Improving the Safety and Quality of Youth Residential Placements

About Youth Residential Placements

Youth residential placements, also known as "congregate care," refer to facilities which house youth and operate 24 hours a day, 365 days a year. These facilities serve youth in the juvenile justice system (detention centers and state placement facilities), the child welfare system (group homes and emergency shelters), psychiatric residentials treatment facilities (PRTFs), and non-PRTFs (substance use facilities and acute care).[1] In Philadelphia, the Department of Human Services (DHS) is responsible for contracting with and overseeing child welfare and juvenile justice placements. The Department of Behavioral Health and disAbility Services (DBHIDS) contracts with Community Behavioral Health (CBH) to manage all PRTFs and non-PRTFs and administer mental and behavioral health services to youth placed there. In these roles, DHS and CBH are tasked with investigating any concerns, complaints, or violations that may arise in the placements they oversee. Additionally, state juvenile justice placements are run by the Pennsylvania Department of Human Services (PaDHS). PaDHS also contracts with private juvenile justice placements. These state and private juvenile placements are not contracted with Philadelphia DHS, but Philadelphia youth placed there can still bring complaints to Philadelphia DHS.

History of Abuse in Philadelphia and Pennsylvania Congregate Care

Unfortunately, there is a long history of poor quality and unsafe residential placements, some of which has been documented. For example, Glen Mills School, a facility for adjudicated boys, was exposed for decades of abuse,[2] including physical, sexual, and emotional abuse,[3] prompting counties in Pennsylvania and other states to remove youth from the facility.[4] Similarly, VisionQuest New Directions, a juvenile justice placement and emergency shelter in North Philadelphia, was closed in 2017 due to staff physically and emotionally abusing youth in the facility.[5] Devereux Advanced Behavioral Health was sued in the U.S. District Court in Philadelphia for abuse,[6] following news of sexual and physical assault in Devereux facilities, including their campuses in Pennsylvania.[7] And at Wordsworth, a facility that held youth (both dependent and delinquent) with mental health or behavioral health concerns, a child was killed by staff members.[8] Upon investigation, it was

discovered that in the decade before his murder, assaults, broken bones, and 49 sex crimes had been reported.[9] Although Wordsworth was contracted, licensed, funded, and overseen by multiple agencies, including PaDHS, CBH, and Philadelphia DHS, this misconduct went unnoticed and unaddressed for years.[10]

Figure 1

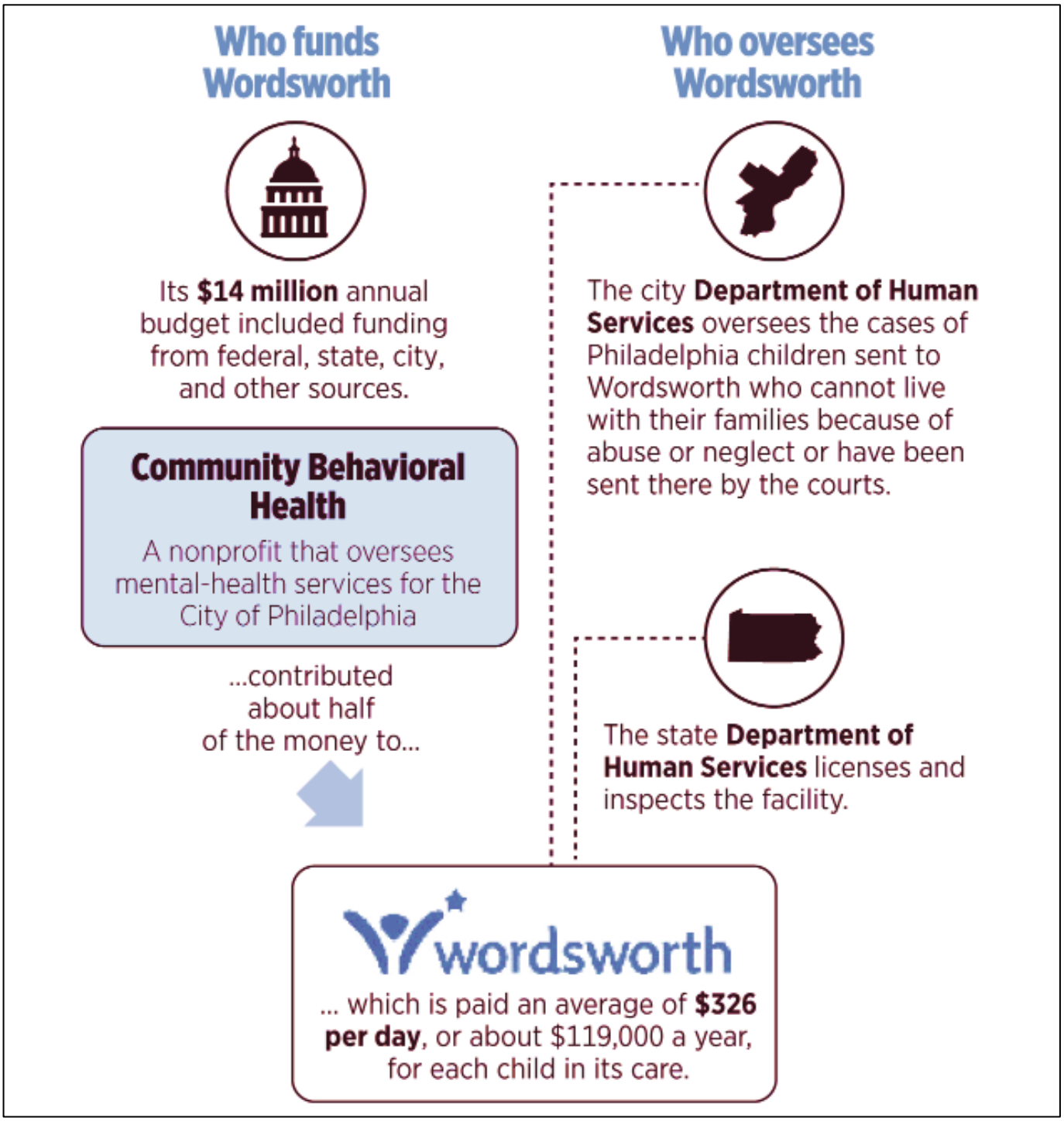

Image source: Phillips, N., & Palmer, C. (2017, April 22). Death, rapes, and broken bones at Philly's only residential treatment center for troubled youth. *The Inquirer*. https://www.inquirer.com/philly/news/pennsylvania/philadelphia/Death-rape-Philadelphia-Wordsworth-residential-treatment-center-troubled-youth.html

Outcomes and Disparities for Youth in Placement

Even when youth do not experience abuse in placement, congregate care often leads to poor outcomes for youth. In the child welfare system, for example, youth placed in congregate care experience worse outcomes than youth placed in traditional home-based foster care settings.[11] Specifically, research has found that, compared to youth placed in traditional foster care homes, youth placed in congregate group homes are more likely to become delinquent,[12] less likely to achieve permanency,[13] have lower basic English and math test scores,[14] and drop out of high school.[15] Conversely, when compared to youth in group homes, youth in traditional foster care had fewer placements and less out-of-home time, were more likely to live in a location close to their community of origin and be placed together with their siblings, and were less likely to be re-abused.[16] The outcomes of congregate care placements have been proven to be so adverse that the Global Alliance for Behavioral Health and Social Justice released a consensus statement that group care should never be favored over family placement options (such as remaining at home, foster homes, or kinships care)[17] and noted that congregate care settings can affect youth development and healthy relationships in the future.[18]

In the juvenile justice system, youth who are detained and/or sent to juvenile justice placements experience worse outcomes than those who are diverted or assigned to a community-based alternatives.[19] For example, research suggests that youth who are held in juvenile detention and/or placement have higher rates of juvenile and adult recidivism,[20] are less likely to return to school and/or graduate high school,[21] and have reduced future wages and labor force participation rates.[22] In the psychiatric and behavioral health system, the evidence on the effectiveness and outcomes of residential treatment is limited, but does yield some common trends. For example, in a comprehensive literature review of residential treatment facilities (RTFs), including psychiatric RTFs (PRTFs) and non-PRTFs, research indicates that there is a lack of standardized care and insufficient findings on the effectiveness of programming.[23] Further, Medicaid reimbursements and other budget constraints may limit the use of evidence-based practices and force facilities to hire staff with limited education.[24]

In addition to adverse outcomes associated with congregate care, there are also racial and gender disparities in congregate care placement. Black and Latino youth disproportionately enter these systems due to systemic issues such as over-policing, hyper-surveillance, poverty, and other measures of inequality, and once they have entered these systems, they are more likely to be placed in congregate care.[25] These disparities In the child welfare system, Black and Latino youth are 18% more likely than white youth to be placed in group placements, and boys are 29% more likely to be in congregate care than girls.[26] The most recent quarterly indicators report shows that 65% of dependent youth in Philadelphia placements are Black and 16% are Latino.[27] In the juvenile justice system, Black youth are significantly more likely to be arrested, detained, and assigned to placement compared to white youth.[28] In Philadelphia, 83% of juvenile justice involved youth are Black and 14% are Latino.[29] Additionally, in 2022, about 73% of Philadelphia youth in Psychiatric Residential Treatment Facilities (PRTFs) were Black.[30]

Recommendations for Improving the Safety and Quality of Residential Placements

In 2018, the Family First Prevention Services Act (also known as Family First) became federal law, requiring states to undertake a number of child welfare policy reforms by the deadline of October 2021.[31] These reforms were designed with the overarching goals of removing fewer youth from their homes and placing those youth who must be removed into family-like settings rather than congregate care facilities. According to the Administration for Children and Families (ACF), the goal of Family First is to avoid congregate care placement unless absolutely necessary.[32] However, when it is necessary, residential treatment should be high-quality, individualized, and time limited. Although states appear to have successfully decreased their use of congregate care since the implementation of Family First, the American Academy of Pediatrics (AAP) has noted that there is still work to be done to improve congregate care when it is used, including in the following issue areas:

- Provision of individualized and quality treatment;
- variations in staff training, quality, and capacity;
- availability of funding used to assist youth transitioning from congregate care placements; and
- integration of family and community during congregate care placement.[33]

With these in mind, we have laid out several recommendations that are applicable to all three systems and aim to improve the safety and quality of congregate care in cases where it must be used.

1. **Create a family and youth led coordinated care model which assists youth in maintaining family and community connections while in congregate care.**

When youth are placed in congregate care, they experience disruptions to their daily lives. Not only have they been removed from their family, but they have also been removed from their community more broadly. While juvenile justice placements, behavioral health settings, and child welfare group homes all have varying levels of restrictive policies, youth across settings are typically subject to more restrictive rules than they would be in a family and community setting. This means they have few opportunities to maintain peer relations, limited access to their home communities, and a lack of supportive adults.[34]

For example, in the child welfare system, youth in group homes are often placed outside of their home communities. Additionally, group homes typically have more restrictions in place than a traditional home setting, which can limit a youth's autonomy and emotional wellbeing.[35] strict schedules and curfews in place due to liability and safety concerns.[36] As such, if a young person wants to attend an after-school activity, they may face added difficulties such as transportation issues or curfew violations.[37] Ultimately, they may be forced to make the decision between abiding by their group home's schedule and policies, or participating in programming that allows them to maintain connections to their friends and community.[38] While youth in the child welfare system usually have a case worker, group home staff, and a child advocate attorney, none of these adults are tasked with providing the young person with nurturing support outside of their assigned role. Additionally, they typically do not have the capacity to do so and oftentimes do not maintain communication with the other professionals in the youth's life. This can lead to a lack of support for the young person and means that the young person is often tasked with navigating a complicated system without a central support person to assist in this coordination.

In Philadelphia, these child-serving systems appear to lack a coordinated care model that ensures that youth can develop the autonomy essential for adolescent development. In a coordinated care model, a youth

would have a designated support partner who is responsible for coordinating care and playing a supportive role in the young person's life. The application of this model would look different in practice for every system. In a child welfare group home, for example, this might include attending the youth's after school sports game with the youth's parent or kin, ensuring that the group home is aware that the youth will be missing curfew due to an extracurricular event, and making sure that the youth gets back to the group home safely after the event. In juvenile justice placements and behavioral health settings, youth are often much more restricted, but a support person can still play a role. For example, a support partner may still assist in coordinating services, preparing the youth for stepping down into a less restrictive setting, and accompanying the youth on day pass outings. Additionally, many young people in these systems are multi-system involved. As such, a support partner can assist in navigating and coordinating the youth's whole care network across systems as necessary.

2. Capitalize on the decrease in the use of congregate care by reinvesting funds towards staff and evidenced-based practices.

In recent years, the use of congregate care has decreased dramatically nationwide. In Philadelphia, the number of youths in congregate care has decreased by about 66% between December 31st, 2017,[39] and October 24th, 2023.[40] The per youth cost of congregate care is substantial. *Figure 1*, for example, indicates that Wordsworth was paid approximately $119,000 annually per child. Philadelphia's decrease in congregate care suggests that there are potential savings upwards of $50 million. These savings should be reinvested towards improving the quality of care in placements, so that if youth *must* be placed in a congregate care placement, the staff, services, and environment align with evidenced based best practices and the placement can help mitigate the negative effects of removing youth from their home and community. Specifically, more funding for placements means that Philadelphia can offer more competitive payments to attract congregate care providers, as well as require that congregate care providers receiving these funds have highly trained staff, state of the art facilities, and robust needs-based services for youth.

Congregate care facilities often struggle with staff recruitment and retention due to low salaries and lack of training, which can lead to facilities being understaffed with staff members who may lack a formal education

in a field related to working with vulnerable youth populations. This puts a strain on staff and creates an unhealthy environment for the youth. Additionally, a lack of highly qualified staff means that services requiring an advanced degree, such as therapeutic groups and individual counseling, cannot be offered on a regular basis. Having more full-time, highly qualified staff members receiving a competitive salary can improve the environment for youth and staff and allow the facility to offer evidence-based services in-house. Further, training budgets can ensure that staff are kept up to date on emerging best practices in the field.

3. **Investigative bodies should collaborate and improve information sharing in order to catch systemic or otherwise concealed issues within facilities.**

Under current policies and practices, state and local agencies typically investigate problems in facilities independently, with minimal information sharing. For example, over the course of the decades prior to the closure of Glen Mills School, Philadelphia DHS and PaDHS both responded individually to reports of abuse but provided each other with minimal information about their respective involvement. It was only after the misconduct came to light and Glen Mills School was closed, that Philadelphia DHS learned that Glen Mills School had previously failed to successfully complete several corrective actions plans required by PaDHS.[41]

The story of this facility, in addition to others, demonstrates a need for the agencies who contract with, fund, and license/inspect residential placement facilities to work more collaboratively on investigations. In practice, each agency should be sharing every aspect of the case with each other. Additionally, when the state or a county does an investigation, all case notes, documents, and other related information should be compiled, redacted as necessary, and shared with the other stakeholders so that everyone is aware of what is occurring at the facility and can collaborate on requests for corrective action.

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