

2024 Congregate Care Report

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About the Report

What is congregate care? Congregate care is a type of residential youth placement. Congregate care settings are group-based. Providers are expected to house youth in a safe environment and ensure supervision 24 hours a day, 365 days a year, while contributing to youth's well-being, including educational progress and appropriate physical and behavioral health care services. Congregate care placements include Group Homes, Psychiatric Residential Treatment Facilities, Institutions, and Emergency Shelters.

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 youth's needs can be identified.

Group Home: Small, out-of-home residential placement facilities, including mother/baby and medical placements, 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 (including secure facilities), larger than a group home, designed to serve children and youth who need a structured, supervised setting.

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.

Why is there a need for a Congregate Care Services Report? DHS is committed to transparency and accountability about the services it provides to youth. The Congregate Care Services Report provides guidelines to assess provider performance. This 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 supports citywide efforts to improve congregate care, such as the [Youth Residential Placement Task Force](#) (YRPTF). A major recommendation of the YRPTF is to publish data on congregate care to increase transparency and strengthen cross-system communication so that stakeholders can better understand the quality of care at congregate facilities.

What is evaluated in the process? The congregate care report process measures compliance with state, federal, and local regulations and recently introduced quality indicators. Quality indicators are measurable criteria used to assess and ensure that providers provide high-quality services, care, and support for youth residing in group homes, institutions, or similar settings. The measures are grouped into seven domains: *Life Skills and Education Activities, Service Planning and Delivery, Communication, Family and Community, Health, Staff, and Supportive and Safe Environment*.

What are the data sources for the scores? The Fiscal Year (FY) 2024 scores are based on 104 youth case files and 144 staff files reviewed during the evaluation. This data is combined with data collected from site visits, reports regarding service concerns and serious incidents, and youth interviews to produce a holistic assessment of congregate care services.

Where are the main findings of the evaluation? Similar to last year, the FY 2024 average system rating for evaluated congregate care facilities was “Fair.”

- Same as last year, all types of providers successfully maintained regulatory compliance in providing supportive and safe environments for youth and ensuring that staff had the appropriate education, qualifications, and clearances to work with youth in placement.
- During FY 2024, group homes, institutions, and CBH-funded providers demonstrated practices that promoted a high quality of care for youth during the service planning and delivery period. This included fully individualizing service plans, delivering services as planned, and adapting services as youth’s needs change. However, providers should ensure timely communication and distribute the service plans to youth’s family, friends, or other supportive adults. Additionally, quality visitation practices need improvement according to the FY 2024 evaluation.
- Emergency shelter providers must adhere to health regulations to ensure that case records contain required medical documents and contact information, and they must schedule or provide all required medical screenings, exams, and treatment based on FY 2024 evaluation. Furthermore, emergency providers must enhance service quality in the *Supportive and Safe Environment* domain by ensuring youth are informed of their rights, offering academic and life skills support, accommodating privacy requests, providing culturally competent services, and incorporating the Youth & Parent/Guardian Bill of Rights into practice.

Congregate Care in Philadelphia

In 2013, Philadelphia’s Department of Human Services (DHS) undertook a major system transformation called Improving Outcomes for Children (IOC). IOC has become the foundation for prevention, child welfare, and juvenile justice services, and it is guided by four core principles:

- 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.

Allowing these principles to guide its work, DHS and its partners aim to decrease the use of congregate care placements. DHS prioritizes family-based services such as kinship and foster care. DHS aims only to use congregate care for short periods of time when public safety or medical 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-site school and/or specialized medical and behavioral health support.

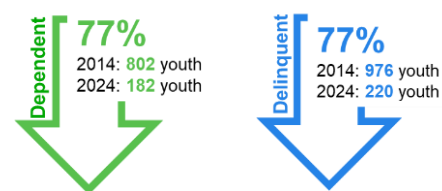
Dependent congregate care includes placements in Emergency Shelters, Group Homes, Community Behavioral Health-funded Psychiatric Residential Treatment Facilities, and Institutions for children who are in the custody of the Department of Human Services due to abuse and neglect.

Delinquent congregate care involves court-ordered placements in DHS-contracted Group Homes, Community Behavioral Health-funded Psychiatric Residential Treatment Facilities, or Institutions for youth adjudicated delinquent.

Reductions in Congregate Populations

DHS and its system partners work to ensure that congregate care is reserved for children who truly need it. Figure 1 illustrates the trend from 2014 to 2024, indicating the reduction of both dependent youth and juvenile justice-involved youth in congregate care by 77%

Figure 1. Number of Youth in Congregate Care



Where are congregate care providers located in FY24?

DHS is committed to placing children as close to home as possible. Tables 1 and 2 illustrate the distribution of congregate care provider locations based on relative distance and number of youth in placement.

Table 1: Distance between Dependent Congregate Care Facilities and City Limits as of June 30, 2024

Distance	# Facilities	# of Youth in Dependent Placement
In Philadelphia	10 (26%)	64 (35%)
Within 5 Miles	7 (18%)	66 (36%)
6-10 Miles	6 (16%)	13 (7%)
11-25 Miles	5 (13%)	12 (7%)
26-50 Miles	6 (16%)	12 (7%)
50+ Miles	4 (11%)	15 (8%)
Total	38	182

Table 2: Distance between Juvenile Justice-Involved Congregate Care Youth and City Limits as of June 30, 2024

Distance	# Facilities	# of Juvenile Justice-Involved Youth
In Philadelphia	1 (7%)	3 (1%)
Within 10 Miles	1 (7%)	2 (1%)
11-50 Miles	1 (7%)	9 (4%)
51-100 Miles	3 (20%)	78 (35%)
101-200 Miles	4 (27%)	99 (45%)
200 + Miles	5 (33%)	29 (13%)
Total	15	220

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 its Regulatory Compliance Guide, including feedback solicited from the public in early 2020¹, and is working on improving this process.

Youth Residential Placement Taskforce (YRPTF)

In 2018, the City Council established a cross-systems strategy known as the Youth Residential Placement Taskforce (YRPTF) to address significant concerns with the overuse and diminished quality of congregate care facilities. The Taskforce outlines shared priorities for Philadelphia's congregate care system—namely that the use of residential placements should be rare and only justified by treatment reasons. If residential placement is deemed necessary, then youth should be placed as close to home as possible.

¹ <https://www.paproviders.org/ocyf-seeks-comment-on-3800-regulatory-compliance-guide/>

DHS Congregate Care Evaluation Process

The process of congregate care evaluation conducted by DHS analysts follows a structured sequence of steps designed to thoroughly assess provider performance. This process begins with scheduling the evaluation site visit and notifying the provider. In preparation for the site visit, previous reports and documents are reviewed, a random selection of client files is made, and preparations are made for discussions with the executive director or designated representative. During the site visit, the evaluation procedures are explained, and the evaluation tool is utilized to conduct file reviews. The exit interview includes a debriefing session, a discussion of preliminary findings, and a distribution of the completed evaluation assessment tool. This process ensures a thorough evaluation of provider performance.

Ongoing Accountability

DHS Leadership has established an accountability process to ensure that providers make progress. A Plan of Improvement (POI) is a DHS-created template that enables providers to submit action plans addressing identified areas that require improvement based on the evaluation results. In addition to action plans, other accountability responses range from providing targeted technical assistance, conducting an organizational assessment, closing intake, and terminating the provider's contract with DHS.

DHS is committed to working with its community of providers to improve the quality of services. Based on the results of provider evaluations, DHS provides the following supports:

- Convene providers regularly to provide policy and practice updates and opportunities for dialogue and engagement.
- 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.
- Encourage peer mentoring among provider agencies to share best practices across agencies.
- Administer the congregate care youth survey to incorporate and learn from youth voices regularly.
- Continue to refine the evaluation tool and processes based on lessons learned in Fiscal Year 2024.

Table 2 outlines the congregate care provider performance ratings, associated score ranges, their significance, and the DHS response for each rating level.

Table 2: Providers' Ratings and DHS Response

Rating	Score	Significance	DHS Response
Optimal	90% - 100%	A provider with this rating meets expectations for required practice	No additional follow-up is needed.

		standards and ensures high quality of care and service.	
Fair	80% - 89%	A provider with this rating meets some expectations for required practice standards but needs improvement to ensure high-quality care and service.	DHS provides recommendations and additional technical assistance and requires a plan of improvement for the areas needing improvement based on the scores.
Needs Improvement	70% - 79%	A provider with this rating needs to improve in meeting the practice standards and providing high-quality care and service.	DHS conducts follow-up monitoring, recommends improvement priorities, and identifies areas for technical assistance. Depending on the areas identified for improvement, DHS may conduct an organizational assessment. If a provider cannot demonstrate improvements over 6-12 months after the evaluation, DHS leadership will consider terminating the provider's contract.
Unsatisfactory	0% - 69%	A provider with this rating must make substantial improvements to meet the practice standards and provide high-quality care and services. Performance levels indicate organizational dysfunction and an immediate need for corrective actions and technical assistance.	DHS may temporarily not allow providers to take on any new children. DHS will conduct an organizational assessment, and if a provider cannot demonstrate improvements over a 6-12-month period after the evaluation, DHS leadership will consider terminating the provider's contract.

Methods

This report provides an aggregate overview of the performance of congregate care services in Fiscal Year 2024 (July 1, 2023 – June 30, 2024). Every fiscal year, DHS reviews a sample of case files and staff files and conducts site visits using the congregate care evaluation tool. The congregate care evaluation tool was collaboratively developed by DHS and Casey Family Programs in 2019, with a commitment to ongoing improvement. The tool is refined each year to align with the specific services offered. This year, DHS evaluated 22 facilities across 21 agencies. Types of facilities that were evaluated include:

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

Providers vary greatly in terms of services offered, size of programs, 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.**

Domains

In Fiscal Year 2024, congregate care providers underwent comprehensive evaluations encompassing seven key domains and two essential administrative data points. Each domain is weighted so that high-priority areas more significantly impact providers' overall scores.



Life Skills and Education Activities

- Academic records, report cards, life skills assessments, court orders and opportunities to engage in extracurricular activities.



Communication

- Invitations to participate in the development of Individualized Service Plans (ISP), documentation signed and distributed



Health

- Medical, dental, hearing exams, immunizations



Supportive and Safe Environment

- Ratio of adults to youth, staff clearances, medication security and storage, quarterly file audits and notifying all parties of youths' location changes



Service Planning and Delivery

- Service Plans, Court orders, file documentation, monitoring of discharge plans, and the incorporation of identity and culture in service delivery



Family and Community

- Quarterly home visits with youths' families, visitation policy and schedule, regular contact with meaningful life connections



Staff

- Staff records, certifications and requirements, training



Service Concerns and Serious Incidents

- Total service concerns and serious incidents reported in Fiscal Year 2024

Data Sources

Four data sources inform this report:

- **144** Staff files,
- **104** Youth case files,
- **50** Youth interviews, and
- Administrative data regarding service concerns and serious incidents².

² Service concerns are all incidents that include contractual and quality issues, and concerns at provider agencies. Serious incidents are a subset of Service Concerns that are identified as requiring immediate follow up by DHS to identify how the incident was able to occur, and what changes can be made or if policies can be implemented to prevent it from reoccurring.

Strengths and Areas of Growth

Similar to last year, the Fiscal Year 2024 average congregate care system score was “Fair.” However, the overall score decreased by six percentage points this year, dropping to 81% compared to 87% last year.



As a system, **all types of providers remained strong in measures associated with regulatory compliance**, particularly in the *Supportive and Safe Environment* and *Staff* domains. For example, all or almost all providers received optimal scores on:

- Maintaining required staff-to-youth ratios, proper occupancy of sleeping units, appropriate storage of medications, and providing visual reminders and accessible tools to ensure youth can file grievances without concern.
- Meeting staff age requirements, educational and experience requirements, and current certifications for FBI, Child Abuse, and Criminal Background checks.



Group home, institution, and CBH-funded providers' ratings also reflected strong practices in indicators associated with quality of care during the service planning and delivery period. For example, all or almost all providers received optimal scores on:

- Fully individualizing Individual Service Plans (ISPs) to make them relevant to the youth's needs and circumstances.
- Delivering services as planned and adapting service delivery as youth's needs change.



For group home, institution, and CBH-funded providers, the *Communication* domain continues to be an area with room for growth. For example, providers need to improve on:

- Compliance with inviting relevant parties to participate in developing ISPs and ensuring that the plans are properly signed. Relevant parties could be family, friends, or supportive adults.
- Timely distribution of all service planning and regular review documents to relevant parties following the scheduled meeting.



While the *Family and Community* domain was a strength for group home, institution, and CBH-funded providers in FY 2023, they need to improve certain quality visitation practices based on the FY 2024 performance. For example, providers need to improve on:

- Documenting the completion of quarterly home visits with youth's families.
- Providing and reviewing grievance and rights policies/guides with youth and parents/guardians.
- Ensuring that youth and families are aware of the agency visitation policy and schedule.



While the *Health* domain was a strength for emergency shelter providers last year, they must enhance their practices in this domain according to the FY 2024 evaluation. For example, providers must ensure that:

- Case record contains contact information for youth’s physicians, signed medical release and consent-to-treat forms, and completed health assessments.
- Medial screenings, dental exams, and recommendations for follow-up treatment are scheduled or provided as required.



Similar to last year, emergency shelter providers must improve service quality in the *Supportive and Safe Environment* domain. Although emergency shelter providers complied with regulations for this domain, they need to ensure that they implement quality practices. For example:

- Ensuring youth are aware of their rights and how to file a grievance upon admission, and the process is reviewed with youth every 30 days thereafter.
- Offering academic support, individual and group tutoring, life skills lessons, and communication and anger management training.
- Accommodating and supporting a youth’s rights and request privacy if they wish to be housed according to their preferred/identified gender.
- Providing culturally and linguistically competent services to all youth.
- Incorporating Youth & Parent/Guardian Bill of Rights policies and guides into practice as required.

Key Findings for Each Domain

This report section includes the average performance of congregate care providers on the seven evaluation domains, service concerns, and serious incidents. **Similar to last year, the Fiscal Year 2024 average system score for all evaluated congregate care facilities was “Fair.”** The overall congregate care system score decreased by six percentage points this year (81%) compared to last year (87%).

Table 3 below shows the congregate care evaluation domain performance in Fiscal Year 2024. **Looking closely at system domain performance, providers scored “Fair” in three domains, “Needs Improvement” in two domains, and “Unsatisfactory” in two domains.**

Table 3: Fiscal Year 2024 Congregate Care Evaluation Domain Performance

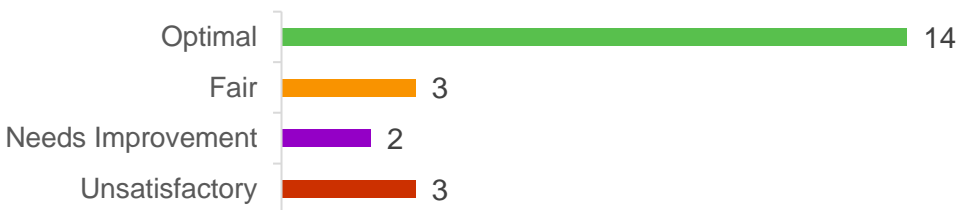
90-100%: Optimal ●●● 80-89%: Fair ●● 70-79%: Needs Improvement ● 0-69%: Unsatisfactory ○




Domains	Performance
Health	●●
Service Planning and Delivery	●●
Staff	●●
Life Skills and Education Activities	●

Communication	●
Family and Community	○
Supportive and Safe Environment	○
Administrative Data Points	Performance
Service Concerns	● ●
Serious Incidents	2 incidents ³
OVERALL	● ●

Figure 2 below shows the congregate care provider ratings distribution in Fiscal Year 2024. **Looking closely at the provider's overall rating, seventeen out of twenty-two, or 77% of providers, were rated either “Optimal” or “Fair”. Two providers received “Needs Improvement”, and three received “Unsatisfactory”.**

Figure 2: Fiscal Year 2024 Congregate Care Provider Rating

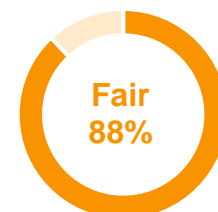


In the sections below, areas of strength are denoted with a check mark (), while areas for growth are marked with an exclamation point (). Areas with mixed findings are represented by double arrows ().

Health

Providers scored 88% in the *Health* domain, signifying an “Fair” performance level. This domain evaluates various compliance indicators, including the provision of medical, dental, and hearing exams, immunizations, and the presence of needed health documentation.

FY24 Congregate
Care Domain
Performance: Health



In compliance with regulations, group home, institution, and CBH-funded providers demonstrated consistent and timely provision of required medical support, such as medical and dental exams, recommendations, medication, equipment, and counseling.

³ 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”). This data point does not assign a score rating.

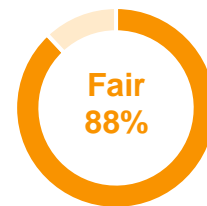


However, emergency shelter providers received an “Unsatisfactory” rating in the *Health* domain and must improve required medical supports. This includes timely scheduling or providing follow-up treatment for medical screenings and dental exams and ensuring that case records contain contact information for youth’s physician(s) and signed medical release forms and have timely completed health assessments on file.

Service Planning and Delivery

In the *Service Planning and Delivery* domain, providers scored 88%, earning a “Fair” performance level. This domain includes compliance and quality indicators, focusing on service planning, delivery, and documentation, including the adherence to court orders, thorough file documentation, effective discharge plan monitoring, and the integration of identity and culture into service delivery.

FY24 Congregate
Care Domain
Performance: Service
Planning & Delivery



Providers showed robust compliance and documentation practices in service plans, with opportunities for improvement in file components and court order monitoring.

Providers demonstrated compliance with thorough documentation of official records and the completion of initial and ongoing ISP. However, emergency shelter providers should ensure that court orders are appropriately documented in the files and that all recommended or court-ordered services are provided and effectively monitored.



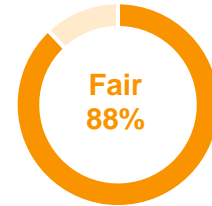
The quality of practice varied among different types of providers.

- Group Home, institution, and CBH-funded providers strongly delivered quality services based on youth’s needs. They excelled in individualizing service plans, delivering services as planned, and adapting services to the changing needs of the youth.
- On the other hand, emergency shelter providers must enhance their quality practices. They must prioritize making youth aware of and able to access local community resources while ensuring that trauma-informed case management and therapeutic services are readily available. Additionally, linking youth with supportive services, including educational, medical, and preventive services, will improve the overall quality of care.

Staff

Providers earned a score of 88% in the *Staff* domain, signifying a “Fair” performance level. This domain focuses mainly on compliance indicators, including staff records, certifications, requirements, and training. For emergency shelters, providers were also evaluated on compliance indicators for supervision and quality indicators promoting best practices for training and professional development.

FY24 Congregate Care
Domain Performance:
Staff



Providers demonstrated commitment to staff compliance, with staff meeting education and experience requirements and receiving required training, which ensures a strong foundation for quality services.



Emergency shelter providers have room for improvement in staff supervision and professional development. This includes completing required supervision and enhancing staff awareness and opportunities to report concerns regarding care and organization. Also, staff with regular youth interaction need to be offered opportunities for professional development. Finally, ensuring that staff members promptly complete all required core training will further enhance the quality of care provided.

Life Skills and Education Activities

In the *Life Skills and Education Activities* domain, providers received a “Needs Improvement” rating of 78%. This domain evaluates various quality indicators related to education and life skills development. These indicators include obtaining academic records and report cards and completing life skills assessments. Additionally, it involves complying with court orders and providing opportunities for youth to engage in extracurricular activities.

FY24 Congregate Care
Domain Performance: Life
Skills and Education
Activities



Group home, institution, and CBH-funded providers achieved a “Fair” performance in facilitating opportunities for youth to engage in developmentally appropriate extracurricular, social, or cultural activities; however, emergency providers need to improve in this area.



Providers have room for improvement in this domain area. For example, group home, institution, and CBH-funded providers need to make sure that life skills assessments are completed as required. Emergency shelter providers should make all efforts to ensure that the youth is enrolled, attends, and is transported to school.

Communication

Providers received a “Needs Improvement” rating of 74% in the *Communication* domain. This domain encompasses a combination of compliance and quality indicators. Compliance measures involve the proper notification, invitation, and signed documentation by relevant parties. Quality indicators focus on the distribution of service planning and review documents and the overall quality of ongoing communication with case-related service providers, such as schools. Emergency shelter providers were not evaluated in the *Communication* domain. Given that emergency shelters are typically under 30-day placements, communication practices are better captured through the *Family and Community* domain.

FY24 Congregate Care
Domain Performance:
Communication



Providers had mixed compliance in the *Communication* domain. Providers demonstrated compliance in notifying relevant parties about youth location changes. However, there is a need to ensure that relevant parties are invited to participate in developing ISP for youth and that the plans are properly signed. Relevant parties could be family, friends, or supportive adults.

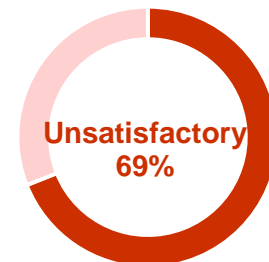


In terms of quality practice, providers showed some documentation in communication with room for improvement in the timely distribution of service plans. Providers have room for improvement in maintaining thorough documentation and regular ongoing communication with youth service providers. Additionally, providers can improve their service quality by distributing the service plan to relevant parties promptly. By consistently sharing pertinent information, providers can foster effective coordination, enhance the overall quality of care, and facilitate positive outcomes for youth receiving services.

Family and Community

Providers received an “Unsatisfactory” performance level in the *Family and Community* domain, scoring 69%. This domain primarily comprises quality indicators, highlighting a strong emphasis on family contact and regular home visits with youth's families.

FY24 Congregate Care
Domain Performance:
Family and Community



Providers need to improve strong family engagement

by documenting quarterly home visits with the youth's family and facilitating regular communication between the youth and family, friends, or supportive adults during the shelter. Additionally, they need to ensure that the youth and their families were well-informed about the agency's visitation policy and schedule.



Providers should enhance their effective communication and transparency by

providing and reviewing grievance and rights policies and guides with youth and parents/guardians as required, contributing to the delivery of quality care during placement.

Supportive and Safe Environment

Providers were given an "Unsatisfactory" rating of 57% in the *Supportive and Safe Environment* domain. The assessment in this domain encompassed various compliance and quality indicators. Group homes, institution, and CBH-funded providers were evaluated on compliance indicators, and Emergency shelter providers were evaluated on compliance and quality measures. Compliance indicators included staff-to-youth ratios, medication security, storage, and quarterly file audits. On the other hand, quality measures examined the provision of orientation packets, academic support, culturally and linguistically competent services, and adherence to the Youth & Parent/Guardian Bill of Rights policies and guides.

FY24 Congregate Care
Domain Performance:
Supportive and Safe
Environment



Providers demonstrated compliance in several critical areas of the Supportive and Safe Environment domain,

including meeting required staff-to-youth ratios, limiting the number of children in sleeping areas, appropriate medication storage, and providing accessible tools for youth to file grievances when needed.



Emergency Shelter providers complied with regulations but could enhance quality practices.

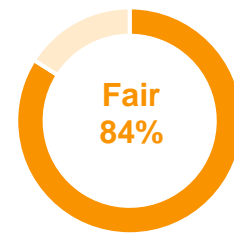
Areas in need of improvement include promoting youth awareness of their rights and the grievance process, offering academic and life skills support, accommodating

and supporting a youth's rights and request to privacy, incorporating Youth & Parent/Guardian Bill of Rights policies, and providing culturally and linguistically competent services to all youth.

Service Concerns and Serious Incidents

In Fiscal Year 2024, providers received a "Fair" rating of 84% for the Service Concerns domain. Service concerns are all incidents that include contractual and quality issues and concerns at provider agencies. Serious incidents are a subset of Service Concerns identified as requiring immediate follow-up by DHS to identify how the incident occurred, what changes can be made, or if policies can be implemented to prevent it from reoccurring.

FY24 Congregate Care
Domain Performance:
Service Concerns



- Just over a quarter (27%) of providers had validated service concerns in Fiscal Year 2024.
- There were 15 validated service concerns in Fiscal Year 2024 spread across six congregate care providers.⁴ Four providers had just one validated service concern, and two providers had two or more validated service concerns.
- There were two serious incidents across all congregate care providers in FY 2024.⁵
- A Corrective Action Plan (CAP) is required 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 responsible for monitoring and overseeing the plan. In Fiscal Year 2024, 4 out of the 17 validated congregate care service concerns and serious incidents were addressed through the implementation of CAPs. The remaining thirteen service concerns and serious incidents have follow-up dates for their CAPs in the upcoming fiscal year.

⁴ In Fiscal Year 2023, there were 20 validated service concerns spread across five providers and no validated serious incident.

⁵ 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.

Youth Interviews

DHS also uses feedback from youth in congregate care to evaluate our providers. DHS developed the youth interview tool consisting of eight Yes-No closed questions about the youth's experience at the congregate care facility, including questions about filing complaints, contact with their family, the facility's cultural sensitivity, and their relationship with staff. There is also a set of open-ended questions about youth's feelings of comfort and safety at their placement site, what they would change about their service plan, and any other feedback about improving their experience. Interviews are conducted with voluntary youth whose files were part of the case file review. **In Fiscal Year 2024, 50 youth were interviewed from 14 providers.**



According to the youth interviews, a majority of youth feel involved and supported in various aspects of their stay at the facility, particularly in terms of safety, communication, and respect for their identity. A significant 92% of youth believe that their safety concerns would be taken seriously if reported, highlighting the providers' commitment to addressing safety issues. Additionally, 95% of youth reported that they communicate weekly with someone they consider family, indicating the importance of maintaining familial connections and providing emotional support. When it comes to filing complaints or grievances, 87% of youth feel comfortable doing so, suggesting that providers fostered an environment where youth feel heard, and their issues can be addressed without fear. Furthermore, 87% of youth feel that the staff are culturally sensitive towards them, and an impressive 95% feel that all aspects of their identity (cultural, religious, sexual, racial) are respected. These high percentages underscore the providers' dedication to creating an inclusive, respectful, and safe environment for all youth.



Providers could better engage youth with service plan development, case progress discussions, and discharge planning. While 78% of youth reported being involved in the development of their service plans, there is room for increased collaboration to ensure all youth feel actively engaged in this process. Additionally, 75% of youth meet with someone weekly to discuss their progress and case, indicating a need for more consistent and meaningful case progress discussions. Furthermore, 79% of youth feel that staff are helping them prepare for success after leaving the facility, highlighting the importance of focused and effective discharge planning. By enhancing youth involvement in service plan development, maintaining regular and impactful case progress discussions, and improving discharge planning, providers can better support the youth's immediate and long-term needs.

Individual Provider Results

Providers receive ratings of Optimal (between 90 - 100%), Fair (between 80-89%), Needs Improvement (between 70 - 79%) or Unsatisfactory (between 0 - 69%) for each domain. These ratings determine the points awarded for each domain, combined into an overall total point, including consideration of service concerns. The overall score and rating are calculated from the total points achieved compared to the total possible points. For provider agencies who receive improvement or unsatisfactory ratings, DHS regularly monitors 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.

- Compared to Fiscal Year 2023, among the 22 evaluated providers, 64% maintained an "Optimal" performance rating, 9% improved, 14% decreased, and 14% remained at a low-performance level, receiving either "Needs Improvement" or "Unsatisfactory" ratings.
- In Fiscal Year 2024, 10 Plans of Improvement (POI) were required to ensure that providers outlined their action plans addressing identified areas requiring improvement based on the evaluation results. In addition, three providers who were rated as "Unsatisfactory" were requested to complete a 90-day follow-up.

Tables 3 and 4 show the individual provider score ratings in Fiscal Year 2024.

Table 3: Group Home, Institution, and Psychiatric Residential Treatment Facility Providers

Provider Agency	Service(s)	Dependent/ Juvenile Justice- Involved/Both	Rating
Abraxas - Morgantown	Institution	Juvenile Justice-Involved	Optimal
Abraxas - South Mountain	Institution	Juvenile Justice-Involved	Optimal
Adelphoi	Group Home	Juvenile Justice-Involved	Optimal
Bancroft	Psychiatric Residential Treatment Facility	Dependent	Optimal
Being Beautiful	Group Home	Dependent	Optimal
Childway	Group Home	Dependent	Optimal
First Choice	Group Home	Dependent	Optimal
Gemma	Institution, Psychiatric Residential Treatment Facility	Dependent	Optimal
NET	Psychiatric Residential Treatment Facility	Juvenile Justice-Involved	Optimal

PATH	Psychiatric Residential Treatment Facility	Both	Optimal
Pedia Manor	Group Home	Dependent	Optimal
Pediatric Specialty Care - Quak PP Doyl	Group Home	Dependent	Optimal
Pinkney Vineyard of Faith Ministries	Group Home	Dependent	Optimal
Woods	Institution	Dependent	Optimal
Carson Valley Children's Aid (CVCA)	Institution, Psychiatric Residential Treatment Facility	Both	Fair
St. Francis / St. Vincent	Group Home	Dependent	Fair
Northern Children's Services	Group Home	Dependent	Needs Improvement
The Bridge	Group Home	Both	Needs Improvement
ChildFirst	Group Home	Dependent	Unsatisfactory

Table 4: Emergency Shelter Providers

Provider Agency	Service(s)	Dependent/Delinquent/Both	Rating
Valley Youth House	Emergency Shelter	Dependent	Fair
Forget Me Knot	Emergency Shelter	Dependent	Unsatisfactory
Youth Services Inc.	Emergency Shelter	Dependent	Unsatisfactory

Appendix

Methodology

Before the 2019 report, DHS evaluations were based solely on compliance with state and federal regulations. To continuously improve quality service, DHS began 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 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 providers during the fall of 2018. 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 included 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 terms of the standards for each domain. In Fiscal Years 2022 and 2023, DHS slightly modified the evaluation process and tools based on provider feedback. DHS will continue enhancing its evaluation processes over the next year to support providers' quality improvement efforts.

Four of the seven evaluation domains feature both quality and compliance indicators. These domains are *Life Skills and Education Activities*, *Service Planning and Delivery*, *Communication*, and *Family and Community*. Currently, 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 evidence that the provider is implementing interventions and strategies aligned with the youth's individual needs.

Table 5 outlines the details surrounding domains and indicators below.

Table 5: Evaluation Domains and Indicators

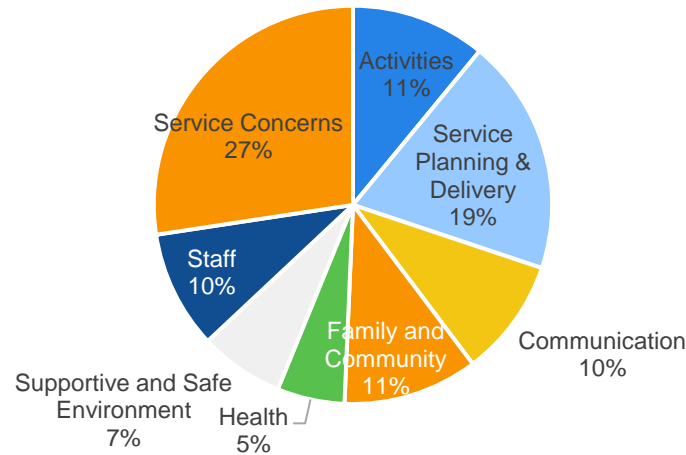
Domain	Number of Indicators (Group homes, institution, and CBH-	Number of Indicators (Emergency Shelter)	Indicators Reviewed
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	funded providers)		
Life Skills and Education Activities	4 (4 quality indicators)	2 (2 quality indicators)	Academic records, report cards, life skills assessments, court orders, and opportunities to engage in extracurricular activities.
Service Planning and Delivery	9 (5 quality indicators and 4 compliance indicators)	5 (3 quality indicators and 2 compliance indicators)	Service Plans, Court orders, file documentation, monitoring of discharge plans, and the incorporation of identity and culture in service delivery
Communication	5 (2 quality indicators and 3 compliance indicators)	0	Invitations to participate, documentation signed and distributed
Family and Community	4 (4 quality indicators)	2 (1 quality indicator and 1 compliance indicator)	Face-to-face visits, visitation, family contact, quarterly home visits with youth' families
Health	4 (4 compliance indicators)	4 (1 quality indicator and 3 compliance indicators)	Medical, dental, hearing exams, immunizations, documentation
Staff	7 (7 compliance indicators)	11 (4 quality indicators and 7 compliance indicators)	Staff records, certifications, and requirements, training
Supportive and Safe Environment	5 (5 compliance indicators)	10 (7 quality indicators and 3 compliance indicators)	The ratio of adults to youth, staff clearances, medication security and storage, quarterly file audits, and notifying all parties of youth' location changes
Service Concerns	1	1	Total service concerns reported in Fiscal Year 2024
Serious Incidents	1	1	Total serious incidents reported in Fiscal Year 2024

Scoring

Providers are given one integrated score and corresponding rating for compliance and quality measures compiled across all 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. Figure 3 below shows the congregate care evaluation domain weight in scoring⁶.

Figure 3: FY24 Congregate Care Evaluation Domain Weight in Scoring



Serious incidents, such as allegations of physical or sexual abuse,⁷ are also considered in the overall score. If providers have a serious incident during the fiscal year, their performance level automatically drops in rating. For example, if the cumulative scores for a provider from the seven evaluation domains and the service concerns data yield an “Optimal” score, but the provider had a serious incident, then that provider receives an overall rating of “Fair.” If the provider had no serious incidents, then their rating remains unchanged.

⁶ 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.

⁷ Types of serious incidents include child fatality, sexual abuse, criminal activity, serious injury/trauma, suicidal physical act, ChildLine incident, incident with police or fire department, serious disease, violation of child rights, excessive restraints.

Glossary

Adjudicated delinquent: A youth who has been found guilty by a judge of committing a delinquent act.

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 court-ordered placements in DHS-contracted Group Homes, Community Behavioral Health-funded Psychiatric Residential Treatment Facilities, or Institutions for youth adjudicated delinquent.

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.