**Residential Group Care Accountability System
ANNUAL REPORT**

Department of Children and Families
Office of Child Welfare
October 1, 2020

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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 residential group homes. The Quality Standards for Group Care was established to set core quality standards for residential group care to ensure that each residential program is managed equally to provide high-quality services to the children in their care.

Requirements outlined in section 409.996(22), Florida Statutes, require the Department, in collaboration with the Institute, to develop a statewide accountability system for residential 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 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 residential 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 residential 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 26 stakeholders including the Institute, 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 Residential 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 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 on-going evaluation

Oversight Activities

Accountability System

During the 2019-2020 report year, the Department and the Institute initiated phase seven of the project plan which included the statewide validation study and the inter-rater reliability and agreement study. These components represent major steps toward fully validating the Group Care Quality Standards 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.

Due to the onset of the COVID-19 pandemic in March 2020, data collection was delayed for both components as licensing teams adhered to mandated social distancing guidelines and responded to the rapid licensing needs to address the placement shortages resulting from the reduction of available foster home placements. To accommodate the unforeseen delays, the data collection period for the statewide validation study was extended from a deadline of January 1, 2021 to February 26, 2021. Data collection for the inter-rater reliability study was extended from the initial end date of June 30, 2020 to August 30, 2020. In each case, an additional two months was added to the timeline to allow participants additional time needed to complete forms.

Quality Standards Assessment Tool

With an approved set of quality standards and project plan, the Department asked the Institute to take the lead on the development and validation of an assessment tool designed to measure residential 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 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 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, and interviews with program directors, staff, and youth regarding their experience and judgment.

As the Department and Institute progress with the project plan, the Institute will continue data collection efforts to complete the validation and inter-rater reliability and agreement study. 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 2019-2020 Final Report. This report provides a detailed description as 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 2019-2020 Final Report*

Conclusion

The Department continues to advance towards completion of the statutory requirements and goals associated with the Quality Standards for Residential Group Homes contained in section 409.996, Florida Statutes. Despite the unforeseen setbacks due to the COVID-19 pandemic, both studies are well underway with continuing progress on data collection with the adapted procedures. It is anticipated that the extended timelines for data collection will allow ample time to collect a sufficient sample size necessary to complete all the planned analyses.

The interim findings and emerging trends observed for the statewide validation study are promising. 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.

An Assessment of Quality Standards for Florida's
Department of Children and Families Licensed
Residential Group Homes: Fiscal Year 2019-2020

Final Report

June 30, 2020

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Executive Summary

Effective July 1, 2017, Section 409.996 (22), of the Florida Statute 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, on-going assessment, and continuous quality improvement.

During 2019-2020 the statewide validation study and the inter-rater reliability and agreement study were initiated. These components represent major steps toward fully validating the GCQSA. The purpose of the validation study is to examine construct validity which refers to whether the GCQSA measures what (residential care quality) it was designed to measure. The purpose of the inter-rater reliability study of the GCQSA licensing form is to evaluate whether the GCQSA provides a consistent representation of quality. The results of this study will provide estimates of rater consistency, agreement, and overall reliability between raters

Despite some setbacks, both studies are well underway with continuing progress on data collection. Although COVID-19 presented unanticipated challenges, efforts in adapting procedures have thus far been successful. It is expected that if procedures continue as they are, along with the extended timelines for data collection, we will be on-track for completing data collection as planned with a sufficient sample size necessary to complete all the planned analyses. In addition to observed progress on data collection for both studies, the interim findings for the statewide validation study are promising. Specifically, the preliminary results show the domain means are positively related to the SSI and higher quality ratings across several of the domains were significantly associated with fewer incidents within programs including youth hospitalizations, law enforcement calls, and runaway episodes. These findings should be considered with caution as they are based on a partial sample (i.e., small sample size) and subject to change. However, the emerging trends, are promising and, if subsequent analyses produce similar results, they lend support for construct validity.

Based on on-going progress with data collection and promising interim results, we recommend continuing efforts to complete both studies as planned. We are currently on track to meet the legislative mandate to complete the Statewide Accountability System by July 2022. To date, the GCQSA represents the most rigorously developed and tested assessment of quality for residential care with growing evidence supporting its psychometric merits and ecological validity.

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Project Description

Effective July 1, 2017, Section 409.996 (22), of the Florida Statute 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, on-going assessment, and continuous quality improvement.

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" (Megivern et al., 2007, p. 118). 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 (Boel-Studt & Tobia, 2016; Farmer, Murray, et al., 2017; Lee & McMillen, 2008). Federal guidelines, such as the Adoption and Safe Families Act of 1997 and the Family First Prevention Services Act of 2017 place child well-being at the center of the quality debate (Wulczyn, Barth, Yuan, Harden, & Landsverk, 2017). For example, 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. 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 further development and the eventual validation of practice standards for residential care.

Three quality measures for children's residential programs have been developed, including the Child Welfare League of America Quality Indicators (CWLA QI; Carman & Farragher, 1994), Boys Town Performance Standards for Residential Care (BT PS; Daly & Peter, 1996), and the Building Bridges Initiative Self-Assessment Tool (BBI SAT, 2009). Each self-assessment survey is comprised of domains within which practices and conditions relevant to service delivery are assessed that providers can use to identify strengths and weaknesses to guide service improvement. Although contributing useful examples and guidance for structuring and scaling quality indicators, 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. Additionally, 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, and 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 consensus of proposed practice standards provided the workgroup with a working list of standards grounded in research and best practice guidelines. Led by 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 (Group Care Quality Standards Workgroup, 2015). 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. Group Care Quality Standard Assessment (GCQSA) Conceptual Framework
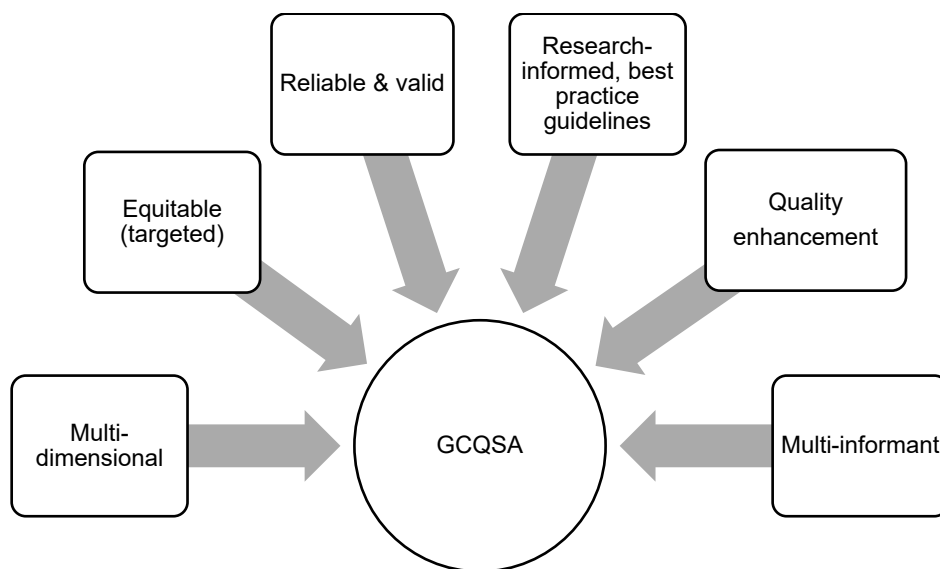
Following the completion of the initial draft of the Group Care Quality Standards Assessment (GCQSA), efforts toward validation began with establishing content validity (i.e., Do the items reflect the constructs they were designed to measure?) assessed by a panel of 16 experts (Boel-Studt et al., 2018). 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 (Boel-Studt et al., 2018). 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 on-going monitoring and technical support. Updates to the GCQSA tool, manual, and training were made based on findings from the statewide pilot study and in preparation for the statewide validation study.

2019-2020 Project Aims and Achievements

During 2019-2020 the statewide validation study and the inter-rater reliability and agreement study were initiated. These components represent major steps toward fully validating the GCQSA. A description of both studies is provided below along with a report on the status of each and interim findings where possible. Note, that the COVID-19 pandemic has delayed data collection for both components due to licensing teams needing to follow social distancing guidelines and a need for rapid licensing of new residential placements to address placement shortages resulting from family foster homes limiting new placements. As a result, the period of data collection for both components were extended by the Department. The new timelines are reflected in Table 1. Data collection for the statewide validation study was extended from the initial end data of January 1, 2021 to February 26, 2021. Data collection for the inter-rater reliability study was extended from the initial end date of June 30, 2020 to August 30, 2020. In each case, an additional two months was added to the timeline to allow participants additional time needed to complete forms.

Table 1. Updated Timeline for the Statewide Validation Study and Inter-Rater Reliabilities Study

Tasks	July 1, 2020 - June 30, 2021											
	J	A	S	O	N	D	J	F	M	A	M	J
Statewide Validation Study												
Data collection	▓	▓	▓	▓	▓	▓	▓	▓				
Technical support/monitoring	▓	▓	▓	▓	▓	▓	▓	▓	▓			
Data analysis			▒			▒	▓	▓	▓	▓	▓	▓
IRR Study												
Data Collection	▓	▓										
Technical Support/monitoring	▓	▓										
Data Analysis			▓	▓								
Quarterly Reports			▓			▓			▓			▓
Annual Report												▓

Statewide Validation STUDY

The purpose of the validation study is to examine construct validity which refers to whether the GCQSA measures the construct (residential care quality) that it was designed to measure.

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

Methods

Data is being collected from the full population of DCF licensed group homes and shelters. Similar as the previous pilots, the regional licensing teams are facilitating the assessment following the existing re-licensure timeline.

Measures

The primary measure for the validation study is the GCQSA. The GCQSA is comprised of two sections. In Section 1 data is collected on participants and group home services and models. Section 2 is the quality standards assessment and is comprised of eight subscales representing the quality domains outlined in the GCQSA manual.

Two sets of validation measures were added to the GCQSA – single item indicators (SSI) (see Appendix) and program-level indicators. Eight single item indicators (SSI) appear at the bottom of each subscale and can be used to provide evidence of convergent validity when other comparable standardized instruments do not exist (Abell et al., 2009, p. 67). To our knowledge, the GCQSA is the first measure of its kind to be validated. SSIs represent "direct, straightforward definitions of core constructs being validated". Additionally, the seven program-level quality indicators include: the number of physical restraints, hospitalizations, staff injuries, youth injuries, staff turnover, law enforcement calls, and runaway episodes that occurred within the program during the past 12 months, which were reported by the licensing specialist for each group home in their GCQSA form.

Data is being collected using Qualtrics online survey software. At the completion of the one-year validation study correlations between scores on the GCQSA and validity measures will be examined. Specifically, it is expected that the subscale scores will be positively correlated with the SSIs that are designed to provide a summary measure of each domain. We will also explore hypothesized negative correlations between program-level indicators and GCQSA subscale and global scores. That is, it is hypothesized that higher quality ratings will be associated with fewer program-level incidents.

Description of Data Collected

Comparing counts of completed forms from March 30, shows the number of completed forms over doubled increasing from 144 to 354, representing 52 licensed residential programs (for comparisons see March 31, quarterly progress report, Table 1). Substantial increases in forms completed were observed in 5 out of 6 regions. These comparisons show that despite disruptions due to COVID-19, the regional teams, residential care providers, and lead agencies are completing forms and moving forward with the assessment. Table 2 shows progress in form completion by respondent type.

Table 2. Form Counts by Respondent Type and Region

	Youth		Lead Agency		Direct Care Staff		Director		Licensing Specialist		Total	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Central	23	22.5	10	32.3	18	15.7	8	11.0	3	9.4	62	17.5
Northeast	4	3.9	0	--	7	6.1	3	4.1	0	--	14	4.0
Northwest	11	10.8	1	3.2	2	1.7	9	12.3	3	9.4	26	7.3
Southeast	21	20.6	4	12.9	56	48.7	27	37.0	7	21.9	115	32.5
Southern	19	18.6	3	9.7	16	13.9	8	11.0	5	15.6	51	14.4
Suncoast	24	23.5	13	41.9	17	14.8	18	24.7	14	43.8	86	24.3
Total	102	100.0	31	100.0	115	100.0	73	100.0	32	100.0	354	100.0

Interim Results

To examine interim findings related to the first research question (Are GCQSA scores correlated with other measures designed to measure similar quality constructs?), bivariate correlations between GCQSA domains scores and the SSI for each domain were examined across participant types. Tables 3 and 4 show the means and standard deviations for the eight GCQSA domains and the respective SSI for each domain. The Pearson's correlation coefficient was used to estimate correlations between mean domain scores and domain SSI ratings. Consistent with our hypothesis, the interim results show mean domain and SSI ratings are positively correlated. The results show all correlations are within the moderate to large range and statistically significant across all participants. The interim results provide increasing evidence supporting that the GCQSA scale scores provide valid representations of quality.

Table 3. GCQSA and SSI Descriptives and Correlations (Lead Agency, Direct Care Worker, Director)

	Lead Agency			Direct Care Worker			Director		
	M	*SD*	*Corr.*	*M*	*SD*	*Corr.*	*M*	*SD*	*Corr.*
D1	4.12	0.89	.65**	4.37	0.66	.69**	4.50	0.49	.62**

	M	SD	Corr.	M	SD	Corr.	M	SD	Corr.
SSI.1	4.25	1.11		4.51	0.85		4.80	0.47	
D2	4.66	0.41	.68**	4.64	0.46	.62**	4.80	0.32	.40**
SSI.2	4.69	0.60		4.70	0.61		4.94	0.23	
D3	4.54	0.58	.80**	4.69	0.48	.70**	4.83	0.38	.68**
SSI.3	4.58	0.58		4.72	0.58		4.83	0.41	
D4	4.58	0.52	.76**	4.75	0.45	.73**	4.83	0.28	.61**
SSI.4	4.48	0.63		4.76	0.56		4.89	0.36	
D5	4.54	0.63	.85**	4.73	0.51	.81**	4.82	0.38	.75**
SSI.5	4.46	0.72		4.72	0.58		4.79	0.48	
D6	4.75	0.38	.90**	4.72	0.44	.82**	4.85	0.27	.79**
SSI.6	4.69	0.54		4.75	0.55		4.83	0.42	
D7	4.62	0.52	.90**	4.66	0.61	.76**	4.86	0.42	.81**
SSI.7	4.64	0.56		4.73	0.56		4.84	0.40	
D8	3.68	1.07	.80**	4.44	0.75	.84**	4.24	0.75	.78**
SSI.8	4.07	1.09		4.58	0.69		4.49	0.92	

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 4. GCQSA and SSI Descriptives and Correlations (Licensing Specialist, Youth)

	Licensing Specialist			Youth		
	M	SD	Corr.	M	SD	Corr.
D1	4.22	0.74	0.77**	4.27	0.76	0.38**
SSI.1	4.21	0.68		4.26	1.00	
D2	4.72	0.33	0.68**	4.17	0.78	0.59**
SSI.2	4.63	0.49		4.66	0.61	
D3	4.54	0.52	0.60**	4.47	0.77	0.63**
SSI.3	4.07	1.16		4.46	0.94	
D4	4.63	0.49	0.78**	4.57	0.64	0.67**
SSI.4	4.65	0.55		4.68	0.60	
D5	4.70	0.52	0.90**	--	--	--

	M	SD	Corr.	M	SD	Corr.
SSI.5	4.61	0.62		--	--	
D6	4.55	0.72	0.47**	4.60	0.57	0.80**
SSI.6	4.13	1.20		4.65	0.75	
D7	4.67	0.58	0.85**	4.33	0.87	0.77**
SSI.7	4.50	0.80		4.44	0.99	
D8	3.67	1.01	0.90**	4.26	0.96	0.75**
SSI.8	3.77	1.08		4.54	0.85	

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; *Corr.* = Pearson's Correlation Coefficient *p<.05; **p<.01; ***p<.001.

To examine interim findings related to research question 2 (Are higher scores on the GCQSA correlated with fewer program-level incidents?), correlations between domain means and the incidents that occurred within the past 12 months were examined. Counts of program incidents were available for 29 residential programs with completed licensing forms. Table 5 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 indicated the number of certain types of incidents varied substantially by program (e.g., law enforcement calls, runaway episodes).

Despite the small number of programs with completed data on program incidents, some emerging trends were observed. Table 6 displays statistically significant correlations between GCQSA means scores and the number of documented incidents within programs. Note, the number of forms completed by lead agencies for programs with incident data were too few (*n* = 10) to include in these interim analyses. Examining mean scores of youth, direct care workers, directors, and licensing specialist shows several negative, moderate to large correlations between domains scores and program incidents. These results are suggestive of a trend supporting that higher quality ratings within certain domains are predictive of fewer incidents occurring at the program level. The most salient correlations were observed between GCQSA domains scores and fewer calls for law enforcement to intervene. This was followed by youth hospitalizations and runaway episodes.

Notably, associations between domain scores and program incidents varied by respondent type. However, some consistencies were observed between direct care workers and directors on the domains associated with law enforcement calls, suggesting quality practices spanning most domains may influence reliance on law enforcement to intervene. Further, consistencies in domains associated with hospitalization and runaway episode were observed between ratings of licensing specialists and youth. These preliminary results may suggest quality practices within two domains, Family, Culture, and Spirituality, and Education, Skills, and Positive Outcomes, may be associated with fewer incidents of these types.

Table 5. Number of Program Incidents Documented within Previous Twelve Months

Incident Type	Mean	SD	Median
Physical restraint	2.03	6.64	0
Hospitalization	4.04	7.29	0
Staff injury	0.28	0.59	0
Youth injury	1.52	2.53	0
Staff turnover	10.04	12.53	6.00
Law enforcement calls	19.24	51.13	3.00
Runaway	18.46	55.91	1.50

Table 6. Correlations between GCQSA Domains Ratings & Program Incidents

Incident Type	Youth ($n = 30$) Domain	Corr.	Direct Care Worker ($n = 31$) Domain	Corr.	Director ($n = 33$) Domain	Corr.	Licensing Specialist ($n = 29$) Domain	Corr.
Restraint	--	--	D2	-.38*	--	--	--	--
Hospitalization	D2	-.44*	--	--	--	--	D4	-.52**
	D4	-.43*					D7	-.41*
	D6	-.49**						
	D7	-.44*						
Youth injury	--	--	--	--	--	--	D5	-.42*
Staff turnover	--	--	--	--	D8	-.60**	--	--
Law enforcement	--	--	D1	-.63**	D1	-.42*	D4	-.43*
			D2	-.56**	D2	-.68**		
			D4	-.56**	D3	-.53**		
			D5	-.54**	D4	-.54**		
			D6	-.48**	D5	-.55**		
			D7	-.56**	D6	-.70**		
			D8	-.75**	D7	-.68**		
Runaway	D4	-.40*	--	--	--	--	D4	-.64
	D7	-.47*					D7	-.62

Note. Results presented are truncated to highlight statistically significant emerging trends. D1 = Assessment, Admission, & Service Planning; D2 = Safe, Positive Living Environment; D3 = Monitor & Report Problems; D4 = Family, Culture, & Spirituality; Professional & Competent Staff; D6 = Program Elements; D7 = Education, Skills & Positive Outcomes; D8 = Pre-Discharge/Post Discharge Processes; Corr. = Pearson's Correlation Coefficient; *$p<.05$; **$p<.01$; ***$p<.001$.

Inter-Rater Reliability Study

Inter-rater reliability is 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 is to evaluate whether the GCQSA provides a consistent representation of quality. The results of this study will provide estimates of rater consistency, agreement, and overall reliability between raters. Extraneous sources of error (e.g., rater subjective biases) can result in unreliable measures that, in some cases, can be addressed through training and supervision if identified.

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 and, 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 IRR and IRA for these forms. However, each group home was rated by only one licensing specialist and, therefore, IRR and IRA cannot 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 IRR and IRA for the licensing forms is essential to the overall validity and utility of the GCQSA. The proposed study is 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) are participating in the study. The Northeast region has only one licensing specialist and, therefore, is ineligible to participate. However, the aim is to provide information that is generalizable across the state. Six group homes in each of the five regions that are due for re-licensing inspections within the six-month study period were selected for inclusion in the IRR/IRA study for a total of 30 group homes. The regional licensing teams identified the six group homes that will be assessed by two raters using the GCQSA. Two raters (i.e., licensing specialists) will complete the GCQSA for each identified group home to coincide with the relicensing inspection.

Description of Data Collected

To date, forms have been completed by at least 1 rater for 9 out of 30 residential programs selected for inclusion. That is, data collection has been initiated for the IRR study for 30% of the group home selected into the study. Table 7 shows the number of programs with at least one form completed followed by programs with both forms completed. Two regions have programs with at least one of two required licensing forms completed while three have one or more programs with both forms complete. Although progress toward completing the IRR study was slowed by COVID-19, in some cases (e.g., Central region) the group homes selected for inclusion are not due for re-licensing until July or August, thus, forms have not yet been completed. Due to the small number of completed forms, interim analyses could not be completed.

Table 7. Counts of Forms Completed for the Inter-rater Reliability Study

	Programs 1 form completed	% in-Progress	Program with 2 forms completed	% Complete
Central	--	--	--	--
Northwest	--	--	1/6	17.0%
Southeast	3/6	50.0%	0/6	--
Southern	1/6	17.0%	1/6	17.0%
Suncoast	--	--	3/6	50.0%
Total	4/30	13.3%	5/30	16.6%

Technical Support

The research team continues to provide on-going technical support to regional licensing teams. Technical support activities included a quarterly progress call in February/March, providing monthly summaries of

form completion, responding to email inquiries and calls with licensing specialists as needed to address questions. The next quarterly progress call is being scheduled for the end of July. During this call, we will discuss progress on both studies, preparations for completing data collection for the IRR study, and address any additional questions.

Discussion of Progress and Next Steps

Despite setbacks, both studies are well underway with continuing progress on data collection. Although COVID-19 undoubtedly presented unanticipated challenges, efforts in adapting procedures have thus far been successful. It is expected that if procedures continue as they are along with the extended timelines for data collection, we will be on-track for completing data collection as planned with a sufficient sample size necessary to complete all the planned analyses. In addition to observed progress on data collection for both studies, the interim findings for the statewide validation study are promising. Specifically, the preliminary results show that the domain means are positively related to the SSI and higher quality rating across several of the domains were significantly associated with fewer incidents within programs including youth hospitalizations, law enforcement calls, and runaway episodes. These findings should be considered with caution as they are based on partial data (i.e., small sample size) and subject to change. However, the emerging trends, are promising and, if subsequent analysis produce similar results, they lend support for construct validity.

Recommendations

Based on on-going progress with data collection and promising interim results, we recommend continuing efforts to complete both studies as planned. We are currently on track to meeting the legislative mandate to complete the Statewide Accountability System by July 2022. To date, the GCQSA represents the most rigorously developed and tested assessment of quality for residential care with growing evidence supporting its psychometric merits and ecological validity.

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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 plan for when I leave here, including how to get along with others, stay out of trouble, and do well after I leave here.