhance the Plan of Improvement process so that providers can receive actionable feedback, guidance, and follow up progress checks.
- Launch a discharge survey for youth who have left congregate care to incorporate and learn from youth voice.

A provider's rating informs DHS response.

Rating	DHS Response
Optimal	A provider with this rating meets or exceeds expectations.
Satisfactory	A provider with this rating meets some basic expectations and needs improvement to demonstrate quality. DHS provides recommendations and identifies additional technical assistance.
Needs Improvement	A provider with this rating needs to improve in every area. DHS conducts follow up monitoring, makes recommendations on improvement priorities, and identifies areas for technical assistance. Depending on the areas identified for improvement, DHS may conduct an organizational assessment. If a provider is unable to demonstrate improvements over a 6-12 month period after the evaluation, DHS leadership will determine the provider's ability to continue contracting with DHS to provide congregate care services.

what we learned

The congregate care program evaluation included in this report reflects the need to greatly improve the quality of programming. In most cases, basic needs are being met, such as ensuring access to health care and weekly contact with family members. Yet overall, this report reflects an urgent need to improve and tailor services. Safe and high-quality programming is our priority.

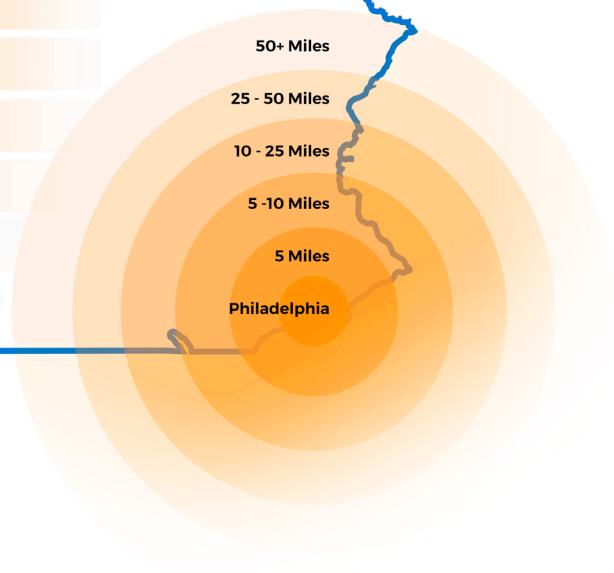
While there are many areas that need improvement, some of the areas of greatest concern are:

- Youth need more programming during the out of school time, including evenings and weekends. Providers should solicit input from youth on what types of programming they would like.
- Service plans should be more robust. Specific improvements should be made in these areas:
    - Integrate cultural awareness and responsiveness. Providers should ensure focus is on incorporating culturally responsive and respectful practices in their service to youth and should consistently engage youth in discharge planning.
    - Include youth in developing their service plan. The youth surveyed for this report had many ideas about how their service plans help prepare them for life after placement.
    - Staff training and response is inconsistent and needs improvement. Youth voice from surveys and interviews indicates that quality, caring, and supportive staffing is inconsistent across facilities. While the experience of youth varies, some youth shared stories of unprofessional behavior and lack of respect.
    - Programs must ensure consistent and frequent communication. Communication was the domain that scored the lowest for both quality and compliance. Whether it was documenting communication between the Community Umbrella Agency (CUA), the provider, and the family, or ensuring that youth understood policies and procedures, there is significant room for improvement in this domain.

Where are congrate care providers located?

Distance from Philadelphia	Providers Serving Dependent Youth	Providers Serving Delinquent Youth
In Philadelphia	24	22
Within 5 Miles	21	20
5 -10 Miles	28	28
10 - 25 Miles	28	19
25 - 50 Miles	26	25
50+ Miles	34	16
TOTAL	**161**	**130**

Data run on 1/14/2019



A closer look

Review of Provider Compliance Measures: following state and local regulations.

The compliance review includes seven domains, with 104 indicators (see p. 14 for a complete list). In general, providers performed much better with compliance than they did with quality.

The average **compliance** scores by domain are as follows:

- **Activities – Life Skills and Extracurricular Supports: 80%** (Satisfactory)
- **Service Planning and Delivery: 82%** (Satisfactory)
- **Communications: 69%** (Needs Improvement)
- **Family and Community: 83%** (Satisfactory)
- **Health: 92%** (Optimal)
- **Staff: 93%** (Optimal)
- **Compliance Safe and Supportive Environment (Staffing Ratios and other Compliance): 95%** (Optimal)

Strong compliance areas included case file documentation, completed health and safety assessments, and ensuring family visits.

Our review of compliance reinforced why measuring quality is important. For example, providers did well in documenting that caregivers received information on how to file a grievance, but youth interviews show that not all youth feel comfortable filing a grievance and other youth did not know how to file a grievance.

Review of Quality

Core areas that need improvement include: individualized planning and services; planning for discharge from intake; communication with family, case management team, and other caring adult supports for youth; cultural awareness and responsiveness; as well as safety.

The quality review includes 6 domains, with 95 indicators (see p. 14 for a complete list). Providers did not do well in their quality scores in comparison with their compliance scores.

The average Quality ratings by domain are as follows:

- **Activities – Life Skills and Extracurricular Supports 73%** (Satisfactory)
- **Service Planning and Delivery: 68%** (Needs Improvement)
- **Communication: 67%** (Needs Improvement)
- **Family and Community: 66%** (Needs Improvement)
- **Health: 92%** (Optimal)
- **Staff: 88%** (Optimal)

Quality Findings by Domain

The following section presents quality findings by domain. Information in this section comes from the evaluation tool, youth survey, and youth interviews.

The FY19 average system score for quality was Satisfactory (72%). Providers scored Optimal in two domains: Health and Staff, while three domains reflected a Needs Improvement rating.

- More than half of providers rated Satisfactory in the Activities and Life Skills domain. However, 14 providers received a Needs Improvement score in this domain.

- Providers rated Needs Improvement in three domains: Service Planning and Delivery, Communication, and Family and Community. 16 providers scored Needs Improvement in Service Planning and Delivery; 19 scored Needs Improvement in Communication; and 21 scored poor in Family and Community.

Activities - Life Skills and Extracurricular Supports: Overall average 73% (Satisfactory)

- **Providers were not completing some needed assessments in a timely manner.** This included timely completion of the life skills assessment, upon admission and every six months.

- **Agencies experienced difficulty complying with court ordered services, such as therapy, visitation, and substance abuse treatment.**

- **Poor academic performance was not always addressed in a youth's Individual Service Plan (ISP).** For youth struggling academically, providers need to include their actions to support the youth's educational needs. This was a new quality indicator, and about half of agencies struggled to include measures to address poor academic performance in a youth's ISP.

- **Transitioning to care affected youth's educational stability, both in terms of school location and rigor of class.** Only 16% of youth surveyed cited that they attended the same school after entering their congregate care facility. Of the youth surveyed, 12% said their schoolwork was too easy.

- **Youth reported wanting more programming and different activities while in care, including cultural activities.** Some youth reported in interviews that they do not have enough structured activities on weekends. Others suggested adding different sports, more outings, life skills training, and a better allowance.

- **Some youth were critical of their placement's ability to meet their needs.** In interviews, some youth reported not having their clothing vouchers, while others report a lack of food and transpasses for residents.

Service Planning and Delivery: Overall average: 68% (Needs Improvement)

- **Service coordination between congregate care providers and Community Umbrella Agencies (CUAs) was inconsistent.** CUAs are responsible for providing case management for youth in dependent congregate care. However, congregate care providers are responsible for delivering high quality programming on a day-to-day basis. Consistent communication and document sharing were not taking place to support service coordination between providers and CUAs.

- **Some providers were not adequately planning for discharge.** There was limited documentation of planning for discharge from intake and documenting progress towards discharge goals. Interviewed youth wanted more information on what they needed to do to prepare for discharge. For some youth, this involved anger management and mental health supports, including coping skills and support with self-esteem issues. For others, it meant developing meaningful relationships with caring adults in their family or community. Some youth wanted more information on career opportunities and more support with their current and future education.

- **Providers were not sufficiently providing culturally responsive services.** Many providers scored low on assessing youth's identity and cultural beliefs and incorporating them into service planning. Some youth reported that staff made discriminatory comments. Youth with non-conforming gender identities reported that expectations about "female" or "male" behavior were rigid and, therefore, did not feel they were treated fairly by staff. Some interviewed youth reported not being able to pray because they were not allowed to be in a room alone. Others reported that certain faiths had the opportunity for services, while other faiths did not.

Communication, Overall average: 67%
(Needs Improvement)

- Distribution of key documents like the Individual Service Plan (ISP) and documentation of communication between families, Probation Officers and service providers was inconsistent. There were clear gaps in the involvement of relevant parties in developing the Individual Service Plan (ISP) and in sharing documentation about how the youth was making progress in relation to the plan.

- Key information was not consistently communicated to the necessary people in a timely manner. Not all relevant parties received notification when youth changed locations within the same agency, and parents/guardians did not always receive the youth's discharge summary within 45 days.

- While there was documentation of youth receiving the Grievance Policy, not all youth felt safe filing a grievance, and some youth did not know how to file a grievance. Many youth interviewed reported never filing a grievance during their time at the facility and felt that grievances would not be taken seriously. Others reported living by a "no snitching code" and felt that filing a grievance would make them a target for either staff or other youth. Finally, some youth were not sure if anything had been done about grievances they filed in the past and felt that grievances were not acted upon.

Family and Community, Overall average: 66%
(Needs Improvement)

Providers continued to struggle with documenting and building family and community resources.

- Providers did not adequately build family and community connections from the first day of placement. There was limited documentation of face to face family sessions, quarterly home visits, preparing the family for the youth's return home, encouraging efforts to engage fathers, and working with the family to ensure appropriate supervision.

- Not all youth or families were aware of their agency's visitation policy. Twenty-three percent of surveyed youth cited that they had not received any visits from family members while in their current facility.

For youth receiving delinquent services, some agencies struggled to ensure that youth have the skills they need for reintegration. Providers did not adequately support families to ensure that their youth fulfilled their obligations to the crime victim, earned money for restitution, and instituted other behavior changes required by the Court.

Health, Overall average: 92% (Optimal)
Providers scored optimal in the Health domain, which tracked indicators such as the provision of vision, medical, and dental exams.

Staff, Overall average Score: 88% (Optimal)
Staff play a significant role in a youth's experience in congregate care. Many facilities received high scores across a variety of items in this domain, which mostly measured the presence of staff clearances, medical exams, and required training. However, the youth experience told a more nuanced story illustrating both strengths and areas for improvement.

- Youth across a large number of agencies reported having supportive staff connections. Many interviewed youth felt that at least one staff at their placement was helping them prepare for a successful life outside of placement. Youth noted that some staff helped them with coping skills and with support in education and other life skills. Other youth reported that staff were understanding and accessible.

- Staff clearances and other important background and training documents were up to date and on file. These included indicators regarding new employees' medical exams, clearances and background checks prior to start date, current certifications in First Aid and CPR, and documentation of Fire Safety training.

- Despite appropriate staffing documentation, it was clear from file reviews and youth interviews that many providers are not yet consistently training staff in trauma-informed care. Trauma-informed care enables child welfare professionals to appropriately address the effects of trauma on children, youth, and their families. Providers need additional guidance and support identifying appropriate training vendors, incorporating trauma-informed care into specific policies, and tracking implementation.

    - Supervision was not consistent across agencies. Not all agencies had documentation that supervision for seasoned case managers occurred twice per month, or that newer case managers received supervision once per week. Meaningful and consistent supervision is critical to ensure ongoing coaching, learning, and support for direct care staff.

Individual provider results

For this baseline year, compliance measures are on a two-point scale, while quality measures are on a three-point scale. Scoring is rated as Optimal, Satisfactory or Needs Improvement. Providers can receive an overall (all domains aggregated) compliance or quality rating of Optimal (86% and above), Satisfactory (between 71%-85%), or Needs Improvement (below 70%).

While providers received individual scores, as illustrated below, each congregate care provider is unique in its structure and programming. Therefore, the report is best understood as a cumulative picture of where congregate care services are as a system.

Provider	Service Type
Path	RTF*
Firely	Medical Group Home
Bancroft	Institution non-RTF
Kidspeace	RTF*
Children's Home of Reading	RTF*
Pediatric Specialty Care - Quakertown	Medical Group Home
Adelphoi	Group Home
Alternative Rehabilitation Communities	Group Home
Bridge	Institution non-RTF
Devereux Kanner	Institution non-RTF
Mid-Atlantic – Western PA	Secure Institution
NET Henry House	Group Home
New Outlook/Sleepy Hollow	General Residential
Pediatric Specialty Care – Pt. Pleasant	Medical Group Home
Pediatric Specialty Care - Doylestown	Medical Group Home
Self Help	Group Home
Summit Academy	Institution & Residential D&A
The Village	Institution non-RTF
Pathways PA (WAWA)	Emergency Shelter
Devereux Brandywine/ Mapleton	RTF*
Carson Valley	RTF*/Non-RTF
Mid-Atlantic - PA Child Care	Secure Institution
St. Vincent/Francis Group Home	Group Home General and Mother/Baby
Woods	Inst. (RTF*, Medical, and IDS)
Abraxas	Institution non-RTF
Being Beautiful	Group Home
Northern	Mother/Baby Group Home
Children's Home of Easton	Institution non-RTF/ Group Home
Pediatric Specialty Care – Philadelphia	Medical Group Home
St. Gabriel's	Delq/Dep D&A and General Inst
Forget Me Nots	Emergency Shelter
A Collective Consulting (Chambers)	Group Home
Child First	Group Home
Child Way	Medical Group Home
Pedia Manor	Medical Group Home
Women of Excellence	Group Home
Youth Emergency Services (YES)	Emergency Shelter

*RTF (Residential Treatment Facility) placements are managed through Community Behavioral Health, which holds the primary contract. DHS also monitors these agencies, in coordination with CBH, when there are dependent or delinquent children at these facilities.

86 – 100%: Optimal 71 – 85%: Satisfactory Below 70%: Needs Improvement

Dep/Del/ Both	Overall Quality	Overall Compliance
Both Dependent & Delinquent	3	3
Dependent	3	3
Dependent	3	3
Dependent	3	3
Dependent	3	3
Dependent	3	3
Delinquent	2	3
Delinquent	2	3
Both Dependent & Delinquent	2	3
Dependent	2	3
Delinquent	2	3
Dependent	2	3
Both Dependent & Delinquent	2	3
Dependent	2	3
Dependent	2	3
Delinquent	2	3
Delinquent	2	3
Dependent	2	3
Dependent	2	3
Dependent	2	2
Both Dependent & Delinquent	2	3
Delinquent	2	3
Dependent	1	3
Dependent	1	3
Both Dependent & Delinquent	1	2
Dependent	1	2
Dependent	1	2
Dependent	1	2
Dependent	1	2
Both Dependent & Delinquent	1	2
Dependent	1	1
Dependent	1	1
Dependent	1	1
Dependent	1	1
Dependent	1	1
Dependent	1	1

methodology

Quality Framework & Evaluation Domains

In partnership with Casey Family Programs, DHS conducted best practices research on quality indicators for congregate care services to inform the design of the new evaluation process. The research literature identifies the following four key quality service areas as leading to more timely and successful return to family and community for youth in congregate care placements. Based on the research literature, and in collaboration with providers, DHS designed its new evaluation process around these four key areas.

- **Safety** - including trauma-informed care and reduction or elimination of seclusion, restraint, or other coercive practices
- **Individualized planning and services** - using evidence-based clinical interventions that prioritize youth voice and choice
- **Planning for discharge from intake** – fostering family-driven care and community connections and incorporating therapeutic aftercare or reintegration services
- **Cultural awareness and responsiveness** - encompassing cultural and linguistic competence, as well as affirming youth with diverse racial, ethnic, religious, gender, and sexual identities

Seven evaluation domains were then identified to examine quality and compliance across these four key quality areas.

Evaluation Domains, Indicators, and Key Quality Areas*

Domain	Number of indicators	Key Quality Area	Indicators Reviewed
Activities – Life Skills and Extracurricular Supports	**11**	Individualized Planning and Services, Planning for Discharge from Intake	Academic records, report cards, required assessments, opportunities to engage in extracurricular activities.
Service Planning and Delivery	**22**	Individualized Planning and Services, Planning for Discharge from Intake, Cultural awareness and responsiveness	Individual Service Plans, Court orders, file documentation, quarterly file audits
Communication	**9**	Planning for Discharge from Intake	Invitations to participate, documentation signed and distributed
Family and Community	**15**	Planning for Discharge from Intake	Face to face visits, discharge planning, visitation, family contact
Health	**17**	Safety	Medical, dental, hearing exams, immunizations, documentation
Staff	**21**	Safety, Cultural awareness and responsiveness	Staff records, certifications and requirements, training
Safe and Supportive Environment** (Staffing Ratios and other Compliance)	**9**	Safety	Ratio of adults to youth, staff clearances, medication security and storage

*DHS conducts Service Concern and Serious Incident Assessments at congregate care facilities. While FY19's baseline evaluation did not have a scoring system for Service Concerns and Serious Incident Assessments, their number and severity per provider were taken into account in individual provider scores. In FY20, DHS will be assigning a number score and weight to Service Concerns and Serious Incident Assessments to integrate them into the overall annual score. DHS receives notifications about Service Concerns and Serious Incident Assessments through various sources, including case managers, parents, child advocates, Court, provider staff, youth, and the state's voluntary incident reporting system. **This domain currently contains only compliance indicators.

scoring

As part of the transition from a compliance-based to an integrated quality and compliance evaluation, DHS utilized a dual methodology for Fiscal Year 2019 to enable providers to receive a compliance score as in previous years, while also providing them the new quality score. As a baseline year, this report presents both types of scores. Future reports will have one integrated score.

Six out of the seven evaluation domains feature both quality and compliance indicators. These domains are Activities and Life Skills, Service Planning and Delivery, Communication, Family and Community, Staff, and Health. At this time, the Supportive and Safe Environment domain only contains compliance indicators on staffing ratios and clearances.

Compliance indicators assess whether the required documentation is present to comply with the regulations and policies.). Quality indicators assess whether there is evidence that the provider is implementing interventions and strategies aligned with the individual needs of the youth. See below for an example of FY19's compliance and quality methodology.

There is no weighting in the scoring of domains, meaning that all domains are equally important at this time. DHS will consider weighting domains based on improvement priorities in future evaluations.

Indicator Example	Compliance Score	Quality Score
If academic records or testing reveals poor academic performance, is this need addressed in the youth's ISP?	This information appears in the youth's ISP (Yes/No)	The need appears in the plan AND there is evidence of services or supports in place to support the youth's improvement in performance (Optimal)

youth voice

In addition to the integrated quality and compliance evaluation tool, the FY19 evaluation cycle is the first time that DHS has incorporated youth voice into the process. DHS administered a survey to youth in congregate care during FY19 and conducted youth interviews as part of the on-site evaluation visits.

evaluation report FAQs

Why is there a need for a Congregate Care Services Report?

DHS is committed to transparency and accountability in ensuring the best outcomes for youth. The Congregate Care Services Report provides a baseline to assess provider performance. The report is part of larger, system-wide performance management strategy designed to enhance provider evaluations and enable DHS and providers to identify effective practices that can be replicated and areas for quality improvement.

Why did DHS redesign the congregate care evaluations?

DHS is committed to supporting quality programs, and there was a need to establish a systematized process, driven by research, that reviewed quality indicators. The baseline report provides a roadmap for Congregate Care providers to prioritize key areas for service quality improvements.

What is evaluated in the new process?

The congregate care report process measures both compliance with state, federal, and local regulations and newly introduced quality indicators. The new measures include seven domains: Activities and Life Skills, Service Planning and Delivery, Communication, Family and Community, Health, Staff, and Supportive and Safe Environment. With the inclusion of youth interviews and the youth survey, we are able to highlight the experience of youth in placement.

What is the data source for the scores?

The FY19 scores are based on 196 youth case files and 356 staff files reviewed during the evaluation. This data is combined with data collected from site visits, youth interviews, and youth surveys to produce a holistic evaluation report.

What are the different types of congregate care providers?

Congregate care placements include:

- Group homes, including mother/baby placements
- Residential treatment facilities (RTFs) for which DHS holds the contract.
- Institutions (including secure facilities)
- Emergency shelters for dependent youth only

Congregate providers are expected to house youth in a safe environment and ensure supervision 24 hours a day, 365 days a year, while also addressing behavioral health needs and contributing to youth's well-being, including educational progress and appropriate health care.

youth interview tool and sample

DHS uses a Youth Interview protocol to collect data from youth interviews. This protocol, developed by DHS, consists of eight standard questions about youth's experience at the facility, including questions about filing complaints, contact with their family, facility's cultural sensitivity, and their relationship with staff. There is also a set of open-ended questions about what makes youth feel comfortable and safe at their placement site, what they would change about their service plan, and whether they have other thoughts and ideas about improving their experience. Youth are selected for interviews based on their availability. Evaluators attempt to interview all youth whose files were part of the case file review.

"Giving Youth a Voice" Survey & Sample

Philadelphia DHS developed and administered the Giving Youth a Voice Survey to youth in DHS-funded congregate care settings between October – December 2018. This survey collects information about youth's experiences in the following domains: safety, well-being, life skills, and the youth's communication with family and DHS/CUA professionals. DHS asked youth to respond to these main domains of interest and then assessed how these domains differed by the youth's age, race, dependency status, and gender.

The Giving Youth a Voice Survey elevates youth voices in quality improvement efforts. Approximately 500 youth consented to take the survey, representing roughly half of the population of youth residing in congregate care at a given point in time. DHS used a convenience sample of youth who were available to take the survey during the administration window. Youth participated from 24 different agencies that provide a wide range of services to youth in congregate care.

glossary

Dependent congregate care
Includes placements in Emergency Shelter, Group Home, CBH Funded RTF and Institutions for children that are in the custody of the Department of Human Services due to abuse and neglect.

Delinquent congregate care
Includes placements in Group Home, CBH Funded RTF, Institution for youth adjudicated delinquent by the Court and ordered a congregate care service that is contracted by DHS.

Delinquent child
A child 10 years of age or older whom the court has found to have committed a delinquent act and is in need of treatment, supervision or rehabilitation.

Dependent child
A child whom the court has found to be without proper parental care or control, subsistence, education as required by the law, or other care or control necessary for their physical, mental, or emotional health, or morals.

Emergency shelters (for dependent youth only)
Temporary out-of-home congregate care (residential) placement for youth while a placement aligned with the youth's needs can be identified.

Group home
Small, out-of-home residential placement facilities located within a community and designed to serve children and youth who need a structured supervised setting. These homes usually have six or fewer occupants and are staffed 24 hours a day by trained caregivers.

Institution
Out-of-home residential placement facilities, larger than a group home, designed to serve children and youth who need a structured supervised setting. Institutions include facilities that provide intensive medical care and services for youth with special needs, such as Residential Treatment Facilities (RTF).

Mother/baby placements
Non-committed child residing with his/her mother and whose mother is committed to DHS care.

Residential treatment facilities
CBH-funded institutional placement for dependent and delinquent youth providing specialized behavioral care for youth with severe special needs and prescribed by a medical professional after a psychiatric evaluation.

Supervised independent living
Out-of-home transitional placement for older youth preparing to live independently once they leave the child welfare system. SIL agencies provide varying levels of support services, supervision, and autonomy to youth.

Office of
Children and Families
CITY OF PHILADELPHIA

Department of Human Services

DHS Contact Information
One Parkway Building
1515 Arch Street
Philadelphia, PA 19102
215-683-4DHS (4347)
phila.gov/dhs

@PhiladelphiaDHS