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

@PhillyDHS

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Department of Human Services

2021 congregate care report

Fiscal Year 2021
(July 1, 2020 - June 30, 2021)

contents

This report reflects the City of Philadelphia Department of Human Services' (DHS) commitment to transparency and improving the 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.

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 safely reduced.
- Improved youth, child, and family functioning.

With these principles always in focus, DHS and its system partners aim to decrease the use of congregate care placements. The system also prioritizes family-based services such as kinship and foster care. The goal is to use congregate care only when public safety or treatment needs support this option and to decrease the length of stay in these situations.

Congregate care is a form of residential youth placement for dependent and delinquent youth. Congregate care settings are group based and operate year-round with on-site supervision. Some congregate care agencies offer on-grounds school and/or specialized medical and behavioral health supports.

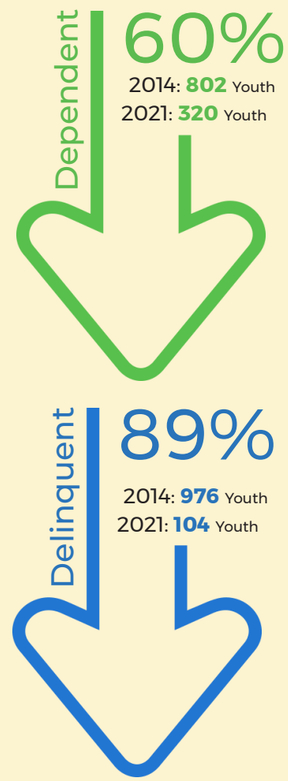
Dependent congregate care includes placements in Emergency Shelter, Group Home, Community Behavioral Health-funded Psychiatric Residential Treatment Facilities, and Institutions for children that are in DHS custody due to abuse and neglect.

Delinquent congregate care includes placements in Group Home, Community Behavioral Health-funded Psychiatric Residential Treatment Facilities, Institutions for youth adjudicated delinquent by the Court, and ordered placement in a congregate care service that is contracted by DHS.

Note: This report also includes information on Supervised Independent Living programs, which provide independent housing for young adults and do not have as stringent supervision requirements. These settings are not group living, but they are also not family-based care like kinship or foster care.

Reductions in Congregate Populations

DHS efforts led to a dramatic decline in the use of congregate care facilities and children being placed as close to home as possible.



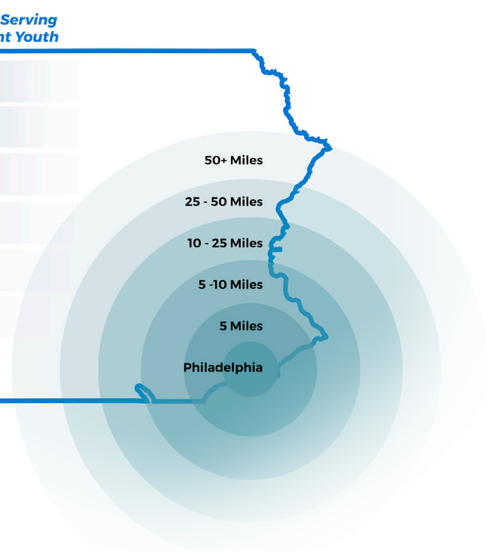
Congregate care facilities are licensed by the Pennsylvania Department of Human Services. Programs must follow state regulations regarding the operation of residential facilities (section 3800 of the Pennsylvania code). Counties across the commonwealth — and even other states — rely on the licensing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

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

about the report

Where are congregate care providers located?[2]

Distance from Philadelphia	Facilities Serving Dependent Youth	Facilities Serving Delinquent Youth
In Philadelphia	15	1
Within 5 Miles	7	1
5 -10 Miles	10	0
10 - 25 Miles	8	3
25 - 50 Miles	9	4
50+ Miles	14	3
TOTAL	**63**	**12**



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. City Council formed the Taskforce 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 35 facilities across 31 agencies. These organizations serve 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 Facilities,**
- **Institutions, and**
- **Supervised Independent Living.**[3]

*See the glossary on page 15 for definitions of types of congregate care facilities.

[2] *Facilities as of June 30, 2021; 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. Data run August 4, 2021.*

[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.**

This report provides an aggregate overview of the performance of congregate care services in fiscal year 2021. This period covers July 1, 2020 to June 30, 2021. It highlights areas of quality programming, compliance with state and local regulatory standards, and opportunities for improvement. The report also takes into account service concerns and serious incidents that happen during the fiscal year. Any incidents and associated monitoring or corrective action plans that happened in previous or subsequent fiscal years are included in their respective fiscal year reports; they are not included in this report. DHS monitors provider agencies if there are any concerns reported after the review period.

Similarly to last year, 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.

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. Starting in fiscal year 2020, the report assessed providers on one overall scale. Providers are rated optimal, fair, needs improvement, or unsatisfactory based on their scores by domain and overall. See page 11 for a list of providers and their individual ratings.

Fiscal Year 2021 Score Rating

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

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:

173 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.

154 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.

[4] *DHS only reviewed staff files for the four providers that exclusively offered Supervised Independent Living 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 2021, DHS made slight modifications to the evaluation process and tool based on stakeholder feedback. In addition to utilizing a congregate care evaluation tool that includes quality indicators, DHS updated its Emergency Shelter and Supervised Independent Living evaluation tools to align with the services provided by each program. These congregate care evaluations have the same domains and only slightly differ in the standards in each domain. Additional information on the evaluation process, including accommodations during the COVID-19 pandemic, are provided below.

COVID-19 Pandemic and Evaluation Process

In order to continue monitoring and evaluating contracted provider agencies, the evaluation practice was modified to accommodate restrictions due to COVID-19. In fiscal year 2020, questionnaires and interviews were used as qualitative tools to measure the climate of providers during the pandemic. Modifications in the evaluation process are described below.

- All interviews were conducted virtually.
- All file reviews were conducted virtually via secure system, an 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 them to DHS.

Even though the fiscal year 2021 evaluation processes were virtual, evaluation teams responded to providers in person when there was a service concern allegation and provided ongoing monitoring. Moving forward, site visits will be required as part of the evaluation process.

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 the provider community to improve the quality of services. We'll also continue to enhance our evaluation processes to incorporate quality measures. Based on this evaluation, DHS will:

- Provide ongoing technical assistance to providers. This includes conducting organizational assessments of provider care and management practices as needed.
- 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.
- Continue to refine the evaluation tool and processes based on lessons learned in fiscal year 2021.
- 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 the 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 dysfunction with an immediate need for corrective actions and technical assistance. DHS may temporarily close intake. 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.

what we learned

The congregate care program evaluation included in this report reveals that the performance is inconsistent among different congregate care facilities. However, as a whole, **providers remained strong in measures associated with regulation compliance and continued to improve service quality measures**, particularly in the areas of Family and Community and Staff. For example, almost all providers received optimal scores on:

- Completing quarterly home visits with the youth's family.
- Ensuring youth had regular contact with meaningful life connections.
- Obtaining all required criminal and child abuse clearances.
- Meeting the requirement of staff's age and education background.

Agencies' ratings also reflected solid practices in many indicators associated with quality of care—an improvement from last year. For example, while completing individualized service plans was an area of growth last year, 97% of case files showed that initial and ongoing individualized service plans were completed as required.

Similar to last year, there is still room for improvement when it comes to including youth in developing their service plans. There is also improvement needed for communicating 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 their organizational culture. These best practices could include:

- Ensuring youth are always present when decisions are being made about them.
- Allowing youth to primarily develop the goals and action steps of the service plans, identify participants for their service plans and supports needed, and 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 is 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:

- **Family and Community: 92% (Optimal)**
- **Staff: 91% (Optimal)**
- **Health: 87% (Fair)**
- **Service Planning and Delivery: 85% (Fair)**
- **Supportive and Safe Environment: 81% (Fair)**
- **Communication: 74% (Needs Improvement)**
- **Activities – Life Skills and Education: 73% (Needs Improvement)**
- **Service Concerns: 87% (Fair)**
- **Serious Incidents: 3 Incidents (Not assigned a score rating[6])**

Similar to last year, the fiscal year 2021 average system score for all evaluated congregate care facilities was "Fair." The overall congregate care system score for group homes, institutions, Community Behavioral Health-funded residential treatment facilities, and Emergency Shelter increased by a percentage point (89%) compared to last year (88%). As a system, providers scored "Optimal" in two domains: Family and Community and Staff, while two domains received "Needs Improvement" ratings: Activities and Communication. None of the domains had an "Unsatisfactory" system rating. Three providers had "Optimal" scores in all domains.

- Majority of providers received "Optimal" or "Fair" ratings in their Staff domain (86%), Health domain (80%), and Supportive and Safe Environment domain (80%); however, "Unsatisfactory" was given to six providers in Supportive and Safe Environment domain, five in Health domain, and one in the Staff domain.
- Providers varied in performance on the two evaluation domains that rated as "Needs Improvement" (Activities and Communication). In the Activities domain, two-thirds rated as "Optimal" or "Fair", but six providers (17%) rated as "Unsatisfactory". In the Communication domain, slightly less than half received "Optimal" and "Fair" ratings, and over one-third (37%) rated as "Unsatisfactory".
- Seven providers also rated as "Unsatisfactory" in the Service Concerns domain, and three providers had a serious incident.

[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: 92% (Optimal)

Providers have shown improvement in this domain. They have moved from "Fair" to "Optimal." Emergency Shelter providers were rated "Unsatisfactory."

- Nearly all providers had documentation of completing quarterly home visits with the youth's family, and most of the youth and family were aware of the visitation policy.
- Almost all youth in placement had regular contact with meaningful life connections. However, Emergency Shelter providers were not fully aware and did not fully support the youth's familial connections, and no more than half of the youth had regular contact with self-identified natural supports for the duration of being in the shelter.

Staff

System Score: 91% (Optimal)

Similar to last year, providers were rated "Optimal" in the staff domain. However, Supervised Independent Living providers were rated "Fair" and Emergency Shelter providers were rated "Needs Improvement".

- 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 continued to improve in their supervision measure. Meaningful and consistent supervision is critical to ensure ongoing coaching, learning, and support for direct care staff. However, no more than half of the staff received required supervision from Supervised Independent Living and Emergency Shelter providers.

Health

System Score: 87% (Fair)

This domain tracked indicators such as the provision of medical and dental exams. The overall system scored rated "Fair". However, Supervised Independent Living providers scored "Unsatisfactory".

- Group home, institutions, and CBH-funded provider agencies received "Optimal" in the Health domain. Almost all of the cases had the contact information of the child's physician or source of health care on file. Dental exams and recommendations were provided as required.
- Supervised Independent Living providers struggled with providing required dental and medical exams and medical recommendations.

Service Planning and Delivery

System Score: 85% (Fair)

Overall, providers received "Fair" in the Service Planning and Delivery domain. Emergency Shelter providers scored "Needs Improvement", and Supervised Independent Living providers scored "Unsatisfactory".

- Providers showed improved practice in individualizing service plans. Completion of initial and ongoing service plans as required also improved.
- Emergency Shelter providers need to take additional steps to ensure that youth are able to access local community resources and support services.
- Supervised Independent Living providers struggled with completing life skills assessments and providing recommended or court-ordered services. Other challenges included documenting the service plan of young adults, natural supports, and system supports.

Supportive and Safe Environment

System Score: 81% (Fair)

Similar to last year, most providers showed strength in maintaining the appropriate sleeping area, medications storage, and improvement in completing the quarterly file audits, and documentation of the location changing notifications. Supervised Independent Living providers scored "Unsatisfactory".

- Group home, institutions, and CBH-funded provider agencies received "Optimal" in the Supportive and Safe Environment domain. All of the providers had appropriate sleeping areas, properly stored prescriptions and medications, completed quarterly file audits, and documented notification of location changes to the relevant parties.
- Providers struggled with maintaining the appropriate staff to youth ratio.
- Two out of three Emergency Shelter providers did not have appropriate sleeping areas.
- Supervised Independent Living providers need to ensure that young adults are aware of how to maintain safety while in apartments. And that updated file safety training, First Aid/CPR, and mental health first aid certifications are available.

Communication

System Score: 74% (Needs Improvement)

Communication continues to be an area of improvement for all providers.

- Compared to last year, most providers showed improvement in reviewing progress with youth, if applicable. Most files (85%) contained documentation of ongoing communication with key stakeholders (caseworkers, probation officers, etc.) regarding change.
- Providers struggled with distributing key documents like the Individual Service Plan. There is also a lack of documentation that youth and parents/guardians have been made aware of their rights and how to file a grievance.
- Supervised Independent Living providers need to ensure that a young adult's file contains documentation of ongoing communications with key stakeholders.

Activities - Life Skills and Education

System Score: 73% (Needs Improvement)

Like last year, nearly all providers ensured youth were given opportunities to engage in developmentally appropriate extracurricular, social, or cultural activities. Supervised Independent Living providers received an "Unsatisfactory" rating this year.

- Group home, institutions, and CBH-funded provider agencies received "Fair" in the Activities domain. Almost all of the cases had documentation of the youth being given opportunities to engage in developmentally appropriate extracurricular, social, or cultural activities; however, providers can improve completing the life skills assessments as required.
- Almost all Supervised Independent Living providers provided young adults with financial supports to purchase household and personal maintenance items.
- Providers continue to struggle with timely submission of the life skills assessments. There was lack of documentation from Supervised Independent Living providers of informing young adults of educational entitlements.

Service Concerns and Serious Incidents

System Score: 87% (Fair)

- Almost three-quarters (77%) of providers had no validated service concerns during fiscal year 2021.
- There were 19 validated service concerns in fiscal year 2021 spread across seven providers. Four providers had one validated service concern, and three providers had two or more validated service concerns with one provider logging 10 validated service concerns.
- Three providers had a validated serious incident.[7]

[7] *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, an incident with police or fire department, serious disease, violation of child rights, excessive restraints. If a provider had a validated serious incident during the fiscal year, their performance level automatically dropped in rating.*

methodology

DHS developed the congregate care evaluation tool in 2019 in partnership with Casey Family Programs. And DHS continues to enhance the report each year. This ensures that measures remain aligned with specific services. This year's report adds two tools for evaluating Emergency Shelter providers and Supervised Independent Living providers. Details about domains and scoring are below.

Evaluation Domains and Indicators

Domain	Number of Indicators (Group home, institutions, and CBH-funded providers)	Number of Indicators (Emergency Shelter)	Number of Indicators (Supervised Independent Living)	Indicators Reviewed
Activities – Life Skills and Education	4	2	5	Academic records, report cards, life skills assessments, court orders and opportunities to engage in extracurricular activities.
Service Planning and Delivery	10	5	14	Service Plans, Court orders, file documentation, monitoring of discharge plans, and the incorporation of identity and culture in service delivery
Communication	6	0	4	Invitations to participate, documentation signed and distributed
Family and Community	3	2	0	Face to face visits, visitation, family contact, quarterly home visits with youths' families
Health	3	4	3	Medical, dental, hearing exams, immunizations, documentation
Staff	8	11	8	Staff records, certifications and requirements, training
Supportive and Safe Environment (Staffing Ratios and other Compliance)**	5	9	8	Ratio of adults to youth, staff clearances, medication security and storage, quarterly file audits, and notification to all parties of youths' location changes
Service Concerns	1	1	1	Total service concerns reported in fiscal year 2021
Serious Incidents	1	1	1	Total serious incidents reported in fiscal year 2021

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 that includes serious concerns and incidents. For provider agencies who received "needs improvement" or "unsatisfactory" ratings, DHS is regularly monitoring the agency's progress on their corrective action steps. 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.

Congregate Care Service Definitions:

Emergency Shelters (for dependent youth only): Temporary out-of-home congregate (residential) care for youth while they await a suitable placement.

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.

Psychiatric 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.

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

Provider	Service(s)	Dependent / Delinquent/ Both	Score	Rating
Firely	Group Home	Dependent	100%	●●●
Path	Psychiatric Residential Treatment Facility	Both	100%	●●●
Pediatric Specialty Care – Pt. Pleasant, Quakertown and Doylestown	Group Home	Dependent	100%	●●●
Summit Academy	Institution	Delinquent	100%	●●●
Abraxas-(South Mountain)	Institution	Delinquent	99%	●●●
Being Beautiful	Group Home	Dependent	99%	●●●
Gemma	Institution, Psychiatric Residential Treatment Facility	Dependent	99%	●●●
NET Henry House	Group Home	Both	99%	●●●
Adelphoi	Group Home	Delinquent	98%	●●●
Pinkney Vineyard of Faith Ministries	Group Home	Dependent	98%	●●●
St. Francis/ Vincent Group Home	Group Home	Both	96%	●●●
Child Way	Group Home	Dependent	95%	●●●
Pediatric Specialty Care – Philadelphia	Group Home	Dependent	95%	●●●
Children's Home of Easton	Institution	Dependent	92%	●●●
A Collective Consulting (Chambers)	Group Home	Dependent	91%	●●●
Bancroft	Psychiatric Residential Treatment Facility	Dependent	90%	●●●
New Outlook	Institution	Delinquent	90%	●●●
Carson Valley	Institution, Psychiatric Residential Treatment Facility	Both	85%	●●
Pedia Manor	Group Home	Dependent	83%	●●
Kidspeace	Psychiatric Residential Treatment Facility	Dependent	86%	●
The Bridge	Group Home	Dependent	84%	●
Woods	Institution	Dependent	84%	●
Northern	Group Home	Dependent	74%	●
Child First[8]	Group Home	Dependent	64%	○

Supervised Independent Living Only-Only Staffing Scores

Provider	Service(s)	Dependent/ Delinquent/ Both	Score	Rating
Delta	Supervised Independent Living	Dependent	94%	●●●
Valley Youth House	Supervised Independent Living	Dependent	92%	●●●
St. Francis/Vincent Group Home	Supervised Independent Living	Dependent	91%	●●●
Tabor	Supervised Independent Living	Both	82%	●●
Adelphoi	Supervised Independent Living	Both	81%	●●
Carson Valley	Supervised Independent Living	Dependent	70%	●
Pressley Ridge[9]	Supervised Independent Living	Dependent	56%	○
Spectrum[10]	Supervised Independent Living	Dependent	49%	○

Emergency Shelter Providers

Provider	Service(s)	Dependent/ Delinquent/ Both	Score	Rating
Valley Youth House	Emergency Shelter	Dependent	98%	●●●
YES	Emergency Shelter	Dependent	97%	●●●
Forget Me Knot	Emergency Shelter	Dependent	52%	○

[8]DHS is currently working with ChildFirst to improve practices and is also engaging the other three provider agencies that are rated unsatisfactory (Forget Me Knot, Pressley Ridge, and Spectrum) to conduct organizational assessments that will determine their capacity to deliver and sustain quality services.

[9]Pressley Ridge will no longer provide this type of service moving forward.

[10]Spectrum had a special Supervised Independent Living contract in fiscal year 2021.

appendix

Scoring

This report contains one integrated score for compliance and quality measures compiled across seven evaluation domains and a count of service concerns. 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[11]:

Service Concerns	**28%**
Service Planning and Delivery	**19%**
Staff	**13%**
Supportive and Safe Environment	**7%**
Family and Community	**8%**
Communication	**13%**
Activities	**8%**
Health	**4%**

Serious incidents, such as allegations of physical or sexual abuse,[12] 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 & Safe Environment domain which could not be assessed virtually.

Evaluation Report FAQs

Why is there a need for a Congregate Care Report?
DHS is committed to transparency and accountability in ensuring the best outcomes for youth. The Congregate Care 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 citywide efforts, such as the Youth Residential Placement Taskforce. The Taskforce advocates the publishing of data for transparency and strengthening cross-systems communications so that judges and other stakeholders can better understand the quality of care at congregate facilities.

What is evaluated in the process?
The 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 2021 scores are based on 154 youth case files and 173 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. They also address behavioral health needs and contribute to a youth's well-being. This includes 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.

[11] *The chart presents the weights for the general congregate care evaluation domain. Emergency Shelter and Supervised Independent Living evaluation used the same domain weights with the exception that Emergency Shelter evaluation did not contain Communication domain, and Supervised Independent Living evaluation did not contain Family and Community domain.*

[12] *Types of serious incidents include child fatality, sexual abuse, criminal activity, serious injury/trauma, suicidal physical act, ChildLine incident, an 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, Institutions 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
A non-committed child residing with their mother, who 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.