



**Residential Group Care Accountability System
ANNUAL REPORT**

Department of Children and Families
Office of Quality and Innovation
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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 to provide high-quality services to the children in their care.

Section 409.996(25), Florida Statutes, required 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 comprised of stakeholders, including the Florida Institute for Child Welfare, group care providers, and Community-Based Care Lead Agency staff. From the workgroup, a draft set of standards was developed and approved by the Department.

The approved quality standards are within 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 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

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

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 2022-2023 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 July 2022, and data collection for the statewide validation study was completed in January 2023. 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 and interim findings.

The Department will continue working with the Institute for the next two-year transition period of the project. A live webinar training on generating and interpreting QSA provider reports will be created to assist the licensing specialists. Additionally, ongoing technical assistance will be provided to support the licensing teams across the state.

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 includes: 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 2022-2023 Final Report*. This report provides a detailed description as to:

- Description of Data Collected
- Quality Standards Assessments Baseline Results for all Residential Programs
- Quality Standards Assessment Baseline Results by Designated Licensing Types
- Outcomes Planning Progress; and
- Recommendations.

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 2022-2023 Final Report*

Conclusion

During FY 2022-23 activities, the focus on finalizing the QSA and building the reporting system was finalized. All six regions were engaged in the QSA data collection assisting a complete statewide measure of all quality standards for group homes.

Next action items for the Department and Institute include quarterly technical assistance to all newly hired licensing specialists, and a brief booster training as needed. In addition, the Institute is willing to offer technical assistance to the regional licensing teams and residential providers on how to interpret and use the QSA results to develop quality improvement plans.

Appendix A.



An Assessment of Quality Standards for Florida’s Department of Children and Families Licensed Residential Group Homes FY22-23

June 30, 2023

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Executive Summary

Effective July 1, 2017, Section 409.996(25), F.S., required the Department of Children and Families (Department) to develop a statewide accountability system (SAS) for residential group care providers based on measurable quality standards. The statute required the SAS to be fully implemented by July 1, 2022. Efforts leading up to the statute included convening a statewide workgroup (Group Care Quality Standards Workgroup) tasked with establishing a set of research-based quality performance standards (Group Care Quality Standards Workgroup, 2015). The Department engaged the Florida Institute for Child Welfare (Institute) to lead the development and validation of the Quality Standards Assessment (QSA) to serve as the core measure of the SAS. The QSA was designed to measure residential programs' performance on 59 quality standards across eight domains.

Development began in late 2015 and through a series of implementation pilots and studies, the QSA was developed, validated, and implemented statewide. Statewide baseline performance data collection began July 1, 2022. The total number of completed QSAs was 756. All six regions are engaged in QSA data collection. Mean scores ranged from 4.10 (Licensing Specialists, Pre/post Discharge Processes) to 4.86 (Residential Program Directors, Family, Culture, & Spirituality). Comparing means across respondent groups highlights overall consistencies in mean ratings across domains, suggesting agreement in views on programs' use of quality practices by different stakeholders. Trends show lower overall ratings by Lead Agencies, youth and, licensing specialists in three domains (i.e., Professional, Competent Staff, Program Elements, Pre/Post Discharge Processes), supporting the relevance of including the full range of stakeholder perspectives to fully capture quality practices. Further supporting this is the consistent trend of relatively higher mean ratings from residential program directors across all eight domains, continuing a long-standing trend going back to the early pilots. Overall, Pre/Post Discharge Processes and Assessment, Admission, and Service Planning received the lowest mean ratings across respondent groups with one exception for youth, whose lowest mean was in the domain of Safe, Positive Living Environment. Most consistently, Family, Culture, & Spirituality received the highest mean rating. Across facility licensing designation, most domain means were above 4 indicating, on average, quality standards in each domain are mostly met. There were slightly more observable differences in mean ratings across facility types in the domains of Assessment, Admission, and Service Planning and Pre/Post Discharge Process.

The Quality Standards and Quality Standards Assessment were created in collaboration with child welfare stakeholders throughout the state of Florida with the aim of improving the quality of residential care above and beyond licensing and accreditation standards. Recommendations include continued technical assistance and training to support data collection and offering provider training and support focused on practice improvement in Assessment, Admission, and Service Planning and Pre/Post Discharge Processes. Finally, the inclusion of outcomes measures should be built into the statewide accountability system. Based on the results of the outcomes pilot and the goals to support quality improvement, this component is both feasible and necessary to ensure that quality practices are resulting in positive youth outcomes.

Background

Effective July 1, 2017, Section 409.996(25), F.S., requires the Department of Children and Families (Department) to develop a statewide accountability system (SAS) for residential group care providers based on measurable quality standards, and required the SAS to be fully implemented by July 1, 2022. Prior to the enactment of the statute a statewide workgroup (Group Care Quality Standards Workgroup) established a set of research-based quality performance standards (Group Care Quality Standards Workgroup, 2015). The Department engaged the Florida Institute for Child Welfare (Institute) to lead the development and validation of the Quality Standards Assessment (QSA);¹ the core measure of the statewide accountability system. The QSA measures residential program's performance on 59 quality standards across 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

Following initial regional pilots, a statewide pilot roll-out of the QSA and a validation study, the QSA has demonstrated evidence of reliability and validity. To date, the QSA is the most rigorously developed and tested assessment of quality residential care. This report summarizes baseline data collection and QSA results for all residential programs with breakout results by licensing types, and recommendations for continued data collection, efforts to support targeted quality improvement, and for incorporating outcomes measures into the QSA data collection process as part of the statewide accountability system.

Description of Data Collected

Baseline data collection began July 1, 2022. As shown in Table 1, the total number of completed forms was 756 (36.4% Suncoast, 17.7% Central, 16.5% Southeast, 11.5% Northeast, 11.0% Southern, 6.9% Northwest). All six regions are engaged in QSA data collection.

¹ The previous title, *Group Care Quality Standards Assessment* (GCQSA), was shortened to the *Quality Standards Assessment* (QSA) for brevity and to include potential for broader applications in other service settings (e.g., youth shelters, residential treatment centers, juvenile justice centers, statewide in-patient psychiatric programs).

Table 1. Quality Standards Assessment Counts by Respondent Type and Region as of July 1, 2022

	Youth		Lead Agency		Direct Care Staff		Director		Licensing Specialist		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Central	16	11.9	19	14.2	62	46.3	24	17.9	13	10.0	134	100
Northeast	43	49.4	6	6.9	17	19.5	21	24.1	0	--	87	100
Northwest	21	40.4	2	3.8	14	2.7	12	23.1	3	5.8	52	100
Southeast	61	48.9	1	0.8	34	27.2	17	13.6	12	9.6	125	100
Southern	36	43.4	6	7.2	24	28.9	13	15.7	4	4.8	83	100
Suncoast	84	30.5	4	1.5	100	36.4	70	25.5	17	6.2	275	100
Total	261	34.5	38	5.0	251	33.2	157	20.8	49	6.5	756	100

Note. Results updated on June 26, 2023. At the time of data export 111 QSAs were in the process of being completed that were not included in the total count.

Quality Standards Assessment Baseline Results for all Residential Programs

Table 2 displays QSA domain means and standard deviations. Mean scores (range 1-5) ranged from 4.10 (Licensing Specialists, Pre/post Discharge Processes) to 4.86 (Residential Program Directors, Family, Culture, & Spirituality). Comparing means across respondent groups highlights overall consistencies in mean ratings across domains, suggesting agreement in views on programs' use of quality practices by different stakeholders. Trends show lower overall ratings by Lead Agencies, youth, and, Licensing Specialists in three domains (i.e., Professional, Competent Staff, Program Elements, Pre/Post Discharge Processes), supporting the relevance of including the full range of stakeholder perspectives to fully capture quality practices. Further supporting this is the consistent trend showing relatively higher mean ratings from residential program directors across all eight domains, continuing a trend going back to the early pilots. Overall, Pre/Post Discharge Processes and Assessment, Admission, and Service Planning received the lowest mean ratings across respondent groups with one exception for youth whose lowest mean was in the domain of Safe, Positive Living Environment. Most consistently, Family, Culture, & Spirituality received the highest mean rating (three out of five respondent groups).

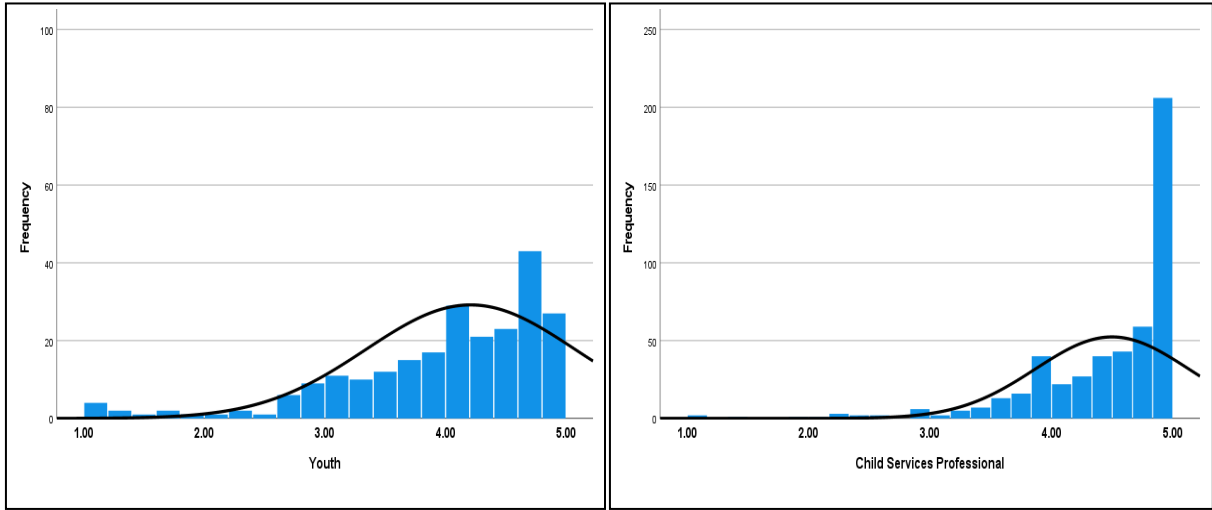
Table 2. Quality Standards Assessment Domain Means by Respondent (Baseline)

	Youth		Lead Agency		Direct Care Staff		Director		Licensing Specialist	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Assessment, Admission & Service Planning	4.21	.87	4.13	1.08	4.54	.57	4.58	.51	4.33	.72
Safe Living Environment	4.18	.77	4.52	.59	4.74	.38	4.79	.32	4.58	.56
Monitor & Report Problems	4.46	.82	4.52	.68	4.76	.42	4.84	.32	4.54	.54
Family, Culture, & Spirituality	4.56	.71	4.49	.76	4.76	.42	4.86	.31	4.71	.43
Professional, Competent Staff	–	–	4.56	.52	4.72	.48	4.80	.40	4.55	.60
Program Elements	4.54	.72	4.50	.75	4.78	.34	4.84	.28	4.50	.47
Education, Skills, & Positive Outcomes	4.46	.78	4.36	1.04	4.77	.43	4.81	.36	4.52	.57
Pre/Post Discharge Planning Processes	4.32	.95	4.24	.93	4.65	.57	4.54	.64	4.10	.99

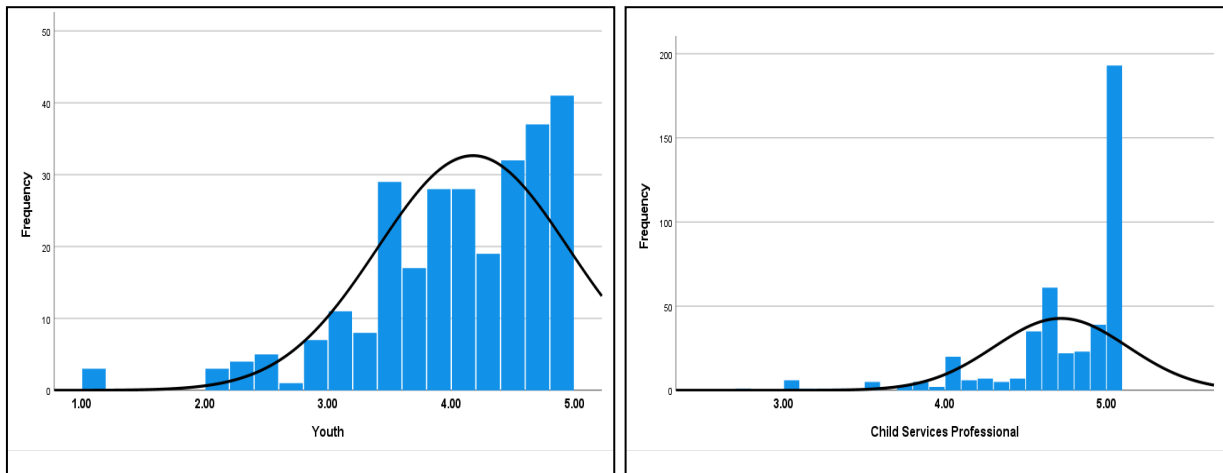
Note. Results updated on June 26, 2023.

While mean scores shown in Table 2 highlight that, overall, programs are mostly meeting the quality standards, differences in performance are more fully depicted in charts 1-15, showing the distribution of mean ratings for residential programs for each domain based on youth ratings (left) and the combined average ratings of youth care professionals (i.e., Lead Agencies, Direct Care Workers, Directors, Licensing Specialists). Viewed in this way, most program means for each domain falls at 4 or higher. However, several program means are between 3-4 or lower than 3 with a few programs with means closer to 1 and 2, suggesting a need for quality improvement.

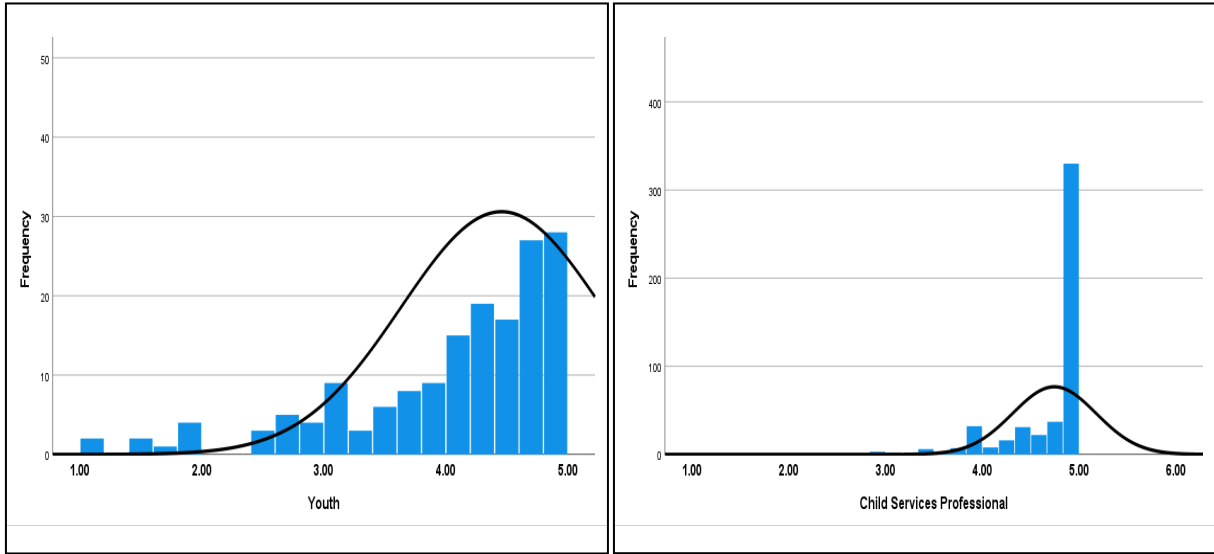
Charts 1-2. Assessment, Admission & Service Planning – Distribution of Mean Ratings by Youth (left) and Child Services Professionals (right)



Charts 3-4. Safe, Positive Living Environment – Distribution of Mean Ratings by Youth (left) and Child Services Professionals (right)



Charts 5-6. Monitor & Report Problems – Distribution of Mean Ratings by Youth (left) and Child Services Professionals (right)



Charts 7-8. Family, Culture, & Spirituality – Distribution of Mean Ratings by Youth (left) and Child Services Professionals (right)

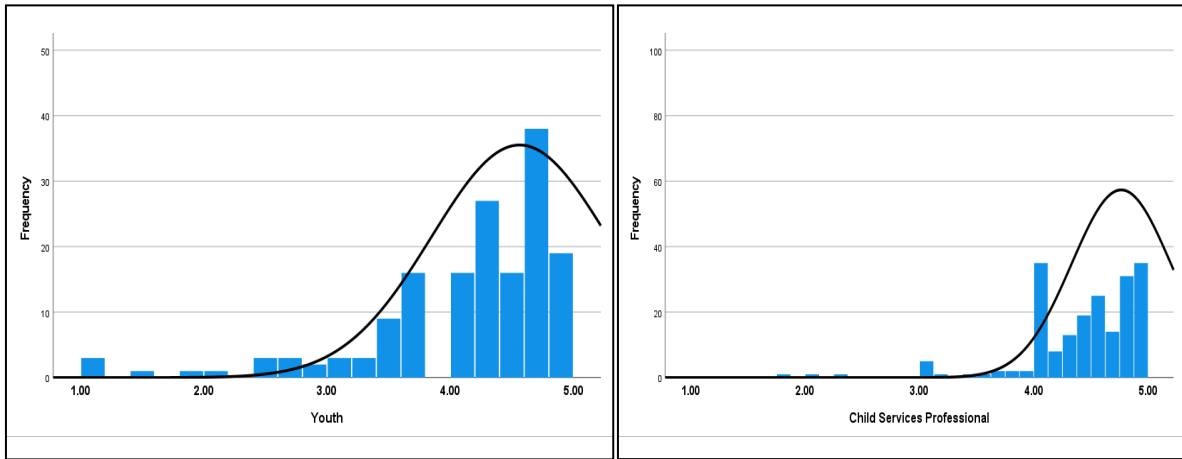
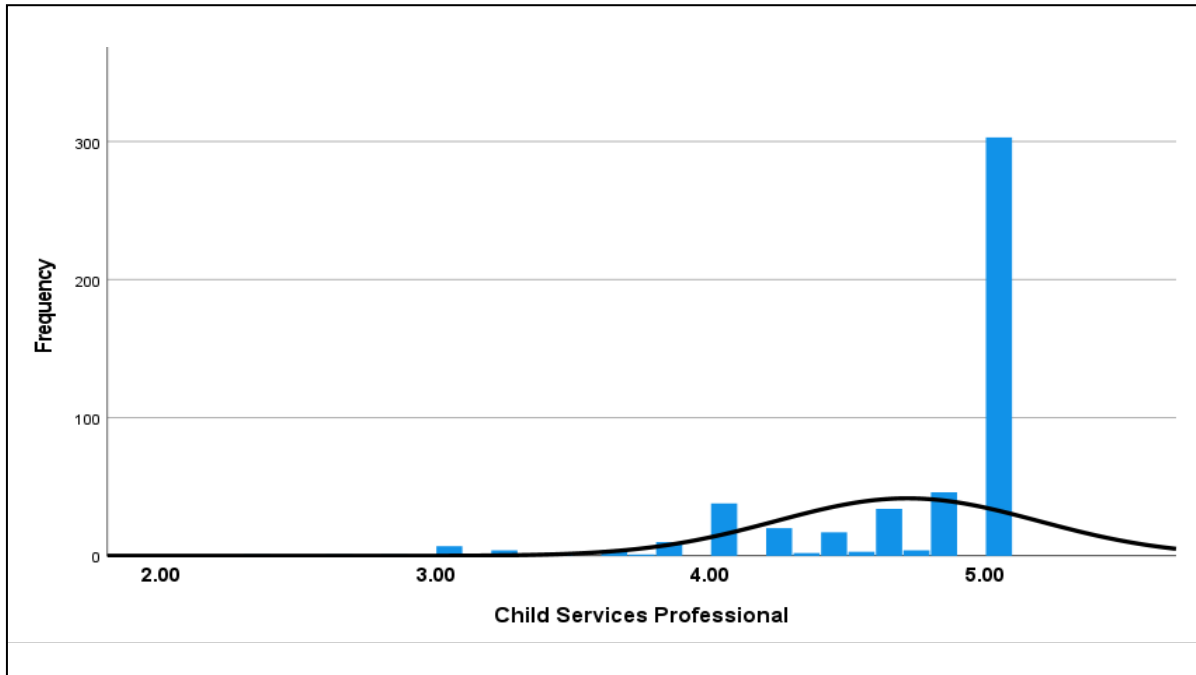
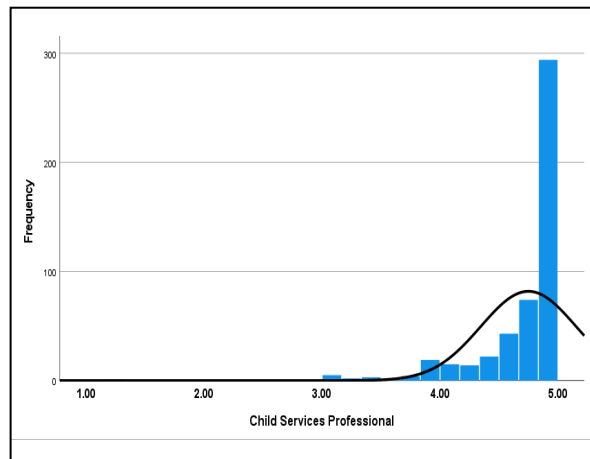
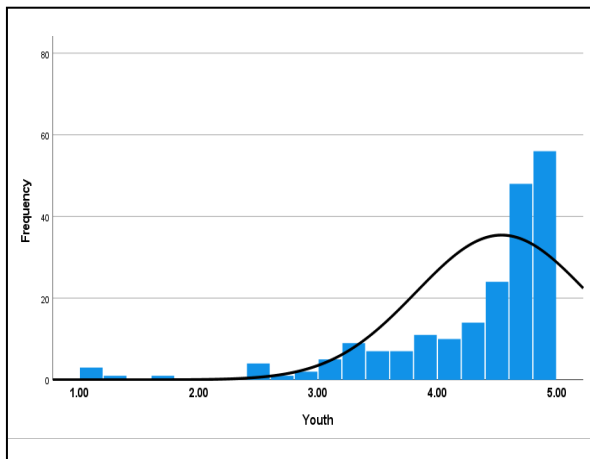


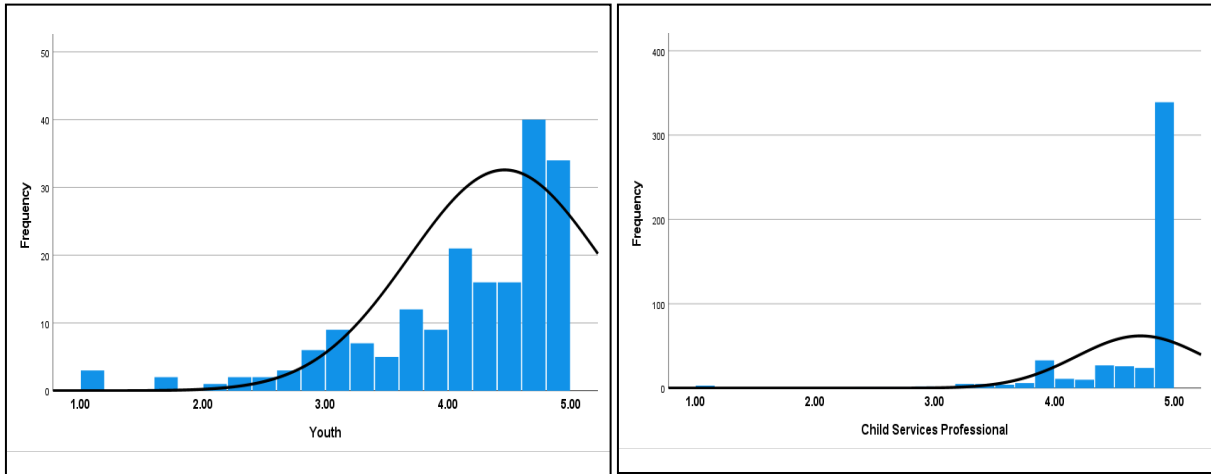
Chart 9. Professional, Competent Staff – Distribution of Mean Child Services Professionals



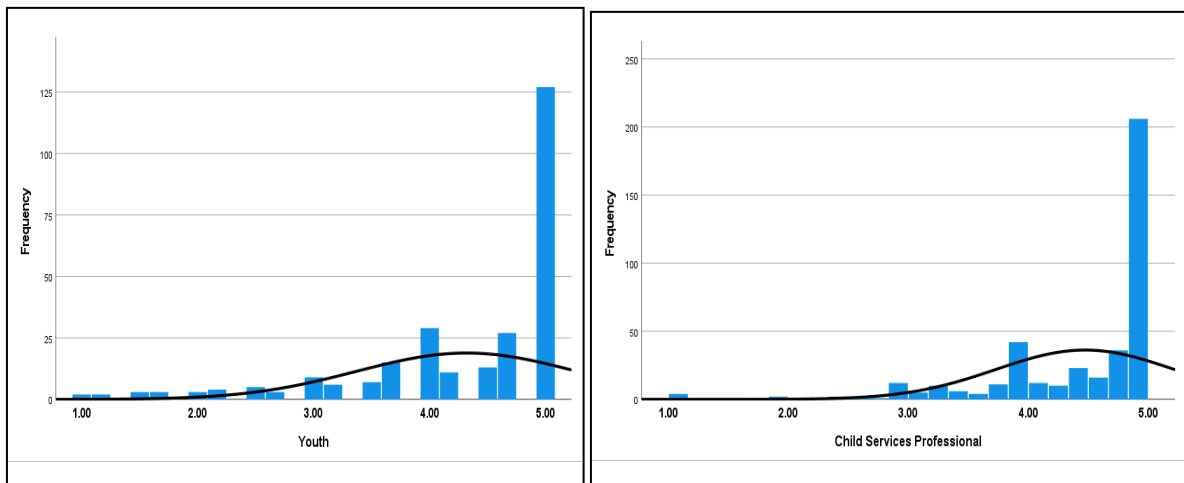
Charts 10-11. Program Elements – Distribution of Mean Ratings by Youth (left) and Child Services Professionals (right)



Charts 12-13. Education, Skills, & Positive Outcomes – Distribution of Mean Ratings by Youth (left) and Child Services Professionals (right)



Charts 14-15. Pre/Post Discharge Processes – Distribution of Mean Ratings by Youth (left) and Child Services Professionals (right)

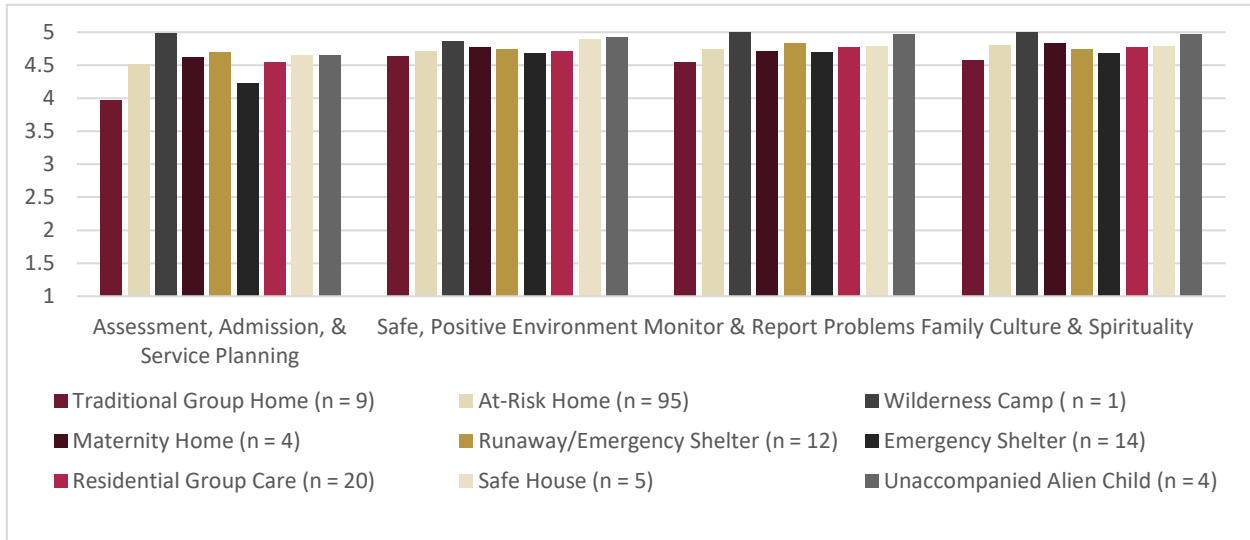


Quality Standards Assessment Baseline Results by Designated Licensing Types

Charts 16 and 17 display comparisons of domain means based on child services professional ratings by facility licensing designation. Overall, Charts 16 and 17 show most domain means are above 4 indicating, on average, quality standards in each domain are mostly met. There were slightly more observable differences in mean ratings across facility types in the domains of Assessment, Admission, and Service Planning and Pre/Post Discharge Process. Consistently, Traditional Group Home means were slightly lower across domains compared to other types of facilities. Emergency Shelter means were slightly lower on Assessment, Admission and Service Planning and Pre/Post Discharge Processes. Mean scores were slightly higher across domains for Wilderness Camps, Unaccompanied Alien Children Homes, and

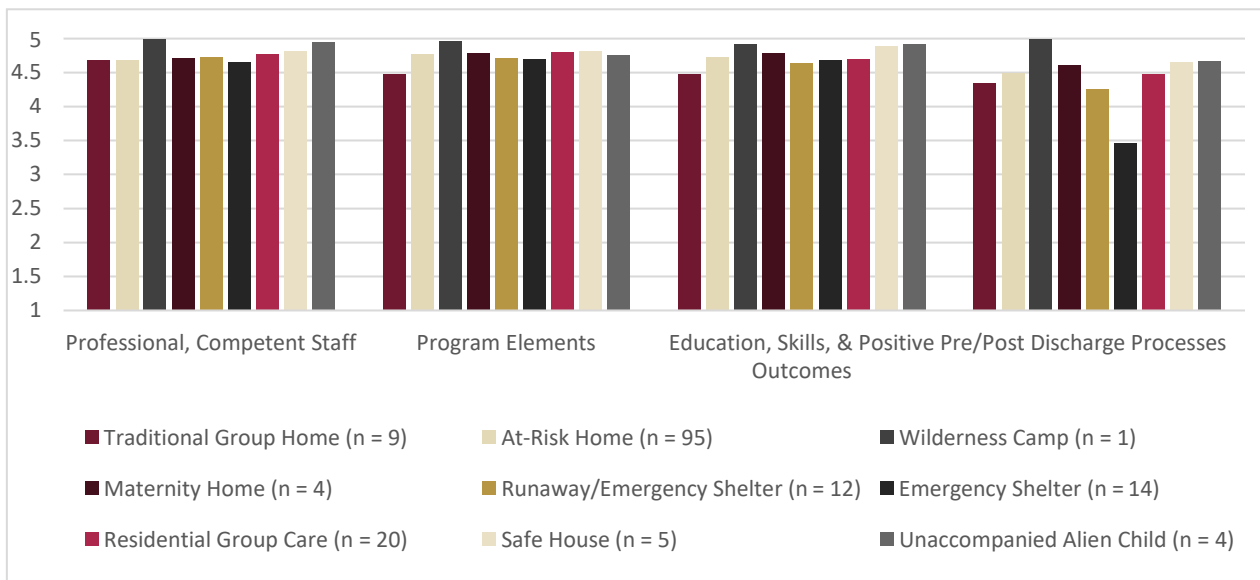
Safe Houses, respectively. However, this latter finding should be interpreted with caution due to the small number of these types of facilities in the sample.

Chart 16. Child Services Professional Quality Standards Assessment Baseline Results by Licensing Types (Domains 1-4)



Note. Child Service Professional Quality Standards Assessment (CSP QSA) means are based on the combined ratings of Directors, Direct Care Workers, Lead Agencies, and Licensing Specialists.

Chart 17. Child Services Professional Quality Standards Assessment Baseline Results by Licensing Types (Domains 5-8)



Note. Child Service Professional Quality Standards Assessment (CSP QSA) means are based on the combined ratings of Directors, Direct Care Workers, Lead Agencies, and Licensing Specialists.

Charts 18 and 19 display comparisons of domain means based on youth ratings by facility licensing designation. Overall, Charts 18 and 19 highlight relatively greater variability in means by facility type for

youth as compared to child services professionals (see Charts 16 and 17 for comparison). However, mean scores across domains were above 4, indicating that the quality standards were mostly met for all facility types. Across facilities, maternity homes' means were slightly lower on all but domain 1 (Assessment, Admission, and Service Planning), where traditional and at-risk homes had the lowest means. Both types of shelters' mean quality ratings were lowest in the domains of Safe, Positive Environment. Mean ratings for Wilderness Camps and Unaccompanied Alien Child Homes were somewhat higher than other facility types across domains. Again, caution is recommended when interpreting these findings due to the small number of these types of facilities in the sample.

Chart 18. Youth Quality Standards Assessment Baseline Results by Licensing Types (Domains 1-4)

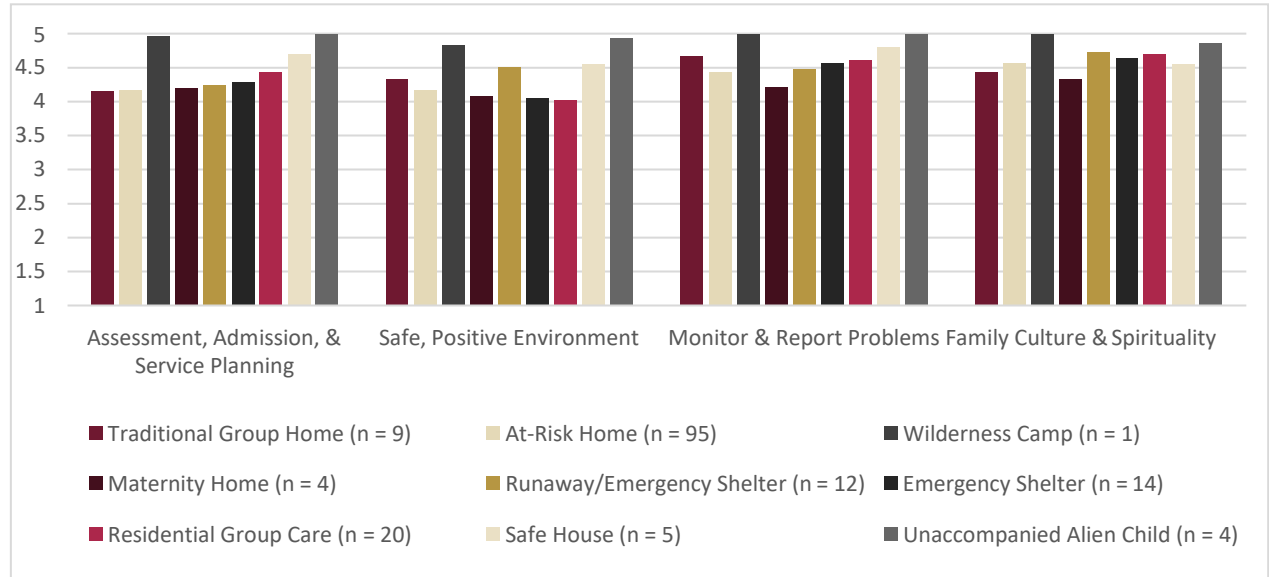
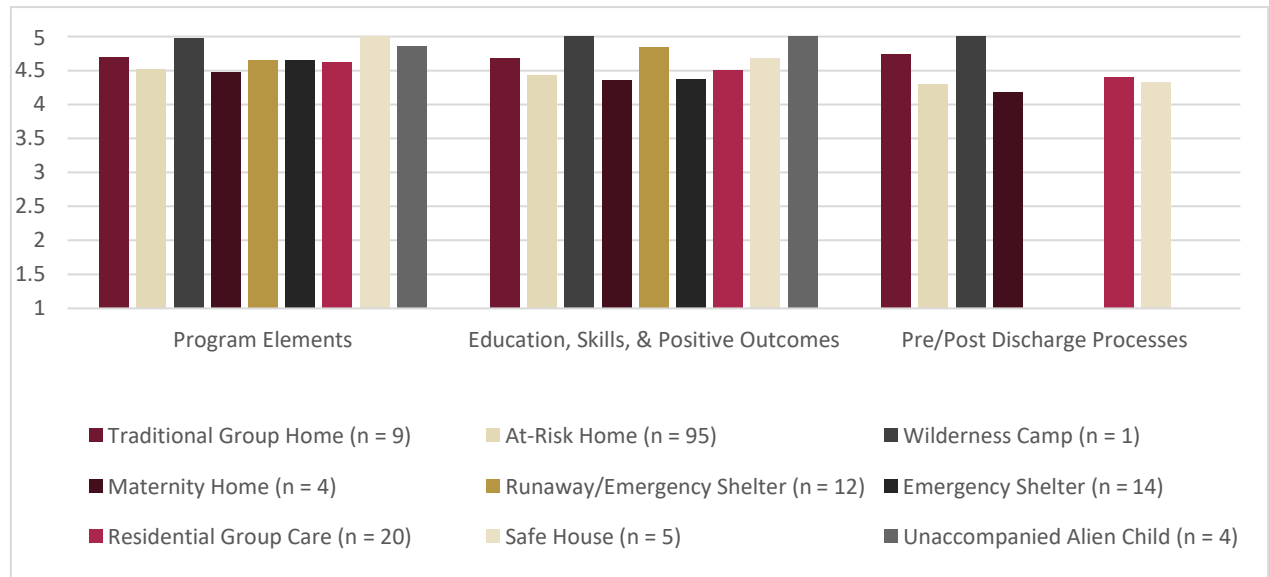


Chart 19. Youth Quality Standards Assessment Baseline Results by Licensing Types (Domains 6-8)



Note. Pre/Post Discharge Processes are excluded from Runaway/Emergency Shelter and Emergency Shelter on the Youth QSA.

Outcomes Planning Progress

Activities during fiscal year 2022-2023 focused on finalizing the QSA and building the reporting system. Additionally, a pilot outcomes study was completed in 2021-2022. Efforts to build outcome measures into the QSA as part of the SAS are highly recommended. Based on results of the outcomes pilot, adding a pre and post measures-of-youth outcomes to the SAS is feasible. During the next fiscal year, the project team will determine next steps.

Recommendations

Based on the project milestones completed to date and results from the QSA baseline, we offer the following recommendations for training, continued data collection, and next steps.

Training

To increase consistency in completion of the QSA, we recommend continued quarterly technical assistance, all newly hired licensing specialists complete the online QSA training, and brief booster training as needed. To support the use of the QSA results to promote quality improvement in individual residential programs, the evaluation team is prepared to offer technical assistance to the regional licensing teams and residential providers on how to interpret and use the QSA results to development quality improvement plans. Relatedly, to understand current uses of the QSA reports, a short 5-10 item feedback survey could be distributed to licensing specialists and providers.

Findings from the baseline most consistently show somewhat lower or more inconsistent performance in the domains – Assessment, Admission, & Service Planning and Pre/Post Discharge Processes. To support quality improvement across the state, the Department and/or partner agencies may want to focus on identifying training and resources to support quality practices in these domains. The evaluation team can provide further recommendations upon request. Identify targeted training may require a deeper dive to examine performance ratings on the specific practice items (i.e., quality standards) within the two domains. These analyses can be completed with results provided to the Department upon request.

Data Collection

Baseline findings are largely positive, suggesting most residential programs are engaging in practices that are consistent with the quality standards with some observed differences across domains and types of facilities. Continued data collection through the next year will allow for establishing performance trends to monitor service quality and the effectiveness of potential quality improvement efforts over time.

Finally, the inclusion of outcomes measures should be built into the statewide accountability system. Based on the results of the outcomes pilot and the goals to support quality improvement, this component is both feasible and necessary to ensure that quality practices are resulting in positive youth outcomes.

Conclusions

The Quality Standards and Quality Standards Assessment were created in collaboration with child welfare stakeholders throughout the state of Florida with the aim of improving the quality of residential care above and beyond licensing and accreditation standards. Development began in late 2015 and

through a series of implementation pilots and studies, the QSA is fully developed, validated, and implemented statewide.

The project team continued to support QSA data collection by providing technical assistance and building an internal QSA reporting system that allow results to be shared with the Department and the Regional Licensing Teams. Baseline performance on the quality standards was established this year. We will continue to collect trend data and support quality improvement, and sustainability and maximizing the utility of the statewide accountability system in the next year in collaboration with the Department.

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