

## 2022 Congregate Care Report

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## How We Got Here

In 2013, Philadelphia's Department of Human Services (DHS) undertook a major system transformation called Improving Outcomes for Children (IOC). This became the foundation for prevention, child welfare, and juvenile justice services. Four core principles guide IOC:

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

With these principles always in focus, DHS 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. DHS aims to only use congregate care for short amounts of time when public safety or treatment needs support this option.

**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 Shelters, Group Homes, 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 Homes, Community Behavioral Health-Funded Psychiatric Residential Treatment Facilities, Institutions for youth adjudicated delinquent by the court-ordered placement in a congregate care service that is contracted by DHS.

## Reductions in Congregate Populations

DHS's IOC efforts led to a dramatic decline in the use of congregate care facilities.

- Dependent: 68% (2014: 802 youth, 2022: 252 youth)
- Delinquent: 89% (2014: 976 youth, 2022: 110 youth)

In addition, children were being placed as close to home as possible.

*Where were congregate care providers located in FY22?<sup>1</sup>*

Distance	# Facilities Serving Dependent Youth	# Facilities Serving Delinquent Youth
In Philadelphia	15	1
Within 5 miles	7	1
5-10 miles	6	0
10-25 miles	4	0
25-50 miles	7	1
50+ miles	8	11
<b>Total</b>	<b>47</b>	<b>14</b>

*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<sup>2</sup>, and is working on improving this process.*

Even though congregate care has decreased significantly, youth safety continues to be called into question. City Council established the Youth Residential Placement Taskforce as a cross-systems strategy 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 justified for treatment reasons, and youth should be placed close to home.

## About the Report

While working to decrease congregate care, DHS is also committed to improve the quality of care. This report contains both quality and compliance metrics for the congregate care providers who contract with DHS. The tools used to assess performance are research-driven, and the methodology provides a consistent approach to assessing the compliance and quality of congregate care providers. This year, DHS evaluated 26 facilities across 24 agencies. These organizations serve dependent, delinquent, or dependent and delinquent youth. Types of evaluated facilities include:

- Emergency shelters,

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<sup>1</sup> Facilities as of June 30, 2022; 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 5, 2022.

<sup>2</sup> <https://www.paproviders.org/ocyf-seeks-comment-on-3800-regulatory-compliance-guide/>

- Group homes,
- Institutions, and
- Community Behavioral Health-funded Psychiatric Residential Treatment Facilities

There are four data sources that inform this report:

- Staff files,
- Youth case files,
- Youth interviews, and
- Administrative data regarding service concerns and serious incidents.<sup>3</sup>

Providers vary greatly in services offered, size of program, and number of facilities. While DHS evaluated individual providers, it should be noted that each congregate care provider is unique in its structure and programming, making it difficult to compare providers. **Therefore, the report is best understood as a cumulative picture of the status of congregate care services as a system.**

**This report provides an aggregate overview of the performance of congregate care services in Fiscal Year 2022 (July 1, 2021 – June 30, 2022).** 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 happened 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.

Similar 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.

For this report, we reviewed:

- **119 youth case files<sup>4</sup>** 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.

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<sup>4</sup> The number of youth case files were over sampled for small provider agencies to accommodate their annual evaluations.

- **161 staff files** containing individual certification, training, and supervision information as well as information on staff-youth ratios, communication with stakeholders, and compliance with medical and paperwork procedures.
- **69 youth interviews** consisting of eight standard questions and three open ended questions about youth's experience at the facility, including questions about filing complaints, contact with their family, facility's cultural sensitivity, and their relationship with staff.

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 using the following performance categories based on their domain and overall scores: optimal, fair, needs improvement, or unsatisfactory. See page 21 for a list of providers and their individual ratings.

### **Fiscal Year 2022 Score Rating**

90 – 100%: Optimal

80 – 89%: Fair

70 – 79%: Needs Improvement

0 – 69%: Unsatisfactory

### **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 literature review to identify best practices and a needs assessment with providers to understand challenges and 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. In Fiscal Year 2021, in addition to utilizing a congregate care evaluation tool that includes quality indicators, DHS updated its Emergency Shelter evaluation tool to align with the provided services. These congregate care evaluations have the same domains and only slightly differ in the standards in each domain. In Fiscal Year 2022, DHS made slight modifications to the evaluation process and tools based on provider feedback.

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 Performance Management and Technology (PMT) division of the Department of Human Services (DHS) modified evaluation practices to accommodate for restrictions created as a result of the COVID-19 pandemic. Evaluation processes for Fiscal Year 2022 are described below.

- All file reviews were conducted virtually via a secure system.
- Providers were given five business days' notice, as opposed to 24 hours, to submit evaluation documents. PMT distributed a checklist of documentation required to complete the evaluation. The provider was responsible for retrieving this information from their files and submitting to PMT.
- PMT also conducted on-site visits. In Fiscal Year 2022, PMT remained in an adapted COVID protocol for site visits.

### **What We Learned**

In Fiscal Year 2022, the performance of different congregate care facilities varied. Specifically, Group home, Institution, and CBH-funded providers were rated as "Fair" while Emergency Shelter providers were rated as "Needs Improvement".

As a system, **providers remained strong in measures associated with regulation compliance**, particularly in the areas of health, supportive and safe environment, and staff. For example, all or almost all providers received optimal scores on:

- Containing information about the youth's health care provider on file
- Proper staff to youth ratio and securing medication
- Obtaining all required criminal and education background requirements
- Meeting staff age requirements

**Providers' ratings also reflected strong practices in many indicators associated with quality of care. For example, all or almost all providers received optimal scores on:**

- Providing opportunities for youth to engage in developmentally appropriate extracurricular, social, or cultural activities
- Providing opportunities for youth to have regular contact with meaningful life connections while in placement
- Communicating agency visitation policy and schedule to youth and families

**Compared to last year, providers rated lower in four domains this year: Service Planning and Delivery, Communication, Family and Community, and Supportive and Safe Environment.** Similar to last year, more providers need to include youth in developing their own service plans and better communicate about service plans and progress with relevant stakeholders. As providers implement improvement strategies, they should incorporate a variety

of best practices, including cultural and linguistic competency principles and values in 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) develop the goals and action steps of the service plans as the primary decision-maker, (2) identify participants for their service planning process 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.<sup>5</sup>

## A Closer Look

This evaluation report includes 7 evaluation domains and two administrative data points. This section provides overall provider scores per domain and a description of key evaluation findings:

- Health: 90% (Optimal)
- Staff: 90% (Optimal)
- Family and Community: 87% (Fair)
- Supportive and Safe Environment: 85% (Fair)
- Activities – Life Skills and Education: 82% (Fair)
- Service Planning and Delivery: 80% (Fair)
- Communication: 64% (Unsatisfactory)
- Service Concerns: 79% (Needs Improvement)
- Serious Incidents: 1 incident (Not assigned a score rating<sup>6</sup>)

**Similar to last year, the Fiscal Year 2022 average system score for all evaluated congregate care facilities was “Fair.”** Specifically, the overall congregate care system score decreased by seven percentage points this year (82%) compared to last year (89%).

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<sup>5</sup> 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](#)

<sup>6</sup> Serious incidents are a major cause for concern. Rather than assigning a score rating to serious incidents, providers with serious incidents have their overall rating automatically reduced (e.g., moving from “fair” to “needs improvement”).

**Looking closely at domain performance, two domains scored Optimal, four domains scored Fair, and one domain scored Unsatisfactory:**

- Providers scored “Optimal” in the Staff and Health domains.
- Four domains received “Fair”: Family and Community, Supportive and Safe Environment, Activities-Life Skills and Education, and Service Planning and Delivery.
- The Communication domain received the rating of “Unsatisfactory.”
- The Service Concerns, an administrative indicator, received “Needs Improvement”.

**Looking closely at provider performance, among 26 providers, four providers had “Optimal” scores in all domains.** Ratings for the other providers varied:

- The majority of providers received “Optimal” or “Fair” ratings in four domains: Health domain (88%, n=23), Staff domain (85%, n=22), Supportive and Safe Environment domain (85%, n=22), and Family and Community domain (81%, n=21).
- Almost half of providers (43%, n=10) received “Unsatisfactory” in the Communication domain.
- Four providers also rated “Unsatisfactory” in the Service Concerns domain, and one provider had a serious incident.

### **Health**

*System Score: 90% (Optimal)*

As a system, providers received “Optimal” in the Health domain, which includes indicators such as the provision of medical and dental exams.

- Group home, Institution, and CBH-funded providers received “Optimal” in the Health domain. All case files had information about the youth's health care provider on file. The vast majority of the medical assessments and follow ups were provided, recommended medication, equipment, and counseling were administered, and dental exams and recommendations were provided.
- Emergency Shelter (ES) providers continued to receive “Fair” in the Health domain. All case files contained completed health assessments. Additionally, most information about the youth's health care provider on file, and medical and dental screenings were scheduled and follow up treatment recommendations were provided.

### **Staff**

*System Score: 90% (Optimal)*

Consistent with previous years, providers performed strongly in the Staff domain, and many received an “Optimal” rating.

- Group home, Institution, and CBH-funded providers received “Optimal” in the Staff domain. Staff clearances and other important background certification documents were up

to date and on file for most providers. Eligible staff files also indicated that staff met age requirement and most staff who had regular contact with youth received required trainings.

- Emergency Shelter (ES) providers received “Needs Improvement” in the Staff domain. Emergency Shelter (ES) staff were inconsistent with required staff certification and clearance documents. While almost all staff had required education certification and experience, providers need to ensure that all staff have current Child Abuse Certification. In addition, providers continue to improve in both training and supervision, though improved supervision practices are still needed. While all staff who had regular contact with youth received required trainings, providers must ensure that all staff are aware of the supervision process and are given the opportunity to report quality of care and organizational concerns. ES providers must also review this process with staff quarterly.

### **Family and Community**

*System Score: 87% (Fair)*

Providers declined in their implementation of Family and Community standards from “Optimal” in Fiscal Year 2021 to “Fair” in Fiscal Year 2022, which measures home visits and regular contacts with a youth’s family.

- While Group Home, Institution, and CBH-funded providers scored “Optimal” in this domain last year, they received “Fair” in Fiscal Year 2022. Eligible case file reviews indicated that providers were strong in completing quarterly home visits with youth’s family, ensuring that youth in placement had regular contact with meaningful life connections, and informing youth and family about the visitation policy. Almost all interviewed youth reported that they talked with anyone they considered to be family at least once a week. However, providers need to improve with providing the grievance and rights policies/guides to youth and parents. While more than half of the case files reviewed scored poorly on this measure, almost all youth (91%, n=63) stated that they felt comfortable filing a complaint or grievance.
- Emergency Shelter (ES) providers also received “Fair” in this domain. All case files had documentation on contact and communication with system supports (i.e. Probation Officers, DHS/CUA, and Child Advocate) to youth and families. However, ES providers were less consistent with supporting youth’s familial connections to ensure that youth had regular contact with natural supports while in the shelter.

### **Supportive and Safe Environment**

*System Score: 85% (Fair)*

Providers received “Fair” in the Supportive and Safe Environment domain, which tracks the ratio of staff to youth, staff clearances, medication security and storage, and internal quarterly file audits completed by quality assurance and supervisors.

- Group home, Institutions, and CBH-funded providers received “Optimal” in the Supportive and Safe Environment domain. All providers had appropriate staff to youth ratio, appropriate sleeping areas, and properly stored prescriptions and medications. However, providers need to improve the completion of their internal quarterly file audits. Of 23 provider agencies reviewed, over a quarter of providers did not complete internal quarterly file audits.
- Emergency Shelter (ES) providers dropped from “Fair” to “Needs Improvement” this year. All three providers had appropriate staff to youth ratio and appropriate sleeping areas. All case file reviews indicated that providers offered culturally and linguistically competent services to youth. However, only 58% of the case files contained documentation that providers offered academic support (n=14). Further, youth often lacked awareness of their rights, as well as expectations and responsibilities of being in shelter. Providers must give an orientation package and review the process with youth regularly. In addition, providers were inconsistent with incorporating Youth & Parent/Guardian Bill of Rights policies and guides into practice.
- Nearly all interviewed youth reported that they felt all aspects of their identities (e.g., cultural, religious, sexual, and racial) were respected while in placement (99%) and that the staff were culturally sensitive towards them (96%). In addition, youth reported that at least one staff made them feel safe and comfortable while in placement. However, eight youth (19%) across six provider agencies did not believe that it would be taken seriously if they reported a concern about safety. DHS asked follow-up questions to gain additional understanding of each specific situation. Interviewers ensured that youth had the contact information to Childline, Child Advocate and CUA case managers. During the exit interview with the provider agencies, DHS also discussed the situation with supervisors while maintaining the anonymity of the youth who gave this feedback.

### **Activities - Life Skills and Education**

*System Score: 82% (Fair)*

Providers stayed consistent with “Fair” implementation of the Activities – Life Skills and Education standards, which assess provider practice with obtaining academic records, report cards, life skills assessments, court orders and providing opportunities to engage in extracurricular activities.

- In Fiscal Year 2022, Group Home, Institution, and CBH-funded providers received “Fair” in the Activities domain. Nearly all of the cases included documentation of opportunities given to youth to engage in developmentally appropriate extracurricular, social, or cultural activities. Providers demonstrated some improvement on their completion of life skill assessments; however, improvement is still needed for obtaining academic records and court orders.
- Emergency Shelter (ES) providers improved from “Needs Improvement” to “Fair” in this domain. Providers improved their documentation of opportunities given to youth to engage

in developmentally appropriate extracurricular, social, or cultural activities. Providers also documented their efforts to enroll youth in school and ensure their attendance. In addition, academic progress was monitored, and supports were provided as applicable.

### **Service Planning and Delivery**

*System Score: 80% (Fair)*

Providers received “Fair” in the Service Planning and Delivery domain, which measures practices related to service plans, court orders, file documentation, monitoring of discharge plans, and the incorporation of identity and culture during service delivery.

- While Group home, Institution, and CBH-funded providers received “Optimal” last year, they were rated as “Fair” in Fiscal Year 2022. Areas for provider improvement include 1) ensuring transition plans for older youth; 2) reviewing progress towards individual service plan goals; and (3) thoroughly documenting discharge criteria.
  - According to youth interviews, providers need to involve youth in the development of their service plan and meet with them regularly to discuss the progress. Some youth said that they were not prepared to be successful when they were discharged from the facility. When youth were asked about what to include in their service plans, nearly one-third reported that they would add goals to improve their independent living skills (e.g., transitioning to their own housing, getting a driver’s license, going to college, and obtaining employment), and nearly one in five requested anger management or self-awareness development.
- Emergency Shelter (ES) providers improved from “Needs Improvement” to “Fair”. All youth files contained contact information for significant life connections, emergency contacts, and system supports. Providers also improved their provision of trauma-informed case management and therapeutic services to youth and assured that youth were linked with supportive services. However, providers need to improve in their provision and monitoring of court ordered services as well as ensuring youth are aware of and able to access local community resources.

### **Communication**

*System Score: 64% (Unsatisfactory)*

The system rating for the Communication domain dropped from “Needs Improvement” in Fiscal Year 2021 to “Unsatisfactory” in Fiscal Year 2022. Emergency Shelter providers were not evaluated in this domain.

- Group home, Institution, and CBH-funded providers received “Unsatisfactory” this year in the Communication domain. Providers were underperforming with the Individual Service Plan (ISP) process and did not include all relevant parties in the ISP development, distribute key documents, or document participation in the ISP development.

### ***Service Concerns and Serious Incidents***

*System Score: 79% (Needs Improvement)*

- Roughly two in three (65%) providers had no validated service concerns or serious incidents during Fiscal Year 2022.
- There were 24 validated service concerns in Fiscal Year 2022 spread across eight providers. Three providers had one validated service concern, and five providers had two or more validated service concerns. One provider had 12 validated service concerns.
- One provider had a validated serious incident.<sup>7</sup>
- A Corrective Action Plan (CAP) is needed to address all concerns that have been validated. The plan should include the action steps that the provider will take to resolve the problem, the implementation time, and the name and title of the person that will be responsible for monitoring and oversight of the plan. In Fiscal Year 2022, 25 Corrective Action Plans were implemented, and the initial concern has been successfully addressed.

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<sup>7</sup> 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, or excessive restraints. If a provider had a validated serious incident during the fiscal year, their performance level automatically drops in rating.

## 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. We will also continue to enhance our evaluation processes to incorporate quality measures. Based on this evaluation, DHS will:

- Provide ongoing technical assistance to providers to support Continuous Quality Improvement (CQI) efforts.
- 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 2022.
- 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 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.
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## 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. In this report, two evaluation tools were used to measure (1) agencies that provide group home, institution, and CBH-funded services; (2) agencies that provide emergency shelter services. Details about domains and scoring information is below.

### Evaluation Domains and Indicators

Domain	Number of Indicators (Group home, institutions, and CBH-funded providers)	Number of Indicators (Emergency Shelter)	Indicators Reviewed
Activities – Life Skills and Education	4	2	Academic records, report cards, life skills assessments, court orders and opportunities to engage in extracurricular activities.
Service Planning and Delivery	9	5	Service Plans, Court orders, file documentation, monitoring of discharge plans, and the incorporation of identity and culture in service delivery
Communication	5	0	Invitations to participate, documentation signed and distributed
Family and Community	4	2	Face to face visits, visitation, family contact, quarterly home visits with youths' families
Health	4	4	Medical, dental, hearing exams, immunizations, documentation
Staff	7	11	Staff records, certifications and requirements, training
Supportive and Safe Environment** (Staffing Ratios and other Compliance)	5	10	Ratio of adults to youth, staff clearances, medication security and storage, quarterly file audits and notifying all parties of youths' location changes
Service Concerns	1	1	Total service concerns reported in Fiscal Year 2022
Serious Incidents	1	1	Total serious incidents reported in Fiscal Year 2022

## 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. 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 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.

**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.

### Group Home, Institution, and Psychiatric Residential Treatment Facility Providers

Provider Agency	Service(s)	Dependent/Delinquent/Both	Overall Score	Rating
Abraxas - South Mountain	Institution	Delinquent	100%	Optimal
Carson Valley	Institution, Psychiatric Residential Treatment Facility	Both	100%	Optimal
Gemma	Institution, Psychiatric Residential Treatment Facility	Dependent	100%	Optimal
Kids Peace	Psychiatric Residential Treatment Facility	Dependent	100%	Optimal

PATH	Psychiatric Residential Treatment Facility	Both	100%	Optimal
Summit	Institution	Delinquent	100%	Optimal
Bancroft	Psychiatric Residential Treatment Facility	Dependent	98%	Optimal
Being Beautiful	Group Home	Dependent	98%	Optimal
Pinkney Vineyard of Faith Ministries	Group Home	Dependent	96%	Optimal
Pedia Manor	Group Home	Dependent	91%	Optimal
Adelphoi	Group Home	Delinquent	91%	Optimal
Childway	Group Home	Dependent	93%	Fair <sup>8</sup>
Abraxas - Morgantown	Institution	Both	86%	Fair
Pediatric Specialty Care – Pt. Pleasant, Quakertown and Doylestown	Group Home	Dependent	85%	Fair
Woods	Institution	Dependent	84%	Fair
Firely	Group Home	Dependent	83%	Fair
Pediatric Specialty Care -Philadelphia	Group Home	Dependent	83%	Fair
St. Francis/ Vincent	Group Home	Dependent	82%	Fair
Northern Children's Services	Group Home	Dependent	80%	Fair
First Choice	Group Home	Dependent	77%	Needs Improvement
The Bridge	Group Home	Both	69%	Unsatisfactory
Spectrum	SIL	Dependent	57%	Unsatisfactory
ChildFirst	Group Home	Dependent	51%	Unsatisfactory

#### Emergency Shelter Providers

Provider Agency	Service(s)	Dependent/ Delinquent/ Both	Score	Rating
Valley Youth House	Emergency Shelter	Dependent	92%	Optimal
Forget Me Knot	Emergency Shelter	Dependent	77%	Needs Improvement
Youth Emergency Service	Emergency Shelter	Dependent	70%	Needs Improvement

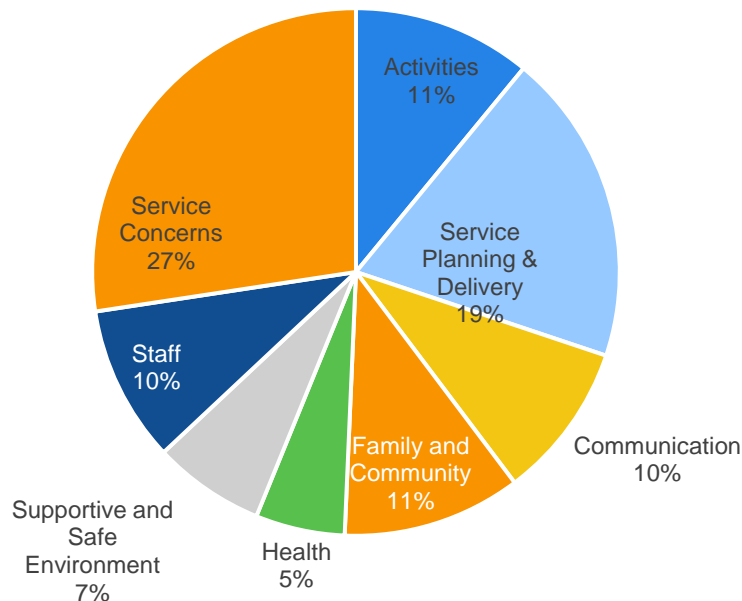
<sup>8</sup> Childway had one validated serious incident, which resulted in their rating dropped from Optimal to Fair.

## 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<sup>9</sup>:

Serious incidents, such as allegations of physical or sexual abuse,<sup>10</sup> 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.



Four 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, and Family and Community. At this time, the Health, 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

<sup>9</sup> The chart presents the weights for the general congregate care evaluation domain. Emergency Shelter evaluation used the same domain weights with the exception that Emergency Shelter evaluation did not contain Communication domain.

<sup>10</sup> 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.

evidence that the provider is implementing interventions and strategies aligned with the individual needs of the youth.

### *Domain Scores*

The system domain scores in this report include performance from Group Home, Institution, and CBH-funded providers, and Emergency Shelter providers. However, the performance of different congregate care facilities varied. See table below for domain scores for different congregate care facilities.

Domain	Group Home, Institution, and CBH-funded providers		Emergency Shelter Providers	
	Score	Rating	Score	Rating
Activities - Life Skills and Education	82%	Fair	85%	Fair
Service Planning & Delivery	80%	Fair	82%	Fair
Communication	64%	Unsatisfactory	NA	NA
Family and Community	87%	Fair	89%	Fair
Health	91%	Optimal	88%	Fair
Supportive and Safe Environment	94%	Optimal	76%	Needs Improvement
Staff	94%	Optimal	70%	Needs Improvement
<b>Total</b>	<b>83%</b>	<b>Fair</b>	<b>78%</b>	<b>Needs Improvement</b>

## *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 citywide efforts, such as the [Youth Residential Placement Task Force](#), 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.

**What is the data source for the scores?** The Fiscal Year 2022 scores are based on 119 youth case files and 161 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.

**Where is the Supervised Independent Living (SIL) evaluation in the report?** Unlike previous reports, the Fiscal Year 2022 report omits data pertaining to Supervised Independent Living programs, which provide independent housing for young adults. Throughout feedback sessions, providers have expressed various apprehensions and difficulties with the evaluation standards. To support provider communities, DHS has been collaborating with providers to address these concerns and reevaluate scopes of service. As a result, evaluation of the Supervised Independent Living (SIL) providers was not incorporated in this report but will be included in future reports as service scopes become more standardized in alignment with SIL service.

## *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.

**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.