



**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 Group Care Quality Standards for Accountability (GCQSA) were established to set core quality standards for group care to ensure that each program is consistently providing high-quality services to the children in its care.

Requirements outlined in section 409.996(25), 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 6 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 in ensuring that children are 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 were developed and approved by the Department.

The approved quality standards are captured within the following eight domains:

Quality Practice in Group Care

- Assessment, Admission, and Service/Treatment Planning
- Positive, Safe Living Environment
- Monitor & Report Problems
- Family, Culture, & Spirituality
- Professional & Competent Staff
- Program Elements
- Education, Skills, & Positive Outcomes
- Pre-Discharge/Post-Discharge Processes

The Department requested the Institute lead the development of a project plan that consisted of eight phases, including the following:

1. Advocacy & 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 & evaluation
8. Full implementation & ongoing evaluation

Oversight Activities

Accountability System

During the 2023-2024 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 2023, and data collection for the statewide validation study was completed on June 30, 2024. The research team monitored data collection and provided quarterly technical assistance to support timely data collection and completion of the GCQSA. The team also continued to build GCQSA reports for the Department. Data analyses conducted included comparisons of trends in performance from year 1 (baseline) to year 2 and examining performance by different types of licensed residential facilities. A full description of both studies is provided in this report, along with detailed findings on the status of each.

The Institute has successfully met all requirements to develop, validate, and implement the GCQSA and its contract with the Department has expired as of June 30, 2024. The Institute's research team met with the Department to establish a plan for the successful transition of the GCQSA to the Department's Quality and Innovation Team and the data captured in the Institute's Qualtrics system was transferred to the Department's Survey Data and Analysis System. All data was successfully transferred to the Department by September 11, 2024.

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, including: 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 2023-2024 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 2023-2024 Final Report.*

Conclusion

The focus on finalizing the GCQSA and building the reporting system was completed during Fiscal Year 2023-2024. All six regions engaged in the GCQSA data collection, providing a complete statewide measure of all quality standards for group homes.

The Department continues to make progress in ensuring compliance with the statutory requirements and goals associated with the Group Care Quality Standards contained in section 409.996, Florida Statutes.

Appendix A



An Assessment of Quality Standards for Florida's Department of Children and Families Licensed Residential Group Homes – Final Report

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Executive Summary

Effective July 1, 2017, Section 409.996 (25) of the Florida Statutes 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. In accordance with the Statute, the SAS was fully implemented statewide on July 1, 2022. Activities completed during July 1, 2023-December 15, 2023, included monitoring Year 2 data collection, building provider, state, and regional QSA reports, and providing technical assistance to the regional licensing teams to support QSA completion.

The total number of completed QSAs between July 1, 2024, and June 13, 2024 (Year 2). In total, 300 QSA were completed in 2024 (Suncoast = 25.0%, Central = 29.0%, Southeast = 20.6%, Northeast = 18.0%, Southern = 7.3%)

Across respondents, mean scores reflected standards were viewed in the “mostly met” score range. Some notable consistencies in domain rankings emerged across respondents. Family, Culture, & Spirituality was among the highest rated domains across four out of respondent types (i.e., youth, Direct Care Staff, Directors, Licensing Specialist), suggesting this is a consistently strong practice area. Additionally, Program Elements emerged as among the highest ranked domains across multiple respondent types (i.e., youth, lead agency, Direct Care Staff, Licensing). Consistently, across all respondent types, Assessment, Admission, and Service Planning and Pre- and Post-Discharge Processes were rated the lowest, suggesting these are areas of more inconsistent or poorer performance. Among youth, mean score on Positive, Safe Living Environment was rated the lowest. The results highlight the importance of multiple perspectives and the relevance of attending to small numeric differences in ratings, which may have greater practice significance than the relatively minor differences in numbers may suggest. Based on the project milestones completed to date and results from the QSA baseline and year 2, we recommend 1) training to increase constituent utilization of the QSA, 2) training focused effective practices in the domains of Assessment, Admission, and Service Planning, Safe, Positive Living Environment, and Pre/Post Discharge Processes and, finally, 3) the inclusion of outcomes measures as part of the Statewide Accountability System.

The Quality Standards initiative in Florida began in late 2014 with the convening of a statewide workgroup led by the Department and the Florida Coalition for Children. This effort was both innovative and an example of a highly successful collaborative effort in a state to promote quality residential care. Following successful pilots, the QSA was fully validated and implemented statewide as part of Florida Statewide Accountability System. This Quality Standards initiative in Florida has achieved recognition beyond the state. When fully implemented and utilized to inform quality improvement, the QSA has the potential to transform residential services to support high quality care for children based on the best available research on effective practice.

Background

Effective July 1, 2017, Section 409.996 (25) of the Florida Statutes 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. In accordance with the Statute, the SAS was fully implemented statewide 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 (FICW) to lead the development and validation of the Quality Standards Assessment (QSA),¹ which serves as the core measure of the SAS. The QSA measures residential programs’ performance on 59

¹ The previous title, *Group Care Quality Standards Assessment (GCQSA)*, was shortened to the *Quality Standards Assessment (QSA)* for the new name 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).

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 represents the most rigorously developed and tested assessment of quality residential care. This report summarizes activities completed and underway between July 1, 2023, through March 28, 2024.

2023-2024 Scope of Work

The scope of work for 2023-2024 included collecting QSA Year 2 performance data from all Department licensed residential programs. Year 2 QSA data collection began on July 1, 2023, and will continue through June 30, 2024. In preparation for data collection, the research team completed annual updates to the QSA to ensure all currently licensed residential programs are represented and that tracking reports used by licensing teams to monitor QSA completion by providers and Qualtrics generated reports were updated. The research team continued to monitor data collection and provide quarterly technical assistance to support timely data collection and completion of the QSA. The team also continued to build QSA reports for the regional licensing teams and state. Data analyses included comparisons of trends in performance from year 1 (baseline) to year 2 and examining performance by different types of licensed residential facilities. The Florida State University research team met with the Department establish a plan for transition the QSA to their Quality and Innovation Team by July 1, 2024.

Description of Data Collected in 2024

Table 1 shows the total number of completed QSAs between July 1, 2024, and June 13, 2024 (Year 2). In total, 300 QSA were completed in 2024 (Suncoast = 25.0%, Central = 29.0%, Southeast = 20.6%, Northeast = 18.0%, Southern = 7.3%)

Table 1. Quality Standards Assessment Counts by Respondent Type and Region from July 1, 2023-June 13, 2024

	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	34	39.1	0	--	34	39.1	14	16.1	5	5.7%	87	100
Northeast	16	29.6	5	9.2	10	18.5	13	24.1	10	18.5	54	100

Northwest	0	--	0	--	0	--	0	--	0	--	0	--
Southeast	31	50.0	0	--	13	20.9	10	16.1	8	12.9	62	100
Southern	2	9.0	1	4.5	6	27.3	8	36.4	5	9.0	22	100
Suncoast	17	22.7	6	8.0	28	37.3	22	29.3	2	2.6	75	100
Total	100	33.3	12	4.0	91	30.3	67	22.3	30	10.0	300	

Note. Results as of June 13, 2024. Total percentages may not equal 100 due to rounding.

Descriptive Analysis of Data Collected in Year 2 (July 1, 2023 – June 13, 2024)

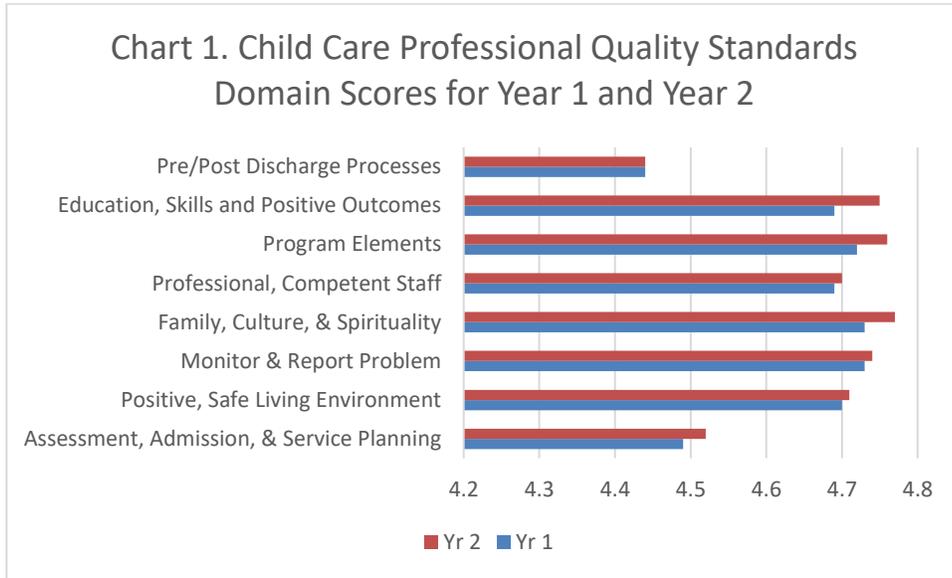
Table 2 displays interim QSA domain means and standard deviations. Mean scores ranged from 4.03 (Lead Agency and Licensing Specialists, Pre/Post Discharge Processes) to 4.87 (Residential Program Directors, Family, Culture, & Spirituality and Professional, Competent Staff). Across respondents, mean scores reflected standards were viewed in the “mostly met” score range. Some notable consistencies in domain rankings emerged across respondents. Family, Culture, & Spirituality was among the highest rated domains across four out of respondent types (i.e., youth, Direct Care Staff, Directors, Licensing Specialist), suggesting this is a consistently strong practice area. Additionally, Program Elements emerged as among the highest ranked domains across multiple respondent types (i.e., youth, lead agency, Direct Care Staff, Licensing). Consistently, across all respondent types, Assessment, Admission, and Service Planning and Pre- and Post-Discharge Processes were rated the lowest, suggesting these are areas of more inconsistent or poorer performance. Among youth, mean score on Positive, Safe Living Environment was rated the lowest. The results highlight the importance of multiple perspectives and the relevance of attending to small numeric differences in ratings, which may have greater practice significance than the relatively minor differences in numbers may suggest.

Table 2. Year 2 Quality Standards Assessment Domain Means by Respondent

	Youth		Lead Agency		Direct Care Staff		Director		Licensing Specialist	
	M	SD	M	SD	M	SD	M	SD	M	SD
Assessment, Admission & Service Planning	4.29	.68	4.38	.60	4.61	.46	4.61	.45	4.12	.96
Safe Living Environment	4.09	.76	4.42	.57	4.75	.31	4.80	.27	4.56	.86
Monitor & Report Problems	4.39	.76	4.53	.50	4.81	.41	4.82	.30	4.42	.83
Family, Culture, & Spirituality	4.48	.74	4.56	.42	4.82	.33	4.87	.27	4.44	.91
Professional, Competent Staff	--	--	4.56	.85	4.79	.38	4.81	.29	4.28	.92
Program Elements	4.48	.70	4.79	.39	4.82	.27	4.84	.25	4.41	.78
Education, Skills, & Positive Outcomes	4.42	.81	4.65	.64	4.81	.38	4.86	.27	4.33	.87
Pre/Post Discharge Planning Processes	4.16	.96	4.03	.70	4.57	.72	4.55	.69	4.03	.59

Trend Charts Comparing year 1 (baseline) and year 2 QSA Domain Scores

In year 1, 920 childcare professionals, inclusive of lead agency personnel, direct care staff, directors, and licensing specialists completed a QSA compared to 285 in year 2 demonstrating a marked decline in participation. Chart 1. displays trends from year 1 to year 2 across domain score show consistency in mean ratings falling largely within the “standards are mostly met” range. For both years, Assessment, Admission, and Service Planning and Pre-Post Discharge Process were the lowest rated domains.



In year 1, 248 youth completed the QSA compared to 104 in year 2, also demonstrating a decline in participation. Youth scores were more varied, falling into the “standards are somewhat met” to “standards are mostly met” range. Notably, youth ratings for both year 1 and year 2 were lowest for Positive, Safe Living Environment and were slightly lower in year 2 compared to year 1.

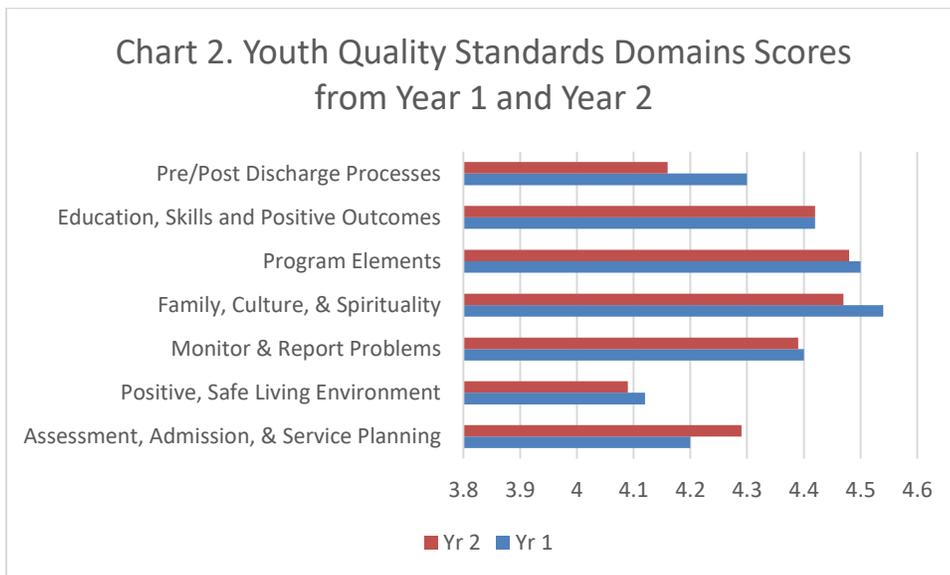


Table 3 shows counts of completed QSA by type of licensed facility in year 2. Due to low completion rates, limited data is available to show QSA domain scores for different types of licensed residential facilities.

Table 3. Year 2 Counts of QSAs Completed for Different Types of Licensed Facilities

	Count	Percent
Traditional Group Home	3	3.2
At-Risk Home	29	30.9
Wilderness Camp	2	2.1
Maternity Home	18	19.1
Runaway/Emergency Shelter	7	7.4
Emergency Shelter	13	13.8
Residential Group Care	22	23.4
Total	94	100

Conclusions on Outcomes

Discussion to incorporate outcomes into the QSA as part of the Statewide Accountability System has not been revisited by the Department at this time.

Recommendations

Based on the project milestones completed to date and results from the QSA baseline and year 2, 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 develop quality improvement plans. Relatedly, to understand the 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. Additionally, a trend in lower performance on the Safe, Positive Living Environment among youth completing the QSA should be further explored and considered for additional training or TA where relevant. The evaluation team can provide further recommendations upon request. Identifying 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 and Year 2 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.

Conclusion

The Quality Standards Initiative in Florida began in late 2014 with the convening of a statewide workgroup led by the Department and the Florida Coalition for Children. This effort was both innovative and was an example of a highly successful collaborative effort in a State to promote quality residential care. Following successful pilots, the QSA was fully validated and implemented statewide as part of Florida Statewide Accountability System. This Quality Standards initiative in Florida has achieved recognition beyond the state. When fully implemented and utilized to inform quality improvement, the QSA has the potential to transform residential services to support high quality care for children based on the best available research on effective practice.