
REPORT

The Development and Validation of an Assessment of Quality Standards for Residential Group Care

July 15, 2016

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*Funded through a contract with the
Florida Institute for Child Welfare*



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Abstract

The purpose of this planning grant was to support the development of a draft quality rating scale for residential group homes in Florida and to design the pilot and validation studies. Activities completed during the grant period included operationalizing the set of standards created by the Group Care Quality Workgroup, conceptualizing the Group Care Quality Rating Scale (GC-QRS) and completing a draft pool of items for the provider and youth forms of the GC-QRS. A training and implementation plan has been outlined and the pilot and validations studies have been designed in collaboration with DCF project staff. The kick-off training of licensing specialists in the NE and Southern DCF service regions is planned for September 2016 and the implementation pilot is scheduled for October-December 2016 followed by training in additional regions and the instrument validation study beginning in February 2017. Thus far, we have been largely successful in meeting key project milestones that were proposed for this planning grant.

Project Description

The purpose of this project was to adapt an evidence-based The Group Care Quality Standards statewide work group was established by the Florida Department of Children and Families (DCF) and the Florida Coalition for Children in April 2015. The aim of the workgroup was to develop a set of core quality standards for DCF licensed residential group homes to ensure children receive high quality, needed services that surpass the minimum thresholds currently assessed through licensing. The workgroup was comprised of 26 stakeholders including residential group care administrators, service providers, and representatives of DCF and the Florida Institute for Child Welfare (FICW). The standards were derived from published literature delineating proposed standards for group care and the combined expertise of the workgroup members. A set of draft standards was completed in August of 2015. The final set included eight domains of quality comprised of 59 standards and 248 sub-standards (see Group Care Quality Standards Workgroup, 2015). Following DCF approval of the standards, the Florida Institute for Child Welfare was asked to take the lead in the development and validation of an instrument designed to evaluate Florida group homes' implementation of the quality practice standards.

In Florida, all group homes must be licensed in order to provide services to children. All group homes must maintain their license and go through annual re-licensing inspections conducted by DCF licensing specialists to ensure conditions and services meet requirements outlined in the administrative code (C65-14). The GC-QRS has been designed to be implemented as part of the DCF licensing renewal process. In addition to the usual licensing inspection, group home providers will be required by DCF to complete the GC-QRS annually as part of the re-licensing process. The aim of the GC-QRS is to provide information to group home providers and DCF to help monitor and improve the quality of services through identifying areas of strengths and areas of needed improvement. Importantly, the GC-QRS is designed to be completed by multiple stakeholders allowing for all those involved or impacted by the quality of care in group homes to have a voice in determining quality and identifying targeted areas for improvement. This will provide an important means for providers to make improvements to areas within their purview and for DCF to provide guidance and supports to providers so they have the resources needed to increase the quality and effectiveness of their services.

Led by Dr. Boel-Studt, a collaborative process was used to design the draft GC-QRS and implementation process that included members of the research team (Dr. Boel-Studt, Helen Osborne, *Graduate Research Assistant, FICW*), DCF (Zandra Odum, *DCF Project Management Consultant*; Xiomara Turner, *DCF Statewide Foster Care Licensing Specialist*) and a subcommittee comprised of members of the statewide workgroup (Patricia Babcock, *Interim Director, FICW*; Ken Bender, *Executive Director, Boys Town North Florida*, Brad Gregory, *Vice President of Programs, Florida Sheriffs Youth Ranches*, Don LaBrecque, *Director of Quality Improvement, Florida Sheriffs Youth Ranches*, Evan Leach, *DCF Regional Licensing Manager, Suncoast*). Dr. Neil Abell (Professor, Florida State University College of Social Work), a leading expert in the development of assessments, served as the measurement consultant and Dr. Jon Huefner (Research Scientist, Boys Town National Research Institute), a national expert on RGC, has

served as a project consultant since the project's inception. We initially conceptualized quality of care as a multi-dimensional construct in which the overarching construct (i.e., quality care in RGC) was theoretically comprised of eight *a priori* domains (subscales) determined by the workgroup with the standards representing the dimensions of quality within each of the domains. Drawing upon this conceptual framework, the research team employed a distillation process that involved extracting and refining information from the source document, *Quality Standards for Residential Group Care* (Group Care Quality Standards Workgroup, 2015) to obtain a set of measurable standards. Based on content within the source document, we created working definitions for each domain and operational definitions for each of the core standards. The distilled standards were then reviewed by the research team, the subcommittee, child advocates in the state of Florida and two former foster youth with prior placements in RGC. Additional revisions were made based on the feedback that was provided from the reviews. The current set of distilled standards includes the original eight quality domains comprised of 51 operational standards. Additionally, we conducted a comprehensive review of the state's licensing criteria and licensing process to determine how to best integrate the GC-QRS into the existing licensing process statewide. Our review of licensing criteria confirmed that 75% of the standards either extend current licensing criteria or represent practices that are not currently assessed. This is a positive finding, as it indicates that conceptually the standards compliment and expand upon current licensing criteria and are well aligned with the intended function of quality standards as defined in the literature (ACRC 2009; Lee & McMillen, 2008).

Dr. Boel-Studt worked with DCF lead project staff to develop a plan for training state licensing specialists on the GC-QRS and to design the pilot and validation studies. Due to the scope of integrating a new process into a statewide system, the GC-QRS will be rolled out slowly in phases of two regions at a time over the course of approximately 14 months (October 2016 – December 2017). The pilot test and validation study have been designed to fit the timeline of a phased rolled-out. From July 1, 2016 to June 30, 2017 the GC-QRS will first be rolled out in the Northeast and Southern regions for the implementation pilot. Following the pilot, the Southeast and Suncoast regions will be trained in the GC-QRS implementation procedures. Initially, the validation study will include group homes in the Northeast, Southern, Southeast, and Suncoast regions. The Central and Northwest regions will be trained in the summer of 2017 and added to the validation study. These studies will provide information needed to ensure proper implementation of the GC-QRS and that the instrument scores are reliable and valid indicators of quality as defined by the Group Care Quality Standards Workgroup (2015).

Because this was a planning grant, this project has not reached point in which outcomes data has been collected, only project deliverables related to the purposes of the planning grant. However, CFSR outcomes were instrumental in guiding the design of GC-QRS. Several items reflect practices related to helping children achieve safety (CFSR 1), permanency (CFSR 3, 4) and Well-being (CFSR 5, 6, 7). In future proposed evaluations of the GC-QRS focusing on predictive validity, we would be able to assess the relation between group homes ratings on the quality standards and CFSR related outcomes.

Results

Given the stage of this project, we have not yet begun to collect data. However, we have successfully met the proposed project milestones to be completed during this planning grant (see table Planning Grant Completed Milestones). Specifically, the instrument including a draft pool of items, scaling, scoring, formatting and implementation procedures have been designed. For each group home, the GC-QRS will be completed by four groups of raters: group care providers, child welfare case managers, child welfare placement agencies (e.g., CBCs), DCF licensing specialists and youth receiving services in the group homes. There are two versions of the GC-QRS, the provider form and the youth form. Both forms are self-administered surveys comprised of items designed to tap into each of the standards within each of the eight domains. The licensing specialists will complete the form using evidence gathered from an extensive document review. An administration and scoring manual will be provided to licensing specialists and group care providers. Items are rated using a 5-point Likert-type scale ranging from 0 (never) to 5 (always). A means-based scoring system will allow for ease of scoring and item weighting. Scores can be obtained for the eight subscales and a total score can be obtained from the averaged subscale scores for each type of rater. A global score reflecting overall quality of care can be computed from the combined mean scores of different raters producing an overall score based on input from multiple key stakeholders. The licensing specialists will oversee the completion of the GC-QRS for each group home within their jurisdiction. Currently, we are in the process of finalizing a draft pool of items for the provider and youth versions of the GC-QRS. The initial pool of items was completed and reviewed by Drs. Boel-Studt and Abell on June 24th. Dr. Boel-Studt has worked with DCF lead project staff to develop a training plan and the pilot and validation studies (described above). Funding for the next phase of the project was secured from the FICW on June 17, 2016.