*Service Standards*

# Group Living Services

**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.

## Definition

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

**Recovery Housing** provides individuals in recovery with a safe, home-like environment that is free of alcohol and illicit drugs, where they can receive peer support from fellow residents and access additional services, when desired, to promote recovery and prevent relapse. When licensed, clincal staff are providing services directly within the program, recovery homes will be reviewed under Group Living Services (GLS). Recovery housing reviewed under GLS offers 24/7 supervision by paid staff, 24/7 medical oversight of the program by a physician or other qualified medical provider, and 24/7 on-call coverage by clinical personnel. It also tends to be time-limited with residents working towards achieving identified recovery goals and then transitioning to a lower level of support. All other recovery homes will be reviewed under Housing Stabilization and Community Living (HSCL).
**Examples:** *Individuals in a group living program can include:*

1. *children or youth from the child welfare, juvenile justice, mental health, or education systems;*
2. *children or adolescents who have been victims of human trafficking;*
3. *individuals who are pregnant or parenting;*
4. *adults or children transitioning from a more intensive setting;*
5. *adults or children with developmental and/or physical disabilities;*
6. *adults with serious and persistent mental health conditions;*
7. *unaccompanied children;*
8. *adults with substance use disorders or adults in recovery; or*
9. *older adults who require a structured group living situation.*

**Examples:** *A trauma-informed program may be described as one that:*

1. *routinely screens for trauma exposure and related symptoms;*
2. *uses culturally and linguistically appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;*
3. *makes resources available to children, families, and providers on trauma exposure, its impact, and treatment;*
4. *engages in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;*
5. *addresses parent and caregiver trauma and its impact on the family system;*
6. *emphasizes continuity of care and collaboration across child-serving systems; and*
7. *maintains an environment of care and provides access to needed services for staff to address, minimize, and treat secondary traumatic stress, and increase staff resilience.*

**Note:***Group Living Services 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.*

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

*Organizations that provide adventure-based programming will also complete the Experiential Education Supplement (EES).*

**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:** *Please see the GLS Reference List for the research that informed the development of these standards.*

**Note:** *For information about changes made in the 2020 Edition, please see the GLS Crosswalk.*

## Table of Evidence

### Self Study Evidence

*No Self Study Evidence*

Group Living Services

# GLS 1: Person-Centered Logic Model

**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.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.
**Note**: *Please see the Logic Model Template for additional guidance on 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.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

**2**

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

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one outcome has been identified for all of its programs.

**3**

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

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

**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.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

## Table of Evidence

### Self Study Evidence

| | |
|---|---|
| * • Program logic model that includes a list of outcomes being measured | |
| • See program description completed during intake | |

### Site Visit Evidence

*No Site Visit Evidence*

**On-Site Activities**

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- Interviews may include:
    1. Program director
    2. Relevant personnel

## GLS 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

**Examples:** *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

**Examples:** *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risks assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

## GLS 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

**Interpretation:** *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

**Examples:** *Common resident outcomes for recovery housing include:*

1. *housing stability;*
2. *decreased alcohol and illicit drug use;*
3. *lower rates of criminal justice involvement;*
4. *increased income;*
5. *increased employment over time;*
6. *improved psychological and emotional well-being;*
7. *increased social connectedness; and*
8. *improved family functioning.*

Group Living Services

# GLS 2: 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.

Program personnel have the competency and support needed to provide services and meet the needs of residents and their families.

**Interpretation:** *Competency can be demonstrated through education, training, or experience, including lived experience when applicable. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

**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; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

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

- A significant number of staff (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; or
- 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; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- 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; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; 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.

## Table of Evidence

### Self Study Evidence

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| | |

| | | |
|---|---|---|
| * | • Table of contents of training curricula | |
| * | • Procedures or other documentation relevant to continuity of care and case assignment | |
| * | • List of program personnel that includes:<br>  • Title<br>  • Name<br>  • Employee, volunteer, or independent contractor<br>  • Degree or other qualifications<br>  • Time in current position<br>• See organizational chart submitted during application | |

**Site Visit Evidence**

| | |
|---|---|
| * | • Sample job descriptions from across relevant job categories<br>• Documentation tracking staff completion of required trainings and/or competencies<br>• Training curricula<br>• Documentation tracking training and/or certification for peer support providers, as applicable<br>• Caseload size requirements set by policy, regulation, or contract, when applicable<br>• Documentation of current caseload size per worker |

**On-Site Activities**

| | |
|---|---|
| * | • Interviews may include:<br>  1. Program director<br>  2. Relevant personnel<br>• Review personnel files |

## GLS 2.01

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

a. a bachelor's degree or are actively, continuously pursuing a degree;
b. the personal characteristics and experience to collaborate with and provide appropriate support to residents and their families, gain their respect, guide their development, manage a home effectively, and participate in the overall treatment program; and
c. the temperament to work with, and care for, children, youth, adults, or families with special needs, as appropriate.

**Interpretation:** *The elements of the standard will be considered together to assess implementation. Recruitment of staff with demonstrated competence and with appropriate supervision and specialized training – sometimes available through national certification programs – can compensate for a lack of a bachelor's degree.*

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

## GLS 2.02

Supervisors of direct service personnel are 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.

## GLS 2.03 (FP)

A physician or other qualified medical practitioner familiar with the needs of the resident population assumes 24-hour on-call medical oversight to ensure that residents' health needs are identified and promptly addressed.
**NA:** All residents have private physicians.

**Interpretation:** *The physician can provide services as an employee, contractor, or through another formal arrangement. There may be more than one physician fulfilling the role.*

**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.*

## GLS 2.04

Qualified professionals and specialists are available to provide services and support depending on the program model, population served, and specialized care needs.
**Examples:** *Examples of services and providers that may be on staff, or available through a formal arrangement, include:*

1. *mental health;*
2. *substance use;*
3. *crisis intervention;*
4. *medicine and dentistry;*
5. *psychological services, such as testing and evaluation;*
6. *prenatal and postnatal care, and the developmental needs of children;*
7. *prenatal and postpartum depression screenings and care;*
8. *nursing;*
9. *education and vocational skill development;*
10. *physical and developmental disabilities;*
11. *speech, occupational and physical therapy;*
12. *recreation and expressive therapy;*
13. *nutrition; and/or*
14. *religion and spirituality.*

**Examples:** *Examples of populations with specialized care needs include, but are not limited to:*

1. *older adults;*
2. *children and youth with pervasive developmental disorders;*
3. *children and youth who engage in fire setting;*
4. *individuals who exhibit sexually reactive behavior;*
5. *victims of physical, psychological, or sexual abuse;*
6. *LGBTQ population, especially those with gender identity issues;*
7. *individuals with eating disorders; and*
8. *individuals who have trouble communicating or being understood without special assistance.*

## GLS 2.05

Personnel who provide peer support:

a. obtain certification, as defined by their state;
b. are willing to share their personal recovery stories;
c. have a job description and clearly understand the role of peer support worker; and
d. have adequate support and appropriate supervision, including mentoring and/or coaching from more experienced peers when indicated.

**NA:** The organization does not provide peer support services.

## GLS 2.06

Personnel who provide peer support are trained on, or demonstrate competency in:

a. how to recognize the need for more intensive services and make an appropriate linkage;
b. established ethical guidelines, including setting appropriate boundaries and protecting confidentiality and privacy;
c. wellness support methods, trauma-informed care practices, and recovery resources;?
d. managing personal triggers that may occur during the course of their role as a peer support provider; and
e. skills, concepts, and philosophies related to recovery and peer support.

**NA:** The organization does not provide peer support services.

## GLS 2.07 (FP)

There is at least one person on duty at each service delivery location any time persons served are present who has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

## GLS 2.08

All direct service personnel are trained on, or demonstrate competency in:

a. understanding the definitions of human trafficking (both labor and sex trafficking) and sexual exploitation, and identifying potential victims;
b. procedures for responding to residents who run away;
c. interventions for addressing the acute needs of victims of trauma; and
d. collaborating with local law enforcement.

## GLS 2.09

Recovery housing personnel are trained on, or demonstrate competency in:

a. medication assisted recovery and applicable policies and procedures;
b. how to identify and report unethical practices including patient brokering or excessive confirmation testing; and
c. emphasizing peer support and experiential learning in recovery.

**NA:** The organization does not provide recovery housing.

## GLS 2.10

The organization minimizes the number of workers assigned to persons served over the course of their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

## GLS 2.11

Caseloads support the achievement of resident outcomes, are regularly reviewed, and generally do not exceed 15 residents.
**Examples:** *Factors that may be considered when determining caseloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the needs of the population served;*
3. *special circumstances, such as multi-need residents;*
4. *the work and time required to accomplish assigned tasks and job responsibilities; and*
5. *service volume.*

Group Living Services

# GLS 3: Access to Service

**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.

The organization provides access to services for children, youth, and adults whose personal, social, developmental, or family situations would benefit from the group living environment or 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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Admission procedures | |
| * | • Eligibility criteria | |

### Site Visit Evidence

| | |
|---|---|
| * | • Criteria for making group assignments<br>• Materials outlining permitted and prohibited items |

### On-Site Activities

| | |
|---|---|
| * | • Interviews may include:<br>1. Program director |

2. Relevant personnel
3. Residents and their families

- Review case records

## GLS 3.01

The organization defines in writing:

a. eligibility criteria, including age, developmental stage, and populations served;
b. scope of services, special areas of expertise, and the range of resident issues addressed; and
c. how the facility promotes living-unit compatibility based on the characteristics, diverse service needs, and preferences of individuals.

**Interpretation:** *In regards to element (c), COA Accreditation recognizes that organizations, particularly those that receive residents 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, preferences, and characteristics will be considered; and include strategies for promoting living-unit compatibility when possible.*

*Characteristics and needs that should be considered can include age, necessary accommodations, ability to adjust to a group, gender, gender identity, and gender expression. Transgender and gender non-conforming individuals should be given access to sleeping quarters, bathroom facilities, and services based on their preferences and in accordance with applicable federal and state laws.*

**Examples:** *Examples of ways that organizations can meet the grouping needs of transgender and gender non-conforming people can include, but are not limited to:*

1. *respecting the individual's name and pronouns;*
2. *providing gender neutral restrooms where facility structure allows;*
3. *having residents use restrooms one at a time;*
4. *allowing for single bedroom models; or*
5. *providing LGBTQ+ specific units.*

## GLS 3.02

The resident and his or her family and/or legal guardian are engaged in the admission and placement process to prepare for admission, and are given the opportunity for a pre-admission visit, whenever possible.

## GLS 3.03

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.

**Interpretation:** *Given the rise in information and communication technologies, organizations must specify in their admission materials what electronic devices are permitted and prohibited.*

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

Group Living Services

# GLS 4: Intake and Assessment

**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.

The organization's intake and assessment practices ensure that residents receive prompt and responsive access to appropriate services and supports.
**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.*

**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
- In a few rare instances, urgent needs were not prioritized; 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 and training; 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
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; 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
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Screening and intake procedures | |
| * | • Assessment and reassessment procedures | |
| * | • Copy of assessment tool(s) | |

### Site Visit Evidence

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- Community resource and referral list

### On-Site Activities

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- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Residents
- Review case records

## GLS 4.01

Residents are screened to determine whether they meet the program's eligibility criteria, and are informed about:

a. how well their request matches the organization's services;
b. what service options and levels of care will be available and when;
c. the effectiveness of treatment, when available; and
d. opportunities for active family participation and support, and involvement in community activities.

**NA:** Another organization is responsible for screening, as defined in a contract.

**Interpretation:** *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.*

**Interpretation:** *When organizations provide services under contract with a "no reject" provision the interdisciplinary team should carefully review admission decisions to ensure the organization is prepared to address any special needs or services the resident may require.*

**Interpretation:** *Matching individuals in recovery to a recovery house that will meet their needs is critical to ensuring resident safety. While this determination will sometimes be made by the referring provider, organizations should have procedures in place to ensure an appropriate match has been made prior to the individual moving in. Individual needs, preferences, and expectations should be considered when assessing the appropriateness of the living arrangement including, but not limited to:*

1. *intensity of recovery supports needed or desired (e.g. availability of certified peer specialists, staff qualifications, etc.);*
2. *any special needs (e.g. co-occurring mental health diagnoses, mothers with children, veterans, etc.);*
3. *geographic preferences;*
4. *transportation availability;*
5. *chosen recovery pathway (e.g. medication assisted recovery, AA, etc.);*
6. *level of medication assisted recovery support needed or desired (e.g. do others in medication assisted recovery live in the home); and*
7. *time in recovery.*

*Generally, recovery housing should be low barrier, but when it is determined that the recovery home is not going to meet the support needs of the individual, linkages to a more appropriate provider should be offered.*

## GLS 4.02 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide placement on a waiting list or linkages to appropriate resources when individuals cannot be served or cannot be served promptly.

## GLS 4.03

Residents participate in a comprehensive, individualized, trauma-informed, strengths-based, culturally and linguistically responsive assessment that is:

a. completed within established timeframes; and
b. focused on information pertinent for meeting service requests and objectives.

**Interpretation:** *Standardized and evidence-based assessment tools should be used to support structured and consistent decision-making.*

## GLS 4.04 (FP)

The assessment is conducted by clinical personnel, including a licensed psychiatrist, psychologist, or other qualified mental health professional, as appropriate to the program model and population served, and addresses:

a. behavioral and physical health;
b. a trauma screen and, when appropriate, a trauma assessment;
c. an evaluation of suicide risk, self-injury, neglect, exploitation, and violence towards others;
d. family strengths, risks, and protective factors;
e. community and social support, resources, and helping networks;
f. environmental, religious or spiritual, and cultural factors;
g. educational and vocational accomplishments;
h. level of community engagement;
i. social skills, recreational activities, hobbies, strengths and special interests;
j. factors related to successful group living;
k. additional tests and assessments needed; and
l. a summary of symptoms and diagnoses.

**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.*

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

1. **Interpretation:** *Personnel that conduct evaluations should be aware of the indicators of a potential trafficking victim, including, but not limited to: evidence of mental, physical, or sexual abuse;*
2. *physical exhaustion;*
3. *working long hours;*
4. *living with employer or many people in confined area;*
5. *unclear family relationships;*
6. *heightened sense of fear or distrust of authority;*
7. *presence of older significant other or pimp;*
8. *loyalty or positive feelings towards an abuser;*
9. *inability or fear of making eye contact;*
10. *chronic running away or homelessness;*
11. *possession of excess amounts of cash or hotel keys; and*
12. *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.*

**Interpretation:** *In recovery housing, assessments should be driven by the resident and focused on their barriers to recovery, unmet service needs, strengths, and resources.*

**Examples:** *Organizations serving young children can tailor the assessment process to meet the age and developmental level of the service population. Assessments may include an evaluation of factors that impact the child's social and emotional well-being*

*(e.g., family characteristics), an observation of the child's behavior, and/or a thorough health and developmental history.*

**Examples:** *Factors that can impact group living success can include:*

1. *possible reciprocal individual and group effects;*
2. *the individual's ability to adjust to a group;*
3. *safety issues;*
4. *previous placements; and*
5. *trauma history.*

## GLS 4.05 (FP)

When a resident’s assessment indicates a substance use condition, the organization records a thorough alcohol and drug use history, including an evaluation of the effects of alcohol and other drug use on the resident’s family, and:

a. provides an appropriate level of service and detoxification, as necessary; or
b. connects the resident and/or family members to appropriate services when the program does not serve individuals with substance use conditions.

## GLS 4.06

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

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.

**Note:** *For more information regarding residents that return after an episode of running away, refer to GLS 9.01 and GLS 16.03.*

Group Living Services

# GLS 5: Family Involvement

**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.

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.

**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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

*

| | |
|---|---|
| • Procedures for facilitating family involvement | |

### Site Visit Evidence

*No Site Visit Evidence*

### On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Residents and their families
- Review case records

## GLS 5.01

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;
d. understand separation from family or significant others and grieve the loss of family;
e. maintain relationships with family members through time spent at home and shared activities, as often as possible;
f. participate in neighborhood activities; and
g. 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. 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.*

**Interpretation:** *Unless contraindicated by court-order or there are compelling reasons to limit contact, residents should have the opportunity to spend time with their family at home and receive visits from family and friends. For adults, and some young adults, every attempt should be made to include family members identified by the resident. In cases where adults do not want family involvement, they should receive help to identify friendship opportunities based on common interests, and for young adults efforts should be made to help them connect with a non-custodial parent and/or other extended family members.*

## GLS 5.02

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.

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

## GLS 5.03

Residents are located close to their families and home communities to retain natural connections and allow for continued participation in community programs and when services are not available close to a resident's home or community, the organization attempts to maintain family ties and involve the family by:

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

**Examples:** *The organization can support family involvement and provide alternative services through cooperating local organizations. Transportation costs can be paid to facilitate frequent visiting and home visits, when possible.*

## GLS 5.04

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:** *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.*

**Examples:** *Organizations can educate family members on 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.*

Group Living Services

# GLS 6: Service Planning and Monitoring

**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.

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 should be individualized through collaboration with the resident and, as appropriate, a parent or guardian and/or legal advocate based on service needs and program model. Level of family involvement in the service planning process will vary by resident and/or program model.*

**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.*

**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 and training; or
- In a few instances, client or staff signatures are missing and/or not dated; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; 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 several instances, client or staff signatures are missing and/or not dated; or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is clearly 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
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Service planning and monitoring procedures | |

### Site Visit Evidence

*No Site Visit Evidence*

### On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Residents and their families

- Review case records

## GLS 6.01

An assessment-based service plan is developed with the full participation of the resident, and their family when appropriate, and includes:

a. agreed upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. procedures for expedited service planning when crisis or urgent need is identified; and
d. the resident's and/or legal guardian's signature.

**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 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.*

**Interpretation:** *In recovery housing, recovery planning should be driven by the resident and focused on their recovery barriers, service needs, strengths, and resources. Outcome measures of recovery capital that can be the focus of a strengths-based recovery plan include the person's percieved level of satisfaction or well being as well as measures of personal, social, and community capital including physical health, housing, engagment in meaningful activities, and the presence of social supports.*

*Unmet service needs can slow the growth of positive recovery capital for individuals in recovery. Examples of common service needs among residents in recovery homes include:*

1. *mental health;*
2. *substance use;*
3. *legal, including criminal record expungement services;*
4. *crisis intervention;*
5. *primary care and dentistry;*
6. *education and vocational skill development; and/or*
7. *housing.*

**Examples:** *The organization can facilitate the development of realistic goals in an empowering and trauma-informed manner by building rapport, establishing trust, and promoting physical and psychological safety.*

## GLS 6.02

The organization works in active partnership with residents to:

a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
b. ensure that they receive appropriate advocacy support;
c. assist with access to the full array of services to which they are eligible; and
d. mediate barriers to services within the service delivery system.

**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 6.03

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly, or more frequently depending on program design or the needs of the resident, to assess:

a. service plan implementation;
b. progress toward achieving service goals and desired outcomes; and
c. the continuing appropriateness of agreed-upon service goals and chosen interventions.

**Interpretation:** *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

**Interpretation:** *Quarterly case reviews may not be appropriate in shorter term programs when services are only provided for a few months. In these cases, reviews should be conducted more frequently to confirm progress and the continued appropriateness of the service plan.*

## GLS 6.04

The worker and individual, and his or her family when appropriate:

a. review progress toward achievement of agreed upon service goals; and
b. sign revisions to service goals and plans.

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

***Interpretation:*** *When working with individuals in recovery, the frequency of reviews will vary based on the needs of the individual and the level of recovery support being provided. For example, individuals new to recovery may have daily meetings with staff to discuss progress, while those with more time in recovery may review progress with staff monthly.*

Group Living Services

# GLS 7: Child Permanency

**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.

The organization participates in or facilitates permanency planning to promote physical, emotional, and legal permanence for children.
**NA:** The organization does not provide out-of-home care for children in the custody of a public agency.

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

*In addition, organizations should 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).*

**Interpretation:** *The permanency planning process for American Indian and Alaska Native children and families must always involve tribal representatives and service providers to ensure compliance with the Indian Child Welfare Act's placement preferences and support culturally responsive planning that recognizes and incorporates tribal definitions of permanency and tribal perspectives of the best interests of the child into the permanency plan. To facilitate full participation, the organization must ensure that the tribe or local Indian organization receives timely notification of court or administrative case reviews, and is informed of any changes made to the permanency plan.*

**Note:** *Permanency planning often occurs in conjunction with service 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
- 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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Procedures for permanency planning | |

| | |
|---|---|
| • Procedures for finding and engaging kin | |

### Site Visit Evidence

*No Site Visit Evidence*

### On-Site Activities

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Residents and their families
- Review case records

## GLS 7.01

Permanency planning:

a. occurs with families and the team of people that support them, including out-of-home care providers, service providers, and extended family members or other supportive individuals identified by the family, as appropriate;
b. is scheduled at times when appropriate parties can attend; and
c. is child-driven, with children actively involved in every stage of the process as appropriate to their age and developmental level.

**Examples:** *Child-driven permanency planning can include, but is not limited to, involving children in:*

1. *conversations about what permanency means to them;*
2. *the discovery of extended family and other significant adults; and*
3. *the formation of a permanency team that will support their desired outcomes and have an ongoing role in their lives.*

## GLS 7.02

The organization collaborates with children, parents, and the local child welfare agency to identify, notify, and engage relatives and other close, supportive adults that can be resources or supports for placement and permanency for children of all ages, regardless of whether or not they currently wish to be adopted.
**Examples:** *Procedures for identification of kin may include:*

1. *engaging children and family members in identification;*
2. *conducting a thorough review of the case record;*
3. *using technological resources for family-finding;*
4. *providing notification in family members' preferred languages; and*
5. *providing notifications in multiple forms, including written form.*

## GLS 7.03

Concurrent planning is documented and 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 involved parties of all permanency options, including expectations, implications, available supports, and legal timelines;
c. joining a resource family that is prepared to develop a life-long relationship with the child; and
d. counseling parents about relinquishment and alternative permanency options if needed.

**Interpretation:** *The age of a child should not limit the consideration of all permanency options.*

## GLS 7.04

Permanency plans document:

a. permanency goals;
b. why goals are in the best interest of children and their well-being;

c. why other permanency options are not appropriate; and
d. how service plans and identified interventions support permanency and child well-being.

## GLS 7.05

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

a. involvement in assessment, service planning and service selection;
b. access to needed services and supports, including both formal and informal community resources;
c. ongoing, constructive, and progressive contact with their children; and
d. reduction of barriers to contact and involvement in the child's care.

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

**Interpretation:** *When the organization is working with American Indian and Alaska Native children and families, the Indian Child Welfare Act requires active efforts be provided to prevent family breakup. Active efforts require affirmative, thorough, timely, and culturally responsive engagement with families to satisfy the case plan by accessing resources and services and partnering with the tribe. Early consultation with the child's tribe 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.*

Group Living Services

# GLS 8: Group Living 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.

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.

**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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Sample of activity schedules | |
| * | • Procedures for involving residents in decision making and collecting and responding to resident feedback | |

### Site Visit Evidence

*No Site Visit Evidence*

### On-Site Activities

| | |
|---|---|
| * | • Interviews may include:<br>1. Program director<br>2. Relevant personnel |

3. Residents

- Review case records
- Observe the program

## GLS 8.01

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. linkages to needed services in the community;
f. life skills training;
g. recreational activities;
h. legal advocacy;
i. opportunities to participate in religious observances in a faith or spirituality of choice;
j. community cultural enrichment, shopping, volunteer and paid work activities; and
k. independent living preparation.

## GLS 8.02

Residents, and family members when appropriate, are given the opportunity for meaningful voice and choice in program activities and governance including:

a. participating in the development and enforcement of program rules;
b. contributing to program design and decision making; and
c. sharing feedback including dissatisfaction with aspects of the program.

**Interpretation:** *The organization should have mechanisms in place to receive and respond to resident feedback to ensure their contributions are meaningful. Residents should be informed of how the organization will use their feedback and be made aware of any changes that were made in response to their input.*

**Examples:** *The establishment of resident councils is one way to involve individuals in decisions and program design and ensure that they 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 can also provide 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.*

## GLS 8.03

Residents are provided with:

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

**Interpretation:** *Special diets should be planned to meet the modified needs of individual residents.*

Group Living Services

# GLS 9: Healthcare Services

**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.

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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Initial health screening procedures | |
| * | • Procedures for the coordination and provision of healthcare and dental examinations and services | |

### Site Visit Evidence

| | |
|---|---|
| * | • Informational health and wellness materials |

### On-Site Activities

| | |
|---|---|
| * | • Interviews may include:<br>1. Program director<br>2. Relevant personnel |

3. Residents

- Review case records

## GLS 9.01 (FP)

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.

**Interpretation:** *Qualified medical practitioner refers to a licensed physician, registered nurse, nurse practitioner, physician's assistant, or other healthcare professional who is permitted by law and the organization to provide medical care and services without direction or supervision. 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.*

*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, local health department, federally-qualified health center, urgent care clinic, community-based health clinic, or telehealth providers.*

*When possible, the screening should be performed by the resident's primary care physician who knows the resident's medical history, or a physician who can serve as the resident's medical home while in care. 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 in identifying possible medical resources.*

**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 the individual was victimized or otherwise hurt or injured while on the run.*

**Interpretation:** *In situations where the resident is unable to receive an initial health screening by a qualified medical practitioner within 24 hours, the organization can receive a rating of 2 if it has procedures in place for accommodating exceptional circumstances and can provide evidence that the screening occurred within 72 hours of admission. Exceptional circumstances include, but are not limited to:*

1. *weekend placements; and*
2. *when a person 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.*

**Examples:** *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.*

## GLS 9.02 (FP)

The organization ensures that each resident receives:

a. a comprehensive medical examination within seven days after admission, unless the resident has received a medical exam within the last year, and annually thereafter; and
b. a dental examination within 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 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 should be 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.*

## GLS 9.03 (FP)

The organization provides needed health services directly or by referral, and:

a. retains documentation of the resident's and his or her family's known medical history, including immunizations, operations, medications, and medical conditions and illnesses; and
b. provides the information to the resident and/or his or her legal guardian upon request.

## GLS 9.04 (FP)

To promote their ability to maintain positive health practices, residents receive appropriate support and education regarding:

a. proper nutrition and exercise;
b. personal hygiene;
c. substance use and smoking;
d. sexual development;
e. safe and healthy relationships;
f. family planning and pregnancy options;
g. pregnancy, prenatal care, and effective parenting; and
h. prevention and treatment of diseases, including sexually transmitted infections/diseases and HIV/AIDS.

## GLS 9.05

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

**Interpretation:** *For organizations that do not serve pregnant and parenting individuals, implementation of this standard should include a plan for arranging specialized health services when individuals become pregnant while in care including services that support well-being and informed decision-making and facilitate access to prenatal healthcare until transfer to another provider can be arranged.*

**Examples:** *Specialized health 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. These services may include, for example:*

1. *tobacco cessation;*
2. *fetal alcohol syndrome screening;*
3. *speech, language, and occupational therapy;*
4. *prenatal care, well-baby care, and accessing child and infant health insurance programs;*
5. *gender identity counseling; and*
6. *screening for onset or existence of common cancers.*

Group Living Services

# GLS 10: Education Services

**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.

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 offer educational services on-site should 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 education plans are integrated into treatment plans and document advocacy for areas of unmet educational need. Education services will vary depending on the population served.*

**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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Procedures for developing and/or integrating education plans | |
| * | • Procedures for coordinating education services with community-based providers, if applicable | |

### Site Visit Evidence

| | | |
|---|---|---|
| * | • Proof of certification, accreditation, or registration, as applicable | |

**On-Site Activities**

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Residents

- Review case records

## GLS 10.01

A comprehensive, coordinated education plan is developed and integrated into the service plan for any resident who has educational goals, or vocational goals that include an educational component.
**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.*

## GLS 10.02

Residents pursuing educational goals are enrolled in an appropriate education program on-site or in the community that is approved, certified, accredited, registered, or operated by or in conjunction with the local school district.

## GLS 10.03

The educational program incorporates effective instructional practices, quality curriculum design, and educational tools and supports for diverse learning needs of children and youth.
**NA:**

- The organization does not provide group living services to school-age children or youth.
- The organization does not directly provide the educational program nor develop the education plans for children or youth.

**Examples:** *Diverse learning needs can include children who: require support due to a learning disability, are learning English as an additional language, or are intellectually gifted.*

## GLS 10.04

The organization provides or arranges, as needed:

a. tutoring;
b. preparation for a high school equivalency diploma;
c. college preparation;
d. parent-teacher meetings;
e. vocational or continuing education opportunities; and/or
f. advocacy and support.

Group Living Services

# GLS 11: Community and Social Connections

**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.

Residents cultivate and sustain connections with their community and social support network to promote positive well-being.
**NA:** The organization only serves residents with intellectual and developmental disabilities.

**Note:** *Programs serving residents with intellectual and developmental disabilities should refer to PRG 5: Services for Persons with Intellectual and 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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Procedures for facilitating community and social connections | |
| * | • Procedures for obtaining clearance to participate in athletic activities | |
| * | • Employment policy | |

### Site Visit Evidence

| | |
|---|---|
| * | • Community resource list<br>• Proof of accreditation, licensure, or certification for outside providers operating adventure-based activities |

**On-Site Activities**

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Residents

- Review case records
- Observe a variety of activities

## GLS 11.01

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; and
b. identifying opportunities for residents to develop positive ties to the community based on mutual interests and abilities.

## GLS 11.02

Organizations create a normative environment for residents and provide them with opportunities to participate in:

a. culturally and developmentally appropriate social, recreational, volunteer, educational, or vocational activities in their community;
b. religious observances in the faith group or spirituality of choice; and
c. family and neighborhood activities consistent with their ethnic and cultural heritage and tribal affiliation.

**Interpretation**: *Individuals should have the right to choose whether they wish to participate in religious activities that take place at the program.*

**Examples:** *Activities in the community can include sports teams, drama, choir, and musical groups that promote pro-social behaviors and values.*

## GLS 11.03

Residents, and their families when possible and appropriate, are:

a. helped to develop social support networks and build healthy, meaningful relationships with caring individuals of their choosing; and
b. actively connected with peer support servicees appropriate to their request or need for service.

**Interpretation:** *Connections to outside self-help/mutual aid groups should not be limited to providing the time and location for a meeting. Organizations can support the individual's acclimation to a new group by, for example, discussing meeting protocols and what to expect prior to attending, accompanying them to their first meeting, and encouraging them to make connections with peers while at the meeting.*

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

**Examples:** *Peer support services can help to promote resiliency and recovery and are provided by individuals who have shared, lived experience. They can include self-help/mutual aid recovery groups, peer-to-peer counseling, peer mentoring or coaching, family and youth peer support, or other consumer-run services.*

## GLS 11.04

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

a. navigate the surrounding environment;
b. perform activities of daily living;
c. obtain safe and stable living;
d. manage a household;
e. pursue educational, occupational, and volunteer opportunities;
f. manage finances including credit and debt counseling when needed;

g. maintain personal safety;
h. access community resources;
i. access public assistance;
j. communicate effectively and avoid or resolve conflicts;
k. reduce risk-taking behaviors, including practice with decision making and anger management;
l. participate in recreational activities and/or hobbies; and
m. prepare for family reintegration, independent living, or another less restrictive setting, if applicable.

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

## GLS 11.05 (FP)

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

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; and/or
d. an adult waiver and release of liability.

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

## GLS 11.06

When the organization offers employment or employment-related training to residents, organization policy:

a. ensures residents are matched with jobs and training opportunities that reflect their goals and interests;
b. maximizes resident choice, and does not mandate participation; and
c. prohibits resident exploitation.

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

## GLS 11.07 (FP)

Organizations that purchase services from providers that operate adventure-based activities with a significant degree of risk request proof of accreditation, licensure, or certification with a nationally recognized authority for the activity being conducted, when available.

**NA:** The organization does not purchase services from providers that operate adventure-based activities.

**Examples:** *Adventure-based activities with a significant degree of risk can include, white water rafting, climbing walls, or ropes courses.*

Group Living Services

# GLS 12: Services for Pregnant and Parenting 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.

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

**Interpretation:** *"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
- 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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Procedures for referring individuals to services | |
| * | • Table of contents of parenting education curricula | |
| * | • Procedures for evaluating educational needs and collaborating with schools | |
| * | • Policy prohibiting corporal punishment | |

### Site Visit Evidence

*

- Community resource and referral list
- Informational materials provided to residents
- Parenting education curricula
- Policy prohibiting corporal punishment

### On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Residents, and their children if appropriate
- Review case records

## GLS 12.01

The organization supports residents' efforts to care for and nurture their children, and provides or arranges for children to receive services that address, as appropriate:

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

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

**Examples:** *Examples of services for younger children can include play groups, counseling, therapeutic services, 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, employment assistance, and substance use education or treatment services, such as tobacco cessation.*

## GLS 12.02

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

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.

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

## GLS 12.03

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 program.

## GLS 12.04 (FP)

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

a. pregnancy counseling;
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, including information, screening, and treatment for prenatal and postpartum depression;
h. pediatric health care, including well-baby visits and immunizations;

i. peer counseling services; and
j. children's health insurance programs.

**NA:** The organization does not serve pregnant residents.

## GLS 12.05

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.

**NA:** The organization does not serve pregnant residents.

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

## GLS 12.06

The organization provides or refers pregnant and parenting residents to parent education classes or workshops that address:

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, including alternatives to corporal punishment;
g. family planning; and
h. establishing a functioning support network of family members or caring adults.

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

## GLS 12.07 (FP)

To promote positive parenting practices, the organization:

a. establishes a policy that prohibits corporal punishment of children by parenting individuals;
b. ensures all parenting individuals are informed of this policy; and
c. promotes and educates parenting individuals about alternatives to corporal punishment.

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

Group Living Services

# GLS 13: Substance Use Services

**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.

The organization provides coordinated substance use prevention, treatment, and recovery services based on the residents' assessed needs and goals.
**NA:** The organization does not provide substance use services.

**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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Procedures for communication/collaboration among team members | |
| * | • Criteria for determining the level of care | |

### Site Visit Evidence

*No Site Visit Evidence*

### On-Site Activities

| | |
|---|---|
| * | • Interviews may include:<br>1. Clinical/Medical director |

2. Relevant personnel
3. Residents

- Review case records

## GLS 13.01 (FP)

A qualified team of health professionals, with experience, training, and competence in engaging, diagnosing, and treating persons with substance use disorders, provide services including:

a. administering or reviewing diagnostic, toxicological, and other health related examinations;
b. determining the optimal level and intensity of care, including clinical and community support services;
c. evaluation for psychotropic medications and medication-assisted treatment;
d. prescribing and managing medication, including appropriate management of pharmacotherapy for individuals with co-occurring conditions;
e. review of complicated cases where co-occurring substance use, health, and mental health conditions intersect; and
f. coordinating care with other service providers, including primary care and mental health providers, when appropriate and with the consent of the individual.

## GLS 13.02

The organization directly provides a comprehensive range of prevention and treatment services, including:

a. individual and group therapy;
b. illness management and psychoeducation interventions;
c. medication education;
d. clinical monitoring and drug screening;
e. coping skills training;
f. relapse prevention; and
g. acute care.

**Examples:** *Other prevention and treatment services may include inpatient care, intensive outpatient care, medical care, psychiatric rehabilitation, and targeted case management services.*

## GLS 13.03

Therapeutic services help residents develop the knowledge, skills, and supports necessary to:

a. manage mental health and/or substance use disorders;
b. develop and practice prosocial behaviors;
c. cultivate and sustain positive, meaningful relationships with peers, family members, and the community;
d. develop self-efficacy; and
e. promote recovery, resilience, and whole-person wellness.

**Interpretation:** *Recovery is a holistic, self-directed process of change where individuals learn to overcome or manage their diagnosed symptoms and conditions in order to improve overall well-being and achieve optimal health.*

Group Living Services

# GLS 14: Residential Facilities

**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.

Residential facilities contribute to a physically and psychologically safe, healthy, non-institutional, homelike environment.
**Interpretation:** *"Homelike" settings are assessed within the context of an organization's location and environment.*

**Note:** *Please see the Facility Observation Checklist for additional guidance on 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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

*

| | |
|---|---|
| • Procedures for maintaining a clean and safe environment | |

### Site Visit Evidence

*No Site Visit Evidence*

### On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Residents

- Observe facilities and outdoor area/grounds

## GLS 14.01

Living quarters 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; and
c. private facilities for bathing, toileting, and personal hygiene, that are developmentally appropriate.

## GLS 14.02

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

a. single rooms, rooms for groups of two to four residents, and/or accommodations for larger groups, if appropriate for therapeutic reasons;
b. adequately and attractively furnished rooms with a separate bed for each resident, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets;
c. a non-stacking crib for each infant and toddler that is 24 months or younger that meets safety guidelines, as applicable; and
d. a safe place such as a locker to keep personal belongings and valuables.

**Examples:** *National advocacy standards suggest that single rooms have at least 100 square feet of floor space and rooms housing more than one person 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.*

**Examples:** *The Consumer Product Safety Commission (CPSC) provides standards to ensure safety for full-size and non-full size cribs.*

## 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.

**Examples:** *Allowing families to follow their schedules, routines, and rituals to the greatest extent possible can support family functioning, encourage stability, and minimize stress.*

## GLS 14.04

Residents participate actively in:

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

**Interpretation:** *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.*

## GLS 14.05

Facilities support quality therapeutic programs and settings accommodate:

a. individual, small, and large group activities;
b. activities that invite use of community resources;
c. a variety of after school, evening, weekend, holiday, and school break programs for use by residents, guests, family, and community members;
d. a variety of activities that are focused around the resident's home, community, and extended family and friends;
e. quiet reading, study hours, and help with school assignments;
f. individual hobbies and group projects that may be large and constructed over time; and
g. alternatives to watching television, such as art, photography, or other creative activities.

## GLS 14.06

Residential facilities provide:

a. sufficient supplies and equipment to meet residents' needs;
b. access to a telephone, computer, and the internet as permitted, for use by residents and personnel;
c. adequate space for administrative support functions, food preparation, housekeeping, laundry, maintenance, and storage;
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.

## GLS 14.07 (FP)

Indoor and outdoor settings are clean, maintained in good condition, and promote the health and safety of personnel and residents.

**Interpretation:** *The facility's outdoor area should contain sufficient space for recreational activities. Outdoor equipment should meet playground equipment safety standards and be appropriate for the number, age, and developmental level of residents. Programs serving children should have outdoor and indoor play spaces with adequate toys, books, and other recreational supplies.*

Group Living Services

# GLS 15: Recovery Homes

**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.

The recovery home provides a safe, supportive, home-like environment that is free of alcohol and illicit drugs.
**NA:** The organization does not operate recovery housing.

**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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Drug testing procedures | |
| * | • Relapse policy | |
| * | • Relapse procedures | |
| * | • Overnight guest policy | |
| * | • Overnight guest procedures | |

### Site Visit Evidence

*No Site Visit Evidence*

### On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Residents

- Observe facility

## GLS 15.01 (FP)

The recovery home maintains a supply of opioid overdose reversal medication on-site.

## GLS 15.02

Procedures for drug testing include:

a. collection procedures including whether collection is observed;
b. timing and frequency of testing including initial testing; ongoing, random point-of-care testing; and confirmation testing when indicated;
c. potential out-of-pocket costs to the resident;
d. how test results from outside providers may be used, with resident consent, to reduce the number of tests conducted at the home; and
e. what will happen if tests come back positive.

**Interpretation:** *Tests that go beyond what is needed to protect the safety of the resident and the resident's house mates are unethical and should be avoided. Conversely, increases in drug use or an increase in overdoses may be an indicator that not enough testing is being done. Testing that goes beyond an organization's own established guidelines should trigger an internal ethics review to determine whether more frequent testing is justified.*

## GLS 15.03

Policy and procedures regarding relapse:

a. are designed to protect the health and well-being of the individual and the rest of the residents in the recovery house;
b. define what protections are in place to prevent relapse;
c. outline what will happen if relapse occurs;
d. include timely due process provisions; and
e. describe the conditions or process for re-admittance if separation from the home is necessary.

**Interpretation:** *Because research shows that relapse management and support can be central to preventing homelessness, when separation from the home is necessary, the resident should receive information on other providers or programs in the community that may better meet their treatment and support needs. In some cases, programs may hold the bed for a designated period of time while the individual seeks treatment.*

## GLS 15.04

Individuals are permitted to have guests, including overnight guests, as appropriate to the population and type of living situation, and are informed of the guest policy including their responsibility for the behavior of their guests.

**Interpretation:** *In a recovery home, overnight guests may not be permitted or may be limited to the young children of residents.*

Group Living Services

# GLS 16: Privacy Provisions

**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.

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

**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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Privacy policy | |
| * | • Privacy procedures | |

### Site Visit Evidence

| | |
|---|---|
| * | • Judicial order, law, or contract, as applicable |

### On-Site Activities

| | |
|---|---|
| * | • Interviews may include:<br>1. Program director<br>2. Relevant personnel<br>3. Residents |

- Review case records
- Observe facility

## GLS 16.01 (FP)

The organization ensures residents' comfort, dignity, privacy, and safety by:

a. prohibiting the use of surveillance cameras or listening devices in bedrooms;
b. maintaining doors on sleeping areas and bathroom enclosures;
c. providing one- or two-person rooms to residents who need extra sleep, protection from sleep disturbance, or extra privacy for clinical reasons; and
d. requiring employees and residents to knock before entering an individual's room unless there is an immediate health or safety concern.

**Interpretation:** *When organizations are required to employ alternate practices, documentation must be provided to justify the practice. Documentation may include a judicial order, law, contract, copy of the state's safety plan for a resident, or clear, clinical written justification for a resident.*

*Sensitivity should always be taken to ensure that all residents, especially abuse or trauma survivors and the LGBTQ population, feel safe and not violated.*

**Note:** *Please see the Facility Observation Checklist for additional guidance on this standard.*

## GLS 16.02 (FP)

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

a. communicating policies for searches of individuals or their property to residents in writing;
b. timely notification of a parent and/or legal guardian, when applicable;
c. definition and documentation of reasonable cause and assessed risk of harm to self or others;
d. trained, qualified staff; and
e. an administrative review process including documentation, notification, and the timetable for review.

**Interpretation:** *Search procedures should correspond directly to the invasiveness of the search to be conducted. For example, more invasive searches should be reserved for higher risk situations with reasonable cause, should only be conducted by highly qualified personnel, and always require an administrative review.*

## GLS 16.03 (FP)

The organization communicates policies that respect residents' privacy for reviewing mail and only does so 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:** *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, it must provide justification for taking such measures, which may include health, safety, and other security concerns.*

**Examples:** *Examples of mail include letters, packages, emails, and other forms of correspondence via social media and electronic communication.*

## GLS 16.04 (FP)

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

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

Group Living Services

# GLS 17: Care and Supervision

**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.

The organization provides 24-hour-a-day care and supervision that is respectful, supportive, and tailored to each resident's developmental, educational, clinical, and safety needs and attentive to effects of congregate 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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Resident/personnel care and supervision ratios | |
| * | • Supervision and scheduling criteria | |
| * | • Procedures for preventing and responding to missing and runaway children | |

### Site Visit Evidence

| | |
|---|---|
| * | • Educational or training materials provided to residents for skills development<br>• Resident/personnel care and supervision coverage schedules for the previous six months |

**On-Site Activities**

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Residents

- Review case records

## GLS 17.01 (FP)

Individuals that provide direct care and supervision offer residents:

a. nurturance, structure, support, respect, and active involvement;
b. services provided in a safe, secure environment that prohibits weapons and gang activity;
c. predictable limit-setting;
d. flexibility, when appropriate and in the resident's best interest; and
e. guided practice to learn effective communication, positive social interaction, and problem solving skills.

**Examples:** *This approach can help to anticipate, prevent, and reduce the occurrence of bullying and other unsafe or negative peer interactions.*

**Examples:** *Regarding element (d), being flexible with codified rules that contradict a resident's best interest can allow the organization to provide individualized care that is tailored to the resident's needs. 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.*

## GLS 17.02 (FP)

Resident care and supervision is provided by:

a. personnel-to-resident ratios for day time and overnight hours that are appropriate to the program model, length of treatment, population served, and their age, developmental and clinical needs;
b. enough additional personnel on-site that are qualified to meet special needs during busy/stressful periods, respond to emergency/crisis situations, and carry out the organization's emergency response plan;
c. an on-call, professional clinical staff member available on a 24-hour basis;
d. rotating after-hours and holiday coverage when needed; and
e. same-gender and cross gender supervision when indicated by individual treatment needs.

**Interpretation:** *The organization must demonstrate that based on their program model and the population served their staffing ratios for day time and overnight coverage are addressing potential risks and meeting the needs of their residents.*

**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 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.*

**Interpretation:** *Regarding element (c) the professional clinical staff person is permitted to sleep during sleeping hours.*

**Examples:** *National recommendations for the supervision of children in residential care is that there are no more than four children per worker during waking hours and no more than eight children per worker during overnight hours. Additionally, several sources indicate that improved outcomes, including better engagement and retention, are found in substance use treatment programs with low staffing ratios. For example, low staff-to-resident ratios contribute to a high level of service and keeping people involved in rehabilitation for longer periods, which helps individuals reach their recovery goals.*

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

## GLS 17.03

The organization establishes procedures for preventing and responding to missing and runaway children that address:

a. creating an environment that provides a sense of safety, support, and community;
b. identifying risks or triggers that may indicate likeliness to run away from programs;
c. communication and reporting to relevant staff, authorities, and parents or legal guardians; and

d. welcoming, screening, and debriefing when children return to the program.

**NA:** The organization does not serve children or families with children.

Group Living Services

# GLS 18: Transition from the Service System

**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.

Residents, and their families and/or legal guardians, as appropriate, participate in planning for transition to the community and are prepared with positive experiences and skills to make a successful move.
**NA:** The service is a long-term permanent housing setting.

**Examples:** *For adolescents, the transition from the service system often coincides with their transition to adulthood. Youth can be supported during their transition to adulthood through individualized planning and preparation that promotes emotional well-being, supportive relationships, and skill development.*

**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 and training; 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
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Transition planning procedures | |
| * | • Procedures for assessing independent living skills | |
| * | • Independent living skills assessment tool | |

### Site Visit Evidence

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- Information provided to residents who are transitioning from the service system

**On-Site Activities**

*
- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Residents and their families

- Review case records

## GLS 18.01

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

## GLS 18.02

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

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

## GLS 18.03

The organization works with the resident and their family to assess the independent living skills of residents 14 years and older, at regular intervals, using a standardized assessment instrument that includes the following areas:

a. educational and vocational development;
b. interpersonal skills;
c. financial management;
d. household management; and
e. self-care.

**NA:** Residents are not transitioning to an independent living situation.

**Interpretation:** *The first assessment should be completed as soon as possible after residents' 14th birthdays to establish a benchmark for measuring progress in identified areas. Systematic assessment normally reoccurs at six or twelve month intervals.*

## GLS 18.04

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 18.05

During the transition process the organization explores a range of housing options with residents and engages them in an evaluation of the risks and benefits of various living situations.
**NA:** Residents are not transitioning to an independent living situation.

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

## GLS 18.06

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

a. a safe, stable living arrangement with basic necessities;
b. a source of income;
c. affordable health care; and
d. access to education and career development.

**NA:** Residents are not transitioning to an independent living situation.

## GLS 18.07

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

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

## GLS 18.08

The organization assists residents in obtaining or compiling documents necessary to function independently, including, as appropriate:

a. an identification card or a driver's license, when the ability to drive is a goal;
b. a social security or social insurance number;
c. a resume, describing work experience and career development;
d. medical records and documentation, including a Medicaid card or other health eligibility documentation;
e. an original copy of a birth certificate;
f. religious documents and information;
g. bank account access documents;
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, when appropriate; and
m. educational records, such as high school diploma or general equivalency diploma, and a list of schools attended, when appropriate.

**NA:** Residents are not transitioning to an independent living situation.

Group Living Services

# GLS 19: Case Closing and Aftercare

**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.

The organization works with residents and family members, when appropriate, to plan for case closing and, when possible, to provide aftercare.
**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 and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation 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 frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

**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.

## Table of Evidence

### Self Study Evidence

| | | |
|---|---|---|
| * | • Case closing procedures | |
| * | • Aftercare and follow-up procedures | |

### Site Visit Evidence

| | |
|---|---|
| * | • Relevant portions of contract with public authority, as applicable |

**On-Site Activities**

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- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Residents and their families

- Review case records

## GLS 19.01

Planning for case closing:

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

**Examples:** *In recovery housing, planning for separation early on, before an issue arises, can help ensure people have a safe place to go if they must leave the program unexpectedly.*

## GLS 19.02

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

## GLS 19.03

When an individual or family has to leave the program unexpectedly the organization makes every effort to identify other service options and link the person with appropriate services.
**Interpretation:** *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

**Interpretation:** *To promote safety, recovery housing residents who must be separated from the home should be linked with other housing and/or treatment options that will better fit their service needs and goals.*

## GLS 19.04

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

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

## GLS 19.05

The organization follows up on the transition/aftercare plan, as appropriate, when possible, and with the permission of persons served.
**NA:** The organization has a contract with a public authority that prohibits or does not include aftercare or transition planning follow-up.

**Examples:** *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 individual such as in cases of domestic violence.*