

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

January 2009 Revision:

Puerto Rico's Part C SPP was revised to include progress data for Indicator 3 (Early Childhood Outcomes), revised improvement activities for Indicators 1, 3, 4, 5, 7, 8, 9 and 10. Targets for Indicator 5 were also revised. For FFY 2007, following OSEP's recommendations on January 8, 2009 technical assistance conference call, Puerto Rico chose the option of submitting on February, 2009 only the changes for each indicator. Puerto Rico will continue updating the SPP to be placed in the Puerto Rico Department of Health website: <http://www.salud.gov.pr> following OSEP revisions to APR and SPP.

Overview of the State Performance Plan Development:

SPP public dissemination

Puerto Rico will make its SPP changes available through public means, including posting on the website Puerto Rico Department of Health and distribution through public agencies, including the Puerto Rico Department of Education, Early Head Start/Head Start Programs, Department of the Family, Office of the Ombudsman for Persons with Disabilities, Developmental Disabilities Council, Puerto Rico Developmental Disabilities University Affiliated Program, and the Parents Training Center.

Puerto Rico will report annually to the public on the performance of each health region on the targets for every indicator (except General Supervision) in the Puerto Rico SPP.

Early Intervention Services (EIS) programs

In Puerto Rico each of the seven health regions (Arecibo, Bayamón, Caguas, Fajardo, Mayagüez, Metropolitan and Ponce) is defined as an EIS program. In each health region there is an Avanzando Juntos (EIS program) System Point of Entry and Exit (SPOEE) located in the Regional Pediatric Center (RPC).

Each SPOEE is responsible to ensure that all opportunities available under Part C are made available to families, and that the decision that families make are with accurate and timely information, the knowledge of choices or options available to the family and with full understanding of their rights, opportunities and responsibilities. The steps or functions that each SPOEE shall ensure include: receive the referral, conduct and complete family intake, ensure that eligibility determination is completed according to regulations, arrange for and ensure the completion of assessments activities necessary to plan and complete an IFSP, facilitate the IFSP team meeting, complete the initial IFSP, periodic and annual reviews of the IFSP and maintain the Early Intervention (EI) Record for each child referred.

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

The revised criteria for “Timely IFSP services provision”, was presented to the SPP/APR Steering Committee comprised of members of the Interagency Coordinating Council, including parents, Regional Pediatric Center’s Medical Directors and Avanzando Juntos System Points of Entry and Exit Supervisors, and Parent Information and Training Center representatives on January 30, 2007. The SPP/APR Steering Committee provided suggestions/input.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Account for untimely receipt of services.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):

Activity	Timelines	Resources	Justification
Assessment and sharing of strategies implemented by programs that achieved the 100% compliance during monthly meetings with Director, Administrator and SPOEE Supervisors.	Ongoing	Part C Coordinator, Regional Pediatric Centers Directors and Administrators, APNI Project Coordinator, SPOEE Supervisors and Monitoring Unit staff	Since shortage of providers due to delayed payments is present islandwide sharing of successful strategies to overcome this challenge is considered useful.
Communication with new Secretary of Health and Finance Office to address ongoing issue of delayed payments to EIS providers.	Ongoing	Part C Coordinator, CSHCN Administrator, Assistant Secretary, Budget and Finance Offices Directors	Shortage of EIS providers due to delayed payments by PR Department of Treasury is the reason most often given by EIS programs for why early intervention services are not provided in a timely manner.

SPP Template – Part C (3)

Activity	Timelines	Resources	Justification
Provide orientation to Medical Director and Administrator on the important of monthly submission of providers' report on child services and progress.	February-June 2009	Technical Assistance Unit staff, Part C Coordinator and CSHCN Administrator	Continued strategy to address noncompliance with this Indicator.
Determine sanctions for providers not submitting monthly report to be implemented in the next year contracts.	September 2009	Part C Coordinator, Regional Pediatric Centers Directors and Administrators	Need to obtain specific information on the reasons for untimely services so that strategies can be developed to address noncompliance.
Investigate further circumstances around family reasons specifically if stated that family cancelled or did not show up.	Ongoing	Supervision and Monitoring Unit Staff, SPOEE supervisors	Ensure that Part C agency or staff issues are not causing family circumstances.

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: (Please refer to page 1)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If a + b + c + d + e does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

SPP Template – Part C (3)

IFSPs assessed)] times 100.

- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

FFY 2007 EIS program selection

Puerto Rico submitted a sampling plan to OSEP to evaluate progress data for FFY 2007. OSEP requested additional information from the jurisdiction to assure that for FFY 2008 children in all EIS programs are included. OSEP accepted Puerto Rico's assurance since the jurisdiction is moving to census and a sampling plan will not be needed for FFY 2007 nor for FFY 2008.

For FFY 2007, five (5) of the seven (7) EIS programs were included; these programs used the Hawaiian Early Learning Profile (HELP) Strands curriculum-based tool. The remaining two (2) programs used the Assessment Evaluation and Programming System (AEPS) to complete their assessments. For FFY 2008 these two (2) programs will be included in the study population using the Early Childhood Outcomes (ECO) Center crosswalks for AEPS.

Reporting categories

a. children who did not improved functioning.	Children who are scored lower at exit than entry (or are scored a 1 both at entry and exit and received a
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SPP Template – Part C (3)

	"no" on question b at annual IFSP
b. children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.	Children who are scored a 5 or lower at entry, scored the same or lower at annual IFSP, and received a "yes" on question b at annual IFSP.
c. children who improved functioning to a level nearer to same-aged peers but did not reach it.	Children who are scored higher at annual IFSP than entry but did not reach 6 or 7.
d. children who improved functioning to reach a level comparable to same-aged peers.	Children who are scored a 5 or lower at entry and a 6 or 7 at annual IFSP.
e. children who maintained functioning at a level comparable to same-aged peers.	Children who are scored a 6 or 7 at both entry and annual IFSP.

Data for FFY 2007 (2007-2008): REVISED JANUARY 2009

This is NOT baseline data. Progress data reported in 2010 will be considered baseline data. The second year of progress data for children that entered in 2005-2006 or 2006-2007 and exited 2007-2008 is presented in the table below.

Who was included in the measurement, i.e. what population of children?

Children (n= 87) included for FFY 2007 (2007-2008) progress data, that had entry and annual curriculum based assessments, entered the programs in 2005-2006 and 2006-2007 and that had a subsequent assessment during 2007-2008.

EIS Program	FFY 2007 (children with entry and exit data)
Arecibo	11
Bayamón	37
Caguas	19
Fajardo	6
Ponce	14
Total	87

Puerto Rico:

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0.0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	33	38.0%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	7	8.0%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-	7	8.0%

SPP Template – Part C (3)

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
aged peers		
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	40	46.0%
Total	N = 87	100%

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0.0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	47	54.0%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	10	11.5%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	10	11.5%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	20	23.0%
Total	N = 87	100%

C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	0	0.0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	41	47.2%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	5	5.7%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	5	5.7%

SPP Template – Part C (3)

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	36	41.4%
Total	N = 87	100%

Discussion of FY 2007 (2007-2008) data:

This is the second year we have collected child progress data. These data are based on five (5) out of seven (7) programs in Puerto Rico using a larger number of records as compared to FFY 2006. Therefore, these data does not reflect the progress observed in **all** children who participated in the EIS programs islandwide. We are looking forward to have more and better data for the next APR due February 2010. We expect the quality of the data to get better from year to year as we continue training and guidance about outcomes data collection across all EI programs in Puerto Rico. With more valid and reliable data, the PR EIS programs will be able to move from data to action to positively impact early intervention children outcomes.

Findings:

Outcome A: Positive social-emotional skills (including social relationships)

- All ($87/87 \times 100 = 100.0\%$) children made progress and improvement in their development from entry to exit (categories B + C + D + E = 87).
- Most ($54/87 \times 100 = 62.1\%$) children made significant progress, moving closer to what is expected for same age peers (categories C + D = 14), or they continued to have age-expected development (category E = 40):
 - 8.0% ($7/87 \times 100$) improved to a level that is closer to same age peers, but not yet caught up to same age peers (category C).
 - 8.0% ($7/87 \times 100$) improved all the way to the level of their same age peers; they caught up in their development (category D).
 - Another 46.0% ($40/87 \times 100$) were like same age peers at entry and exit; they continued to have age-expected development (category E). So, the EI program is helping these children maintain effective development in this area, despite the children's risk for delays caused by the factors that made them eligible for services.
- More than one third ($33/87 \times 100 = 38.0\%$) of children improved functioning, but not enough to move nearer functioning like same aged peers (category B).

Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)

- All ($87/87 \times 100 = 100\%$) children made progress and improvement in their development from entry to exit (categories B + C + D + E = 87).
- Almost a half ($40/87 \times 100 = 46.0\%$) of children made significant progress, moving closer to what is expected for same age peers (categories C + D = 20), or they continued to have age-expected development (category E = 20):
 - 11.5% ($10/87 \times 100$) improved to a level that is closer to same age peers, but not yet caught up to same age peers (category C).

SPP Template – Part C (3)

- 11.5% (9/87 X 100) improved all the way to the level of their same age peers; they caught up in their development (category D).
- Another 23.0% (20/87 X 100) were like same age peers at entry and exit; they continued to have age-expected development (category E). So, the EI program is helping these children maintain effective development in this area, despite the children's risk for delays caused by the factors that made them eligible for services.
- More than half (47/87X100 = 54.0%) of children improved functioning, but not enough to move nearer functioning like same aged peers (category B).

Outcome C: Use of appropriate behaviors to meet their needs:

- All (87/87X100 = 100%) children made progress and improvement in their development from entry to exit (categories B + C + D + E = 87).
- Most (46/87X100 = 53.0%) children made significant progress, moving closer to what is expected for same age peers (categories C + D = 10), or they continued to have age-expected development (category E = 36):
 - 5.7% (5/87 X 100) improved to a level that is closer to same age peers, but not yet caught up to same age peers (category C).
 - 5.7% (5/87 X 100) improved all the way to the level of their same age peers; they caught up in their development (category D).
 - Another 41.4% (36/87 X 100) were like same age peers at entry and exit; they continued to have age-expected development (category E). So, the EI program is helping these children maintain effective development in this area, despite the children's risk for delays caused by the factors that made them eligible for services.
- Almost a half (41/87X100 = 47.2%) of children improved functioning, but not enough to move nearer functioning like same aged peers (category B).

Improvement activities completed FY 2007 (2007-2008)

Trainings on Functional Child Outcomes were held during August-September 2007 and during February- March 2008. The content of these trainings was:

- OSEP Child Outcomes: background and understanding the three child outcomes areas
- Thinking functionally
- Use of assessment tools
- Introduction to the Child Outcomes Summary Form (COSF) process
- ECO crosswalks to child outcomes

Participants:

- Intake and service coordinators, EIS providers, Avanzando Juntos Point of Entry and Exit Supervisors and Regional Pediatric Centers Medical Directors and Administrators.

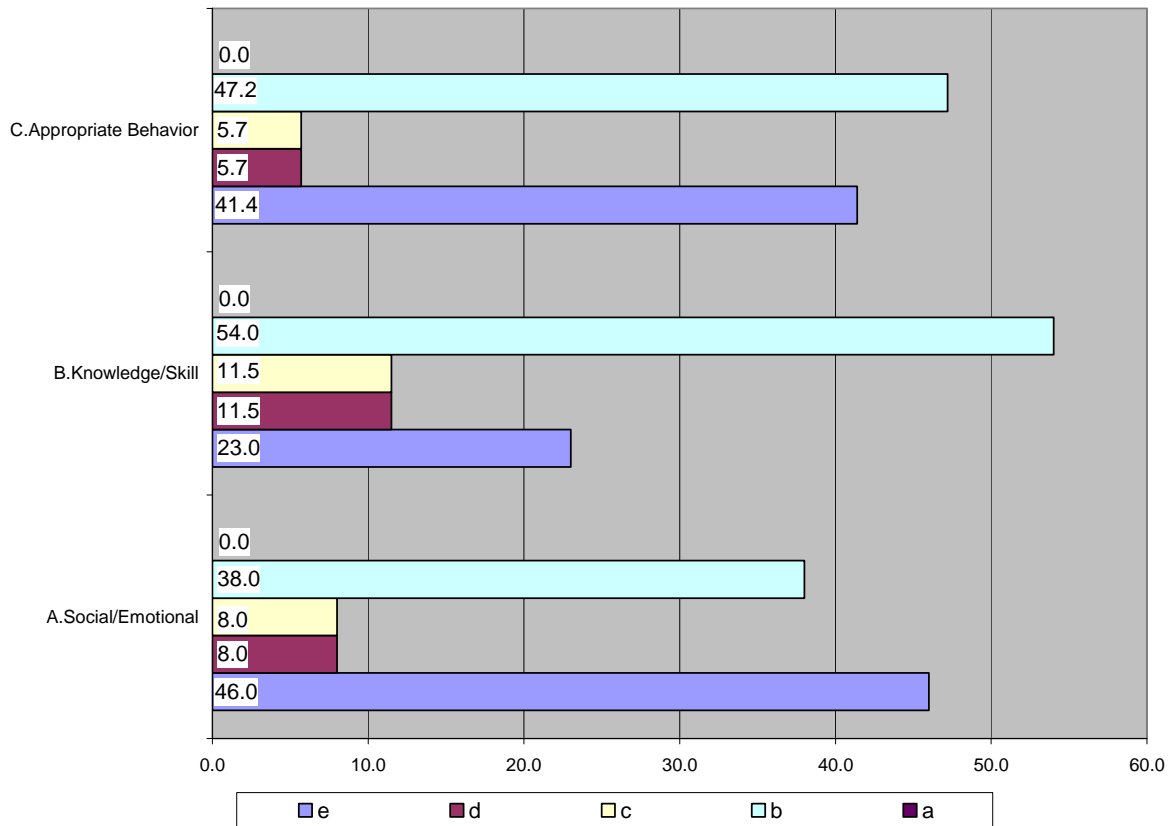
Child Outcomes Summary Form (COSF) process meeting:

In November 15, 2007 we followed up with a meeting to obtain feedback from EIS providers (5), intake coordinators (6), and the Point of Entry and Exit supervisor from the Caguas EIS program on the Spanish version of the following documents: COSF, COSF discussion prompts, and COSF decision tree for summary rating discussions. The meeting provided an opportunity to have face to face dialogue and to obtain input on the components of the Child Outcomes Summary Form process.

Measurable and Rigorous Target

Targets will be set in 2010.

SPP Template – Part C (3)



Improvement Activities/Timelines/Resources:

Activity	Timelines	Resources	Justification
Continue training of service coordinators and EIS providers of all seven (7) EIS programs to instruct them in how to use the COSF.	March 2009 – Ongoing	Part C Technical Assistance Unit staff	Uniform the processes in the use of the COSF to increase the data reliability.
Develop of a local COSF team at each EIS program to serve as COSF consultants to work together with Central Office Technical Assistance staff to assure consistency and data reliability.	March 2009 – Ongoing	Part C Technical Assistance Unit staff Part C EIS providers, service coordinators	Involvement of staff will create awareness of the importance of the EIP on Child outcomes to identify areas in need of improvement.
Continue completion of entry COSF for each child entering Avanzando Juntos who is less than two (2) years, six (6) months old.	March 1, 2009 – Ongoing	Part C EIS providers, service coordinators, families	To obtain data in order to evaluate progress towards attainment of child outcomes.
All programs must complete an exit COSF for all infants	March 1, 2009 – Ongoing	Part C EIS providers, service coordinators,	To obtain data in order to evaluate

SPP Template – Part C (3)

Activity	Timelines	Resources	Justification
and toddlers exiting Avanzando Juntos who have entry COSF and have been in early intervention services for 6 months or more.		families, SPOEE Supervisors and Medical Directors and Administrators	progress towards attainment of child outcomes.
Upgrade of Avanzando Juntos Data System to collect, record, and generate aggregate and local reports for child outcome data. Paper COSF will continue to be completed.	April 2009 - Ongoing	Data System Specialist Part C Technical Assistance Unit staff	In order to obtain the data necessary to evaluate the EIP performance and its impact on child outcomes.

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: (Please refer to page 1)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):

Activity	Timelines	Resources	Justification
Re-train community providers in the EIS programs that showed slippage (Metro and Mayaguez) in the benefits of service provision in natural environments based on daily routines of children and families.	March 2009- Ongoing	Part C Coordinator, SPOEE Supervisors and Medical Directors of Pediatric Centers	PR EIP believes in the need to focus on building knowledge of SP/SC to assist families.
Re-train intake/service coordinators on providing information to families regarding their rights in Part C from eligibility to transition or exit from the program.	March 2009- Ongoing	Intake and service coordinators, SPOEE Supervisors, Part C Coordinator and APNI Project Coordinator	PR EIP believes in the need to focus on building knowledge of SP/SC to assist families.
NCSEAM questionnaire will be completed by the Service Coordinators during the annual IFSPs revisions at or	March 2009- Ongoing	Service Coordinators and SPOEE Supervisors	Service coordinators should become familiar with family outcomes

SPP Template – Part C (3)

Activity	Timelines	Resources	Justification
near transition conference.			measurement procedures as a strategy to assess needs of programs.

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: (Please refer to page 1)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

The percentage of infants under one (1) year of age increased from .61% for FFY 2006 to .63% for FFY 2007. Nevertheless, Puerto Rico did not meet the .70% target. According to the Demographic Registry Office data, the estimated number of births in Puerto Rico has shown a decreasing trend from 51,239 for FFY 2004 to 46,096 for FFY 2007. These reductions in population made necessary the change in target from .80% to .50% for FFY 2008 and the modification of FFY 2009 and 2010 targets.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	0.50% of Puerto Rico infants and toddlers under age one year receive Part C services
2006 (2006-2007)	0.60% of Puerto Rico infants and toddlers under age one year receive Part C services
2007 (2007-2008)	0.70% of Puerto Rico infants and toddlers under age one year receive Part C services
2008 (2008-2009)	0.50% of Puerto Rico infants and toddlers under age one year receive Part C services
2009 (2009-2010)	0.55% of Puerto Rico infants and toddlers under age one year receive Part C services
2010 (2010-2011)	0.60 of Puerto Rico infants and toddlers under age one year receive Part C services

SPP Template – Part C (3)

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2007 (2007-2008):

Activity	Timelines	Resources	Justification
Ongoing assessment of referrals of infants and toddlers under age one by all programs with emphasis on the programs with the lowest performances to determine if the reduction in the percentage of infants with IFSP under age one is due to a decrease in the number of referrals or to specific factors related to eligibility determinations for infants in this age group.	February- June 2009	SPOEE supervisor, Part C Coordinator, Supervision and Monitoring Unit staff, and Technical Assistance Unit staff	Two (2) programs showed a reduction in the percentage of infants with IFSP under age one.
Provide orientation to data entry and other support personnel to identify eligibility data by age on the data information system and to identify the referral source on the "Other category".	February 2009- March 2009	Data entry, APNI Project Coordinator, Pediatric Center Administrators and other support staff	Identification of primary referral sources will allow us to focus on these targets for public awareness activities.
Ongoing assessment of eligibility determination practices for infants and toddlers under age one at local programs.	February- June 2009	SPOEE supervisor, Pediatric Center Medical Director, Part C Coordinator, Supervision and Monitoring Unit staff, and Technical Assistance Unit staff	Review eligibility determination practices to assure that established procedures are conducted appropriately.
Develop new public awareness materials to address Child Find with emphasis to hospital nurseries, Home Visiting Nurses, WIC, GIP providers and Birth Defects Surveillance System.	February- June 2009	Part C Coordinator, SPOEE Supervisors	Need to assure that public is aware of child find activities.
Provide technical assistance to Early Intervention and MCH Title V nurses on referral to Part C and the eligibility determination purposes.	Ongoing	Part C Coordinator and Pediatric Center Medical Director	Children with medical conditions with high probability of developmental delays should be referred to EIP for early identification, evaluation and service provision if eligible.

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: (Please refer to page 1)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):

Activity	Timelines	Resources	Justification
Ongoing assessment of referrals of infants and toddlers under age one by all programs with emphasis on the programs with the lowest performances to determine if the reduction in the percentage of infants with IFSP under age one is due to a decrease in the number of referrals or to specific factors related to eligibility determinations for infants in this age group.	February- June 2009	SPOEE supervisor, Part C Coordinator, Supervision and Monitoring Unit staff, and Technical Assistance Unit staff	Two (2) programs showed a reduction in the percentage of infants with IFSP under age one.
Provide orientation to data entry and other support personnel to identify eligibility data by age on the data information system and to identify the referral source on the "Other category".	February 2009- March 2009	Data entry, APNI Project Coordinator, Pediatric Center Administrators and other support staff	Identification of primary referral sources will allow us to focus on these targets for public awareness activities.
Ongoing assessment of eligibility determinations	February- June 2009	SPOEE supervisor, Pediatric Center Medical	Review eligibility determination

SPP Template – Part C (3)

Activity	Timelines	Resources	Justification
practices for infants and toddlers under age one at local programs.		Director, Part C Coordinator, Supervision and Monitoring Unit staff, and Technical Assistance Unit staff	practices to assure that established procedures are conducted appropriately.
Develop new public awareness materials to address Child Find with emphasis to hospital nurseries, Home Visiting Nurses, WIC, GIP providers and Birth Defects Surveillance System.	February-June 2009	Part C Coordinator, SPOEE Supervisors	Need to assure that public is aware of child find activities.
Provide technical assistance to Early Intervention and MCH Title V nurses on referral to Part C and the eligibility determination purposes.	Ongoing	Part C Coordinator and Pediatric Center Medical Director	Children with medical conditions with high probability of developmental delays should be referred to EIP for early identification, evaluation and service provision if eligible.

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: (Please refer to page 1)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):

Activity	Timelines	Resources	Justification
Continue the use of the form implemented last year for documenting delayed/untimely activities.	Ongoing	Intake and service coordinators and SPOEE Supervisors	Need to be more specific on the reasons for untimely initial IFSP meetings so that strategies can be developed to address noncompliance.
Train intake and service coordinators service on the importance of documenting specific reasons for no shows and cancellations.	February- June 2009	APNI Project Coordinator	Ensure that Part C agency or staff issues are not causing family circumstances.
Investigate further circumstances around family reasons specifically if stated that family cancelled or did not show up.	Ongoing	Intake and service coordinators and SPOEE Supervisors	Ensure that Part C agency or staff issues are not causing family circumstances.
Implement the use of a checklist that includes activities and dates from referral to initial IFSP development in all programs.	February 2009- Ongoing	Intake and Service Coordinators and SPOEE Supervisors	To assure compliance with the 45 days timeline.
Include a portion of records in the monitoring whose criteria for selection are the eligibility	February 2009- Ongoing	Supervision and Monitoring Unit	Account for children who exit the system without having their initial IFSP

SPP Template – Part C (3)

Activity	Timelines	Resources	Justification
determination date.			meeting.

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: (Please refer to page 1)

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child’s transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):

Activity	Timelines	Resources	Justification
Submission of Opt-out data quarterly to monitoring unit.	Quarterly	Data Entry personnel at Regional levels.	Need of substantial compliance with this Indicator
Follow up with SPOEE Supervisors on the appropriate use of the revised Referral form.	February- June 2008	APNI Program Coordinator, SPOEE supervisors and Part C Coordinators.	Need of substantial compliance with this Indicator

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: (Please refer to page 1)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
 - a. # of findings of noncompliance made related to priority areas.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = b divided by a times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
 - a. # of findings of noncompliance made related to such areas.
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = b divided by a times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
 - a. # of EIS programs in which noncompliance was identified through other mechanisms.
 - b. # of findings of noncompliance made.
 - c. # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = c divided by b times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):

Activity	Timelines	Resources	Justification
Develop and implement procedures to impose effective sanctions for EIS providers and Pediatric Centers' Medical Directors	February- March 2008	Part C Coordinator, Part C stakeholders, Puerto Rico ICC, Technical Assistance Unit staff and APNI EIP Project	Sanction have been imposed however, a systematic approach to address noncompliance

SPP Template – Part C (3)

Activity	Timelines	Resources	Justification
and Administrators when noncompliance persist for more than one year after the health region was officially notified of the noncompliance		Coordinator	issues in needed. Need of substantial compliance with this indicator

SPP Template – Part C (3)

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development: (Please refer to page 1)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008 (2008-2009):

Activity	Timelines	Resources	Justification
Follow up training regarding the procedures for complaint resolution through the PR Department of Health for Pediatric Centers' Medical Directors and Administrators.	February-June 2009	Staff of the Complaint Resolution Unit PRDOH	Improve quality of reports to assure maintenance of compliance.