Office of Children and Families
CITY OF PHILADELPHIA

2025 Residential Placement Report

Contents

2025 Residential Placement Report 1
About the Report 2
Residential Placement in Philadelphia 4
Reductions in Residential Populations 4
Where are residential placement providers located in FY25? 4
Youth Residential Placement Taskforce (YRPTF) 5
DHS Residential Placement Evaluation Process 7
Ongoing Accountability 7
Methods 9
Domains 10
Data Sources 10
Strengths and Areas of Growth 11
Key Findings for Each Domain 12
Health 13
Staff 14
Service Planning and Delivery 14
Life Skills and Education Activities 15
Family and Community 16
Supportive and Safe Environment 16
Communication 17
Service Concerns and Serious Incidents 18
Youth Interviews 19
Individual Provider Results 20
Appendix 22
Methodology 22
Scoring 24
Glossary 25

About the Report

What is residential placement? Residential placement is a group-based type of residential youth placement. Providers are expected to keep youth in a safe environment and ensure supervision 24 hours a day, 365 days a year, while fostering youth's well-being, including educational progress and appropriate physical and behavioral health care services. Residential placements include: group homes, psychiatric residential treatment facilities, institutions, and emergency shelters.

Residential Placement Service Definitions:

Emergency Shelters (for dependent youth only): Temporary out-of-home 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 local 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 staff.

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 youth who are dependent and delinquent 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 Residential Placement Services Report? DHS is committed to transparency and accountability about the services it provides to youth. The Residential Placement 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 residential placement, such as the Youth Residential Placement Task Force (YRPTF). A major recommendation of the YRPTF is to publish residential placement data to increase transparency and strengthen cross-system communication so that stakeholders can better understand the quality of care at residential placement facilities.

What is evaluated in the process? The residential placement 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*.

In addition to the annual evaluation, provider performance is also assessed through the Service Concern process. Service concerns are initiated when a specific issue is identified with a provider

agency. Referrals may come from various sources, including The Home and Community Services Information System (HCSIS). Validated service concerns reflect confirmed issues in provider practice and are factored into the provider's overall score and rating at the end of the fiscal year. This combination of structured evaluations and ongoing service concern monitoring ensures a comprehensive assessment of provider performance.

What are the data sources for the scores? The Fiscal Year 2025 (FY25) scores are based on 83 youth case files and 126 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 residential placement services.

Where are the main findings of the evaluation? Similar to last year, the FY25 average system rating for evaluated residential placement facilities was "Fair."

- All types of providers demonstrated continued strength in regulatory compliance in *Health* and *Staff* domains. These improvements reflect strong adherence to standards related to medical care, staff qualifications, safe environment, and grievance procedures.
- Group homes, institutions, and CBH-funded providers continued to demonstrate practices that support high-quality care during the *Service Planning and Delivery* domain. Providers performed well in individualizing service plans, aligning services with youth needs, and documenting progress.
- However, improvements are still needed in the *Communication* domain, especially in inviting and engaging relevant parties in planning, sharing documentation in a timely manner, and maintaining consistent communication with service providers. Opportunities also remain in enhancing youth access to educational and enrichment activities, as well as family engagement through home visits and clear visitation guidance.
- Emergency shelter providers made some gains in compliance areas but must continue to strengthen practices in the *Supportive and Safe Environment* domain. Providers should ensure that youth are informed of their rights and the grievance process, offer academic and life skills programming, document and support youth's gender identity, provide culturally and linguistically competent services, and fully implement Youth and Parent/Guardian Bill of Rights policies.

Residential Placement 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 maintained in their own homes and communities.
- More children and youth are reunified or achieve other permanency more quickly.
- 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 residential placements. DHS prioritizes family-based services such as kinship and foster care. DHS aims only to use residential placement for short periods of time.

Residential placement is a form of residential youth placement for youth involved in the dependent or juvenile justice system. Residential placement settings are group-based and operate year-round with on-site supervision. Some residential placement agencies offer on-site school and/or specialized medical and behavioral health support.

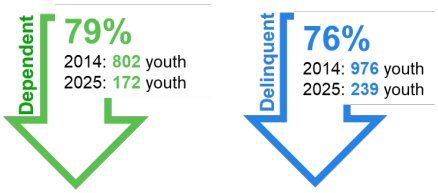
Dependent residential placement includes placements in emergency shelters, group homes, Community Behavioral Health (CBH) -funded psychiatric residential treatment facilities, and institutions for children who are in the custody of the Department of Human Services due to abuse and neglect.

Delinquent residential placement is residential placement for youth who have been adjudicated delinquent include court-ordered placements in DHS-contracted group homes, Community Behavioral Health (CBH) -funded psychiatric residential treatment facilities, or institutions.

Reductions in Residential Populations

DHS and its system partners work to ensure that residential placement is reserved for children who truly need it. Figure 1 illustrates the trend from 2014 to 2025, indicating the reduction of dependent youth and juvenile justice-involved youth in residential placement by 79% and 76% respectively.

Figure 1. Number of Youth in Residential Placement



Where are residential placement providers located in FY25?

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

Table 1: Distance between Dependent Residential Placement Facilities and City Limits as of June 30, 2025

Distance	# Facilities	# of Youth in Dependent Placement
In Philadelphia	7 (21%)	58 (34%)
Within 5 Miles	6 (18%)	50 (29%)
6-10 Miles	6 (18%)	20 (12%)
11-25 Miles	5 (15%)	13 (8%)
26-50 Miles	6 (18%)	15 (9%)
50+ Miles	4 (12%)	15 (9%)
Total	**34**	**171**

Table 2: Distance between Juvenile Justice-Involved Residential Placement Youth and City Limits as of June 30, 2025

Distance	# Facilities	# of Juvenile Justice-Involved Youth
In Philadelphia	0 (0%)	0 (0%)
Within 10 Miles	0 (0%)	0 (0%)
11-50 Miles	1 (8%)	11 (5%)
51-100 Miles	3 (23%)	85 (36%)
101-200 Miles	4 (31%)	45 (19%)
200 + Miles	1 (8%)	1 (<1%)
Total	**13**	**239**

Residential placement 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 2020[1], 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 residential placement facilities. The Taskforce outlines shared priorities for Philadelphia's residential placement system—namely that the use of residential placements

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

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.

DHS Residential Placement Evaluation Process

The process for residential placement evaluations conducted by DHS Program 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) includes a template created by DHS 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 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. For example, providing agencies with training resources.
- 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 2025.

Table 2 outlines the residential placement 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 standards and ensures high quality of care and service.	No additional follow-up is needed.
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 residential placement services in Fiscal Year 2025 (July 1, 2024 – June 30, 2025). Every fiscal year, DHS reviews a sample of case files and staff files and conducts site visits using the residential placement evaluation tool. The residential placement 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 20 facilities across 19 agencies. Types of facilities that were evaluated include:

- Emergency shelters
- Group homes
- Institutions
- 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 residential placement 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 residential placement services as a system.**

Domains

In FY25, residential placement 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 youth's 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 youth's 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 2025

Data Sources

Four data sources inform this report:

- **126** Staff files
- **83** Youth case files
- **41** Youth interviews
- Administrative data regarding service concerns and serious incidents[2].

[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

As in the previous year, the residential placement system received an overall rating of "Fair" for Fiscal Year 2025. The aggregate system score increased slightly, rising to 83% from 81% in Fiscal Year 2024.

All provider types demonstrated continued strength in regulatory compliance, with improvements in the *Health* and *Staff* domains—both improving from "Fair" to "Optimal" in FY25. Group home, institution, and CBH-funded providers also showed high performance in the *Supportive and Safe Environment* domain, which similarly improved from "Fair" to "Optimal." The following improvements were observed in particular:

- Meeting required staff-to-youth ratios (100% in FY25 vs. 90% in FY24).
- 12 or fewer children occupying a sleeping unit or area (100% in FY25 vs. 90% in FY24).
- Prescriptions and over-the-counter medications are being stored appropriately (100% in FY25 vs. 90% in FY24).
- Quarterly file audits are being completed (94% in FY25 vs. 79% in FY24).
- Providing visual reminders and accessible tools to ensure youth can file grievances when needed without concern (94% in FY25 vs. 90% in FY24).

These improvements reflect strong adherence to standards related to medical care, staff qualifications, safe environment, and grievance procedures.

In addition, most providers maintained strong performance in *Service Planning and Delivery* domain, particularly in individualizing service plans, delivering services aligned with youth needs, and documenting progress toward discharge goals.

Despite improvements in several domains, the *Communication* domain continues to require attention. Providers should focus on strengthening collaboration with relevant parties – such as family members, friends, or supportive adults to participate in service planning and ensuring timely information-sharing and enhancing documentation of ongoing communication with service providers.

The *Activities – Life Skills and Education* and *Family and Community* domains also remain areas of need across provider types. Opportunities exist to enhance educational supports, extracurricular engagement, quarterly home visits, and family involvement.

While some improvements were noted for emergency shelter providers, the *Supportive and Safe Environment* domain remains an area of concern. Providers should continue to ensure youth are informed of their rights and the grievance process upon admission and receive regular reviews of both. Additional focus is needed on offering academic support, life skills lessons, and communication and anger management training; documenting and supporting youth's gender identity; providing culturally and linguistically competent services; and incorporating Youth and 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 residential placement providers on the seven evaluation domains, service concerns, and serious incidents. **As in the previous year, the residential placement system received an overall rating of "Fair" for Fiscal Year 2025.** The aggregate system score increased slightly, rising to 83% from 81% in Fiscal Year 2024.

Table 3 below shows the residential placement evaluation domain performance in FY25. **Looking closely at system domain performance, providers scored "Optimal" in two domains, "Fair" in one domain, "Needs Improvement" in two domains, and "Unsatisfactory" in two domains.**

Table 3: Fiscal Year 2025 Residential Placement Evaluation Domain Performance

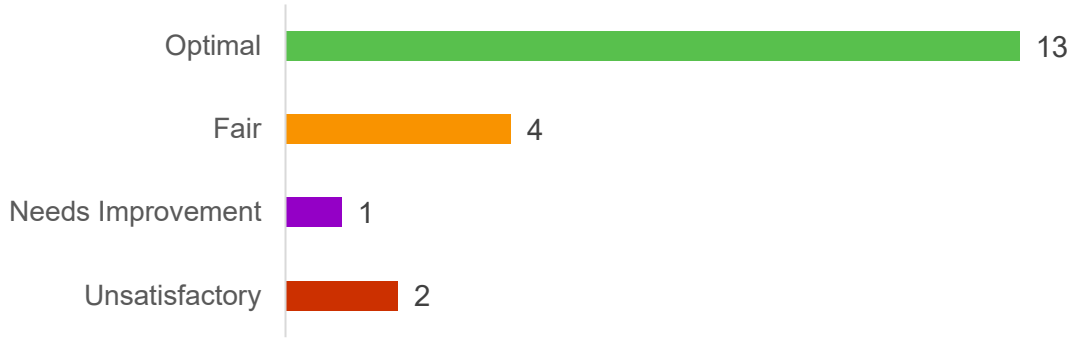
90-100%: Optimal ● ● ● 80-89%: Fair ● ● 70-79%: Needs Improvement ● 0-69%: Unsatisfactory ○

Domains	Performance
Health	● ● ●
Staff	● ● ●
Service Planning and Delivery	● ●
Life Skills and Education Activities	●
Family and Community	●
Supportive and Safe Environment	○
Communication	○
Administrative Data Points	**Performance**
Service Concerns	● ●
Serious Incidents	0 incident [3]
OVERALL	● ●

Figure 2 below shows the residential placement provider ratings distribution in FY25. **Looking closely at the provider's overall rating, 85% of providers were rated either "Optimal" or "Fair". One provider received the rating of "Needs Improvement", and two received "Unsatisfactory" ratings.**

[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.

Figure 2: Fiscal Year 2025 Residential Placement 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 93% in the *Health* domain, signifying an "Optimal" performance level, an improvement from last year's "Fair" rating. This domain evaluates various compliance indicators, including the provision of medical, dental, and hearing exams, immunizations, and the presence of needed health documentation.

FY25 Residential Placement Domain Performance: Health



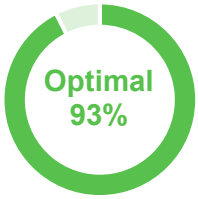
In compliance with regulations, group home, institution, and CBH-funded providers demonstrated consistent and timely provision of required medical support, such as medical and dental exams, recommendations, medication, equipment, and counseling.

Emergency shelter providers received a "Fair" rating in the Health domain in FY25, a significant improvement from last year's "Unsatisfactory" rating. Scores improved across all evaluated health-related items, including timely scheduling or providing follow-up treatment for medical screenings and dental exams and ensuring that case records contain required documentation—for example, contact information for the youth's physician(s), signed medical release forms, and timely completed health assessments.

Staff

Providers earned a score of 93% in the *Staff* domain, signifying a "Optimal" performance level —an improvement from last year's "Fair" rating. 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.

FY25 Residential Placement Domain Performance: Staff



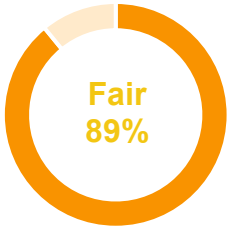
In compliance with regulations, group home, institution, and CBH-funded providers demonstrated commitment to staff compliance, with staff meeting education and experience requirements and receiving required training, which ensures a strong foundation for quality services.

Emergency shelter providers received a "Fair" rating in the Staff domain in FY25, a significant improvement from last year's "Unsatisfactory" rating. The most improved areas included maintaining up-to-date medical certifications in employee files, ensuring staff received required supervision, increasing staff awareness of the process for reporting quality-of-care and organizational concerns, and reviewing that process with staff quarterly. Additionally, staff who have regular contact with youth completed the required trainings.

Service Planning and Delivery

In the *Service Planning and Delivery* domain, providers scored 89%, earning a "Fair" performance level, same as last year. 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.

FY25 Residential Placement Domain Performance: Service Planning & Delivery



Group home, institution, and CBH-funded providers continue to demonstrate strong performance in service planning and delivery, earning an "Optimal" rating. Providers performed well in youth records, contact sheets, individualized service plans, individualized service delivery, discharge planning, and progress reviews. However, improvement is still needed to ensure transition plans for older youth are consistently included in the Single Case Plan or Family Service Plan. Providers are responsible for

requesting these plans from CUA and documenting their efforts, but current documentation practices indicate that this remains an area for improvement.

Emergency shelter providers showed improvement in service planning and delivery, raising their rating from "Unsatisfactory" to "Needs Improvement." Key improved areas were seen in ensuring youth has community resource awareness and access and documentation of case/service/transition plans. However, providers continue to struggle with trauma-informed case management and linkages to supportive services, such as educational, medical, and prevention.

Life Skills and Education Activities

In the *Life Skills and Education Activities* domain, providers scored 76%, receiving a "Needs Improvement", same as last year. 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.

FY25 Residential Placement Domain Performance: Life Skills and Education Activities



Group home, institution, and CBH-funded providers showed mixed performance in this domain. While providers improved in completing life skills assessments, there were declines in consistently requesting academic records, documenting court-ordered services, and offering developmentally appropriate extracurricular opportunities. Continued focus is needed to ensure all youth receive comprehensive educational support and enrichment.

Emergency shelter providers received an "Unsatisfactory" rating in this domain. Although providers made progress in supporting school enrollment and academic monitoring compared to last year, this remains an area in need of improvement. Additionally, since FY24, providers continued to fall short in offering extracurricular, social, or cultural activities that support youth development and identity.

Family and Community

Providers received an “Needs Improvement” performance level in the *Family and Community* domain, scoring 72%. This domain primarily comprises quality indicators, highlighting a strong emphasis on family contact and regular home visits with youth's families.

FY25 Residential Placement Domain Performance: Family and Community



Group home, institution, and CBH-funded providers received a “Needs Improvement” rating in the Family and Community domain. Providers performed well in supporting youth contact with meaningful life connections and in informing families of visitation policies. However, documentation of grievance and rights reviews with families and consistent completion of quarterly home visits remain areas for improvement.

Emergency shelter providers continued to struggle in this domain, receiving an “Unsatisfactory” rating. Providers demonstrated limited support for maintaining youth contact with natural supports and system supports. Improved documentation of contact and communication are needed to ensure youth remain connected to both familial and formal support systems during placement.

Supportive and Safe Environment

Providers were given an "Unsatisfactory" rating of 69% 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.

FY25 Residential Placement Domain Performance: Supportive and Safe Environment



Group home, institution, and CBH-funded providers demonstrated consistently strong performance in the Supportive and Safe Environment domain, earning an “Optimal” rating. Providers met key safety and compliance standards, including staff-to-youth ratios, sleeping unit capacity, medication storage, quarterly file audits, and

accessible grievance tools. These findings reflect providers' continuing efforts to provide supportive and safe environment to youth in care.

Emergency shelter providers received an "Unsatisfactory" rating in this domain, with challenges observed in several foundational areas. While orientation practices and gender privacy accommodations were in place, providers showed ongoing struggles in grievance procedures, academic and life skills support, and consistent communication of rights. Improvements are needed to strengthen both the physical safety and emotional well-being of youth in care.

Communication

Providers received an "Unsatisfactory" rating of 66% 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.

FY25 Residential Placement Domain Performance: Communication



Providers received an "Unsatisfactory" rating in the Communication domain, which has consistently been an area in need of improvement across each fiscal year. While providers reliably notified relevant parties of location changes, case files were lacking in several key areas, including invitations to participate in individualized service plan development, signatures or verification of participation, timely distribution of service planning documents, and ongoing communication with service providers. Feedback from providers has indicated that they are not always invited to participate in service planning meetings, which may contribute to these documentation gaps. Continued efforts are needed to strengthen communication practices and ensure all relevant parties are consistently informed and engaged.

Service Concerns and Serious Incidents

In FY25, providers received a "Fair" rating of 85% 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.

FY25 Residential Placement Domain Performance: Service Concerns



- **There was system-wide improvement in service concerns and serious incidents from FY24 to FY25.** The number of validated service concerns and serious incidents decreased significantly compared to the previous year.
    - In FY25, there were 7 validated service concerns across five residential placement providers, down from 15 validated concerns across six providers in FY24. One in four (25%, n=5) providers had validated service concerns in FY25. Among the five providers, four providers had just one validated service concern, and one provider had three validated service concerns.
    - No serious incidents were reported in FY25, compared to two serious incidents in FY24.
- 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 FY25, three out of the seven validated residential placement service concerns were addressed through the implementation of CAPs. The remaining four service concerns have follow-up dates for their CAPs in the upcoming fiscal year.

Youth Interviews

DHS also uses feedback from youth in residential placement to evaluate our providers. DHS developed the youth interview tool consisting of eight Yes-No closed questions about the youth's experience at the residential placement 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 FY25, 41 youth were interviewed across 12 providers.**



Youth interviews reflected positive perceptions of safety, respect, and support within the facility. Nearly all youth (98%, n=40) reported that they would be taken seriously if they raised a safety concern, felt comfortable filing a grievance, and believed staff were culturally sensitive and respectful of their identity. When asked about what makes them feel safe and comfortable, many youth described feeling safe due to supportive relationships with staff, respect for their privacy, and the general structure and routine of the facility. Others mentioned specific factors such as having consistent access to food and shelter and being able to engage in casual conversations with staff. While most feedback was positive, a few youth noted occasional concerns related to staffing levels or supervision. Overall, youth responses suggest that providers are fostering an environment where most youth feel safe and supported.



Overall, youth provided positive feedback in their engagement around service planning and case discussions. Nearly all youth (98%, n=40) felt that staff were helping them prepare for success after leaving the facility. Most youth reported being involved in the development of their service plan (93%, n=38) and meeting regularly with staff to discuss their case progress (85%, n=35). In open-ended responses, youth described personal goals they would include in a self-directed service plan, such as pursuing higher education, securing employment, saving for independent living, improving language skills, and developing better peer relationships. Some youth also emphasized the importance of structure, community access, and addressing trauma. These responses highlight the value of incorporating youth voice into planning and ensuring service plans reflect their individualized goals.

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 residential placement provider is unique in its structure and programming. Therefore, the report is best understood as a cumulative picture of where residential placement services are as a system.

- Compared to Fiscal Year 2024, among the 20 evaluated providers, 55% (n=11) maintained an "Optimal" performance rating, 15% (n=3) improved, 15% (n=3) decreased, and 15% (n=3) remained at a low-performance level, receiving either "Needs Improvement" or "Unsatisfactory" ratings.

- In Fiscal Year 2025, 14 providers submitted their Plans of Improvement (POI) as required to ensure that they outlined action plans addressing identified areas requiring improvement based on the evaluation results. In addition, two 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 FY25.

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
Childway	Group Home	Dependent	Optimal
First Choice	Group Home	Dependent	Optimal
Gemma	Institution, Psychiatric Residential Treatment Facility	Dependent	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
St. Francis / St. Vincent	Group Home	Dependent	Optimal
Being Beautiful	Group Home	Dependent	Fair
NET	Community Based Detention Shelter	Juvenile Justice-Involved	Fair
Woods	Institution	Dependent	Fair
Northern Children's Services	Group Home	Dependent	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	Optimal
Forget Me Knot	Emergency Shelter	Dependent	Fair
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 residential placement 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, residential placement 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 residential placement providers later that year. In Fiscal Year 2021, in addition to utilizing a residential placement evaluation tool that included quality indicators, DHS updated its emergency shelter evaluation tool to align with the provided services. These residential placement 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.

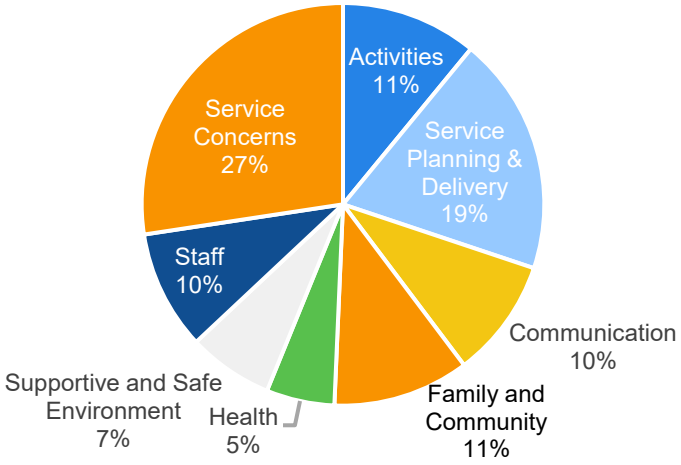
Table 5: Evaluation Domains and Indicators

Domain	Number of Indicators (Group homes, institution, and CBH-funded providers)	Number of Indicators (Emergency Shelter)	Indicators Reviewed
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 (0 quality indicators and 0 compliance indicators)	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 (administrative data point)	1 (administrative data point)	Total service concerns reported in Fiscal Year 2025
Serious Incidents	1 (administrative data point)	1 (administrative data point)	Total serious incidents reported in Fiscal Year 2025

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 residential placement evaluation domain weight in scoring[4].

Figure 3: FY25 Residential Placement Evaluation Domain Weight in Scoring



Serious incidents, such as allegations of physical or sexual abuse,[5] 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.

[4] The chart presents the weights for the general residential placement evaluation domain. Emergency Shelter evaluation used the same domain weights with the exception that Emergency Shelter evaluation did not contain Communication domain.
[5] 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.

Community Based Detention Shelter (CBDS): A short-term residential placement for youth who are accused of a delinquent act or have been adjudicated delinquent and are awaiting court action or transfer to another facility. CBDS is a form of delinquent residential placement and serves as an alternative to secure detention.

Dependent residential placement: 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 residential placement: 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 residential placement (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.