



# Consumer Perspectives: Youth Ratings of Residential Care

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# Why Quality Standards are Essential

- Research shows most youth improve during residential care, but not all programs are created or managed equally.
- The quality of care children receive affects service outcomes.
  - It is important to include youth perspective in evaluating quality
- Quality standards for practice offers a useful means for:
  - Evaluating the quality of care provided
  - Informing the process of continuous quality improvement

# Families First Preventive Services Act

- FFPSA has several positive elements
  - Entitlement-funded prevention services for children and families
  - A definition of quality for community prevention services based upon their status as evidenced-based practices or programs (EBPs)
  - A definition of quality residential care that includes:
    - Discharge planning services
    - Promotion of family involvement
    - Use of trauma-informed treatment models
    - Council on Accreditation (COA) or other endorsement
  - A good start. But less empirically relevant than EBP status and ignores the significant published literature about factors that contribute to positive outcomes for children in residential care.

# Review of Quality Standards for Residential Care

- A review of the literature published in English was conducted in an effort to capture the breadth and degree of consensus on quality standards for residential care.
- The only lists were published in private organization (2), professional association (2), or governmental (3) advocacy documents.
  - One document was the consensus of 26 MDs
  - Six were based on a review of evidence-based literature and practitioner expertise.

# Quality Standards for Residential Care

- Through an iterative sorting and grouping process, 64 standards within 8 domains were identified.
- Overall, there was a 73% consensus (each standard was mentioned in some way by 5+ of the 7 documents).
- Results indicate that quality standards encompass a diverse range of domains:
  - Service planning
  - Safety
  - Positive group culture
  - Family and culture
  - Least restrictive environment
  - Effective programming
  - Education, skills, & outcomes
  - Discharge planning & aftercare

# Quality Standards for Residential Care

- **Standard 1:** Assessment, admission, and service planning/treatment planning
  - Emphasis on trauma-informed, strengths- & need-based interventions
  - Use of evidence-based tools to conduct pre and during program assessment and measurable goals
- **Standard 2:** Positive, safe living environment
  - Policies and operations in place to strive for a restraint-free milieu
  - Measurable safety from other youth problem behaviors
- **Standard 3:** Effectively monitor and report problems
  - Staff are systematically trained in reporting and monitoring methods
  - Programs have a system to externally assess program satisfaction

# Quality Standards for Residential Care

- **Standard 4:** Promote family, and culture
  - Structure promotes family reunification as the preferred outcome
  - Active encouragement of family and home visits, and community/cultural contact
- **Standard 5:** Develop & maintain a professional, competent staff
  - All staff are appropriately trained
  - Competency measures occur for all training
- **Standard 6:** Effective program elements
  - Use of evidence-based/evidence-informed practices
  - Support for implementation & fidelity of theoretically sound programs

# Quality Standards for Residential Care

- **Standard 7:** Promote education, skills, and positive outcomes
  - Educational progress should be routinely monitored using standardized, criterion-referenced assessments
  - Programs must reduce emotional and behavioral symptoms, and help youth develop prosocial and independent skills in youth
- **Standard 8:** Predischarge/Post-discharge processes
  - Programs need to utilize discharge plans for each youth according to their needs
  - Aftercare/After program outcomes should be measured to assess educational, functional, legal/citizenship, and adult functioning outcomes





**GROUP CARE**  
**QUALITY STANDARDS**  
**ASSESSMENT**

# Group Care Quality Standard Assessment (GCQSA)

- Adaptable quality assessment system for youth residential programs
  - Measures - Research-driven performance standards
  - Large and small systems – Individual residential care providers, private agencies, state or national government systems
  - Applications – Quality improvement and assurance, performance monitoring, benchmarking, and program development

GCQSA draws upon research and empirically-driven frameworks to transform youth residential services through the integration of research-informed practice standards, ongoing assessment, and continuous quality improvement.

# Background

- Collaboration between network of stakeholders aimed at improving the quality and effectiveness of residential care.
- Objectives:
  1. Establish research-based quality performance standards
  2. Develop and validate assessment designed to operationalize and measure quality standards and facilitate CQI
  3. Establish statewide accountability system for group homes as defined by Florida Statute, Section 409.996(22)

# GCQSA - Domains and Standards

## 1. **Assessment, Admission, & Services Planning**

- Assessment-driven services
- Inclusive admission process
- Individualized service planning
- Measurable goals define expectations

## 2. **Positive, Safe Living Environment**

- No physical, verbal, or emotional abuse
- Youth rights maintained and respected
- Basic needs met
- Effective crisis management
- Limited seclusion and restraint
- Prevention of self-harm

## 3. **Monitor and Report Problems**

- Staff immediately report problems
- Grievance process
- Allegations reported to external agencies and independent audit
- Stakeholder satisfaction

## 4. **Family, Culture, and Spirituality**

- Families involved in on-going treatment decisions, care, and positive activities
- Family visits encouraged
- Staff training supports reunification and maintaining family connections
- Community connection promoted
- Cultural sensitivity
- Religious, spiritual, and moral values supported

## 5. **Professional and Competent Staff**

- Qualified staff
- Comprehensive staff training
- Criminal record screen for staff
- Supervision and support for staff

# GCQSA - Domains and Standards

## 6. Program Elements

- Least restrictive level of care provided
- Care provided in a family-like environment
- Normalization activities
- Personal identity of youth promoted
- Respect for privacy
- Full range of needed services
- Monitor youth and milieu
- Quality improvement approach
- Regular staff meetings to coordinate care
- Collaborative care
- Services provided in smaller groups, staffing based on youth needs
- Psychotropic medications are appropriately monitored

## 7. Education, Skills, & Positive Outcomes

- Academic testing
- Education progress
- Special education needs supported
- Vocational opportunities
- Pro-social behavioral skills developed
- Symptom reduction
- Skills, competencies, and knowledge needed for transition to life after group care
- Youth's emotional, behavioral, and education progress measured and reported
- Program evaluation

## 8. Pre-Discharge/Post-Discharge Processes

- Transition planning
- Discharge planning
- Youth and family/legal guardian connected to community resources and aftercare services
- Follow-up outcomes

# Group Care Quality Standards Assessment

- Targeted
  - Measures extent to which practices and conditions in program are consistent with standards
- Multi-informant
  - Youth
  - Program directors/admin.
  - Case managers, Placement Coordinators
  - Licensing specialist



## FAMILY, CULTURE, & SPIRITUALITY

### Ratings:

1 = Not at all (0%)      2 = A little (about 25%)    3 = Somewhat (about 50%)  
4 = Mostly (about 75%)    5 = Completely (100%)

Based on your experience, how true are each of the statements:

	1	2	3	4	5
While in this group home, I have been allowed to have phone calls or visit with my family or other important people in my life if I wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff talk to us about the importance of family and relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are supportive of my relationship with my family and other important people in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Rating Scale Criteria

Rating Options	Descriptors
5 – Standard is <i>completely</i> met (100%)	<ul style="list-style-type: none"><li>• <b>Highest level of performance</b></li><li>• No room for improvement</li><li>• Could serve as <b>exemplar model</b></li></ul>
4 – Standard is <i>mostly</i> met	<ul style="list-style-type: none"><li>• <b>Consistently high performance</b></li><li>• Minor room for improvement</li><li>• Already engaging in standard; Supervision and training</li></ul>
3 – Standard is <i>somewhat</i> met (50%)	<ul style="list-style-type: none"><li>• <b>Inconsistent performance</b></li><li>• Room for improvement</li><li>• On-boarding new practice; Revisit/establish clearer set of procedures</li></ul>
2 – Standard being met <i>a little</i>	<ul style="list-style-type: none"><li>• <b>Highly inconsistent</b></li><li>• Substantial room for improvement; Need to clearly define procedures</li><li>• On-boarding new practice; Targeted training and supervision</li></ul>
1 – Standard is <i>not at all</i> met (0%)	<ul style="list-style-type: none"><li>• <b>Standard is not part of practice</b></li><li>• Introduce new practice starting at ground zero</li></ul>

# Development and Validation Process

Measurement properties	Question	Status	Citations
Content validity	Do the items reflect the constructs they were designed to measure?	Complete - development	Boel-Studt, Huefner, Huang, & Abell (2018)
*Ecological validity	Do the items (standards) have real world applicability and practicability?	Complete – pilot 1, 2	Boel-Studt & Huang, (2017) Boel-Studt, Huefner, Huang, & Abell (2018)
Internal consistency reliability	Are items designed to measure the same constructs correlated across repeated uses?	Complete – pilot 1, 2, 3	Boel-Studt & Huang (2017) Boel-Studt, Huefner, Huang, & Abell (2018) Boel-Studt & Huang (2019)
*Factorial (structural) validity	Do the subscales provide a good measure of the overall construct and its dimensions?	Complete – pilot 3	Boel-Studt & Huang (2019)
*Interrater reliability	Do different raters provide consistent estimates of the construct (quality) when rating the same unit (program)?	Complete/in-progress	Huang, Boel-Studt, & Huefner (in progress)
Construct validity	Do scale scores correlate with scores on other similar measures/indicators of quality?	Preliminary/ In-progress	Boel-Studt & Huang (2019)



# Current study

- Aims – Evaluate youth perspectives on quality of residential care across core practice domains
- Knowledge gaps –
  - Despite increasing recognition of value of consumer input to inform services, existing knowledge of youth perceptions of RGC is limited, often anecdotal, based on small samples, or derived from youth in a single or limited number of RGC settings
  - Positive Youth Development Theory – providing youth with opportunities to share views or engage in decision-making facilitates a sense of agency, prosocial engagement, social and community bonds, resiliency, and future civic engagement

# Current Study

- Using large sample, a range of diverse RGC settings, and a comprehensive, research-informed quality assessment, we asked the following research questions:
  1. How do youths' ratings of residential care quality compare with other stakeholders?
  2. How do youth rate the quality of their care experiences in RGC?
  3. Which specific domains and standards did youth rate the highest and lowest?
  4. What youth and/or program factors most strongly influenced youth ratings?

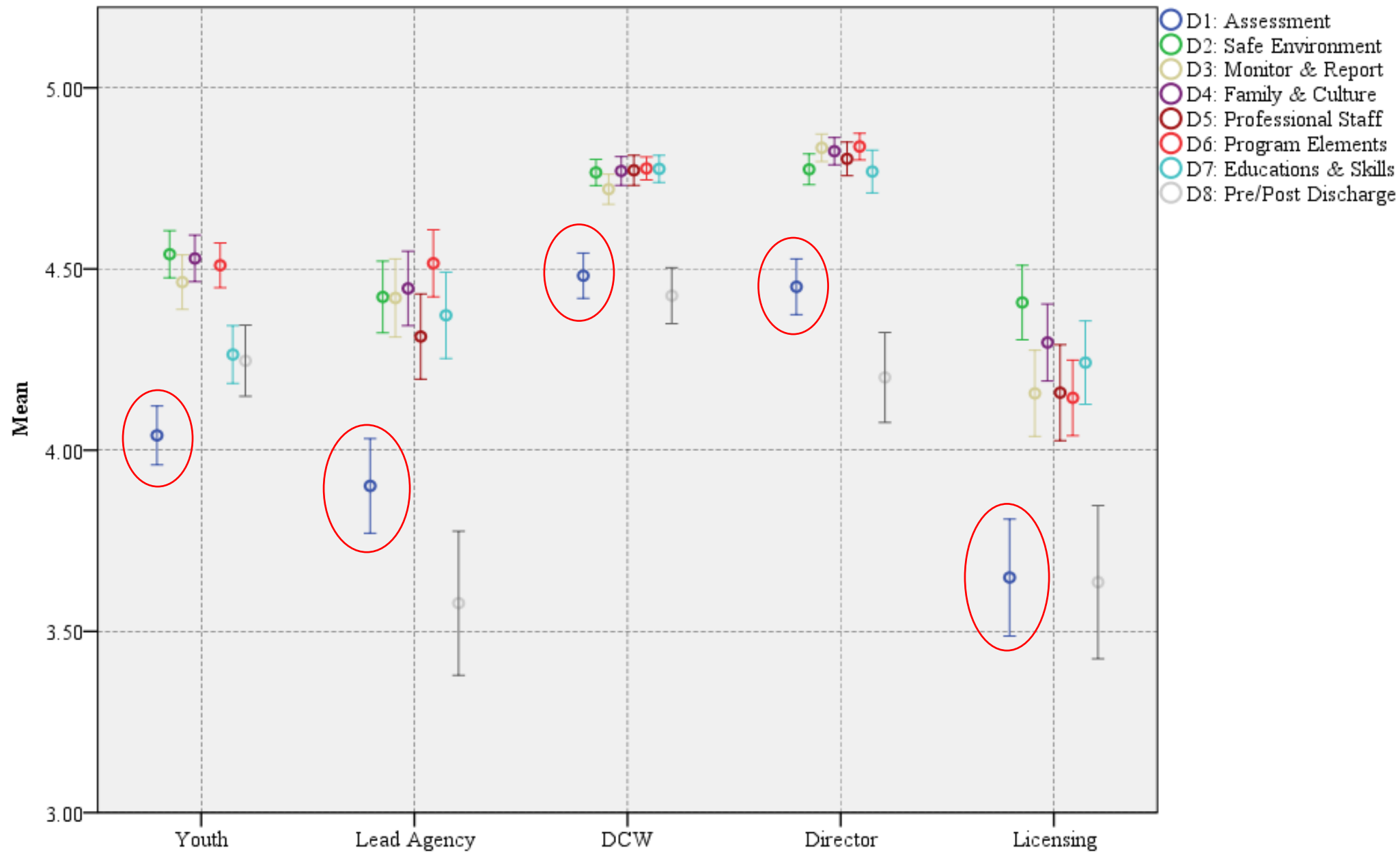
# Methods

- Statewide Pilot of the GCQSA in Florida, USA
- Data collection
  - April 2018-April 2019
  - All licensed residential group care facilities
  - Participants – youth, RGC directors, RGC staff, licensing specialist, lead agency (Case Managers, Placement Coordinators)
  - Completed GCQSA during annual re-licensure
- Analysis
  - Descriptive analysis of youth data
  - Comparative analysis of youth ratings with other stakeholders
  - Multi-level model of factors influencing youth rating (accounting for correlated ratings of youth placed in same RGC setting)

# Sample

- 72% Completion Rate (222 of 309 facilities)
- Analytic sample = 152 residential programs
- Form (N = 1,516)
  - Youth = 450
  - RGC Directors/Supervisors = 272
  - Lead agency = 183
  - Licensing = 160
  - Direct Care Workers = 450

# Domains Means (unweighted) & 95% Confidence Intervals (N = 152)



# Youth Sample ( $N = 450$ )

Variable	Mean/Number	SD/%
Age (years)	14.77	2.28
Gender		
Female	229	51.0%
Male	218	48.6%
Race/Ethnicity		
White	163	36.2%
Black	162	36.0%
Hispanic/Latinx	72	16.0%
Other/Mixed	43	9.6%
Asian	5	1.1%
Native Hawaiian/ Pacific Islander	2	0.7%
American Indian/Alaska Native	2	0.7%
Time current placement		
Less than 1 month	59	13.1%
1-6 months	146	32.4%
7-12 months	102	22.7%
1-2 years	107	23.8%
2+ years	36	8.0%
# Prior RGC Placements		
1-2	334	74.9%
3-5	87	19.5%
6+	25	5.6%

# Quality Ratings (*N* = 450)

Domain	Mean	SD	95%CI
Assessment, Admission, & Service Planning	4.24	0.77	4.17, 4.31
Safe, Positive Living Environment	4.23	0.73	4.17, 4.30
Monitor & Report Problems	4.50	0.77	4.42, 4.57
Family, Culture, & Spirituality	4.56	0.67	4.50, 4.89
Program Elements	4.57	0.64	4.51, 4.63
Education, Skills, & Positive Outcomes	4.43	0.75	4.36, 4.49
Pre-Discharge/Post Discharge Processes	4.24	1.00	4.14, 4.34

# Highest Rated Standards ( $N = 450$ )

Standard	Domain	Median	Mean	SD
<b>Highest Rated</b>				
I pick out the clothes I wear.	Program Elements	5.00	4.81	.69
Staff take any talk of suicide or self-harm very seriously.	Positive, Safe Living Environment	5.00	4.75	.79
Staff here respect my sexual orientation and gender identity.	Family, Culture, & Spirituality	5.00	4.73	.78
Staff here respect my religious or spiritual beliefs.	Family, Culture, & Spirituality	5.00	4.71	.76
Staff teach us about doing the right thing.	Education, Skills, & Positive Outcomes	5.00	4.69	.75
My food, clothing, and personal hygiene needs are met in this program.	Positive, Safe Living Environment	5.00	4.69	.76
Staff interact with us a lot during our daily routine.	Program Elements	5.00	4.68	.72
Staff here respect my culture and things that are important to my racial and ethnic identity.	Family, Culture, & Spirituality	5.00	4.68	.78
I am given a private space to meet with my therapist, family, or others.	Program Elements	5.00	4.68	.83



# Lowest Rated Standards (N = 450)

Standard	Domain	Median	Mean	SD
<b>Lowest Rated</b>				
<b>In the program, kids don't bully or threaten each other.</b>	Positive, Safe Living Environment	4.00	3.51	1.46
<b>My family or others I am close with can help set my service plan goals if they want to.</b>	Assessment, Admission, & Service Planning	4.00	3.64	1.46
<b>I have not been harmed or abused in this group home.</b>	Positive, Safe Living Environment	5.00	3.66	1.80
<b>Staff do not bully, threaten, or cuss at us.</b>	Positive, Safe Living Environment	5.00	3.72	1.73
<b>I have never been physically hurt by another kid in this program.</b>	Positive, Safe Living Environment	5.00	3.79	1.65
<b>Staff do not use physical punishment such as spanking, hitting, or pushing.</b>	Positive, Safe Living Environment	5.00	3.80	1.79
<b>Staff use restraints or time out rooms only when there is no other way to keep us from getting hurt.</b>	Positive, Safe Living Environment	5.00	3.83	1.57
<b>My peers in the programs are respectful and supportive toward each other.</b>	Positive, Safe Living Environment	4.00	3.84	1.25
<b>My Service Plan can also include goals for my family or others I am close to.</b>	Assessment, Admission, & Service Planning	4.00	4.02	1.24

# Multilevel Model on the overall GCQSA rating

(random slope of program level variable and fixed individual and program level variables)

	Estimate	SE	p
<b><u>Fixed effects</u></b>			
Discharge plan (ref: reunification)			
Adoption	0.01	0.10	0.91
Independent living	0.14	0.10	0.14
Foster home	-0.14	0.20	0.48
Relative home	0.13	0.11	0.22
Do not know	-0.07	0.09	0.48
Non-relative placement	-0.52	0.20	0.01
Group home type (ref: shelter)			
Shift care	0.88	0.11	<.001
Family style	0.93	0.11	<.001
<b><u>Error variance</u></b>			
Level-1	.3249 (p<.001)		
Level-2 intercept			
Shelter	.06261 (p<.05)		
Shift care	0		
Family style	0		

Variables in the model not reported in the table: age, gender, race, grade level, time in current group home, number of prior group home placements.

# Total Quality Ratings by RGC Model & Discharge Plan

## RGC Model

	<b>N</b>	<b>Mean</b>	<b>S.D.</b>
Shelter	59	3.41	.37
Shift care	195	4.37	.72
Family style	164	4.44	.56

## Discharge Plan

	<b>N</b>	<b>Mean</b>	<b>S.D.</b>
Reunification	146	4.23	.65
Adoption	49	4.35	.65
Independent living	121	4.46	.67
Foster home	12	3.82	.90
Relative home	46	4.38	.66
Do not know	65	4.14	.68
Non-relative placement	10	3.66	1.35

# Summary of Findings

- Domains with highest mean ratings were Program Elements and Family, Culture, and Spirituality.
- Highest-rated items related to youth autonomy, shared decision-making and respectful engagement.
- Domain with the lowest mean ratings was Positive, Safe Living Environment.
- Greater variability in ratings suggests a wider range of experiences across youth where some report experiencing bullying, threats, or physical harm by peers.
- Ratings on Pre-Discharge/Post-Discharge Domain were relatively lower across all four items.
- Factors influencing youth ratings: discharge plan, type of RGC.

# Strengths & Limitations

- Strengths

- Large sample of youth and residential programs
- Comprehensive assessment
- Mixed methods

- Limitations

- One state in the U.S. may not be generalizable (e.g., Florida is privatized)
- May be other factors influencing care experiences and quality

# Implications

- The results lend credence to a more nuanced reality when the information is derived from multiple sources (i.e., 450 youth from 127 different group homes and shelters) and when using a validated assessment designed to measure quality of care.
- Most youth positively rated their residential placements
- Higher rated domains and items point to possible practice exemplars (building a collaborative culture of excellence)
- Lower rated domains and items point to areas to target for possible improvement – e.g., staff training/supervision on developing positive youth relations
- Youth are the primary stakeholders - The GCQSA represents an effort to ensure their collective voices are represented in policy and practice decision-making processes

# Limitations

- Sample was selected from youth in RGC in Florida.
- Findings may not be generalizable to other states or countries that use different policies and practices in RGC.
  - E.g., Florida's child welfare system is privatized (may influence funding, case management, and placement)
- Large sample, includes all types of residential programs and organizations

# Next Steps

- Quality of care is important, but does it translate into positive outcomes?
  - Are there specific quality standards that most strongly predict positive youth outcomes?
  - Outcomes Development Pilot Study in Florida (Spring 2020)
- Expanding to other settings (programs, organizations, states, countries...etc.)
- Widespread adoption to promote program development to achieve universal excellence in residential services and outcomes



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