Office of
Children and Families
CITY OF PHILADELPHIA

Department of Human Services

2020 congregate care report

Fiscal year 2019 - 2020
(July 1, 2019 - June 30, 2020)

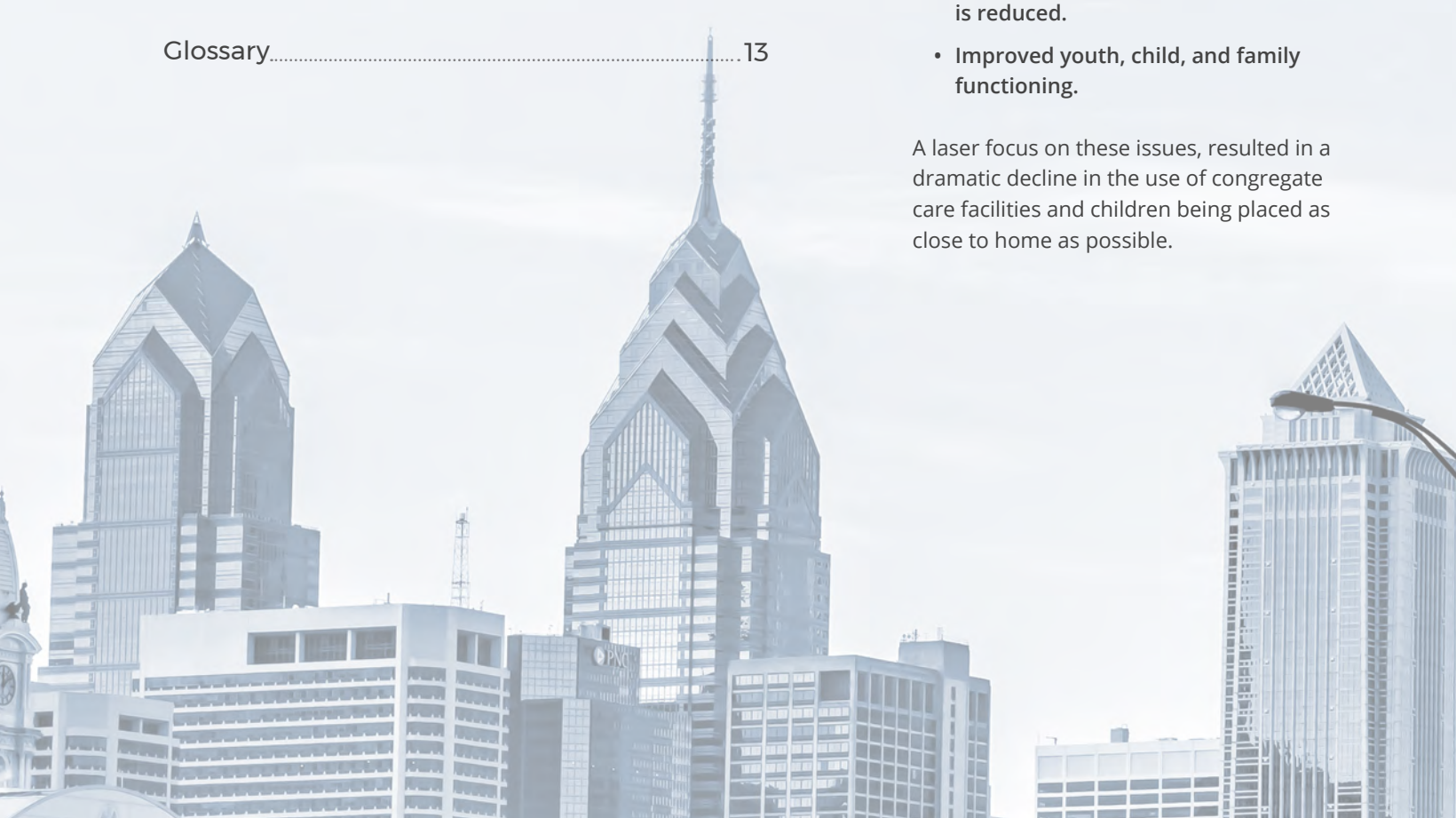
contents

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.

The four main goals of DHS are:

- 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.

A laser focus on these issues, resulted in a dramatic decline in the use of congregate care facilities and children being placed as close to home as possible.



building quality

One of the main priorities of DHS is to decrease the use of congregate care. I am proud to say that over the past few years we have made substantial progress in achieving this goal. We are also committed to ensuring that youth in congregate care facilities receive the highest quality of care possible. Our commitment to improvement and transparency informed the publication of our first public report on congregate care for Fiscal Year 2019. Continually evaluating congregate care facilities helps to ensure youth are provided with quality services.

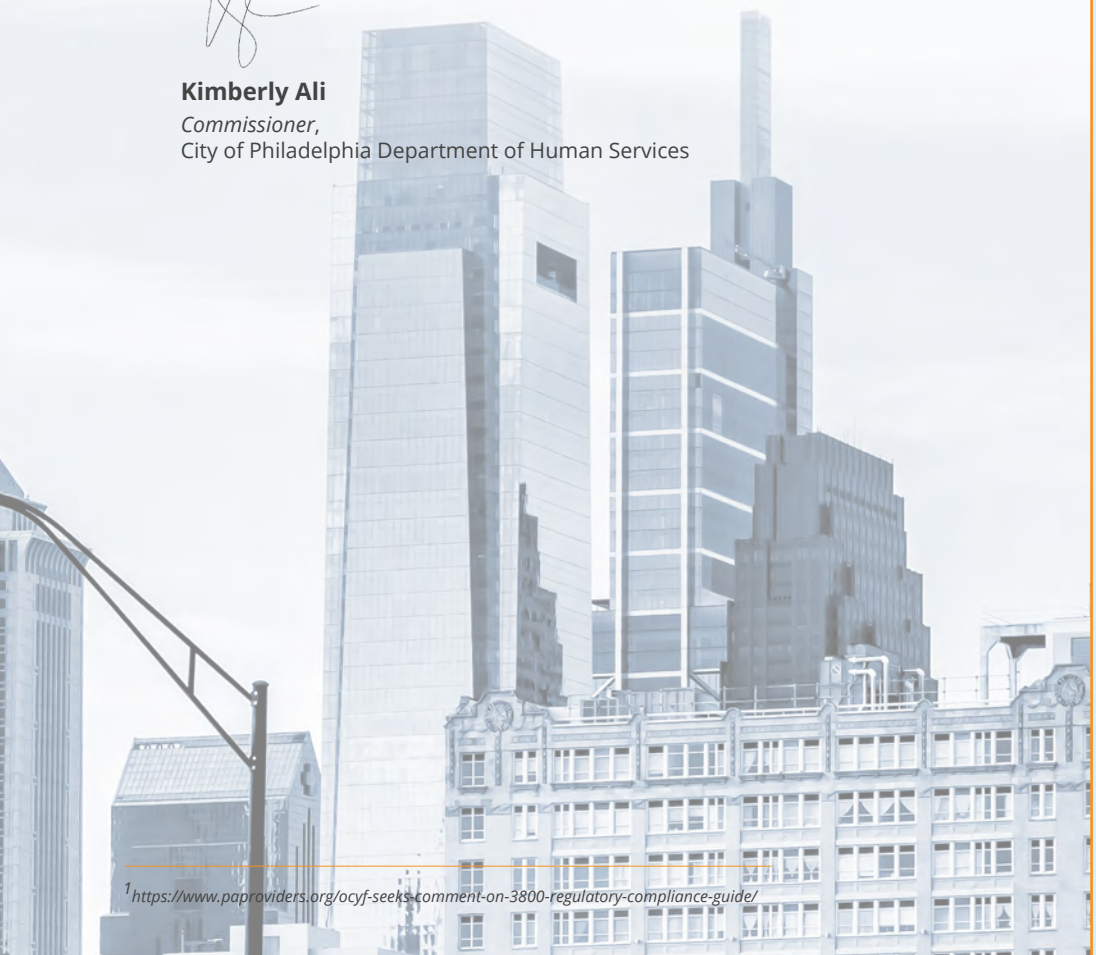
Fiscal Year 2020 has already seen an improvement over FY 2019. FY 2019 saw an overall system score of 72%. Findings from the FY 2020 report place the average overall system score at 88%.

While we are pleased at the progress that has been made, there is still a lot of work to do in improving services and supporting quality programs for children and youth in congregate care facilities. This report is critical to providing a road map toward improvement in key quality areas.

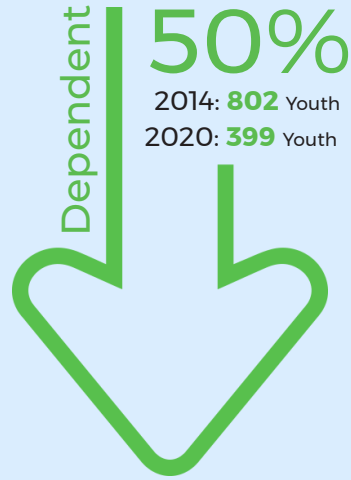
As we continue our work to reduce congregate care, we are equally as committed to working in partnership with key stakeholders, providers, and families to improve the quality of service at congregate care facilities.

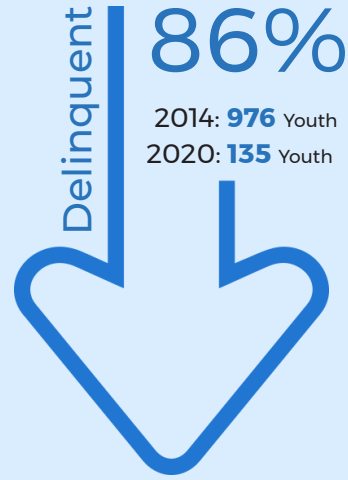
In service,

Kimberly Ali
Commissioner,
City of Philadelphia Department of Human Services



Reductions in Congregate Populations





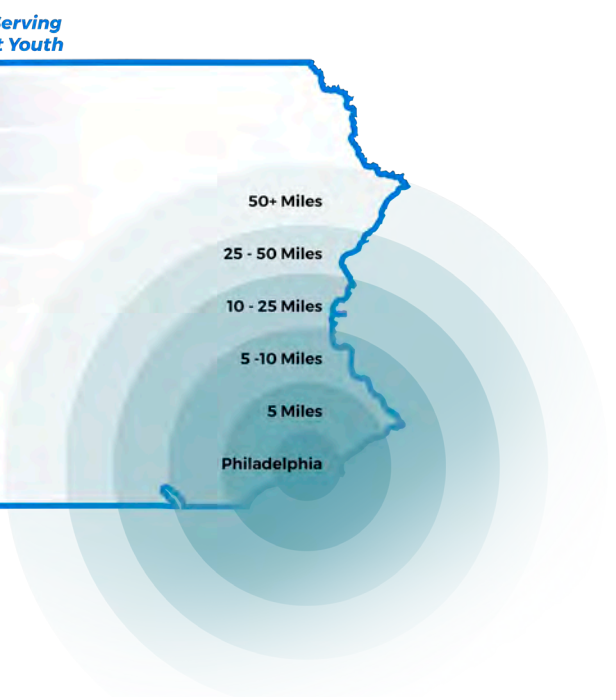
Congregate care facilities are licensed by the Pennsylvania Department of Human Services. Programs must follow state regulations regarding the operation of residential facilities (section 3800 of the Pennsylvania code). Counties across the commonwealth - and even other states - rely on the licensing process to make decisions about using specific programs. **It has become clear that this process needs improvement.** The state is in the process of reviewing their Regulatory Compliance Guide, including feedback solicited from the public in early 2020.[1]

[1] *https://www.paproviders.org/ocyf-seeks-comment-on-3800-regulatory-compliance-guide/*

about the report

Where are congrate care providers located?[2]

Distance from Philadelphia	Facilities Serving Dependent Youth	Facilities Serving Delinquent Youth
In Philadelphia	15	1
Within 5 Miles	9	2
5 -10 Miles	12	1
10 - 25 Miles	9	4
25 - 50 Miles	11	4
50+ Miles	13	3
TOTAL	**69**	**15**



Even though congregate care has decreased significantly, youth safety continues to be called into question. One of the ways we are working across systems to address this issue is the Youth Residential Placement Taskforce, which was formed by City Council to address significant concerns with the use and quality of congregate care. The Taskforce outlines our shared priorities for Philadelphia's congregate care system—namely that the use of residential placements should be rare and only when needed, and youth should be placed close to home.

While working to continue decreasing congregate care, we must also work to build quality. This report measures both quality and compliance in its review of the DHS congregate care providers. It is research-driven and provides a consistent methodology, assessing where we are on both compliance and quality. This year, DHS evaluated 38 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,**
- **Community Behavioral Health-funded Psychiatric Residential Treatment Facility institutions, and**
- **Supervised Independent Living.**[3]

*See the glossary on page 13 for definitions of types of congregate care facilities

[2] *Facilities as of June 30, 2020; A facility is defined as an agency site and/or campus. Providers with multiple sites within the same zip code are considered a campus and counted only once. Providers with sites spread across multiple zip codes are counted multiple times—once for every zip code. This definition differs from DHS' 2019 report, which reported the number of sites and did not group by campus. Data run August 3, 2020.*

[3] *Supervised Independent Living is not a congregate living arrangement since young adults live independently (though youth may live in separate units in the same building). However, it is included in this report since it is not a family-based out-of-home placement (i.e., foster or kinship care).*

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 2020 (July 1, 2019 – June 30, 2020). It highlights areas of quality programming, compliance with state and local regulatory standards, and opportunities for improvement.

Unlike last year, which reported quality and compliance scores separately and on a three-point scale (optimal, satisfactory, and needs improvement), this year's report provides one overall score that includes quality and compliance, and it rates providers on a four-point scale (optimal, fair, needs improvement, and unsatisfactory). 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.

There are three data sources that inform this report:

- *Staff files,*
- *Youth case files, and*
- *Administrative data regarding service concerns and serious incidents.*[4]

For this report, we reviewed:

164 youth case files containing individual information on academics and activities, service and discharge planning—including the agency's contact with appropriate stakeholders for communicating about these plans, family contact and visitation, and appropriate medical supervision.

212 staff files containing individual certification, training, and supervision information as well as information on staff-youth ratios, communication with stakeholders groups, and compliance with medication and paperwork procedures.

Fiscal Year 2019 Score Rating

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

Fiscal Year 2020 Score Rating

90 – 100%: Optimal	●●●
80 – 89%: Fair	●●
70 – 79%: Needs Improvement	●
0 – 69%: Unsatisfactory	○

[4] *DHS only reviewed staff files for the four providers that exclusively offered SIL services. Files reviewed were a convenience sample and did not follow the sampling strategy utilized for other services.*

background

Prior to the 2019 report, DHS' evaluations were solely compliance-based. In order to build quality programs, DHS started incorporating quality indicators into its annual evaluation process in fiscal year 2019. This work was done in consultation with Casey Family Programs, a national leader in child welfare policy and practice. Casey Family Programs 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 new evaluation process, 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. During Fiscal Year 2020, DHS made slight modifications to the tool based on stakeholder feedback.

COVID-19 Pandemic and Evaluation Process.
In order to continue monitoring and evaluating contracted provider agencies, the Performance Management and Technology (PMT) division of the Department of Human Services (DHS) modified the evaluation practices to accommodate the restrictions created as a result of the COVID-19 pandemic. PMT continued to use the same Fiscal Year 2020 evaluation tools that were being used prior to the pandemic. Questionnaires and interviews were used as qualitative tools to measure the climate of providers during the pandemic. Additional changes in the evaluation process are described below.

- Randomized sample only included Fiscal Year 2020 case activity prior to the pandemic.
- All interviews were conducted virtually or via telephone.
- All file reviews were conducted virtually via a secure system, and email, or physically via US postal service, or file drop off at DHS.
- Providers were given five business days' notice, as opposed to 24 hours, for submitting evaluation documents. PMT distributed a checklist of documentation required to complete the evaluation. The agency was responsible for retrieving this information from their files and submitting to PMT.

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 leadership has an accountability response that ranges from providing targeted technical assistance, conducting an organizational assessment, closing intake, and 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.
- Continue to refine the evaluation tool and processes based on lessons learned in Fiscal Year 2019 and Fiscal Year 2020.
- Enhance the Plan of Improvement process so that providers can receive actionable feedback, guidance, and follow up progress checks.
- Administer the congregate care youth survey annually and conduct interviews with youth who have been discharged to regularly incorporate and learn from youth voice.

A provider's rating informs DHS response.

Rating	DHS Response
Optimal	A provider with this rating meets expectations for quality measures and exceeds expectations related to compliance during the evaluation process.
Fair	A provider with this rating meets some compliance expectations during the evaluation process 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 compliance and quality. 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.
Unsatisfactory	A provider with this rating needs to make substantial improvements across most compliance and quality measures. Performance levels indicate organizational disfunction with an immediate need for corrective actions and technical assistance. DHS will conduct an organizational assessment, and 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. DHS may temporarily close Intake.

what we learned

The congregate care program evaluation included in this report reflects strides towards strong practices, especially compared to last year. **Providers remained strong in measures associated with regulation compliance**, particularly in the areas of health, safe and supportive environment, and staff. For example, all or almost all providers received optimal scores on:

- Ensuring youth receive routine and necessary medical and dental care
- Proper staff to youth ratio
- Securing medication
- Obtaining all required criminal and child abuse clearances

Agencies' ratings also reflected solid practices in many indicators associated with quality of care—an improvement from last year. For example, while integrating cultural awareness was an area of growth last year, 96% of case files showed that youth had opportunities to engage in developmentally appropriate extracurricular, social, and cultural activities.

Similar to last year, there is still room for improvement when it comes to including youth in developing their service plans and communicating about service plans and progress with relevant stakeholders. In an effort to maintain these improvements, providers should incorporate a variety of best practices to include cultural and linguistic competency principles and values into every aspect of the organizational culture. These best practices could include:

- Ensuring youth are always present when decisions are being made about them.
- Allowing youth to: (1) primarily develop the goals and action steps of the service plans, (2) identify participants for their service plans and supports needed, (3) set respectful ground rules for the meetings. This gives youth a sustainable voice and empowers them as active participants.
- Utilizing coaches or other staff to ensure youth are fully aware of the service planning process and are prepared to participate in meetings that affect their services.
- Providing training to ensure that staff are prepared to support and encourage youth in a trauma-informed way.[5]

[5] *See the following sources for additional information: The Building Bridges Initiative "Guide on Implementing Effective Short-term Residential Interventions"; BBI: Promoting Youth Engagement in Residential Settings - Suggestions for Youth; BBI Cultural and Linguistic Competence Guidelines for Residential Programs*

a closer look

This evaluation report includes seven evaluation domains and two administrative data points. This section provides overall provider scores per domain and a description of key evaluation findings:

- **Safe and Supportive Environment: 96% (Optimal)**
- **Staff: 96% (Optimal)**
- **Health: 95% (Optimal)**
- **Service Planning and Delivery: 88% (Fair)**
- **Family and Community: 87% (Fair)**
- **Activities – Life Skills and Education: 79% (Needs Improvement)**
- **Communication: 76% (Needs Improvement)**
- **Service Concerns: 75% (Needs Improvement)**
- **Serious Incidents: 1 Incident (Not assigned a score rating[6])**

The FY20 average system score for quality was fair (88%)—an improvement from Fiscal Year 2019's overall system quality score (72%). As a system, providers scored optimal in three domains: Health, Supportive and Safe Environment, and Staff, while two domains and the Service Concerns data received needs improvement ratings: Activities and Communication. None of the domains had an unsatisfactory system rating. Four providers had optimal scores in all domains.

- All but one provider received optimal or fair ratings in their supportive and safe environment domain, and all but two received optimal or fair ratings on staff.
- Providers varied in performance on the two evaluation domains that rated as needing improvement (Activities and Communication). In the Activities domain, two thirds rated as optimal or fair, but seven providers (21%) rated as unsatisfactory. In the Communication domain, over half received optimal and fair ratings, but over a third (35%) rated as unsatisfactory.
- 13 Providers also rated as unsatisfactory in the Service Concerns domain, and one provider had a serious incident.

Supportive and Safe Environment

System Score: 96% (Optimal)

- Providers showed strength in maintaining the appropriate staff to youth ratio, youth sleeping areas, and securing medication.
- Providers need to ensure quarterly file audits are being completed, which was the lowest scoring area of practice in this domain though still earned an overall rating of fair.

Staff

System Score: 96% (Optimal)

- Staff clearances and other important background and training documents were up to date and on file. These included documentation regarding new employees' medical exams, clearances and background checks prior to start date.
- Agencies improved in their supervision measure. Meaningful and consistent supervision is critical to ensure ongoing coaching, learning, and support for direct care staff.

Health

System Score: 95% (Optimal)

- Similar to last year, providers scored optimal in the Health domain, which tracked indicators such as the provision of medical and dental exams.

Service Planning and Delivery

System Score: 88% (Fair)

- Providers showed improved practice in service plans being adaptable to youths' on-going needs, rating optimal as a system.
- Providers also showed improvement on assessing youth's identity and cultural beliefs and incorporating them into service planning.
- Some providers struggled with ensuring that older youth had transition plans in their Single Case Plans.
- Providers need to take additional steps to ensure that initial and ongoing Individual Services Plans are conducted in a timely way.

[6] *Serious incidents are not acceptable and a major cause for concern. Rather than assigning a score rating to serious incidents, any providers with serious incidents had their overall rating automatically reduced (e.g., moving from "fair" to "needs improvement").*

Family and Community

System Score: 87% (Fair)

- Providers have shown some improvement with documenting and building family and community resources. In particular:
  - o There was increased documentation of face to face quarterly home visits, preparing the family for the youth's return home, as well as families' awareness of their agency's visitation policy.
  - o The majority of providers are providing youth with weekly phone contact and monthly face to face contact with meaningful life connections.

Activities - Life Skills and Education

System Score: 79% (Needs Improvement)

- Almost all providers ensured youth were given opportunities to engage in developmentally appropriate extracurricular, social, or cultural activities. As a system, providers rated optimal.
- Compared to last year, agencies showed improvement complying with court ordered services, such as therapy, visitation, and substance abuse treatment, scoring in the fair range.
- Providers continue to struggle at completing the life skills assessment in a timely way. As a system, providers rated unsatisfactory (59%) for this area of practice.

Communication

System Score: 76% (Needs Improvement)

- Almost all youth files (93%) showed documentation of youth, caregivers, and child advocates receiving the Grievance Policy, and a majority of files (85%) contained documentation of ongoing communication with key stakeholders (caseworkers, probation officers, etc.) regarding changes.
- Distribution of key documents like the Individual Service Plan (54%) and documentation of communication between families, Probation Officers and service providers was inconsistent (68%). There were clear gaps in the involvement of relevant parties in developing the Individual Service Plan as well (68%).

Service Concerns and Serious Incidents[7]

System Score: 75% (Needs Improvement)

- Nearly two thirds (62%) of providers did not have any reported service concerns during Fiscal Year 2020.
- There were 27 service concerns in Fiscal Year 2020 spread across 13 providers. Six providers had one reported service concern, and seven providers had two or more reported service concerns with one provider logging six service concerns.
- One provider had a serious incident.[8]

methodology

In partnership with Casey Family Programs, DHS conducted research on best practices and quality care for congregate care services to inform the design of the Fiscal Year 2019 evaluation process, including a revised tool for evaluating providers and a baseline report that calculated both quality and compliance scores for each provider. For this year's evaluation process, DHS built upon the lessons learned from Fiscal Year 2019 and modified the scoring methodology so that providers received one score that included quality and compliance items. Additionally, DHS factored in two additional measures into the scores: counts of service concerns and serious incidents. Details about domains and scoring information is below.

Evaluation Domains and Indicators

Domain	Number of indicators	Indicators Reviewed
Activities – Life Skills and Education	**4**	Academic records, report cards, required assessments, opportunities to engage in extracurricular activities.
Service Planning and Delivery	**11**	Individual Service Plans, Court orders, file documentation, quarterly file audits.
Communication	**5**	Invitations to participate, documentation signed and distributed.
Family and Community	**3**	Face to face visits, discharge planning, visitation, family contact.
Health	**3**	Medical, dental, hearing exams, immunizations, documentation
Staff	**8**	Staff records, certifications and requirements, training.
Safe and Supportive Environment** (Staffing Ratios and other Compliance)	**6**	Ratio of adults to youth, staff clearances, medication security and storage.
Service Concerns	**1**	Total service concerns reported in Fiscal Year 2020.
Serious Incidents	**1**	Total serious incidents reported in Fiscal Year 2020.

[7] *Supervised Independent Living providers were not included in these administrative datapoints.*

[8] *Serious incidents are severe service concerns such as allegations of physical or sexual abuse that warrant an immediate response from DHS. Types of serious incidents include: child fatality, sexual abuse, criminal activity, serious injury/trauma, suicidal physical act, ChildLine incident, incident with police or fire department, serious disease, violation of child rights, excessive restraints*

Individual provider results

Providers receive an overall score of optimal (between 90 - 100%), fair (between 80-89%), needs improvement (between 70 - 79%) or unsatisfactory (between 0 - 69%) for each domain. These scores are then rolled up to an overall score with service concerns and serious incidents considered as well. 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.

Supervised Independent Living agencies were evaluated based exclusively on staff files. Providers that exclusively offered Supervised Independent Living programming are included in a separate table.[9]

Definitions of types of congregate care can be found in the glossary on page 13.

Provider	Service(s)
Abraxas	Institution
Devereux – Viera - RTF	Psychiatric Residential Treatment Facility
NET – Henry House	Group Home
PATH	Psychiatric Residential Treatment Facility
Pediatric Specialty Care: Pt. Pleasant, Quakertown, Doylestown	Group Home
Pathways PA (WAWA)	Group Home
Adelphoi	Group Home, Supervised Independent Living
Children's Home of Easton	Institution
Bancroft	Psychiatric Residential Treatment Facility
Child Way	Group Home
Devereux – Brandywine/Mapleton	Psychiatric Residential Treatment Facility
Alternative Rehabilitation Communities (ARC)	Group Home
New Outlook/Sleepy Hollow	Institution
Valley Youth	Emergency Shelter
Summit Academy	Institution
Firely	Group Home
Youth Emergency Services (YES)	Emergency Shelter
KidsPeace	Psychiatric Residential Treatment Facility
Pinkey's Vineyard of Faith Ministries	Group Home
Woods	Institution
Devereux – Kanner	Psychiatric Residential Treatment Facility
Forget Me Knot	Emergency Shelter
St. Francis/Vincent	Group Home, Supervised Independent Living
Gemma Services	Institution, Psychiatric Residential Treatment Facility
St. Gabriel's	Institution
Northern Children Services	Group Home
Pediatric Specialty - Philadelphia	Group Home
Pedia Manor	Group Home
A Collective Consulting (Chambers)	Group Home
Child First	Group Home
Carson Valley	Institution, Psychiatric Residential Treatment Facility, Supervised Independent Living
The Bridge	Group Home
Women of Excellence [9]	Group Home
Being Beautiful[10]	Group Home

Supervised Independent Living Only-Only Staffing Scores[11]

Provider	Dependent/ Delinquent/ Both	Score	Rating
Delta	Dependent	100%	Optimal
Pressley Ridge	Dependent	93%	Optimal
Spectrum	Dependent	90%	Optimal
Tabor	Both	85%	Optimal

90 – 100%: Optimal ●●● 80 – 89%: Fair ●● 70 – 79%: Needs Improvement ● 0% – 69%: : Unsatisfactory ○

	Dependent / Delinquent/ Both	Score	Rating
	Delinquent	100%	●●●
	Both	100%	●●●
	Both	100%	●●●
	Both	100%	●●●
	Dependent	100%	●●●
	Dependent	100%	●●●
	Both	99%	●●●
	Dependent	99%	●●●
	Dependent	98%	●●●
	Dependent	98%	●●●
	Both	98%	●●●
	Delinquent	97%	●●●
	Delinquent	97%	●●●
	Dependent	96%	●●●
	Delinquent	95%	●●●
	Dependent	96%	●●
	Dependent	89%	●●
	Both	86%	●●
	Dependent	86%	●●
	Dependent	86%	●●
	Both	84%	●●
	Both	84%	●●
	Dependent	84%	●●
	Both	83%	●●
	Delinquent	80%	●●
	Dependent	79%	●
	Dependent	79%	●
	Dependent	78%	●
	Dependent	77%	●
	Both	77%	●
	Both	72%	●
	Both	71%	●
	Dependent	54%	○
	Dependent	45%	○

[9] *Women of Excellence ended their contract with DHS at the end of Fiscal Year 2020 (6/30/20).*

[10] *Being Beautiful implemented a Plan of Improvement (POI) based on their evaluation results. DHS is regularly monitoring the agency's progress on its corrective action steps.*

[11] *Providers that offered Supervised Independent Living in addition to congregate care services, such as Adelphoi, St. Francis St. Vincent, and Carson Valley are listed in the previous table.*

appendix

Scoring

This report contains one integrated score for compliance and quality measures measured across seven evaluation domains and a count of service concerns.[12] Each domain is weighted so that high-priority areas have a larger impact on a provider's overall score. The weights assigned to the domains are as follows:

Service Concerns	**27%**
Service Planning and Delivery	**24%**
Staff	**12%**
Supportive and Safe Environment	**8%**
Family and Community	**8%**
Communications	**8%**
Activities	**8%**
Health	**4%**

Serious incidents, such as allegations of physical or sexual abuse[13], are also considered in the overall score: if providers had a serious incident during the fiscal year, their performance level automatically drops in rating. For example, if the cumulative scores from the seven evaluation domains and the service concerns data yields an "optimal" score but the provider had a serious incident, that provider receives an overall rating of "fair." If the provider did not have any serious incidents, their rating remains unchanged.

Five out of the seven evaluation domains feature both quality and compliance indicators. These domains are: Activities-Life Skills and Education, Service Planning and Delivery, communication, Family and Community, Staff, and Health. At this time, the Supportive and Safe Environment and Staff domains only contain compliance indicators. 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.

Due to onsite evaluation restrictions resulting from the COVID-19 pandemic, providers were given credit for all standards in the Supportive and Safe Environment domain which could not be assessed virtually.

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 guideline to assess provider performance. The report is part of a 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. This report also supports city-wide efforts, such as the Youth Residential Placement Taskforce, which recommends publicly publishing data for transparency and strengthening cross-systems communication so that judges and other stakeholders can better understand the quality of care at congregate facilities.

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

What is the data source for the scores? The Fiscal Year 2020 scores are based on 164 youth case files and 212 staff files reviewed during the evaluation. This data is combined with data collected from site visits and youth interviews, to produce a holistic evaluation report.

What are the different types of congregate care providers?
Congregate care placements include:

- Group homes, including mother/baby and medical placements
- Psychiatric Residential Treatment Facilities
- Institutions (including secure facilities)
- Emergency shelters

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.

This report also includes information on Supervised Independent Living programs, which provide independent housing for young adults. These settings are not group living, but they are also not family-based care like kinship or foster care. Supervised Independent Living programs are included in this report, but DHS only evaluated staff files.

[12] *Supervised Independent Living (SIL) providers were only assessed on two domains: supportive and safe environment and staffing.*

[13] *Types of serious incidents include: child fatality, sexual abuse, criminal activity, serious injury/trauma, suicidal physical act, ChildLine incident, incident with police or fire department, serious disease, violation of child rights, excessive restraints*

glossary

Dependent congregate care
Includes placements in Emergency Shelter, Group Home, Community Behavioral Health-Funded Psychiatric Residential Treatment Facilities 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, Community Behavioral Health-Funded Psychiatric Residential Treatment Facilities, Institution for youth adjudicated delinquent by the Court and ordered placement in 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 behavioral health or medical care services for youth with special needs, such as Psychiatric Residential Treatment Facilities.

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

Residential treatment facilities
Community Behavioral Health-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 young adults preparing to live independently once they leave the child welfare system. Supervised Independent Living agencies provide varying levels of support services, supervision, and autonomy to young adults.

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