Residential Group Care Accountability System
ANNUAL REPORT

Department of Children and Families
Office of Child Welfare
October 1, 2021

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PURPOSE

The Florida Department of Children and Families (Department) engaged the Florida Institute for Child Welfare (Institute) to develop and validate an assessment tool to measure, document, and facilitate quality services in Department licensed child-caring agencies, known as group care. The Quality Standards for Group Care was established to set core quality standards for group care to ensure that each program is managed equally to provide high-quality services to the children in their care.

Requirements outlined in section 409.996(23), Florida Statutes, require the Department, in collaboration with the Institute, to develop a statewide accountability system for group care providers based on measurable quality standards. The accountability system is required to include the following:

1. Promote high quality in services and accommodations, differentiating between shift and family-style models and programs and services for children with specialized or extraordinary needs, such as pregnant teens and children with the Department of Juvenile Justice involvement.

2. Include a quality measurement system with domains and clearly defined levels of quality. The system must measure the level of quality for each domain using criteria that group care providers must meet to achieve each level of quality. Domains may include, but are not limited to, admissions, service planning, treatment planning, living environment, and program and service requirements. The system may also consider outcomes six months and 12 months after a child leaves the provider's care. However, the system may not assign a single summary rating to group care providers.

3. Consider the level of availability of trauma-informed care and mental health and physical health services, providers' engagement with the schools that children in their care attend, and opportunities for children's involvement in extracurricular activities.

BACKGROUND

The Group Care Quality Standards Workgroup was established in 2015 by the Department and the Florida Coalition for Children (FCC) to develop core quality standards for residential child-caring agencies (group homes) licensed by the Department. In addition, the Group Care Quality Standards Workgroup created the Quality Standards for Group Care to aid children in receiving high-quality services that surpass the minimum thresholds currently assessed through licensing. The workgroup was composed of 26 stakeholders, including the Florida Institute for Child Welfare, group care providers, Community-Based Care Lead Agency staff, and other stakeholders. From the workgroup, a draft set of standards was developed and approved by the Department.

The approved quality standards are broken into the following eight domains:

Quality Practice in Group Care – Eight Domains

1. Assessment, Admission, and Service/Treatment Planning
2. Positive, Safe Living Environment
3. Monitor & Report Problems
4. Family, Culture, & Spirituality

5. Professional & Competent Staff
6. Program Elements
7. Education, Skills, & Positive Outcomes
8. Pre-Discharge/Post-Discharge Processes

The Department asked the Institute to take the lead on the development of a project plan that consisted of eight phases, including:

1. Advocacy and engagement
2. Development of core quality performance standards
3. Development of a quality assessment tool
4. Feasibility pilot
5. Implementation pilot
6. Statewide implementation
7. Full validation study and evaluation
8. Full implementation and ongoing evaluation

OVERSIGHT ACTIVITIES

Accountability System

During the SFY 2020-2021 report year, the Department and the Institute completed the statewide validation study and the inter-rater reliability and agreement (IRRA) study. Data collection for the IRRA was completed in January 2021, and data collection for the statewide validation study was completed in March 2021. These components represent major steps toward fully validating the Group Care Quality Standard Assessment (GCQSA). A full description of both studies is provided in the subsequent report, along with detailed findings on the status of each along with interim findings.

Due to the onset of the pandemic in March 2020, data collection was delayed To accommodate the unforeseen delays, the data collection period for the statewide validation study was extended from a deadline of January 1, 2021, to March 2021. An additional two months was added to the timeline to allow participants additional time to complete forms.

QUALITY STANDARDS ASSESSMENT TOOL

With an approved set of quality standards and project plan, the Institute took the lead on the development and validation of an assessment tool designed to measure group providers within the eight domains. The GCQSA is comprised of four separate forms which include: 1) Service Provider Form A, 2) Service Provider Form B, 3) Youth Form, and 4) Licensing Specialist Form. The assessment tool consists of three types of questions: structural, process, and experiential. Structural items measure the infrastructure of the group care setting (e.g., staffing, policies, resources), process items measure the extent to which providers consistently provide services that follow recommended guidelines, and experiential items measure experiences of consumers and providers within the group care setting. The Institute utilized an investigative approach to develop fully informed ratings for providers. These ratings were gathered through multiple sources to include document reviews; observations; interviews with program directors, staff, and youth; experience; and judgment.

As a part of this effort, the Institute completed an extensive report entitled, *An Assessment of Quality Standards for Florida's Department of Children and Families Licensed Residential Group Homes: Fiscal Year 2020-2021 Final Report*. This report provides detailed information related to:

- Progress with data collection;
- Partial assessment from the validation and inter-rater reliability study;
- Emerging trends and promising interim results; and
- Next steps towards full validation and evaluation.

See Appendix A. for the full report titled: *An Assessment of Quality Standards for Florida's Department of Children and Families Licensed Residential Group Homes: Fiscal Year 2020-2021 Final Report*

CONCLUSION

The Department continues to advance towards completion of the statutory requirements and goals associated with the Quality Standards for Group Homes contained in section 409.996, F.S

The interim findings and emerging trends observed for the statewide validation study are promising. The data supports statistically significant correlations between GCQSA means scores and the number of documented incidents within programs. This is suggestive of a trend supporting that higher quality ratings within certain domains are predictive of fewer incidents occurring at the program level, including youth hospitalizations, law enforcement calls, and runaway episodes. While these preliminary findings are currently based on a small sample size, the emerging trends are promising.

The next action items for the Department and Institute include continuing efforts to complete both studies as planned to remain on track for meeting the completion of implementing a Statewide Accountability System by July 2022.

Appendix A

An Assessment of Quality Standards for Florida's Department of Children and Families Licensed Residential Group Homes – FY2020-2021 Annual Report

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June 30, 2021

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Executive Summary

Effective July 1, 2017, section 409.996 (22) of the Florida Statutes was amended, requiring the Department of Children and Families (DCF or Department) to develop a statewide accountability system for residential group care providers based on measurable quality standards. The accountability system must be implemented by July 1, 2022. In collaboration with the Florida Coalition for Children (FCC) and the Florida Institute for Child Welfare (FICW), the Department established a core set of quality standards for licensed group homes. The Department engaged the FICW to develop and validate an assessment tool, the Group Care Quality Standards Assessment (GCQSA), designed to operationalize the quality standards. The GCQSA will serve as the core measure for the Statewide Accountability System. The quality standards initiative draws upon research and empirically-driven frameworks to transform residential services through the integration of research-informed practice standards, ongoing assessment, and continuous quality improvement.

The statewide validation study and the inter-rater reliability and agreement study were completed in 2021. These components represent major steps toward fully validating the GCQSA. The purpose of the validation study was to examine construct validity, which refers to whether the GCQSA measures what it was designed to measure (residential care quality). The purpose of the inter-rater reliability study was to evaluate whether the GCQSA provides a consistent representation of quality.

Despite some setbacks and delays due to COVID-19, both studies were successfully completed.

To date, the GCQSA represents the most rigorously developed and tested assessment of quality for residential care. The project is on-track to meet the legislative mandate to complete the Statewide Accountability System by July 2022. During the 2021-2022 project period, the project team will complete an outcome pilot study that will examine associations between the quality standards and youth outcomes. Additionally, the project team will finalize the GCQSA and the Statewide Accountability System.

Description of the Literature

Quality social services have been defined as "the degree to which interventions influence client outcomes in desired ways in applicable domains while being delivered in a sensitive manner consistent with ethical standards of practice and the best available practice knowledge" (p. 118).[1]

The debate surrounding quality residential care is longstanding. To address this, researchers, providers, and policymakers have proposed establishing quality standards for residential care for children and adolescents.[2,3,4] Federal guidelines, such as the Adoption and Safe Families Act of 1997 and the Family First Prevention Services Act (FFPSA) of 2017, place child well-being at the center of the quality debate.[5] For example, the FFPSA requires that children are cared for in "a setting providing high-quality residential care" (section 472(k)(2)(D)).

In an effort to identify the elements of quality residential programming, Huefner (2018) reviewed seven published sources promoting quality standards specifically for residential treatment.[6] The results of the review supported that *quality* encompasses a diverse set of criteria, including assessment, treatment planning, safety, family engagement, cultural competence, effective treatment, competent staff, positive outcomes, and aftercare. The quality standards generated from the review represent the culmination of the best available evidence providing a starting framework to guide development and the eventual validation of practice standards for residential care.

Three quality measures for children's residential programs have been developed. These include the Child Welfare League of America Quality Indicators (CWLA QI),[7] Boys Town Performance Standards for Residential Care (BT PS), [8] and the Building Bridges Initiative Self-Assessment Tool (BBI SAT).[9] Each self-assessment survey is comprised of items measuring elements of service delivery so that providers can use the findings to identify strengths and weaknesses to guide service improvement. Although contributing useful examples, to date none of the measures have been validated. In their review of two of the quality measures, the CWLA QI and BT PS, Lee and McMillen (2008) note that neither measure provides clear guidance for scoring and interpretation and that the items appear to be equally weighted (i.e., given equal priority) despite some items measuring practices related to ensuring youth's safety, while others are geared toward issues of well-being or the integration of best practices.[4] In addition, the measures were developed with minimal input from different stakeholders which can lead to privileging certain perspectives and questions of validity (note the BBI SAT is an exception). These previously developed assessments can be used to provide guidance in the development of quality assessments for residential care that draw upon their strengths while addressing the noted limitations.

Group Care Quality Standards

Florida's Group Care Quality Standards Initiative is a collaboration between the Florida Department of Children and Families, the Florida Institute for Child Welfare, the Florida Coalition for Children, academic researchers, child advocates, service providers, and consumers aimed at improving the quality and effectiveness of residential care.

The DCF, in partnership with the FCC, convened the Group Care Quality Standards Workgroup, comprised of 26 members including group care providers and child advocates throughout Florida with research support provided by the FICW and Boys Town National Research Institute. The workgroup was tasked with developing a set of research-informed quality standards for licensed residential group homes. Huefner's (2018) consensus of proposed practice standards provided the workgroup with a working list of standards grounded in research and best practice guidelines.[6] Led by the FCC Residential Committee leadership, members of the workgroup divided into task groups assigned to discuss the proposed standards within a specific practice domain to select and adapt standards for Florida's group

homes. The standards identified by the task groups were reviewed and compiled into one document, resulting in the published guide, *Quality Standards for Group Care*.[10] The guide outlines a set of 59 quality practice standards in the following eight domains:

1. Assessment, Admission, and Service Planning
2. Positive, Safe Living Environment
3. Monitor and Report Problems
4. Family, Culture, and Spirituality
5. Professional and Competent Staff
6. Program Elements
7. Education, Skills, and Positive Outcomes
8. Pre-Discharge/Post Discharge Processes

SCALE CONCEPTUALIZATION AND DEVELOPMENT

Following the Department's approval, the FICW began efforts to develop and validate an assessment tool designed to operationalize and measure the standards. The research team began with establishing a conceptual framework (Figure 1) to guide the process and ensure the approach and resulting assessment was consistent with the aims and vision of the Department and Workgroup.

Figure 1 Quality Standards Assessment Conceptual Framework

Following the completion of the draft of the Group Care Quality Standards Assessment (GCQSA), efforts toward validation began with establishing content validity (i.e., Do the items reflect the constructs they were designed to measure?) assessed by a panel of 16 experts.[11] Elements of ecological validity (i.e., Do the concepts being measured have 'real world' applicability and practicability?) were evaluated during the feasibility study and implementation pilot. Preliminary estimates of internal consistency (i.e., Are scale items that are designed to measure the same constructs correlated across repeated uses?) were

examined during these early phases to provide initial evidence of one form of reliability based on a small preliminary sample.[11] Taken together, the findings from these earlier phases were used to refine the assessment tool and implementation process, leading to the statewide pilot study. The purpose of the statewide pilot was to begin implementing the GCQSA in all six regions, giving participants in each region an opportunity to become familiar with the assessment while providing ongoing monitoring and technical support. Updates to the GCQSA tool and training were made based on findings from the statewide pilot study and in preparation for the statewide validation study.

2020-2021 Project Aims and Achievements

The statewide validation study and the inter-rater reliability and agreement study (IRRA) were initiated during FY 2019-2020. The study timelines were extended due to the COVID-19 pandemic. Data collection for the statewide validation study was completed in March of 2021 and data collection for the IRRA was completed in of January 2021. Both components represent major steps in the validation of the GCQSA.

STATEWIDE VALIDATION STUDY

The purpose of the validation study was to examine construct validity (i.e., a test of the extent to the GCQSA measures the construct that it was designed to measure - residential care quality).

Research Questions:

1. Are GCQSA scores correlated with other measures designed to measure similar quality constructs (i.e., quality practice domains)?
2. Are higher GCQSA scores (i.e., higher quality care) correlated with other external indicators of quality (i.e., fewer program-level incidents - staff or youth injury, youth runaway episodes, law enforcement calls, etc.)?

Methods

Data were collected from the full population of DCF licensed group homes and shelters. The regional licensing teams facilitated the assessment following the existing annual re-licensure timeline for residential group homes.

Measures

The primary measure for the validation study was the GCQSA, which is comprised of two sections. In Section 1, data are collected on participants and group home services and models. Section 2 is the quality standards assessment and is comprised of eight subscales measuring the quality standards.

Two sets of validation measures were added to the GCQSA–single item indicators (SSI) (see Appendix) and program-level indicators. First, SSIs represent "direct, straightforward definitions of core constructs being validated."[12] Eight SSI, one for each domain, were added to the bottom of each subscale. SSIs can provide evidence of convergent validity when other comparable standardized instruments do not exist.[12] The GCQSA is the first measure of its kind to be validated, thus, no comparable measures exist. In addition, seven program-level quality indicators included the number of physical restraints, hospitalizations, staff injuries, youth injuries, staff turnover, law enforcement calls, and runaway episodes that occurred within a program during the past 12 months.

Description of Data Collected

A total of 1,150 GCQSA forms were completed, representing approximately 159 licensed residential programs (Central = 44, Northeast = 4, Northwest = 14, Southeast = 32, Southern = 19, Suncoast = 46). Table 1 shows form completion by respondent type and region.

Table 1. Form Counts by Respondent Type and Region

	Youth		Lead Agency		Direct Care Staff		Director		Licensing Specialist		Total	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Central	64	16.8	45	32.1	49	16.0	51	22.3	44	27.7	253	20.8
Northeast	8	2.1	4	2.9	8	2.6	5	2.2	4	2.5	29	2.4
Northwest	37	9.7	14	10.0	33	10.7	23	10.0	14	8.8	121	10
Southeast	67	17.6	10	7.1	96	31.3	52	22.7	32	20.1	257	21.2
Southern	46	12.1	15	10.7	44	14.3	24	10.5	19	11.9	148	12.2
Suncoast	106	27.9	49	35.0	72	23.5	69	30.1	46	28.9	342	28.1
Total	328	28.5	137	11.9	302	26.3	224	19.5	159	13.8	1,150	100.0

Note: Includes data as of 3/10/2021

Results of Quantitative Data Collected

To examine convergent validity, correlations between GCQSA scores and the SSIs were examined. Table 2 shows the means and standard deviations for the eight GCQSA domains and the respective SSI for each domain. Pearson's correlation coefficient was used to estimate correlations between mean domain scores and domain SSI ratings. All correlations were positive, moderate to large, and statistically significant, providing strong overall evidence of convergent validity. The final results support that the GCQSA scale scores provide a valid measure of quality residential care.

Table 2. GCQSA Domain and SSI Means and Correlations

	Lead Agency			Direct Care Worker			Director		
	M	***SD***	***Corr.***	***M***	***SD***	***Corr.***	***M***	***SD***	***Corr.***
D1	3.99	1.01	.770***	4.43	.67	.630***	4.49	.67	.692***
SSI.1	4.26	.90		4.59	.73		4.74	.55	
D2	4.43	.85	.867***	4.67	.47	.710***	4.77	.37	.575***
SSI.2	4.44	.84		4.72	.63		4.90	.33	
D3	4.35	.90	.842***	4.72	.46	.674***	4.79	.44	.714***
SSI.3	4.36	.93		4.75	.56		4.77	.57	

D4	4.43	.81	.835***	4.73	.48	.732***	4.79	.40	.781***
SSI.4	4.40	.84		4.76	.60		4.86	.41	
D5	4.32	.92	.881***	4.72	.52	.797***	4.79	.46	.681***
SSI.5	4.33	.90		4.71	.59		4.78	.49	
D6	4.50	.77	.923***	4.73	.43	.807***	4.81	.37	.749***
SSI.6	4.45	.87		4.75	.54		4.82	.41	
D7	4.37	.94	.942***	4.69	.55	.779***	4.79	.45	.771***
SSI.7	4.38	.94		4.73	.59		4.75	.54	
D8	3.75	1.11	.891***	4.43	.75	.823***	4.23	.81	.788***
SSI.8	3.91	1.41		4.60	.69		4.53	.82	

D1 = Assessment, Admission, & Service Planning; SSI.1 = Single-item indicator for D1; D2 = Safe, Positive Living Environment; SSI.2 = Single-item indicator for D2; D3 = Monitor & Report Problems; SSI.3 = Single-item indicator for D3; D4 = Family, Culture, & Spirituality; SSI.4 = Single-item indicator for D4; D5 = Professional & Competent Staff; SSI.5 = Single-item indicator for D5; D6 = Program Elements; SSI.6 = Single-item indicator for D6; D7 = Education, Skills & Positive Outcomes; SSI.7 = Single-item indicator for D7; D8 = Pre-Discharge/Post Discharge Processes; SSI.8 = Single-item indicator for D8; M = Mean; SD = Standard Deviation; r = Pearson's Correlation Coefficient
*p<.05; **p<.01; ***p<.001.

Table 2. GCQSA Domain and SSI Means and Correlations…continued

	Licensing Specialist			Youth		
	M	***SD***	***Corr.***	***M***	***SD***	***Corr.***
D1	4.23	.81	.807***	4.25	.86	.482***
SSI.1	4.26	.74		4.30	1.10	
D2	4.63	.47	.767***	4.15	.81	.561***
SSI.2	4.52	.60		4.68	.68	
D3	4.50	.60	.637***	4.44	.85	.680***
SSI.3	4.25	.85		4.54	.88	
D4	4.52	.63	.863***	4.48	.78	.759***
SSI.4	4.45	.71		4.61	.82	
D5	4.54	.67	.861***	-	-	--
SSI.5	4.42	.72		-	-	
D6	4.47	.61	.508***	4.54	.64	.697***
SSI.6	4.08	1.10		6.64	.85	
D7	4.52	.71	.856***	4.38	.86	.780***
SSI.7	4.34	.86		4.55	.89	

D8	3.82	.93	.902***	4.31	.98	.777***
SSI.8	3.75	1.05		4.59	.85	

D1 = Assessment, Admission, & Service Planning; SSI.1 = Single-item indicator for D1; D2 = Safe, Positive Living Environment; SSI.2 = Single-item indicator for D2; D3 = Monitor & Report Problems; SSI.3 = Single-item indicator for D3; D4 = Family, Culture, & Spirituality; SSI.4 = Single-item indicator for D4; D5 = Professional & Competent Staff; SSI.5 = Single-item indicator for D5; D6 = Program Elements; SSI.6 = Single-item indicator for D6; D7 = Education, Skills & Positive Outcomes; SSI.7 = Single-item indicator for D7; D8 = Pre-Discharge/Post Discharge Processes; SSI.8 = Single-item indicator for D8; M = Mean; SD = Standard Deviation; r = Pearson's Correlation Coefficient
*p<.05; **p<.01; ***p<.001.

Correlations between domain means and reported incidents that occurred within the past 12 months in residential programs were examined. Counts of program incidents were available for 121 residential programs. Table 3 displays the mean, median, and standard deviations for each type of incident documented in residential programs during the previous 12 months. Overall, the median counts show that the number of incidents were low across programs while the means and standard deviations indicate that the number of certain types of incidents varied substantially by program (e.g., law enforcement calls, runaway episodes). The most frequently occurring incidents across programs included calls to law enforcement to intervene, youth runaway episodes, and staff turnover.

Table 3. Number of Program Incidents Documented within Previous Twelve Months (N = 121)

Incident Type	Mean	SD	Median
Physical restraint	1.18	4.72	0
Hospitalization	2.76	5.40	0
Staff injury	0.16	0.46	0
Youth injury	1.27	2.77	0
Staff turnover	4.98	7.72	3.00
Law enforcement calls	12.70	32.42	3.50
Runaway	10.35	32.08	1.00

Table 4 displays statistically significant correlations between GCQSA means scores and the number of documented incidents within programs. Examining mean scores of youth, direct care staff, residential program directors, and licensing specialists shows several negative and statistically significant correlations in the small to moderate range. That is, as ratings increase, the occurrence of incident decreases. These results also suggest that higher ratings on the quality standards in specific areas may be directly related to certain types of incidents. For example, programs that the received higher quality ratings by youth and directors in the domain of assessment, admission, and service planning experienced significantly fewer youth hospitalizations and law enforcement calls. Most consistently across domains, programs that had higher scores on the quality standards, reported significantly fewer youth hospitalizations, law enforcement calls, staff turnover, and runaway episodes. Quality ratings were not associated with physical restraints, staff injuries, or youth injuries. Overall, these results support that programs with practices that more consistently align with the quality standards experience fewer incidents, providing further evidence supporting the validity of the GCQSA scores.

Table 4. Correlations Between GCQSA Domains Scores and Program Incidents

Incident	Domains	Form	Corr
Assessment, Admission, & Service Planning	Hospitalization	Director Youth	-.21+ -.27*
	Law Enforcement Calls	Director	-.40*
Safe, Positive Living Environment	Hospitalization	Director	-.41**
	Turnover	Director	-.24*
	Law Enforcement Calls	Direct Care Staff Director	-.25* -.45**
	Runaway	Director Youth	-.24^ -.24*
Monitor & Report Problems	Staff Turnover	Youth	-.22^
	Law Enforcement Calls	Direct Care Staff Director	-.23* -.21^
Family, Culture, & Spirituality	Hospitalizations	Director	-.26*
	Staff Turnover	Direct Care Staff Director	-.20^ -.29*
	Law Enforcement Calls	Direct Care Staff Director	-.31** -.44**
	Runaway	Licensing	-.21*
Professional & Competent Staff	Hospitalization	Director	-.28*
	Turnover	Director	-.27*
	Law Enforcement Calls	Director	-.42**
Program Elements	Hospitalizations	Director	-.28*
	Turnover	Director Youth	-.31** -.23^
	Law Enforcement Calls	Direct Care Staff Director	-.30** -.39**
	Runaway	Youth	-.30*
Education, Skills, & Positive Outcomes	Hospitalization	Director Direct Care Staff	-.32** -.21^
	Turnover	Director	-.23*
	Law Enforcement Calls	Direct Care Staff Director	-.47** -.39**
	Runaway	Licensing Youth	-.18^ -.39**
Pre/Post Discharge Processes	Hospitalization	Director	-.26^
	Turnover	Director Youth	-.27^ -.43**
	Law Enforcement Calls	Direct Care Staff Director	-.43** -.24^
	Runaway	Youth	-.27^

INTER-RATER RELIABILITY STUDY

Inter-rater reliability (IRR) and inter-rater agreement (IRA) are used to determine whether a measure provides a consistent representation of a construct regardless of who is completing the measure. The purpose of the inter-rater reliability study of the GCQSA licensing form was to evaluate whether the GCQSA provides a consistent representation of quality across raters. By definition, multiple raters must rate the same target to be able to test IRR and IRA. The sampling methods for the GCQSA require that a minimum of two assessments are completed by youth and direct care workers for each group home; therefore, IRR and IRA can be evaluated for these forms. Although not required per the sampling

procedures, we also observed that during the statewide pilot, for a small subset of group homes, multiple forms were completed by directors/supervisors and lead agencies that may allow for a limited assessment of IRRA for these forms. However, each group home was rated by only one licensing specialist; therefore, IRRA could not be tested for this form. Given that the licensing specialists are central to the GCQSA, with their assessment results likely to be weighted more heavily than others, evaluating and establishing IRRA for the licensing forms is essential to the overall validity and utility of the GCQSA.

The study was guided by the following research questions aimed at understanding similarities in GCQSA ratings across pairs of licensing specialists by examining reliability (i.e., consistency) and agreement (i.e., assigning the same scores).

Research Questions:

1. How similarly do licensing specialists **rank** group homes on the GCQSA domains and overall?
2. How similarly do licensing specialists **score** group homes on the GCQSA domains and overall?

Methods

Licensing teams from five service regions (Central, Northwest, Southeast, Southern, and Suncoast) participated in the study. The Northeast region has only one licensing specialist and, therefore was ineligible to participate. However, the aim is to provide information that is generalizable across the state. In each region, at least six group homes were assessed by two raters using the GCQSA.

Description of Data Collected

Interrater agreement results are presented for all forms including the youth, lead agency, direct care staff, and directors from the statewide pilot and the supplemental study of the licensing form. Interrater agreement data were available for 142 residential programs that were rated by 2 or more youth, 25 residential programs rated by 2 lead agency personnel, 131 programs rated by 2 or more direct care staff, 71 rated by 2 or more directors or supervisors, and 31 rated by 2 or more licensure specialists.

The R index is a measure of Interrater Agreement (IRA). The R index is the most widely used measure of IRA, and measures IRA by comparing the observed variance in ratings furnished by multiple judges of a single target to the variance one would expect when the judges responded randomly. An R value of 0.50 equals moderate agreement (i.e. acceptable IRA) and an R value of 0.70 equals strong agreement (i.e. strong IRA).

The results in Tables 5 and 6 show that for forms completed by direct care workers, directors, and lead agency, Domains 2-7 showed acceptable IRAs, indicated by that at least 60 percent of residential programs rated by pairs of respondents had moderate-high IRA with the values of R ranging from 0.50 and 1. For the youth form, Domains 2 and 6 showed satisfactory IRAs, indicated by that at least 60 percent residential programs had moderate-high IRA. For the other domains on the youth form, at least 50 percent of residential programs had moderate-high IRA. For the licensing form, all the domains showed acceptable IRAs.

Table 5. Percent of Residential Programs with Moderate Agreement ($r_{WG(J)}$ greater than 0.50)

Domain	Lead Agency	Direct Care Staff	Director	Youth	Licensing
D1	70%	50%	40%	50%	100%
D2	80%	60%	80%	60%	100%
D3	80%	70%	90%	50%	100%
D4	80%	70%	80%	50%	97%
D5	60%	80%	80%	--	94%
D6	90%	70%	80%	60%	97%
D7	90%	80%	90%	50%	94%
D8	50%	70%	50%	50%	85%

D1 = Assessment, Admission, & Service Planning; D2 = Safe, Positive Living Environment; D3 = Monitor & Report Problems; D4 = Family, Culture, & Spirituality; D5 = Professional & Competent Staff; D6 = Program Elements; D7 = Education, Skills & Positive Outcomes; D8 = Pre-Discharge/Post Discharge Processes.

Table 6. Percent of Residential Programs with Strong Agreement ($r_{WG(J)}$ greater than 0.70)

Domain	Lead Agency	Direct Care Staff	Director	Youth	Licensing
D1	60%	50%	40%	50%	94%
D2	70%	60%	80%	40%	97%
D3	80%	60%	90%	60%	100%
D4	80%	70%	80%	50%	97%
D5	60%	70%	80%	--	90%
D6	90%	70%	80%	50%	90%
D7	80%	70%	90%	50%	94%
D8	50%	60%	50%	40%	81%

D1 = Assessment, Admission, & Service Planning; D2 = Safe, Positive Living Environment; D3 = Monitor & Report Problems; D4 = Family, Culture, & Spirituality; D5 = Professional & Competent Staff; D6 = Program Elements; D7 = Education, Skills & Positive Outcomes; D8 = Pre-Discharge/Post Discharge Processes.

Conclusions and Limitations

To date the GCQSA has been subjected to multiple rigorous tests of its psychometric properties. Taken together, the findings from the statewide validation study and from previous pilots provide strong support for the reliability and validity of the GCQSA. Findings from prior studies provided evidence of internal consistency, factorial validity (support the scale structure), and content and ecological validity. The additional findings from the statewide validation study provide evidence of convergent validity (performs consistently and as expected when compared with similar quality measures and external indicators of quality) and inter-rater agreement (performs consistently across raters). Among the five forms of GCQSA, most domains showed acceptable IRA. Therefore, the IRA findings lend support for aggregating ratings from multiple raters of the same title to provide a composite score on quality of residential care. The strong IRA between licensure specialists lends support for having one licensure specialist to rate each residential program.

Primary limitations are related to constraints that occur when trying to implement complex research designs in practice settings. These include limited sample sizes, missing data (e.g., not all programs had 100 percent of the forms completed), and a tendency toward positive response biases among respondents that work in the residential programs. Despite these limitations, the aims of the statewide

pilot study were sufficiently met. The GCQSA has been established as a rigorous, evidence-based assessment of quality residential care with demonstrated reliability and validity.

Recommendations

As noted within a comment from one GCQSA respondent – "…a true test of the quality (and perhaps value) of residential care is to examine youth outcomes". During the FY2021-2022 project phase, the project team will collect outcomes data from a sample of youth in residential care to examine correlations with quality standards. Among the potential knowledge contributions will include examining which standards are most strongly related to helping youth achieve positive outcomes in residential care. Additionally, the project team will focus on finalizing the GCQSA (e.g. scoring, reporting, interpretation) and developing and testing the statewide accountability system. The aim of the GCQSA is to support the research-based and data drive quality improvement in residential care. A final recommendation is to develop a strategy and evaluate a continuous quality improvement strategy to ensure the ensure the GCQSA is utilized to its full potential and that Florida's residential programs provide the highest quality and most effective care.

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Appendix
Single Item Indicators (SSI)

Domain 1: Assessment, Admission, and Service/Treatment Planning

Proposed SII:

Overall, assessments, admissions, and service plans are completed with youth, parents/legal guardians, and other professionals and consider strengths, safety, appropriate level of care, and the dignity of the youth and family.

Youth Version: Overall, my parent/guardian and I were involved in planning services for me that included my strengths and needs.

Domain 2. Positive, Safe Living Environment

Proposed SII:

Overall, documented policies are followed promoting a positive peer culture, prohibiting coercive/abusive practices, and protecting youth from harm by peers or self.

Youth version: Overall, this is a safe place where staff make sure no one is abusive or at risk of being hurt.

Domain 3. Monitor and Report Problems

Proposed SII:

Overall, this group home surveys satisfaction among youth and their parents/guardians and allows them to communicate their needs to outside advocates and staff, who are trained to report problems, including to external agencies when necessary.

Youth Version: Overall, staff listen to me and my parent/guardian when we feel things aren't going well and let us know how to tell others like a guardian or counselor if we need to.

Domain 4. Family, Culture, and Spirituality

Proposed SII:

Overall, the group home facilitates youth's connection with family and the community with sensitivity to race, culture, spirituality, language, sexual orientation and gender identity.

Youth Version: Overall, staff care about things that matter to me like culture, spirituality, or sexuality, and help me have good relationships with my family and others in my life.

Domain 5. Professional and Competent Staff

Proposed SII:

Overall, the group home staff receive sufficient training in evidence-based/supported practices and supervision needed to be able to manage youth in care.

Youth Version: No D5 on youth form

Domain 6. Program Elements

Proposed SII:

Overall, the group home provides adequately staffed, least-restrictive, comprehensive services meeting youth's mental, medical, and educational needs in a family-like environment with a structured daily routine.

Youth Version: Overall, the program provides a family-like environment with plenty of staff around to help me stay healthy and well, including seeing doctors and dentists when I need.

Domain 7. Education, Skills, and Positive Outcomes

Proposed SII:

Overall, the group home uses an outcomes-driven approach to monitor youth's educational needs and overall progress and teaches youth vocational and life skills.

Youth Version: Overall, the group home helps me do well in school and learn what I'll need to know to do well when I'm on my own, including helping me plan for future education, jobs, and independent living.

Domain 8. Pre-Discharge/Post-Discharge Processes

Proposed SII:

Overall, this group home develops a discharge plan for youth soon after their admission and provides transitional services before and after the discharge to help youth transition into the new placement.

Youth Version: Overall, the group home helps me make a plan for when I leave here, including how to get along with others, stay out of trouble, and do well after I leave here.