



Quality Standards for Group Care



Summary

The draft standards were developed by the Group Care Quality Standards Workgroup established by the Florida Department of Children and Families (DCF) and the Florida Coalition for Children (FCC). This workgroup was comprised of group care provider agency experts, community-based care lead agency staff members, and DCF representatives. It is recommended that the draft standards are to be considered by the DCF in licensing child-caring facilities, specifically group care programs/homes. The specific standards were informed by a review of standards-related literature to ensure the quality of group care and to determine the degree of consensus in standards that were suggested across nine of the most relevant source articles.

Highlights of the Quality Standards and Recommendations

Assessments, admission, and service planning/treatment planning

Evidence-based assessment tools and a multidisciplinary treatment team (MDT) are used to assess safety risks, strengths, and the needs of a youth who is being referred to group care and to determine the level of care and services required to meet his or her behavioral health needs.

Positive, safe living environment

A positive peer culture approach is promoted. However, youth are protected from the problem behaviors of other youth, bullying, and punishment by their peers.

Effectively monitor/report problems

Appropriate external agencies must be notified about all serious allegations of unsafe, inappropriate, or abusive practices or incidents.

Promote family, culture, and spirituality

Youth and families should have opportunities for regular communication and visits where the youth is living, in the family's home, and in the community. Staff must be trained to be sensitive to each youth's racial, cultural, religious, and linguistic needs.

Develop and maintain a professional, competent staff

The group care provider must maintain appropriately qualified staff members who are adequately trained in evidence-based/evidence-informed models of intervention. Staff members must demonstrate competency prior to independently caring for youth and must be supported by regularly scheduled, ongoing supervision by a qualified supervisor.

Program elements

The group care provider should implement an effective Continuous Quality Improvement (CQI) program that provides supervision and coordinates care across services that are included in the service plan/treatment plan.

Promote education, skills, and positive outcomes

The educational needs of youth must be assessed and appropriate educational services must be provided or obtained. Youth are required to attend school and are encouraged to continue their post-secondary education by attending college, a technical school, or a certificate program.

Pre-discharge/post-discharge processes

Discharge planning should start at intake, should continue throughout treatment, and should involve the youth, his or her family or legal guardian, and key stakeholders.