



Group Living Services

DEFINITION

Group Living Services provide community-based care, treatment, rehabilitation and/or support and supervision on a short- or long-term basis to individuals living in a group setting.

Interpretation: *Individuals in a group living program can include:*

- *children or youth from the child welfare, juvenile justice, mental health, or education systems;*
- *children or adolescents who have been victims of human trafficking;*
- *individuals who are pregnant or parenting;*
- *adults or children transitioning from a more intensive setting;*
- *adults or children with developmental and/or physical disabilities;*
- *adults with serious and persistent mental health conditions;*
- *unaccompanied alien children;*
- *adults with substance use conditions; or*
- *older adults who require a structured group living situation.*

Research Note: *The importance of providing trauma-informed care is reinforced by a growing body of research on the impact of adverse childhood experiences. A national network of providers, researchers and families working collaboratively to raise the standard of care has defined a trauma-informed organization as one in which all programs:*

- a. *routinely screen for trauma exposure and related symptoms;*
- b. *use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;*
- c. *make resources available to children, families, and providers on trauma exposure, its impact, and treatment;*
- d. *engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;*
- e. *address parent and caregiver trauma and its impact on the family system;*
- f. *emphasize continuity of care and collaboration across child-serving systems; and*
- g. *maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.*

Research Note: *Within the residential care field, there is a growing national movement for strategically creating closely coordinated partnerships between families, youth, communities, and residential and community-based service providers in order to ensure that services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, and consistent with the research on sustained positive outcomes. **Research Note:** The Trafficking Victims Protection Act of 2000 (TVPA) defines "severe forms of human trafficking"*

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as: *The recruitment, harboring, transportation, provision, or obtaining of a person for*

- *sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or*
- *labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.*

Coercion includes threats of physical or psychological harm to children and/or their families. Any child (under the age of 18) engaged in commercial sex (including prostitution, pornography, stripping) is a victim of trafficking.

Research Note: *Victims of human trafficking are in need of a comprehensive array of services, including group living services. Increasingly, first responders, including law enforcement and social service providers, are being trained to seek support services for human trafficking victims rather than prosecuting them for criminal activities they may have engaged in while being trafficked, such as prostitution, theft, undocumented status, and wage/hour violations. Recognizing that these individuals are victims rather than criminals is a paradigm shift still under way in our society. This paradigm shift is critical as trafficking victims are eligible for services and protections under federal and some state laws that may not be provided to them otherwise.*

Research Note: *Unaccompanied alien children (UAC), also known as undocumented minors, who are apprehended by immigration officials do not have lawful immigration status in the U.S. and are not in the care of a parent or legal guardian at the time of apprehension. As a result, these children are placed in the custody and care of the Office of Refugee Resettlement's (ORR) Division of Children Services/Unaccompanied Alien Children program. UAC receive placement and support services through contracted providers supported by ORR that are specifically designed to meet the unique needs of this vulnerable population of children.*

Note: *Group Living Services (GLS) are distinct from Residential Treatment Services (RTX), which provide an interdisciplinary, 24-hour-a-day structured program and therapeutic service array. The service needs of individuals in group living are not as intensive as those in residential treatment. As such, group living programs are less restrictive in nature.*

Group Living programs with substance use as a primary focus will also complete Services for Mental Health and/or Substance Use Disorders (MHSU).

Transitional housing programs are separately reviewed under Shelter Services (SH).

Organizations that provide adventure-based programming will also

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complete the *Experiential Education Supplement (EES)*.

Recognizing that transition planning is an essential component of all group living programs, organizations that have a separate program or department that offers targeted services to youth transitioning to independent living will complete Youth Independent Living (YIL).

Note: *The resident defines "family" based on who fulfills the role of a family member or family-like connection, including current or former foster family members, adoptive family members, legal guardians, extended family members, significant others, siblings and/or peers. As such, the term "family" as it is referred to throughout this section of standards will vary depending on each resident's definition.*

Note: *Though the language in this section often refers to the individual or resident seeking care, these standards are also supportive of families and parents with children who are in care.*

Note: *Though the term trafficking is used throughout this section, there are additional terms that may be utilized, including sex trafficking, commercial sexual exploitation of children (CSEC), domestic minor sex trafficking, and minor prostitution. The term victim is commonly used when referring to individuals who have been trafficked to emphasize that they have been coerced and exploited, though the term survivor may also be used.*

Note: *The Group Living Services (GLS) standards were revised in June 2014 to reflect current best practice. For more information, please see the [GLS Standards Updates Summary - Private, Public, Canadian](#).*

Note: *Please see the [GLS Reference List](#) and [Human Trafficking Reference List - Private](#) for a list of resources that informed the development of these standards.*

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the

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providers and the service components for which they are responsible.
Do not include services provided by referral.

- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups; and
 - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of activity/group;
 - b. whether the activity/group is short-term or ongoing;
 - c. how often the activity/group is offered;
 - d. the average number of participants per session of the activity/group, in the last month; and
 - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured
- Group Living Services (GLS) Grouping Chart

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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GLS 1: Service Philosophy, Modalities, and Interventions

The program's service philosophy:

- a. sets forth a logical approach for how services, supports, activities, and interventions will empower and meet the needs of residents;
- b. ensures that services are resident-guided, family-driven, culturally and linguistically competent, and trauma-informed;
- c. guides the development and implementation of program activities and individualized services based on the best available evidence of service effectiveness; and
- d. outlines the service modalities and interventions that personnel may employ.

Interpretation: *A functional service philosophy, defined through a logic model or similar framework, guides program development and implementation by linking the organization's mission, or purpose with strategies, practices, or tools needed to integrate these into daily work. A well-defined and visible practice framework will help staff and stakeholders think systematically about how the program can make a measureable difference by drawing clear connections between program values, service population needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Interpretation: *Organizations that are resident-guided empower, educate, and facilitate voice and choice of those served by the program. Offering residents decision-making power leads to more positive long-term outcomes.*

Organizations that are family-driven empower, educate, engage, and promote voice and choice of families.

Research Note: *Organizational self-assessments can evaluate the extent to which organizations' policies and practices are trauma-informed, as well as identify strengths and barriers in regards to trauma-informed service delivery and provision. For example, organizations can evaluate staff training and professional development opportunities and review supervision ratios to assess whether personnel are trained and supported on trauma-informed care practices. Organizations can also conduct an internal review their assessments and service planning processes to ensure that services are being delivered in a trauma-informed manner.*

Research Note: *Organizations that create environments where there is little to no coercion help reduce the use of restrictive behavior management intervention, such as restraint and seclusion, and reinforce trauma-informed care practices. Establishing non-coercive environments actively promotes interpersonal and cognitive skill development, as well as other positive*

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outcomes for residents.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service philosophy
- Policies for prohibited interventions
- Procedures for the use of non-traditional or unconventional practices
- Table of contents of training curricula on the use of non-traditional or unconventional practices

On-Site Evidence

- Documentation of training on the use of non-traditional or unconventional practices

On-Site Activities

- Interview:
 - a. Program director
 - b. Personnel
 - c. Residents
- Review case records

GLS 1.01

The program is guided by a philosophy that provides a logical basis for services and supports to be delivered to residents in a trauma-informed and culturally and linguistically competent manner, based on program goals and the best available evidence of service effectiveness.

(FP) GLS 1.02

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If the organization permits the use of service modalities and interventions it defines as non-traditional or unconventional, it:

- a. explains any benefits, risks, side effects, and alternatives to the service recipient or a legal guardian;
- b. obtains the written, informed consent of the individual or legal guardian;
- c. ensures that personnel receive sufficient training, and/or certification when it is available; and
- d. monitors the use and effectiveness of such interventions.

Related: RPM 2.02

Interpretation: *Examples of non-traditional and unconventional service modalities or interventions include, but are not limited to: hypnosis, acupuncture, and modalities or interventions that involve physical contact, such as massage therapy.*

Interpretation: *Organizations that choose to permit non-traditional or unconventional service modalities or interventions should ensure that practices do not cause physical or psychological harm by demonstrating in their procedures that they have acknowledged the potential risks of implementing these methods and subsequently taken appropriate measures to minimize those risks.*

NA *The organization does not permit non-traditional or unconventional modalities or interventions.*

(FP) GLS 1.03

Organization policy prohibits:

- a. corporal punishment;
- b. the use of aversive stimuli and/or therapies;
- c. interventions that involve withholding nutrition or hydration, or that inflict physical or psychological pain;
- d. the use of demeaning, shaming, or degrading language and bullying activities;
- e. unnecessarily punitive restrictions including restricting contact with family as a disciplinary action;
- f. forced physical exercise to eliminate behaviors;
- g. unwarranted use of invasive procedures or activities as a disciplinary action;
- h. punitive work assignments;
- i. punishment by peers; and
- j. group punishment or discipline for individual behavior.

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Related: BSM 2.02

(FP) GLS 1.04

An intervention is discontinued immediately if it produces adverse side effects or is deemed unacceptable according to prevailing professional standards.

Related: RPM 2.03

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GLS 2: Access to Service

The organization makes every effort to ensure that services are directed to children, youth, and adults whose personal, social, developmental, or family situations preclude them from living at home or in a more independent setting.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or

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- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Admission policy
- Access, screening, and intake procedures
- Written materials given to residents and/or their parents or legal guardians describing the program
- Admission materials describing permitted and prohibited items

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents and their families
- Review case records

GLS 2.01

The program defines in writing:

- a. eligibility criteria, including age, developmental stage, and immigration status;
- b. scope of services, special areas of expertise, and the range of client issues addressed;
- c. service options and levels of service;
- d. opportunities for active family participation and support;
- e. opportunities for active participation in community activities; and
- f. how the facility promotes living-unit compatibility based on age, interests, and group composition.

Interpretation: *Eligibility criteria states whether the organization accepts individuals with special risks, including children and youth who engage in fire setting; individuals who exhibit sexually reactive behaviors; victims of physical, psychological or sexual abuse; and adjudicated youth who have committed a delinquent act or violated a criminal law.*

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Interpretation: *In regards to element (f), COA recognizes that organizations, particularly those that receive clients through referrals only, may have limited control of group composition. In these instances, the organization should identify the population(s) served, state how residents' diverse service needs will be met, and include strategies for promoting living-unit compatibility when possible.*

GLS 2.02

Organizations screen and inform residents of:

- a. how well their request matches the organization's services; and
- b. what services will be available and when.

Interpretation: *The screen is a preliminary test administered to individuals to determine whether he or she meets the program's eligibility criteria. Screenings will vary based on the program's target population and services offered, and can include information to identify any of the following: trauma history, substance use conditions, mental illness, and/or individual's risk of harm to self or others.*

NA *The organization is to accept all referrals, as defined in a contract.*

(FP) GLS 2.03

Prompt, responsive intake practices:

- a. ensure equitable treatment;
- b. give priority to urgent needs and emergency situations;
- c. support timely initiation of appropriate services; and
- d. provide for placement on a waiting list and referrals to interim services, if applicable.

Interpretation: *Vulnerable populations, such as youth that are lesbian, gay, bisexual, transgender, and questioning (LGBTQ), are at high risk of violence and harassment while in residential care. The organization should ensure these youth are safe and welcomed by staff.*

GLS 2.04

Residents who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

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NA *The organization accepts all clients.*

GLS 2.05

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

GLS 2.06

Admission decisions are made by experienced and licensed personnel in collaboration with the resident and their family and/or legal guardian.

Interpretation: *Experienced and licensed personnel can include psychiatrists, qualified medical practitioners, psychologists, educators, and other professionals.*

GLS 2.07

The resident and his or her family and/or legal guardian participate in an informative admission process and are:

- a. apprised of available options, benefits, and consequences of planned services;
- b. prepared for admission, including the opportunity for a pre-admission visit whenever possible; and
- c. informed of how the organization can support the achievement of his or her desired outcomes.

GLS 2.08

The organization describes:

- a. personal items residents may bring with them, consistent with a safe, therapeutic setting;
- b. items that are discouraged or prohibited; and
- c. any safety procedures the program follows, or consequences that can result, when prohibited items are brought to the program site.

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Interpretation: *Personal items residents may bring with them may include, for example, photos, books, cellphones, computers, or other electronics.*

Interpretation: *Given the rise in information and communication technologies, it is important for organizations to specify in their admission materials what electronic devices are permitted and prohibited on-site.*

Research Note: *Research on trauma-informed systems emphasizes the importance of children not only feeling physically safe, but also psychologically safe. Psychological safety is defined as feeling safe within one's self and safe from external harm. One way to promote psychological safety in residential facilities is by giving children control and choice, for example, asking a child what personal items will help him or her feel safe while in care. Organizations should allow children to bring the items that provide them with comfort or work with children and their families to determine what can be arranged.*

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GLS 3: Family Involvement

The organization works with the resident and his or her family to develop and maintain an optimal level of family involvement in all program activities.

Interpretation: *Each resident defines "family" differently, whether it be blood relatives, legal guardians, foster families, adoptive families, extended family members, significant others, peer groups or other family-like relationships. Organizations should work with the resident to understand their definition of "family" in order for residents to develop and sustain permanent, lifelong connections.*

Interpretation: *Organizations should make every effort to connect the resident to family members or other family-like supports, even when the service population consists of children or youth with limited family connections, unaccompanied alien children, or adults who do not wish to maintain family contact.*

Interpretation: *In cases where the child is a victim of human trafficking, it is important to be aware that the child's parent or caregiver may be the trafficker or complicit in the trafficking. In such cases, determining appropriate family supports and level of involvement should include the input of the child, as well as child welfare and law enforcement systems.*

Research Note: *Innovative programs are also taking steps to establish family advisory councils to involve family members in the hiring and training of staff, training family members to lead treatment team meetings, and supporting their involvement as advocates and mentors within the program in order to thoroughly engage families in the treatment process.*

Note: *Please also refer to the Note at the service definition for how COA defines "family" throughout this service section.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
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- For the most part, established timeframes are met; or
 - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
 - Active client participation occurs to a considerable extent.
- 3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
 - Timeframes are often missed; or
 - A number of client records are missing important information or
 - Client participation is inconsistent; or
 - One of the Fundamental Practice Standards received a rating of 3 or 4.
- 4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
 - Documentation is routinely incomplete and/or missing; or
 - Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for facilitating family involvement

On-Site Evidence

- Documentation of family involvement

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents and their families
- Review case records

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GLS 3.01

The organization helps residents maintain family contacts and continue relationships with parents, siblings, extended family members, and other family-like supports through regular contact and shared activities, unless:

- a. contact is contraindicated by court-order; or
- b. the resident is an adult who does not wish to maintain family contact.

Interpretation: *Unless contraindicated by court-order, residents have the opportunity to spend time with their family at home and receive visits from family and friends. The organization will not permit withholding of family contact, restrictions on, or cancellation of planned time home for disciplinary reasons. For adults, and some young adults, every attempt should be made to include family members such as spouses, siblings, children, parents, and/or significant others identified by the resident. In cases where adults do not want family involvement, they receive help to identify friendship opportunities based on common interests, and for young adults efforts are made to help them connect with a non-custodial parent and/or other extended family members.*

Interpretation: *Only in extreme situations should residents be in a program that is a long distance from home. Residents should be located close to their families and home communities so they can retain natural connections (including extended family, neighbors, mentors, etc.) and continue to participate in community programs. As such, organizations should attempt to accept residents who live nearby to allow frequent in-person contact with families. All efforts to avoid loss of connection with family and friends should be made via web-based or electronic communication.*

Research Note: *Research suggests that contact and involvement with family is positively associated with treatment outcomes.*

Research Note: *Group living programs should have open door policies, allowing families to spend time and/or communicate with residents to the greatest extent possible. Innovative programs are promoting family member involvement by having staff members work with residents and families in their homes and communities on a regular basis.*

GLS 3.02

The organization helps every resident to:

- a. express the nature of family involvement desired;
- b. prevent, manage, and reduce family conflicts and develop problem-solving skills;
- c. identify family strengths that help members meet challenges;

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- d. understand separation from family or significant others and grieve the loss of family; and
- e. prepare for returning home or for living with another family, if appropriate.

Interpretation: *The organization should work with residents to identify individuals with whom they wish to maintain a relationship, especially when trafficking is suspected. Traffickers may pose as a significant other, older relative, or communicate through another individual and utilize visitation to continue the exploitation of the victim.*

GLS 3.03

When services cannot be provided close to a resident's home or community, the organization attempts to maintain family ties and involve the family in service planning and delivery by:

- a. assisting the family with travel arrangements;
- b. coordinating or facilitating family services to be delivered in the community; and
- c. employing methods for telecommunication through web-based or electronic systems.

Interpretation: *The organization must support family involvement and provide alternative services through cooperating local organizations. Transportation costs should be paid to facilitate frequent visiting and home visits, when possible. Documented exceptions can be made in those situations that meet special needs and when family involvement is contraindicated.*

GLS 3.04

The organization supports family involvement and engagement by:

- a. providing assistance or support, as needed;
- b. encouraging the family's active participation in decision-making;
- c. providing an environment conducive to family visits and activities; and
- d. reestablishing parental and family care, or termination of parental rights, when in the best interest of or desired by the resident.

Interpretation: *Examples of ways to engage families and encourage their participation in treatment activities can include asking family members directly about their needs and having family advocates available to offer*

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assistance.

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Family members receive information and support to help them understand the needs of the resident and promote successful reintegration with their family and community.

Interpretation: *Organizations should educate family members on any important information related to the resident's treatment that will aid in their transition from care and offer supports to families, such as individual mentoring and family and/or parent coaching.*

Interpretation: *Educating parents on sex trafficking is an important component to prevention, identification, and treatment. Information provided should address how parents can raise their children in an environment free of abuse, neglect, and exploitation, through information on topics such as internet safety, how to respond when a child runs away, and developing healthy relationships. Additionally, information for parents of trafficking victims should emphasize the issue of stigma associated with prostitution to help the family provide a healthy, nonjudgmental home environment, supportive of a successful reintegration.*

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GLS 4: Assessment

Residents and their families participate in a comprehensive, individualized, trauma-informed, strengths-based, culturally and linguistically responsive assessment process that informs and guides service delivery, discharge planning, and aftercare services.

Interpretation: *Assessments should be child, youth, adult, and/or family-focused, as appropriate to the needs and wishes of the service recipient, the service population, or program type.*

Interpretation: *Organizations should make all attempts to involve family members in the assessment process; however, when such efforts are unsuccessful, such as when the organization is working with children or youth with limited family connections, unaccompanied alien children, or adults who do not wish to maintain family contact, the resident should be actively engaged in the process.*

Interpretation: *When the organization is working with an Indian family, tribal representatives or other tribal community members must be involved in the assessment process, as determined by the tribe and the family.*

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Research Note: *For an assessment to be trauma-informed, it assumes that every individual has likely been exposed to experiences that are traumatic, including abuse (physical, psychological or sexual), neglect, out-of-home placements, or persistent stress. Adopting this assumption in all levels of treatment ensures the organization actively avoids instances that traumatize the resident.*

Research Note: *All children, youth, and families have areas of strength and resilience. Staff should engage residents and their families in an open and safe dialogue about their strengths, struggles, fears, and experiences during the assessment process. Comprehensive assessment that guides effective service planning will be best achieved when families are engaged as partners in identifying their strengths and needs.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests, or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Table of Evidence

Self-Study Evidence

- Assessment and reassessment procedures, including strategies for family engagement
- Assessment tool and/or criteria included in assessment

On-Site Evidence

- Data on the timeliness of assessments

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Review case records

GLS 4.01

The information gathered for assessments is comprehensive, directed at concerns identified in the initial screening, and limited to material pertinent for meeting service requests and objectives.

GLS 4.02

Residents receive a timely, individualized assessment of:

- a. psychosocial functioning;
- b. a trauma screen and, when appropriate, a trauma assessment;
- c. family, environmental, religious or spiritual, and cultural factors;
- d. educational and vocational accomplishments;
- e. social skills, recreational activities, hobbies, and interests;
- f. additional tests and assessments needed; and
- g. strengths, skills, and special interests.

Interpretation: *Assessments are completed within timeframes established by the organization and are updated periodically.*

Interpretation: *Standardized and evidence-based assessment tools are recommended to inform decision-making in a structured and consistent manner.*

Interpretation: *Personnel that conduct evaluations should be aware of the*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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indicators of a potential trafficking victim, including, but not limited to, evidence of mental, physical, or sexual abuse; physical exhaustion; working long hours; living with employer or many people in confined area; unclear family relationships; heightened sense of fear or distrust of authority; presence of older significant other or pimp; loyalty or positive feelings towards an abuser; inability or fear of making eye contact; chronic running away or homelessness; possession of excess amounts of cash or hotel keys; and inability to provide a local address or information about parents. Several tools are available to help identify a potential victim of trafficking and determine next steps toward an appropriate course of treatment. Examples of these tools include, but are not limited to, the Rapid Screening Tool for Child Trafficking and the Comprehensive Screening and Safety Tool for Child Trafficking.

Research Note: *A trauma screen refers to a brief measure or tool that determines whether an individual has experienced specific traumatic events. Trauma screening tools usually detect exposure to potentially traumatic events or experiences or the presence of traumatic stress symptoms and reactions.*

If there is an indication of trauma during the trauma screen, the resident should receive a comprehensive, evidence-based trauma assessment. The trauma assessment is a diagnostic process that is conducted by a clinician or trained mental health professional and determines whether clinical symptoms of traumatic stress are present as well as the severity of symptoms that impact the individual's level of functioning and treatment options.

Personnel with specialized trauma-related education, skills, and training, or a qualified cooperating service provider, screen and assess individuals for trauma symptoms.

Note: *The organization should have mechanisms in place for confidential sharing of information among service providers to encourage continuity of care and treatment.*

(FP) GLS 4.03

When a resident's initial screening indicates the presence of substance use conditions, the organization:

- a. takes a thorough alcohol and drug use history, including an evaluation of the impact of alcohol and other drug use on the individual's family;
- b. arranges for an appropriate level of care and, as necessary, detoxification; and
- c. provides referrals to the residents and family members, when

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

appropriate, when it does not serve individuals with substance use conditions.

(FP) GLS 4.04

Assessments consider factors related to successful group living including:

- a. possible reciprocal individual and group effects;
- b. the individual's ability to adjust to a group;
- c. previous placements; and
- d. trauma history.

Interpretation: *Safety issues may arise when placing individuals with little or no notice into a group living environment prior to completion of a full assessment. The organization must ensure the smoothest transition possible for new and current residents.*

GLS 4.05

The organization assesses and treats or refers identified victims and perpetrators of abuse and neglect.

Interpretation: *The organization complies with mandatory reporting laws and only releases information with the written, informed consent of the person or legal guardian.*

Research Note: *The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 requires federal, state, and local officials who discover a minor who may be a victim of human trafficking to notify the U.S. Department of Health and Human Services within 24 hours to facilitate the provision of interim assistance.*

GLS 4.06

Assessments are conducted in a culturally and linguistically competent manner and identify resources that can increase service participation and support the achievement of agreed upon goals.

Interpretation: *Culturally and linguistically competent assessments can include attention to geographic location, language of choice, and the person's religious, spiritual, racial, ethnic, and cultural background. Other important factors that contribute to a responsive assessment include*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

attention to age, sexual orientation, gender identity, and developmental level.

GLS 4.07

Reassessments are conducted as needed, including at specific milestones in the treatment process such as:

- a. after significant treatment progress;
- b. after a lack of significant treatment progress;
- c. after new symptoms are identified;
- d. when significant behavioral changes are observed;
- e. when there are changes to a family situation or parental status;
- f. when significant environmental changes occur; or
- g. when a resident returns following an episode of running away.

Related: ASE 6.06

Interpretation: *Reassessments are completed within timeframes established by the organization depending on the population served.*

Interpretation: *Organizations should have protocols that address runaway episodes (AWOL) to welcome and reintegrate residents back into the program, as well as respond to residents' physical and clinical needs.*

Note: *For residents that return after an episode of running away, refer to GLS 8.01 for guidance on timeframes for medical screens.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 5: Service Planning and Monitoring

Residents and their families participate in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and supports.

Interpretation: *While a service plan may conform to a uniform format, plan content will be individualized through collaboration with the resident and, as appropriate, a parent or guardian and/or legal advocate.*

Interpretation: *Organizations should make all attempts to involve family members in the service planning process; however, when such efforts are unsuccessful, such as when the organization is working with children or youth with limited family connections, unaccompanied alien children, or adults who does not wish to maintain family contact, the resident should be actively engaged in the development of the service plan.*

Interpretation: *When the organization is working with Indian children and families, tribal or local Indian representatives must be included in the service planning process and culturally relevant resources available through or recommended by the tribe or local Indian organizations should be considered when developing the service plan.*

Research Note: *Working collaboratively with residents and soliciting their perspective on service planning is critical in ensuring that services are provided in a trauma-informed and culturally sensitive manner.*

Research Note: *Research suggests that the development of a comprehensive family-driven service plan, which addresses family relationships, decision-making, goal setting, and communications can improve recovery outcomes for those receiving services in a residential program.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service planning and monitoring procedures, including strategies for active resident and family participation in service planning
- Service plan form/template

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

On-Site Evidence

- Documentation of case review

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Review case records

GLS 5.01

A service plan is developed in a timely manner with full participation of the resident and their family, and expedited service planning is available when crisis or urgent need is identified.

Interpretation: *Service planning is conducted so that the resident retains as much personal responsibility and self-determination as possible and/or desired. Residents with limited ability in making independent choices due to developmental age or other circumstances receive assistance in learning how to make decisions. When the resident is a minor, or an adult under the care of a guardian, the organization should follow applicable state laws or regulations requiring involvement or consent of residents' legal guardians.*

GLS 5.02

A family-driven service plan is developed with the participation of the resident's family and/or significant others as agreed to by:

- a. a parent and/or legal guardian when the resident is a minor; or
- b. the resident, when he or she is an adult not under the care of a guardian.

Interpretation: *The service plan addresses, as appropriate, matters that have a direct bearing on safety, a permanent living arrangement, and well-being, including: family strengths, unmet family service and support needs, family relationships, siblings, other family members in care, and the person's need for family and other informal network supports in their community.*

Interpretation: *Safety concerns for victims of human trafficking often do not end when they are admitted to residential settings. The organization should work with the victim to develop a safety plan that focuses on*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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increasing physical safety by securing needed documents, property, and services; maintaining the residence's location in confidence or restricting access by certain individuals; and linking efficiently to law enforcement, if needed. Psychological safety should also be prioritized as the emotional effects of trauma - mistrust, anxiety, depression, panic disorder, etc. - can be persistent and overwhelming for victims.

GLS 5.03

The service plan is based on the assessment and includes:

- a. agreed upon goals, strengths, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom; and
- c. the signature of the resident and/or legal guardian.

Interpretation: *Engagement strategies, including building rapport, establishing trust, and promoting physical and psychological safety, are critical when working with victims of trauma to facilitate the development of realistic goals in an empowering and trauma-informed manner.*

GLS 5.04

The service plan addresses, as appropriate and with the consent of the resident:

- a. unmet service and support needs;
- b. possibilities for maintaining and strengthening family relationships; and
- c. the need for the support of the resident's informal social network.

GLS 5.05

The treatment team, resident and, when appropriate, his or her family participates in a documented quarterly review of the service plan to assess:

- a. service plan implementation;
- b. progress toward achieving service goals and desired outcomes;
- c. the continuing appropriateness of the service goals; and
- d. the need to revise, cancel or add new goals and/or objectives.

Interpretation: *In regards to documentation, any revisions to the service plan or service goals should be signed by a member of the treatment team*

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Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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and the resident or a parent and/or legal guardian when the resident is a minor.

Interpretation: *Service plans are reviewed more frequently for young children and as acute needs and contractual requirements dictate. Timeframes for service plan reviews should be adjusted depending upon: issues and needs of persons receiving services; frequency and intensity of services provided; changes in residents' life situations or psychological conditions; and frequency of contact with informal caregivers and cooperating providers.*

GLS 5.06

Extended family members and significant others, as appropriate and with the consent of the individual, may be invited to participate in case conferences and advised of ongoing progress.

Interpretation: *For children and youth, family members or legal guardian should always be involved in case conferences and advised of ongoing progress.*

Interpretation: *The organization facilitates the participation of extended family and significant others by, for example, helping arrange transportation, utilizing web-based technologies and other electronic communications, or including them in scheduling decisions.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 6: Child and Youth Permanency

The organization participates in or facilitates permanency planning with residents and their families and/or legal guardians to promote physical, emotional, and legal permanence for children.

Interpretation: *Permanency planning is a child-centered process that aims to ensure children have enduring relationships that last a lifetime, offer the social and legal status of family membership, and support their connections with extended family, non-custodial parents, and others identified by the child such as teachers, clergy, mentors, and to their cultures and communities of origin.*

When the organization is not responsible for facilitating permanency planning, it documents all participation in the process and any efforts to connect children to positive relationships with significant adults.

In addition, organizations demonstrate their role in supporting timely permanency planning through regular case record documentation and official reports provided to the local child welfare agency or the court which comment on children's and/or families' progress towards permanency goal(s).

NA *The organization does not provide out-of-home care for children in the custody of a public agency.*

Note: *Throughout this section of standards (GLS 6), the term "children" includes infants, toddlers, school-age children, and youth.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Permanency planning procedures
- Procedures for finding and notifying kin

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Review case records

GLS 6.01

In compliance with applicable law and regulation, legal permanency planning occurs with children and families according to the following

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

standard timeframes:

- a. within 60 days of placement a court-determined permanency plan is developed;
- b. at least every 6 months a court or administrative review of progress towards permanency occurs;
- c. within 12 months of placement, and every 12 months thereafter, a permanency hearing evaluates the permanency goal and determines the need for an alternative goal; and
- d. after a child has been in placement for 15 of the most recent 22 months, a legally-exempted permanency decision is made or proceedings are initiated for the termination of parental rights.

Interpretation: *Permanency planning should occur with the team of people that support and provide services for the family, as appropriate. This planning often occurs in conjunction with service planning. Resource parents are notified and entitled to participate in any review or hearing.*

The length of time a child has been in care cannot be the only justification for terminating parental rights. In order to support parents that are actively making progress towards reunification but need more time, the organization can work with the public authority to determine a compelling reason for not filing for the termination of parental rights. The mental health status and readiness of the child should also be taken into consideration when assessing permanency goal.

Interpretation: *When the organization is working with Indian children and families tribal representatives and service providers must be involved in the permanency planning process to ensure compliance with the Indian Child Welfare Act (in particular the placement preferences) and support culturally responsive planning. Tribal definitions of permanency and family should be recognized and incorporated into the permanency plan.*

Research Note: *When sanctioned by a state or tribal court, federal law permits Indian families to move forward with a customary adoption, without terminating parental rights. Customary adoptions are arranged through custom and tradition and allow for the transfer of custody while preserving parental rights. **Research Note:** The Adoption and Safe Families Act (ASFA) outlines three legal exemptions to the termination of parental rights requirement, including if:*

- a. *the child is being cared for by a relative;*
- b. *the case record contains documentation of a compelling reason why the termination of parental rights would not be in the best interest of the child, including failure to meet federal statutory requirements such as active or reasonable efforts; and*
- c. *the organization hasn't provided the family with services identified by the*

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Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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state to be necessary for the safe return of the child. ASFA does not override, amend, or repeal the requirements of the Indian Child Welfare Act.

NA *The organization only provides services to children in which there is no dependency/family court involvement.*

GLS 6.02

Permanency planning is child-driven and children are actively involved in the process as appropriate to their age and developmental level.

Related: RPM 2.02

Interpretation: *Child-driven permanency planning involves youth at every stage of the process including conversations about what permanency means to them, the discovery of extended family and other significant adults, and the formation of a permanency team that will support their desired outcomes and have an ongoing role in their lives.*

Children's ages should not limit the consideration of all permanency options.

GLS 6.03

The organization collaborates with children, parents, and the local child welfare agency to identify, notify, and engage relatives, non-custodial parents, and other close, supportive adults that can be resources or supports for placement and permanency.

Interpretation: *The organization is expected to be diligent and purposeful in identifying and engaging supportive resources. As appropriate to their role, organizations should have established procedures for identification of kin that involves a combination of engaging children and family members in identification and the use of technological resources for family-finding. Notification should be provided in multiple forms, including written form in order to ensure accountability and maintain a record of efforts to notify.*

Research Note: *Family-finding efforts support the increased identification and involvement of incarcerated parents and their families in the permanency plan. Unless the court has determined that reasonable efforts to support reunification are suspended, public agencies are mandated to work with incarcerated parents as with other parents. This involvement is important for children's well-being and may increase motivation for incarcerated parents to work for reunification or participate in the development of an alternative plan.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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GLS 6.04

Concurrent planning includes:

- a. early, preliminary, and reasoned assessment of the potential for reunification, the best interests of the child, and the need for an alternative plan;
- b. full disclosure to all involved parties of permanency options, expectations, and legal timelines;
- c. early identification and involvement of potential family resources including non-custodial parents, relatives of incarcerated parents, extended family members, family members outside of the country, and family-like supports;
- d. early placement with a permanent family resource or pre-adoptive resource family; and
- e. counseling parents about relinquishment and permanency options if needed.

Interpretation: *Federal and state statutes or administrative rules may provide guidance about when concurrent planning is appropriate, and how concurrent planning is to be conducted. When concurrent planning is not formalized, workers can be proactive with regard to the early identification of different permanency options for children, as is the intention of concurrent planning.*

GLS 6.05

Case records document efforts made to support parents towards reunification, including:

- a. involvement in service planning, decision-making and service selection;
- b. access to needed services;
- c. ongoing, constructive, and progressive contact and time spent with the child;
- d. reduction of barriers to contact, time together, and involvement in the child's care; and
- e. use of formal and informal resources, supports, and community services to prepare the family for reunification and aid in the transition process.

Interpretation: *Documentation must be in a format legally admissible as evidence to facilitate court proceedings.*

Interpretation: *When the organization is working with American Indian or Alaska Native children and families, the Indian Child Welfare Act requires*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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active efforts be provided to support reunification. Active efforts require affirmative, thorough, timely, and culturally responsive to satisfy the case plan by accessing resources and services and partnering with the tribe. Early consultation with tribes is critical to ensuring that a full range of resources have been made available to the family and that active effort requirements are fulfilled.

Organizations may work with tribal leadership, elders, religious figures, or professionals with expertise concerning the given tribe to determine culturally-responsive active efforts and identify culturally appropriate services for the family.

NA *The organization does not provide services to parents.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 7: Community and Social Connections

Residents cultivate and sustain connections with their community and social support network to promote positive well-being.

NA *The organization serves residents with developmental disabilities.*

Note: *Programs serving residents with developmental disabilities should refer to CR 4: The Rights of Persons with Developmental Disabilities.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for facilitating social and community connections
- Policy that prohibits exploitation of individuals in employment-related training or gainful employment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Direct service personnel
 - b. Residents
- Review case records
- Observe a variety of activities

GLS 7.01

The organization facilitates residents' ability to access all available services and successfully reintegrate into their community by:

- a. remaining knowledgeable about local, regional, and state resources, including networking and leadership opportunities;
- b. educating the community about the assets and needs of individuals receiving support to attain self-sufficiency; and
- c. identifying and developing opportunities for residents to develop positive ties to the community based on mutual interests and abilities.

GLS 7.02

Social and community connections are encouraged by providing residents opportunities to participate in:

- a. social, recreational, educational, or vocational activities in their

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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- community;
- b. religious observances in the faith group or spirituality of choice; and
 - c. family and neighborhood activities consistent with his or her ethnic and cultural heritage and tribal affiliation.

GLS 7.03

Residents are helped to develop social support networks and build healthy, meaningful relationships with caring individuals of their choosing.

Interpretation: *"Caring individuals" may include mentors, community members, friends, classmates, peers, siblings, cousins, grandparents, former foster parents, and extended family members.*

GLS 7.04

Residents have opportunities to participate in group activities where they can meet, support, and share experiences with peers.

Interpretation: *Opportunities to participate in culturally and developmentally appropriate social, cultural, recreational, and religious or spiritual activities should be designed to expand the range of life experiences.*

GLS 7.05

The organization encourages social and community integration through the development of life skills necessary to:

- a. navigate the surrounding environment;
- b. obtain housing;
- c. pursue educational and occupational opportunities;
- d. manage finances;
- e. access community resources such as banks, employment agencies, government offices, and recreational and educational organizations;
- f. access public assistance;
- g. communicate effectively and resolve conflicts;
- h. participate in recreational activities and/or hobbies; and
- i. prepare for discharge and family reintegration, independent living, or another less restrictive setting, if applicable.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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Note: *This standard is applicable for all residents regardless of age. Organizations should tailor life skills training to meet the age and developmental level of the service population.*

(FP) GLS 7.06

The organization evaluates residents for their ability to participate in athletic activities and obtains as necessary:

- a. a written, signed permission slip from the resident's legal guardian;
- b. a medical records release;
- c. a signed document from a qualified medical professional stating that the resident is physically capable of participating; or
- d. an adult waiver and release of liability.

NA *The organization does not offer athletic activities to residents*

GLS 7.07

Policy prohibits exploitation of residents in employment-related training or gainful employment.

Interpretation: *The organization should make reasonable efforts to match training and employment opportunities to the goals and interests of individual residents.*

NA *The organization does not provide employment-related training or jobs to residents.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 8: Healthcare Services

Residents receive comprehensive healthcare services to promote optimal physical, emotional and developmental health.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Table of Evidence

Self-Study Evidence

- Healthcare services procedures, including the initial medical screening, comprehensive medical examination, and dental care

On-Site Evidence

- Informational health and wellness materials

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Persons served
- Review case records
- Verify employment of physician or qualified medical practitioner either directly or via contract

(FP) GLS 8.01

An initial health screening is conducted by a qualified medical practitioner for all residents within 24 hours of admission to identify the need for immediate medical care and assess for communicable disease.

Related: ASE 6.06

Interpretation: *Qualified medical practitioner refers to a licensed physician, registered nurse, nurse practitioner, physician's assistant, or other healthcare professional that is permitted by law and the organization to provide medical care and services without direction or supervision. When possible, the screening should be performed by the resident's primary care physician who has knowledge of the resident's medical history or a physician that can serve as the resident's medical home while in care.*

For the purposes of this standard, qualified medical practitioners are distinct from other clinicians who are not permitted by law to provide medical care and services without direction or supervision (e.g., clinical social workers, licensed vocational/practical nurses, and medical assistants). To meet the standard, the initial medical screening must be administered by a qualified medical practitioner.

Interpretation: *In situations where the resident is unable to receive an initial health screening by a qualified medical practitioner within 24 hours,*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

the organization can receive a rating of 2 if it has procedures in place for accommodating exceptional circumstances and is able to provide evidence that the screening occurred within 72 hours of admission. Examples of exceptional circumstances include, but are not limited to:

- *weekend placements; and*
- *when a client is transferring from the care of a public agency that has arranged for an initial health screening to be conducted within 72 hours of admission to the program.*

Interpretation: *If the organization does not have a qualified medical practitioner on staff, it should research community resources and consider creating a formal arrangement or a memorandum of understanding (MOU) with a local physicians group, their local health department, federally-qualified health center, urgent care clinic, community-based health clinic, or telehealth providers.*

For children in foster care, the local child welfare agency may be responsible for ensuring the initial health screening is completed or may assist the organization to identify possible medical resources.

Interpretation: *Conditions that require immediate or prompt medical attention include, but are not limited to: signs of abuse or neglect, serious, accidental or unexplained injury, signs of infection or communicable diseases, hygiene or nutritional problems, pregnancy, and significant developmental or mental health disturbances.*

Interpretation: *When a resident returns following a runaway episode, a health screen should be conducted within 24 hours of entry back into care to identify whether he or she was victimized or otherwise hurt or injured while on the run. For further guidance on protocols for preventing and responding to missing and runaway children and youth, please refer to ASE 6.06.*

GLS 8.02

The organization ensures that each resident receives:

- a. a medical examination five days after admission, unless the resident has received a medical exam within the last year, and annually thereafter; and
- b. a dental examination six months prior to or one month after admission with appropriate follow-up thereafter.

Interpretation: *When records from the most recent medical and dental examinations are unavailable or examinations are incomplete, the organization must ensure that examinations are completed within the*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

required timeframes.

Interpretation: *The purpose of the medical examination is to identify and assess medical, developmental, and mental health conditions that require treatment, additional evaluation, and/or referrals to other healthcare professionals or specialists. The examination must be comprehensive, build on history gathered during the initial medical screening, and focus on specific assessments that are appropriate to the individual's age and developmental level. Findings from the exam are used to develop individualized treatment plans, as well as inform follow-up assessments and services.* **Interpretation:** *In situations where resources are not available for preventive dental care to occur every six months, the organization can receive a rating of 2 if there is an annual preventive exam and evidence that recommendations from the dental practitioner indicate the child is not in need of more frequent care. Children with dental issues or at high risk of dental problems must be receiving the care they need. Families should be engaged in the process and solution for getting their child the needed dental care.*

Research Note: *Best practice indicates that the most common interval for dental exams is every six months, though some individuals may require more frequent exams based on clinical, historical or radiographic findings. Individuals with dental issues or at high risk of dental problems benefit from exams at frequencies greater than every six months.*

Research Note: *Traumatic stress can have a profound impact on and individual's physical wellbeing and health. Trauma can manifest itself in the body in the form of physical tension and/or health complaints. Traumatized individuals may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain, exhibit unexplained physical symptoms (e.g., aches, pains, and headaches), or increased medical problems.*

Research Note: *Trafficking victims commonly suffer from multiple physical and psychological health issues as a result of inhumane living conditions, isolation, poor sanitation and hygiene, malnutrition, physical and emotional abuse from their traffickers, dangerous working situations, alcohol and other drug use, and overall lack of health care.*

GLS 8.03

Health services include provision or referral for needed services, and health records include a written summary of the resident's and his or her family's known medical history, including immunizations, operations, medication history, and medical conditions and illnesses.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Interpretation: *Copies of the medical history are provided to the resident or his or her legal guardian when requested and retained in the case record.*

GLS 8.04

Direct service workers promote good health habits and healthy living.

Interpretation: *Examples of how personnel can promote good health habits and healthy living include: offering a variety of physical and recreational activities; implementing a youth education curriculum on healthy living; facilitating support and education groups on proper nutrition and exercise, personal hygiene, and good health habits; helping residents and their families make healthy choices by including them in nutrition planning; and/or promoting good health habits and healthy living in day-to-day interactions with residents.*

Recognizing that there are communities where access to affordable, quality food is limited, it is important for personnel to take into consideration where residents will reside after they are discharged so healthy eating habits can continue long after they leave care.

(FP) GLS 8.05

A physician or other qualified medical practitioner assumes 24-hour on-call medical responsibility.

Interpretation: *The standard requires professional medical oversight to ensure responses to medical emergencies and identification of and prompt treatment for the residents' health needs. Physicians or other qualified medical practitioners must be familiar with the needs of the resident population.*

Interpretation: *COA recognizes that geographic placement and resources can pose barriers. The use of an emergency room or urgent care facility is acceptable for overnight hours when protocols are established.*

Organizations can also leverage alternative service delivery methods such as telehealth when regional shortages of certain professional groups make in-person consultation impractical.

NA *All service recipients have private physicians.*

(FP) GLS 8.06

Residents receive age and developmentally appropriate support and

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

education regarding:

- a. sexual development;
- b. safe and healthy relationships;
- c. pregnancy prevention and effective parenting;
- d. HIV/AIDS prevention; and
- e. prevention and treatment of sexually transmitted diseases.

GLS 8.07

The organization provides or arranges specialized health services to meet the needs of the service population, as appropriate.

Interpretation: *Specialized health services should be provided or arranged as necessary. Services may be needed by older adults, pregnant and parenting individuals, individuals with eating disorders, individuals with substance-use related conditions, or children with autism and pervasive developmental disorders. Health services may include but are not limited to, tobacco cessation; fetal alcohol syndrome screening; speech, language, and occupational therapy; prenatal care, well-baby care, accessing child and infant health insurance programs; and onset of and screening for common cancers.*

Note: *Services for pregnant and parenting residents are addressed in GLS 10.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 9: Education Services

The organization provides or arranges for residents to receive education services and supports to help them achieve their educational and/or vocational goals.

Interpretation: *Organizations that do not provide services on-site are expected to coordinate with community-based providers to meet the educational needs of all residents. When organizations do not directly provide or arrange education services, individual case records should indicate that the treatment team ensures education plans are integrated into treatment plans and documents advocacy for areas of unmet educational need. Education services will vary depending on the population served.*

Interpretation: *Organizations should have a way to keep abreast of changing educational systems and the impact any changes have on their service population and the achievement of their educational goals.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for:
 - a. Developing and/or integrating education plans
 - b. Coordinating education services with community- based providers
 - c. Ensuring family collaboration

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant education personnel
 - c. Residents and their families
- Review case records

GLS 9.01

A comprehensive, coordinated education plan is developed for residents with educational goals, or vocational goals that include an educational component, and is integrated into their service plan.

Interpretation: *If the organization does not participate in the development of the education plan it is responsible for integrating each individual's education plan into their service plan.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 9.02

Residents pursuing educational goals are enrolled in an appropriate education program on-site or in the community.

GLS 9.03

For residents with diverse needs, the educational program incorporates effective instructional practices, quality curriculum design, and appropriate educational tools and supports.

Interpretation: *Children with diverse learning needs can include children who: require support due to a learning disability, are learning English as an additional language, and are intellectually gifted. Each individual education plan should include the individualized supports students need to successfully achieve their educational goals.*

NA *The organization does not provide group living services to school-age children or youth.*

NA *The organization does not directly provide the educational program nor develop the education plans for children or youth with diverse learning needs.*

GLS 9.04

Program personnel, in partnership with residents and their parents or legal guardians if applicable, regularly communicate and coordinate services with educational providers.

Interpretation: *Family members should also be involved in communications with education providers to the greatest extent possible. Organizations should support parents and/or legal guardians in advocating for the educational needs of their children or the individuals in their care.*

GLS 9.05

The organization provides or arranges, as needed:

- a. tutoring;
- b. preparation for a high school equivalency diploma;
- c. college preparation;
- d. parent-teacher conferences;

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- e. vocational or continuing education opportunities; and/or
- f. advocacy and support.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 10: Services for Pregnant and Parenting Residents

The organization utilizes a family-driven treatment model to empower pregnant and parenting residents and supports and promotes the well-being of their children and other family members.

Research Note: *Research on women's substance use, dependence, and treatment shows that relationships, especially with family members and children, play an important role in women's substance use, treatment, and relapse. Integrated programs providing family-focused substance use treatment have shown efficacy in reducing substance use, higher rates of treatment completion, higher rates of post-treatment sobriety, improved parenting skills, as well as developmental improvements in the children accompanying them to care.*

NA *The organization does not serve pregnant and/or parenting residents.*

Note: *"Parenting residents" refers to residents that bring their children with them to the treatment program. Organizations will be responsible for determining whether a child should be admitted to the treatment program.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
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- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of services
- Procedures for linking children to services and providing ongoing monitoring and follow-up
- Procedures for evaluating educational needs and collaborating with schools
- Policy prohibiting corporal punishment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
 - d. Residents' children
- Review case records

GLS 10.01

The organization provides or arranges for children accompanying their parents in residential care to receive services that address, as appropriate:

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- a. health and medical needs;
- b. mental health needs;
- c. trauma history;
- d. educational and recreational needs;
- e. social needs;
- f. developmental needs, including any developmental delays;
- g. attachment to parents and extended family; and
- h. behavioral issues.

Interpretation: *Many children accompanying their parents in care are in need of therapeutic, health, developmental, and other services to address specific delays and conditions. Simply allowing the children to stay with their mothers is not adequate to meet the needs of the family. Older children may need additional services such as substance abuse education or treatment services, such as tobacco cessation.*

NA *The organization does not allow residents to bring their children to the treatment program.*

GLS 10.02

To promote child safety and well-being, the organization supports residents' efforts to care for and nurture their children, and:

- a. offers age-appropriate programming that meets children's social, emotional, cognitive, and physical needs; or
- b. links children with appropriate services offered by other community providers.

Interpretation: *Examples of appropriate programming services can include play groups, recreational activities, educational activities, counseling, and therapeutic services. Additional services for younger children may include therapeutic day care, Head Start, and other early childhood programs. Examples of programs for older youth may include peer support groups, afterschool programs and tutoring, recreational activities, and employment assistance.*

NA *The organization does not allow residents to bring their children to the treatment program.*

GLS 10.03

Organizations evaluate the educational status and needs of school-age children and youth and:

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- a. inform residents of their children's educational rights;
- b. help residents coordinate educational services with relevant school districts; and
- c. assist children and youth to stay current with the curricula.

Research Note: *Older youth often deal with problems related to delinquency, low academic performance and grade failure, learning disabilities, poor peer relationships, lack of a suitable homework environment, and truancy.*

NA *The organization does not allow residents to bring their children to the treatment program.*

GLS 10.04

The organization provides or arranges child care while the resident is receiving treatment services.

NA *The organization does not allow residents to bring their children to the treatment program.*

(FP) GLS 10.05

To promote positive parenting practices, the organization:

- a. prohibits corporal punishment of children by either the parent or provider;
- b. promotes, encourages, and educates both parents and providers about alternatives to corporal punishment; and
- c. provides or refers parents to parent education classes or workshops.

Interpretation: *The organization must have a board-approved policy that prohibits corporal punishment and should maintain documentation that all providers and residents are informed of this policy.*

NA *The organization does not allow residents to bring their children to the treatment program.*

GLS 10.06

Pregnant residents are provided or linked with specialized services that include, as appropriate:

- a. pregnancy counseling;

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- b. prenatal health care;
- c. genetic risk identification and counseling services;
- d. fetal alcohol syndrome screening;
- e. labor and delivery services;
- f. postpartum care;
- g. mental health care;
- h. pediatric health care, including well-baby visits and immunizations;
- i. peer counseling services; and
- j. children's health insurance programs.

Interpretation: *Regarding element (f), expectant mothers should be screened for depression, informed about postpartum depression, and connected to available support and treatment services.*

NA *The organization does not serve pregnant residents.*

GLS 10.07

Pregnant residents are educated about the following prenatal health topics:

- a. fetal growth and development;
- b. the importance of prenatal care;
- c. nutrition and proper weight gain;
- d. appropriate exercise;
- e. medication use during pregnancy;
- f. effects of tobacco and substance use on fetal development;
- g. what to expect during labor and delivery; and
- h. benefits of breastfeeding.

Interpretation: *These topics may be addressed by qualified medical personnel in the context of prenatal health care.*

NA *The organization does not serve pregnant residents.*

GLS 10.08

Pregnant and parenting residents are helped to develop skills and knowledge related to:

- a. basic caregiving routines;
- b. child growth and development;
- c. meeting children's social, emotional, and physical health needs;
- d. environmental safety and injury prevention;
- e. parent-child interactions and bonding;
- f. age-appropriate behavioral expectations and appropriate discipline;

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- g. family planning; and
- h. developing supportive relationships with family members or caring adults and establishing a functioning support network.

Interpretation: *Organizations should tailor how topics are addressed based on service recipients' needs. For example, when serving expectant parents or parents of young children, education on environmental safety and injury prevention should address topics such as safe practices for sleeping and bathing.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 11: Services for Substance Use Conditions

The organization provides substance use prevention and recovery services.

Note: *GLS 11 applies to all group living programs regardless of the population served to emphasize and support prevention and recovery for residents with substance use conditions. In addition, programs whose primary service is residential substance use treatment will also complete the standards for Services for Mental Health and/or Substance Use Disorders (MHSU).*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for providing or arranging substance use prevention and recovery services
- List of referral resources for substance abuse services

On-Site Evidence

- Documentation of residents with co-occurring conditions

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Review case records

GLS 11.01

The organization provides or makes formal arrangements with appropriate organizations to provide substance use prevention and education services according to the needs and developmental stage of the resident population.

GLS 11.02

The organization maintains a list of referral resources for a full continuum of services to meet the needs of residents with alcohol and other substance use-related problems.

Interpretation: *Organizations can maximize the likelihood of a successful referral by creating MOUs or linkage agreements with providers that specialize in substance use prevention and recovery services. These types of arrangements should outline the services provided, the goals and*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

objectives of the collaboration, and the roles and responsibilities of all parties involved.

GLS 11.03

Referrals to self-help or peer support group services are provided to individuals and family members as appropriate.

Interpretation: *Organizations' policies and/or procedures should promote referrals to culturally and linguistically competent service providers when possible.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 12: Privacy Provisions

The organization provides for resident comfort, dignity, privacy, and safety.

Research Note: *Establishing physical and psychological safety has been proven to have a significant impact on residents' long-term recovery and social and emotional well-being.*

Note: Please see [Facility Observation Checklist - Private, Public, Canadian](#) for additional assistance with this standard.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Privacy policy and procedures, including the use of electronics
- Policy and procedures regarding searches of residents and their property

On-Site Evidence

- Judicial order, law, or contract, as applicable (GLS 12.02 b.)

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Observe facility

(FP) GLS 12.01

The organization:

- a. maintains doors on sleeping areas and bathroom enclosures unless there is clear, clinical, written justification for their removal;
- b. provides one- or two-person rooms to residents who need extra sleep, protection from sleep disturbance, or extra privacy for clinical reasons; and
- c. requires employees to knock before entering a resident's room unless there is a safety or clinical concern.

Interpretation: *The organization should ideally provide single rooms for developmentally disabled adults and for others with specialized care issues (e.g.; history of being bullied, history of trauma, sexual abuse, sexual orientation or aggressive behavior). However, COA recognizes that this can be difficult for organizations to achieve. Factors to be considered when assigning a rating for this standard include: what portion of developmentally*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

disabled adults have private rooms, whether shared rooms are a temporary placement, whether a shared room is the preference of the resident, and whether the group living facility is the resident's permanent home.

Interpretation: *Regarding element (c), employees should knock before entering a resident's room unless there is an immediate health or safety concern or a well-documented clinical concern.*

(FP) GLS 12.02

The organization:

- a. follows procedures for legal searches of residents or their property consistent with applicable state and federal law; and
- b. prohibits the use of surveillance cameras or listening devices in residents' bedrooms unless required by judicial order, law, or contract.

Interpretation: *Residents should be apprised of the organization's policy regarding personal or room searches.*

Interpretation: *When organizations are required by judicial order, law, or contract, documentation must be provided to justify employing this practice which may include the judicial order, contract, or a copy of the state's safety plan involving the resident. Organizations will need to demonstrate in their privacy policy and procedures that they have taken measures to prevent any unintended violation of an individual's rights and privacy. Residents must have access to private areas for self-care and dressing.*

Sensitivity is taken to ensure that residents, especially the LGBTQ population, feel safe and not violated.

Interpretation: *The use of surveillance cameras or listening devices should not be used as a supplement to adequate staffing or supervision protocols.*

(FP) GLS 12.03

Searches of residents or their property are conducted in a trauma-informed manner that respects client rights, dignity, and self-determination and include, as appropriate to the frequency and invasiveness of searches:

- a. timely notification of a parent and/or legal guardian;
- b. definition and documentation of reasonable cause and assessed risk of harm to self or others;
- c. trained, qualified staff; and
- d. an administrative review process including documentation, notification,

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

and the timetable for review.

Interpretation: *The invasiveness of the search to be conducted has a direct impact on all aspects of search procedures. Organizations must demonstrate that more invasive searches are associated with an increased level of risk, reasonable cause, staff competence, and level of administrative review. More invasive searches should only be performed only by specially trained and qualified staff.*

Research Note: *Routine activities such as room checks and property searches can trigger traumatic reenactment. Training staff on interventions that help children and youth identify and manage potential triggers supports a trauma-informed living environment.*

(FP) GLS 12.04

The organization respects residents' privacy by only reviewing mail when a previous incident involving the resident indicates that:

- a. the mail is suspected of containing unauthorized, dangerous, or illegal material or substances, in which case it may be opened by the resident in the presence of designated personnel; or
- b. receipt or sending of unopened mail is contraindicated.

Interpretation: *Mail refers to letters, packages, emails, and other forms of correspondence via electronic messaging. Organizations should have electronic messaging and social networking policies, procedures, and/or protocols for staff and residents and their families.*

Interpretation: *Correspondence between residents and their families, friends, and other social supports should be encouraged, and not monitored nor used as a reward or punishment.*

Interpretation: *Programs serving individuals with substance use conditions may require personnel to review mail without incident due to the reason for which residents are seeking treatment. If an organization employs this approach, they must provide justification for taking such measures, which may include health, safety, and other security concerns.*

(FP) GLS 12.05

All residents can have private telephone conversations, and any restriction is:

- a. based on contraindications and/or a court order;

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- b. approved in advance by the program director or an appropriate designee;
- c. documented in the case record; and
- d. reauthorized weekly by the immediate supervisor of the direct service provider.

Note: *The organization will be responsible for developing protocols addressing the use of cellphones and other types of technology in the program.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 13: Group Living Environment

The organization provides group living experiences and a program of individualized services for each resident.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Table of Evidence

Self-Study Evidence

- A description of group living services and activities
- Sample of schedules of daily program activities
- Procedures for including residents in decision-making processes

On-Site Evidence

- Schedules of daily program activities

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Review case records

GLS 13.01

Residents participate in the development of a group living program that is individually tailored to their age, developmental level, social and emotional needs, strengths, and interests.

GLS 13.02

Group living services are integrated with the resident's daily living experience and include, as appropriate:

- a. treatment for severe emotional disturbance or mental health and substance use conditions;
- b. individual and group counseling;
- c. family therapy;
- d. educational and/or vocational programming;
- e. recreational activities;
- f. legal advocacy;
- g. opportunities to participate in religious observances in a faith or spirituality of choice;
- h. community cultural enrichment, shopping, volunteer and paid work activities; and
- i. independent living preparation.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



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Interpretation: *Central coordination of services is one of the most important aspects of care for victims of human trafficking. It provides the opportunity to develop an important, consistent connection with the staff person while the complex myriad of needed services are accessed and coordinated.*

GLS 13.03

Program activities provide opportunities for residents to interact with peers in a positive, respectful, and cooperative manner.

Interpretation: *Program personnel strive to anticipate, prevent, and reduce the occurrence of bullying and other unsafe or negative peer interactions.*

Interpretation: *Organizations should create a normative environment for residents while they are in care. One way this can be accomplished is by creating opportunities for children and adults to engage in activities with peers in the community. For example, sports teams, drama, choir, and musical groups promote pro-social behaviors and values.*

GLS 13.04

Program personnel provide predictability and structure by developing routines and rules with residents and their family members.

GLS 13.05

Residents participate in decision-making processes relating to program activities and are given an opportunity to formally express feedback including dissatisfaction with aspects of care.

Interpretation: *The establishment of resident councils is one way to involve individuals in all aspects of care and ensure that their voice is integrated into programming decisions. Residents should have an opportunity to provide feedback on staff, activities, rules, food, their overall care experience, sense of safety and support, and the living environment. This type of activity also provides opportunities for youth advocacy, self-efficacy and leadership.*

For programs serving youth, family advisory councils can be established to involve families in the governance of the program.

Research Note: *Perceptual barriers have a strong effect on youth engagement. When youth perceive that residential providers dismiss their*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

concerns and limit their opportunities to make choices they become frustrated with and disengaged in the treatment process. Providers that create opportunities for youth feedback and value the ideas of youth promote engagement and active program participation.

Innovative programs are allowing youth to assume a leadership role in their own treatment team meetings to encourage taking control over decisions that impact their lives. Encouraging youth empowerment ensures young residents develop a sense of control over their lives, and an opportunity to recover from past trauma in order to become healthy adults.

GLS 13.06

Program personnel provide residents with:

- a. nutritious meals and snacks;
- b. personal items such as clothing and an individual allowance;
- c. companionship;
- d. support and assistance needed to participate in group living and community activities; and
- e. a flexible daily schedule to develop and enhance positive personal and interpersonal skills and behaviors.

Interpretation: *Residents should be provided with a variety of nutritious food options. Special diets should be planned to meet the modified needs of individual residents.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 14: Residential Facilities

Residential facilities contribute to a physically and psychologically safe, healthy, non-institutional, homelike environment.

Interpretation: *"Homelike" settings are assessed within the context of organizations location and environment.*

Research Note: *Physical environments convey symbolic and concrete messages. The way in which organizations maintain, design, and decorate their residential facilities can greatly impact residents' perception of safety and security. For example, facilities that are warm and inviting, and incorporate age, developmentally, and culturally appropriate decor into the aesthetic impart a sense of belonging to residents.*

Note: *Please see Facility Observation Checklist - Private, Public, Canadian for additional assistance with this standard.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for establishing a homelike environment
- Procedures for maintaining a clean and safe environment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Observe facility and outdoor area/grounds

GLS 14.01

Living quarters are age, developmentally, gender, and culturally appropriate and consist of separate cottages or units in a residential building that include:

- a. a common room, dining and/or kitchen area, and space for indoor recreation;
- b. private areas where residents can meet with family and friends;
- c. private facilities for bathing, toileting, and personal hygiene; and
- d. ready access to a telephone and other technology, as permitted, for use by residents and personnel.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Interpretation: *Programs must have gender-specific sleeping areas and facilities for bathing, toileting, and personal hygiene to ensure a residents' privacy from residents of the opposite gender.*

Programs serving children should have facilities that are developmentally appropriate and culturally responsive, including separate bathrooms and shower areas, and outdoor and indoor play spaces with adequate toys, books, and other recreational supplies.

Interpretation: *The organization is responsible for developing policies or procedures addressing the use of cellphones and types of technology in the program. See evidence at GLS 12.*

Research Note: *Literature emphasizes the importance of creating a sensitive and nonjudgmental service environment for LGBTQ individuals. Organizations can create and maintain a safe environment by posting a nondiscrimination policy that explicitly includes sexual orientation and gender identity, and by allowing transgender residents to use bathrooms and showers based on their gender self-identity and gender role.*

GLS 14.02

Personal accommodations for residents are age, developmentally, gender, and culturally appropriate and include:

- a. adequately and attractively furnished rooms with a separate bed for each resident, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets;
- b. a non-stacking crib for each infant and toddler that is 24 months or younger that meets federal safety regulations; and
- c. a safe place such as a locker to keep personal belongings and valuables.

Interpretation: *Bedroom space should, at a minimum, meet state requirements and accommodate the basic furnishings the standard mentions. National advocacy standards suggest that single rooms have at least 100 square feet of floor space and rooms housing more than one individual have at least 80 square feet per person. Group assignments and room accommodations may be adjusted as appropriate to the service provided, therapeutic considerations, level of risk, or developmental appropriateness.*

Interpretation: *All cribs, including portable cribs that can be folded or collapsed without being disassembled, must meet current Consumer Product Safety Commission (CPSC) full-size and non-full size crib standards per Sections 1219 and 1220 of Title 16 of the Code of Federal*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Regulations to ensure safety for children.

The American Academy of Pediatrics recommends that cribs are used by children under 90 centimeters (35 inches) tall.

Note: *Element (b) will not apply to organizations that do not allow residents to bring their children to the treatment program.*

GLS 14.03

Organizations that serve families house families as a unit and keep sibling or family groups together, when possible.

NA *The program does not serve family units, or housing families as a unit is not possible or prohibited by law.*

GLS 14.04

Residents participate actively in:

- a. decorating and personalizing their sleeping area;
- b. choosing clothing preferences;
- c. food preparation and meal planning; and
- d. contributing to decisions about how to make living areas inviting, comfortable, and reflective of the their interests and diversity.

GLS 14.05

Residential facilities provide:

- a. adequate space for storage and maintenance needs;
- b. sufficient and culturally appropriate supplies and equipment to meet residents' needs;
- c. access to a computer and the internet;
- d. rooms for providing on-site services, as applicable;
- e. accommodations for informal gathering of residents including during inclement weather;
- f. at least one room suitably furnished for the use of on-duty personnel; and
- g. private sleeping accommodations for personnel who sleep at the facility, if applicable.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 14.06

The organization has adequate facilities for administrative support functions, food preparation, housekeeping, laundry, maintenance, and storage.

GLS 14.07

The residential facility and outdoor space should be clean and maintained in good condition to promote the health and safety of personnel and residents.

Interpretation: *The facility's outdoor area should be inviting and contain sufficient space for recreational activities. Outdoor equipment must meet all playground equipment safety standards and be appropriate for the number, age, and developmental level of residents.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 15: Care and Supervision

The organization provides 24-hour-a-day supportive care and supervision tailored to each resident's developmental, educational, clinical, and safety needs and attentive to effects of congregating living.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

4.

Table of Evidence

Self-Study Evidence

- Resident/personnel care and supervision ratios
- Procedures and criteria used for assigning and evaluating workloads

On-Site Evidence

- Resident/personnel care and supervision ratios and coverage schedules for the past year
- Documentation of workload assessment and data for workload size for the past six months

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Observe facility

GLS 15.01

Adequate care and supervision are provided at all times according to the developmental level, age, and emotional or behavioral needs of residents.

(FP) GLS 15.02

Adults that provide direct care and supervision offer residents:

- a. a positive role model;
- b. nurturance, structure, support, respect, and active involvement;
- c. predictable limit-setting;
- d. flexibility when appropriate and in the resident's best interest;
- e. guided practice to learn effective communication, positive social interaction, and problem solving skills; and
- f. education and skills training specific to risk-taking behaviors, including practice with decision making and anger management.

Interpretation: *Regarding element (d), providing individualized care that is*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

tailored to the resident's needs requires being flexible with codified rules when they contradict what is best for the resident. For example, being flexible with bedtimes for a resident who may have experienced nighttime trauma rather than strictly enforcing a lights out time allows the organization to be responsive to the needs of residents.

Interpretation: *Problem solving skills per element (e) should enable residents to resolve issues that can occur in both home and community settings.*

Research Note: *Positive features associated with lower AWOL rates include clarity about leadership and how the home should operate, a high level of staff support and morale, agreement on a consistent approach, and involvement of youth in setting acceptable boundaries and patterns of behavior.*

GLS 15.03

Adults that provide direct care and supervision communicate to residents and implement on behalf of all residents, policies that promote on site security including the prohibition of weapons and gang activity.

(FP) GLS 15.04

Resident care and supervision is provided by:

- a. at least one on-duty worker for every 8 adults during awake hours and every 12 adults during sleeping hours;
- b. at least one on-duty worker for every 6 children during awake hours and every 8 children during sleeping hours;
- c. a sufficient number of qualified personnel on-site that can respond to emergency/crisis situations or to meet special needs of residents during busy or more stressful periods;
- d. rotating after-hours and holiday coverage when needed; and
- e. same-gender and cross gender supervision when indicated by individual treatment needs.

Interpretation: *Staffing requirements and care ratios can vary depending on the age, developmental level, length of treatment, and the service needs of the population.*

Interpretation: *The organization may use direct care workers or counselors to provide supervision to residents. Personnel must be awake at all times unless convincing evidence demonstrates the resident group does*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

not need awake supervision during sleeping hours. Examples of reasons certain homes or programs might not have awake personnel are: care for a long-term, stable population; majority of unit residents are ready to move to a less restrictive setting; low runaway rates; and low rates of night-time incidents. Electronic supervision is not an acceptable alternative to supervision by personnel.

Research Note: *National recommendations for the supervision of children in group homes is that there are no more than six children per worker during waking hours and no more than eight children per worker during overnight hours.*

Research Note: *Research suggests that staffing models impact children's experience in group care. For example, utilizing live-in staff creates a family-life environment and allows for more consistency in resident's everyday care compared to rotating shift staff.*

Note: *Organizations must also meet state licensing requirements for care ratios.*

(FP) GLS 15.05

Each group living residence is continually supervised by an on-call, professional staff member available on a 24-hour basis.

Interpretation: *This standard addresses supervision for residents by professional clinical workers. The professional clinical staff person is permitted to sleep during sleeping hours. An exception to this standard may occur when planned periods of independence help residents meet their service goals.*

(FP) GLS 15.06

Direct care personnel workloads do not exceed 15 residents and are assessed and adjusted according to:

- a. special circumstances, such as multi-need residents;
- b. the needs of the population;
- c. the work and time required to accomplish assigned tasks and job responsibilities;
- d. the qualifications, competencies, and experience of the worker, including the level of supervision needed; and
- e. service volume, accounting for assessed level of needs of new and current clients and referrals.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Interpretation: *Direct care personnel are the residential treatment center's milieu counselors, case managers, and/or child, youth, adult care workers.*

Research Note: *Nationally recognized caseload guidelines recommend that direct care personnel have no more than eight children and their families assigned to their caseload at one time.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 16: Transition from the Service System

Residents transitioning to the community participate in planning for transition and are prepared with positive experiences and skills to make a successful move.

Interpretation: *The decision to develop a plan for returning to the community is based on the service recipient's preparedness and wishes unless the transition is mandated. Family should also be involved in the transition process to the greatest extent possible.*

Interpretation: *When the organization serves young children, the parent and/or legal guardian is informed of and involved in the transition process from admission.*

Research Note: *Transitional periods in life are often particularly stressful for survivors of trauma who need to guide their own transition planning at a pace that feels comfortable for them and may require additional supports in order to have a safe experience of transition.*

NA *The service is a long-term permanent housing setting.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Transition planning procedures
- A description of the services provided to support residents transitioning from the service system

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Review case records

GLS 16.01

The organization provides residents transitioning to the community with advance notice of the cessation of any health, financial, or other benefits that may occur at transition or case closing.

GLS 16.02

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

The organization works with the resident and their family to develop a plan for living in the community.

Interpretation: *For adolescents, the transition from the service system often coincides with their transition to adulthood. Youth should be supported during their transition to adulthood through individualized planning and preparation that promotes emotional well-being, supportive relationships, and skill development. Program personnel should also provide youth transitioning into adult systems of care with the knowledge they need to access specialized services and navigate adult-serving systems.*

Research Note: *As adolescents enter adulthood, services from child-serving systems end, often abruptly, even though the need continues. In order to maintain continuity of care, organizations should work with residents to develop a transition plan that builds on their strengths and addresses their ongoing service needs.*

GLS 16.03

The organization prepares residents, as appropriate to their individualized transition plan, for a successful transition by providing them with information and support regarding, as applicable:

- a. the transfer or termination of custody;
- b. rights and services to which the person may have access as a result of a disability;
- c. the availability of affordable community based healthcare and counseling;
- d. public assistance and court systems;
- e. child care services; and
- f. support through community volunteers, peers, or persons who have made a successful transition.

Research Note: *Successfully meeting the needs of victims of human trafficking depends on it being part of a continuum that includes prevention, education, outreach, and collaboration that reaches a wide array of community providers, such as schools, law enforcement, juvenile courts, child protective services, shelters, drop-in centers, parents, and the community at large.*

GLS 16.04

The organization works with the resident and their family and/or legal guardian to assess the independent living skills of residents 14 years and

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

older, at regular intervals.

Interpretation: Organizations should use a standardized assessment instrument as soon as possible after a child's 14th birthday to establish a benchmark for progress on the development of skills in the areas of:

- a. educational and vocational development,
- b. interpersonal skills,
- c. financial management,
- d. household management, and

e. ~~self-care~~
Systematic assessment normally reoccurs at six or twelve month intervals.

NA Residents are not transitioning to an independent living situation.

GLS 16.05

During the transition process, and prior to case closing, the organization explores a range of living situations with residents and engages them in an evaluation of the risks and benefits of various housing options.

Interpretation: Options may include the full range of living situations from supported living to fully independent living environments.

NA Residents are not transitioning to an independent living situation.

GLS 16.06

The organization ensures that an adequate living arrangement is in place for every resident transitioning to independence and, when possible, provides supervised household management practice.

NA Residents are not transitioning to an independent living situation.

GLS 16.07

For every person transitioning to independence, the organization ensures that basic resources are in place, including:

- a. a safe, stable living arrangement with basic necessities;
- b. a source of income;
- c. affordable health care;
- d. access to education and academic support; and
- e. employment and workforce support.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Research Note: *The Affordable Care Act (ACA) will require states to provide Medicaid coverage for individuals under age 26 who were in foster care at age 18 and receiving Medicaid. Youth will be eligible for full Medicaid benefits which include Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) services.*

It is recommended that organizations train direct service personnel on their states Medicaid eligibility requirements and healthcare options for youth transitioning out of care and conduct follow-up training as changes are implemented based on the ACA. Organizations should also work directly with state Medicaid agencies to connect eligible individuals to benefits.

NA Residents do not transition to an independent living situation.

GLS 16.08

The organization ensures that residents transition from care with social supports in place, including, as appropriate:

- a. access to at least one committed, caring adult;
- b. access to cultural and community supports; and
- c. access to positive peer support, including peer advocates and peer programs.

Research Note: *Healthy interpersonal relationships are positively correlated with successful outcomes for youth transitioning from care. As adolescents move into adulthood, continued support and guidance from concerned, nurturing adults has a profound impact on youth achieving an optimal level of independence. Even if youth aren't living with their families after they leave care, having positive relationships with family members increases the likelihood of a successful transition.*

Research Note: *Peer support is built on shared personal experience and empathy, and focuses on an individual's strengths not weaknesses. Information provided by peers is often seen as more authentic, as peers have similar lived experience and can better relate to those they support. Peer support has demonstrated positive outcomes in the areas of substance abuse, parenting, mental health, chronic illness, anxiety, and depression. Research shows that peer-run self-help groups can improve an individual's social support networks and enhance self-esteem and social functioning.*

GLS 16.09

The organization assists residents in obtaining or compiling documents

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

necessary to function independently, including, as applicable:

- a. an identification card;
- b. a social security or social insurance number;
- c. a resume, when work experience can be described;
- d. a driver's license, when the ability to drive is a goal;
- e. medical records and documentation, including a Medicaid card or other health eligibility documentation;
- f. an original copy of a birth certificate;
- g. religious documents and information;
- h. documentation of immigration or refugee history and status;
- i. death certificates when parents are deceased;
- j. a life book or a compilation of personal history and photographs, as appropriate;
- k. a list of known relatives, with relationships, addresses, telephone numbers, and permissions for contacting involved parties;
- l. previous placement information and health facilities used, if age-appropriate; and
- m. educational records, such as high school diploma or general equivalency diploma, and a list of schools attended, when age-appropriate.

GLS 16.10

As a continuing resource for information, crisis management, referral, and support, the organization provides each resident with:

- a. a transition plan summary, including the resident's options;
- b. a list of emergency contacts; and
- c. the organization's contact information.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 17: Case Closing

Case closing is a planned, orderly process.

NA *The service is a long-term permanent housing setting.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Case closing procedures
- Procedures that address continuation of services for persons whose third party benefits have ended

On-Site Evidence

- Review contract with public authority, as applicable

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Review case records

GLS 17.01

Planning for case closing:

- a. is clearly defined and includes assignment of staff responsibility;
- b. begins at intake; and
- c. involves the resident, family members or a legal guardian, and others, as appropriate.

GLS 17.02

Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

GLS 17.03

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

When a person's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made and, if termination or withdrawal of service is probable due to non-payment, the organization works with the resident or family to identify other service options.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to residents whose third-party benefits have ended and who are in critical situations.*

NA *The organization does not receive third-party benefits or payments for service.*

GLS 17.04

If a resident is asked to leave the program the organization makes every effort to link the person with appropriate services.

GLS 17.05

The organization that has a contract with a public authority informs the public body of the case closing evaluation findings and assessment of unmet needs, in writing, as appropriate to the contract and with the permission of the resident or his or her legal guardian.

NA *The organization does not have a relevant contract with a public authority.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 18: Aftercare and Follow-up

The organization and the resident and his or her family work together to develop an aftercare plan, and follow-up occurs when possible and appropriate.

Interpretation: *While the decision to develop an aftercare plan is based on the wishes of the service recipient, unless aftercare is mandated, the organization is expected to be strongly proactive with respect to aftercare planning.*

NA *The service is a long-term permanent housing setting.*

NA *The organization has a contract with a public authority that prohibits or does not include aftercare planning.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Aftercare and follow-up procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
 - c. Residents
- Review case records

GLS 18.01

The aftercare plan is developed sufficiently in advance of case closing to ensure an orderly transition.

GLS 18.02

An aftercare plan identifies services needed or desired and specifies steps for obtaining these services.

GLS 18.03

The organization provides aftercare services or takes the initiative to explore suitable resources and contact service providers, when appropriate

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

and with the permission of the person, family, or legal guardian.

GLS 18.04

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of the resident.

Interpretation: *Reasons why follow-up may not be appropriate include, but are not limited to, cases where the person's participation is involuntary or where there may be a risk to the service recipient such as in cases of domestic violence.*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 19: Personnel

Personnel have the education, training, experience, skills, and supervision that is needed to work with the residents in care and involved families.

Note: *For additional standards guidance on the use of non-employee personnel, please refer to [Volunteers, Interns, and Consultants: Applicability of COA Standards to Non-Employee Personnel - Private, Public, Canadian.](#)*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are being used.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

- With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.
- 3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,
- One of the Fundamental Practice Standards received a rating of 3 or 4.
 - A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
 - A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
 - A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
 - There are numerous instances where caseload sizes exceed the standards' requirements.
 - Workloads are excessive and the integrity of the service may be compromised.Â
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
 - Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
 - Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

?For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Table of Evidence

Self-Study Evidence

- Program staffing chart that includes lines of supervision
- Job descriptions
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Table of contents of training curricula

On-Site Evidence

- Documentation of training
- Information and/or data describing staff turnover

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel
- Review personnel files

GLS 19.01

Residential counselors, house parents, adult care, and/or youth care workers have:

- a. a bachelor's degree or are actively and continuously pursuing a degree;
- b. knowledge and understanding of organizational mission and values;
- c. the personal characteristics and experience to collaborate with and provide appropriate care to residents and their families, gain their respect, guide their development, manage a home effectively, and participate in the overall treatment program;
- d. the ability to provide services in a culturally and linguistically competent manner;
- e. the temperament to work with, and care for, children, youth, adults, or families with special needs, as appropriate;
- f. up-to-date certification in first aid and CPR; and
- g. adequate and continuous training and supervision.

Related: TS 1, TS 2

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

Interpretation: *Competency can be demonstrated through education, training, or experience. The elements of the standard will be considered together in order to provide a rating. Demonstrated competence in elements (b), (c), and (d) with appropriate supervision and specialized training can compensate for a lack of a bachelor's degree.*

Interpretation: *Experience per element (c) can include lived experience as residential programs can have peer support specialists, youth advocates, mentors, and/or family advocates on staff.*

Research Note: *Having the personal characteristics, experience, and temperament to work with and provide appropriate care for residents is vital to group living services practice. Literature indicated residents, when asked at discharge, invariably responded that their relationship with their worker had the greatest impact on their treatment.*

GLS 19.02

The clinical or program director is qualified by:

- a. an advanced degree in social work or a comparable human service field and two years of relevant experience; or
- b. a bachelor's degree in social work or a comparable human service field and four or more years of relevant experience.

(FP) GLS 19.03

Depending on resident needs, qualified professionals and specialists provide services and support related to the following:

- a. mental health;
- b. substance use;
- c. medicine and dentistry;
- d. prenatal and postnatal health care, and the developmental needs of children;
- e. prenatal and postpartum depression screenings and care;
- f. nursing;
- g. education;
- h. physical and developmental disabilities;
- i. speech, occupational and physical therapy;
- j. recreation and expressive therapy;
- k. nutrition; and/or
- l. religion and spirituality.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

GLS 19.04

Direct service personnel demonstrate experience or receive training and education on:

- a. engagement with residents, including building trust and establishing rapport;
- b. engaging and partnering with families and significant others;
- c. recognizing trauma and coping mechanisms, and providing trauma-informed care;
- d. the definitions of human trafficking (both labor and sex trafficking) and sexual exploitation, and identifying potential victims;
- e. protocols for responding to residents who run away;
- f. interventions for addressing the acute needs of victims of trauma; and
- g. collaborating with local law enforcement.

Related: ASE 6.06

Interpretation: *In relation to element (c), direct service personnel should be trained to recognize and respond therapeutically to manifestations of trauma, such as mood instability, acting out behaviors, and hyper-vigilance.*

GLS 19.05

Personnel who conduct assessments are qualified by training, skill, and experience and are able to recognize individuals and families with special needs.

GLS 19.06

Supervisors demonstrate a commitment to providing structure and support to direct staff to:

- a. address and reduce stress, anxiety, and secondary traumatic stress;
- b. create an atmosphere of problem-solving and learning;
- c. build and maintain morale;
- d. reinforce the organizational values and clinical practices in family-based treatment;
- e. provide constructive ways to approach difficult situations with clients; and
- f. facilitate regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

Interpretation: *Supervision is an important determinant of child and family*

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.



Group Living Services

outcomes, organizational culture, and staff retention.

Research Note: *Secondary traumatic stress (STS) - distress that results from being exposed to the traumatic stories of others - and vicarious trauma (VT) - internal changes in the perception of self due to chronic exposure to traumatic material - have a significant impact on direct care workers and supervisors. STS has been linked to increased absenteeism among employees, high staff turnover, and decreased compliance with organizational requirements. The impact of VT can exceed organizational function and negatively influence an individual's sense of trust, safety, control, and esteem.*

In order to promote workforce well-being, organizations should implement policies that address and help prevent stress-related problems. Strategies to reduce the adverse effects of STS and VT include: helping staff identify and manage the difficulties associated with their respective positions; promoting self-care and well-being through policies and communications with personnel; offering positive coping skills and stress management training; and providing adequate supervision and staff coverage.

Purpose

Group Living Services allow individuals who need additional support to regain, maintain, and improve life skills and functioning in a safe, stable, community-based living arrangement.