Puerto Rico FFY 2019 Indicator C-11 Annual Performance Report (APR)

Section A: Data Analysis
State-identified Measurable Result (SiMR)
What is the State-identified Measurable Result (SiMR). (Please limit your response to 785 characters without space).

After thorough infrastructure analysis presented in the SSIP phase I, a SiMR was selected for Puerto Rico: (Outcome B1) Children will show a higher rate of improvement in the acquisition of knowledge and skills and exhibit a level of functioning closer to same aged peers upon exiting the program. The data supported this selection, which represents the territory's main focus for implementing strategies to yield better child outcomes. Three strands of action have been selected to achieve this goal: Personnel/Workforce, Family Engagement, and Monitoring and Accountability. Activities aligned with these strands should allow us to achieve the short and long-term outcomes included in the theory of action and meet the target for the SiMR through the years. Puerto Rico has not changed the SiMR in the past year and has continued to work towards the intended goals.

Has the SiMR changed since the last SSIP submission?   No

If "Yes", provide an explanation for the change(s), including the role of stakeholders in decision-making. (Please limit your response to 1600 characters without space).

N/A

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Baseline Data: 46.63%

Has the SiMR target changed since the last SSIP submission?   No

FFY 2018 Target: 46.68%   **FFY 2019 Target**: 71.56%

FFY 2018 Data: 71.55%   **FFY 2019 Data:**   67.7%

Was the State's FFY 2019 Target Met? No

Did slippage[1] occur? Yes

If applicable, describe the reasons for slippage. (Please limit your response to 1600 characters without space).

SiMR data for FFY 2019 show that the jurisdiction had a lower performance when compared with FFY 2018 and did not meet the established target. This is the first year that Puerto Rico collects data that show slippage in any of the outcomes in indicator 3. Since FFY 2015 the PREIP has met and surpassed the targets, while percentages of data completion were rising, until 100% of COS data was collected for FFY 2018. The targets for FFY 2019 were submitted in the last fiscal year's APR and were selected after thorough analysis of the data collected for previous years. The PREIP has been implementing strategies to rise the data completion percentage that may lead to more robust data to draw accurate conclusions for target selection and improvement strategy evaluation. Since targets were exceeded each year in all outcomes, even when back-to-back hurricanes made landfall in the island, the PREIP State Office set targets 0.01% higher than FFY 2018 data. Nevertheless, the target set for the SiMR proved to be higher than what the PREIP could achieve, especially when the program had to deal with earthquakes in the southwestern coast of the island and a pandemic. Data analyses conducted show that 24% of children that exited the program in FFY 2019 had exit COS ratings equal or lower than entry ratings versus 16% in FFY 2018. 12% of children that exited the program between January and June 2020 had exit COS ratings equal or lower than entry ratings, compared with 8% of children that exited the program between January and June 2019. FFY 2019 data for Outcome B show an increase of 3.58% in the progress category b versus a decrease of 3.61% in category d when compared with the same categories in FFY 2018. This led to a worsening in performance and inability to meet

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[1] The definition of slippage: *A worsening from the previous data AND a failure to meet the target.* The worsening also needs to meet certain thresholds to be considered slippage:
   1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
      a.   It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.
      b.   It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
   2. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
      a.   It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
      b.   It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

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the target. Possible reasons are service interruption due to the COVID-10 lockdown and barriers for COS data collection in the regional programs.

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Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? No

If "Yes", describe any additional data collected by the State to assess progress toward the SiMR.
(Please limit your response to 1600 characters without space)*.*

N/A

Did the State identify any provide describe of general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period?
 No

If "Yes", describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns. (Please limit your response to 3000 characters without space).

N/A

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Data quality concerns related to the COVID-19
Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? Yes

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection. (Please limit your response to 3000 characters without space).

Prior to the COVID-19 pandemic all early intervention services in PR were provided as in-person visits, with no infrastructure of telehealth. As a lockdown was enforced in March 13th, 2020, all services were interrumpted while the Government was working to share next steps with the population and the EIP State Team worked on a protocol that would allow for virtual services to be provided. As the protocol was distributed and discussed, some service providers did not want to continue providing services as only the virtual modality was allowed. After March 2020, the PREIP had 29% less service providers than in February 2020 which accounted for the most drastic decrease in the number of service providers in the program. Puerto Rico was still able to collect 100% of COS data but it was not without limitations. Personnel turnover presented barriers for collecting the data, as regional nurses had to complete the forms with only the information that was available in the records. Information was often incomplete due to the turnover. It is important to emphasize that regional nurses are not the children's primary service providers; therefore, they have no additional information on their progress. This could mean that in some cases, COS ratings may not be reflecting the reality of the child's progress and it provides space for having unstandardized procedures in the regional programs. Personnel turnover while in lockdown, meant less opportunities for formal training for the new service providers that had no previous experience with the COS data collection and reporting process. Nurses had the duty to virtually train the new service providers. The Supervision and Monitoring Unit (SMU) asked the regional programs to review the data submitted, especially data that reflected differences of 3 or more COS categories between entry and exit, since this could mean data quality issues. Regional programs were able to provide additional information that would justify the COS ratings, therefore, if there were no errors in the previous submission, no changes were made to the data. Currently, the PREIP is working on the planning stage of the trainings that will be provided to the personnel, including regional supervisors and nurses, service coordinators and service providers, to acquire the skills for the administration of the new eligibility tool, the AEPS 2nd edition. These trainings will also include topics on COS data collection using data gathered from the new tool and the selection of best practices to report valid and reliable data. Additionally, the state office started to conduct virtual round tables with the service providers led by the Developmental Pediatrics Consultant in order to explore areas of opportunity for designing and implementing new strategies for personnel retention and trainings.

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Section B: Phase III Implementation, Analysis and Evaluation

State theory of action

Is the State's theory of action new or revised since the previous submission?   No

If "Yes", please provide a description of the changes and updates to the theory of action (Please limit your response to 1600 characters without space).

Click or tap here to enter text.

Did the State implement any <u>new</u> (previously or newly identified) infrastructure improvement strategies during the reporting period? No

If "Yes", describe each <u>new</u> (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved. (Please limit your response to 1600 characters without space).

N/A

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Provide a summary of each infrastructure improvement strategy that the State <u>continued</u> to implement in the reporting period, including the short-term or intermediate outcomes achieved (Please limit your response to 3000 characters without space).

Strand of Action: Professional Development, Technical Assistance and Assessment practices

The focus of the activities for all strands of action had to be shifted to support the new reality of the Program during late 2019 and 2020. To guarantee service provision during the pandemic, the State Office Team developed a protocol that was distributed and discussed with the EIP staff to provide virtual services island-wide. The protocol included norms and procedures for virtual services, as well as various resources to support the personnel to handle virtual platforms, implement the routines-based model and to continue engaging families virtually, among other materials. Virtual meetings were held with the regional nurses who mainly support eligibility determinations, and with the contracted corporations who subcontract service providers. This helped ensure services were provided according to the regulations given the new reality. In September 2020, a survey was sent to all service providers to collect the preliminary thoughts with this modality. As of December 2020, the State Office has been planning virtual round tables for the service providers to know their experience and impressions of the virtual services in order to decide on improvement strategies to support them. The data collected in these activities will lead the design and distribution of materials for service providers to help lead services and improve child outcomes.

Continuous technical assistance is provided to the regional programs to support reliable COS data collection. Mainly, each program supports service providers with the regional nurse, and additional technical assistance is provided by the Developmental Pediatrics Consultant. These allowed the jurisdiction to collect 100% of the data as required. A workshop for capacity building and emotional support for the Ponce and Mayagüez regional programs was conducted on March 5th, 2020, after various months dealing with earthquakes in that region of the island. The PREIP considers this type of activities to be of utmost importance since the personnel has been supporting families as well.

Training around the new eligibility tool was intended to start in March 2020 yet, because of the COVID-19 pandemic, a lockdown was enforced in PR. During FFY 2019, several meetings were held to discuss the needs of the EIP and what the trainings would include. Efforts to plan and conduct the trainings were resumed in June 2020 and the UPR UCEDD/LEND proposal was accepted. As of December 2020, the contract between the Department of Health and the University of Puerto Rico, Medical Sciences Campus was signed by both parties and planning meetings are currently being held.

Strand of Action: Family Engagement

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The new Family Liaison joined the State Office Team and the processes of updating educational materials for the families has begun. A survey using Google Forms was sent to families in June 2020 in order to know their experiences with teleinterventions. The survey showed that 90.4% of 482 families that participated, agreed that the virtual services improved their ability to support their child's development, 95.7% agreed that virtual services does not interfere with the relationship with the provider and 84.1% agreed that they would choose to receive virtual services if given the option. The indicator 4 survey is now available also in Google Forms in order for the program to be able to collect the data when in-person services are not allowed. This provided another alternative for families to answer the questionnaire and provide feedback while helping the Supervision and Monitoring Unit to finish data collection for the fiscal year.

Strand of Action: Monitoring and Accountability

COS data continue to be reviewed and checked for inconsistencies by the SMU. Regular feedback and technical assistance is provided to the regional programs in order to ensure the collection of 100% of the data. Virtual workshops for the regional data entry personnel were carried out in October 2020 to continue trainings in the use of the data system and in reliable data collection procedures. Activities related to child record organization have also been continued by the Program Evaluator to ensure accurate documentation of services for proper evaluation. This helps the EIP guarantee that services are timely, appropriate, family-centered and routines-based. Also, a monitoring and APR data collection protocol was designed due to COVID-19. Monitoring activities are now completed using an Excel sheet instead of paper forms and some information for indicator measurement is obtained from the regional child count reports to maximize time during monitoring activities. Records are then reviewed in the regional centers. The data collection calendar distributed to all regional programs has also been adjusted to reflect the needs of the SMU. These activities were carried out as the Program was adjusting to the new times.

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State evaluated outcomes
Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy. (Please limit your response to 3000 characters without space):

The SMU collects and reviews several types of data in order to evaluate implementation of the strategies and activies and have a strong decision-making process. COS and indicator 4 data are collected regularly; during FFY 2019 review activities were carried out quaterly but in FFY 2020, this review has started to be carried out monthly. Analyses around COS data quality are also carried out with the support of the Developmental Pediatrics Consultant. Additional surveys or monitoring activities are often designed and implemented in order to collect robust data that supports the decision to maintain the selected strategies. Thorough data analysis and projections are conducted by the SMU also for planning activities to select targets for the indicators. These data are also shared with the SICC for further discussion and feedback. As it has been discussed previously, the jurisdiction will be collecting more evaluation data, specifically to measure fidelity of implementation of both the new eligibility and assessment tool, and the coaching evidence-based practice. It is projected that, as these are both implemented, children will be assessed more precisely, their needs and families' concerns will be more appropriately addressed, thus improving child outcomes and impacting the SiMR.

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Infraestructure improvement strategy
Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period. (Please limit your response to 3000 characters without space)**:**

Strand of Action: Professional Development, Technical Assistance and Assessment Practices

In 2019, the PREIP held conversations with the Children with Healthcare Needs Division to plan trainings for all EIP personnel around autism early identification and child assessment. The same was done with the PR Deaf-Blind Project. As the lockdown was enforced, conversations were postponed, yet these activities are intended to be reinitiated during FFY 2020. Round tables and a monthly service provider support system, where relevant materials will be shared with the personnel, will also be put in place during this fiscal year. This is expected to strengthen this strand of action to have knowledgeable, competent and skilled service providers to improve child outcomes. After the new eligibility tool is adopted and implemented, the state office team will resume the planning and implementation of coaching as the evidence-based practice and collecting data for fidelity of implementation and results for evaluation purposes.

It is expected that the virtual trainings on the new eligibility and assessment tool will begin mid-April 2021. These trainings will use coaching and train-the-trainer as the adult learning model, since it is the EBP that has been selected for Puerto Rico. The sessions will include a follow-up and support system for service providers to ensure recommended practices are implemented as planned. The new tool will allow the children to be assessed more precisely, therefore, child needs, and family concerns will be addressed appropriately to help improve child outcomes.

Strand of Action: Family engagement
The Family Liaison will plan several other activities, such as round tables and workshops to promote family engagement, and these are intended to be conducted during FFY 2020-2021. The AEPS trainings will include meetings with families receiving Part C services so they can offer recommendations for the new process. It has been a challenge to increase the number of families in the SICC this year, hence the EIP will be recruiting more family representatives during FFY 2020 and FFY 2021.

Strand of Action: Monitoring and Accountability
The Monitoring Manual is intended to be finished during FFY 2021. Fidelity of implementation tools will be reviewed in order to evaluate the implementation of the new eligibility tool and the coaching evidence-based practice. Data on the use of recommended practices on evaluation and assessment processes and standardized procedures throughout the Program will be collected to increase accountability of EIP's activities. Higher quality of data gathered that will help EIP leadership team, service providers and coordinators on the

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decision-making process that will have an impact on child outcomes. Efforts to improve the PREIP data system are intended to be conducted. Conversations with the Office of Information Technology (OIAT) of the Department of Health were delayed due to the pandemic but are planned to be held during fiscal year 2021. Technical assistance sessions with the DaSy Center, will be held to help achieve this goal.

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Evidence-based practices
Did the State implement any <u>new</u> (previously or newly identified) evidence-based practices? No

If "Yes", describe the selection process for the <u>new</u> (previously or newly identified) evidence-based practices. (Please limit your response to 1600 characters without space):

N/A

Provide a summary of the <u>continued</u> evidence-based practices and how the evidence-based practices are intended to impact the SiMR. (Please limit your response to 1600 characters without space):

The implementation of coaching as the evidence-based practice has been delayed in order to prioritize the implementation of the new eligibility tool. The latter has also been delayed due to the pandemic. Nevertheless, the routines-based model is the evidence-based practice that has continuously been implemented in the PREIP. Continuity of the model was important for the State Office Team, so information was shared with the personnel to support the shift from in-person visits to virtual services using the model.

The state team intends to continue with the efforts of following up on the coaching strategy implementation. Puerto Rico has selected this evidence-based practice and has started to plan its implementation after the new eligibility tool is implemented island-wide. The team is determined to go forward with planning the steps and choosing the coaches in order to strengthen the service provision model for children to have better outcomes at the time of exit. Coaching has been proved to be successful and it is expected to impact the SiMR and help improve child outcomes.

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change. (Please limit your response to 1600 characters without space)*:*

Documentation for the routines-based model can be found in the records and the EIP data system. Quantitative data is collected through monitoring and evaluation activities such as data collection for the APR. Qualitative data collected through round tables with service providers, monthly meetings with the supervisors and questionnaires helps the SMU evaluate this model's continuous use and implementation. Data has not been collected for fidelity of implementation for the coaching as evidence-based practice, since the practice has not been formally implemented in the territory. The PREIP state office team intends to implement the practice after the implementation of the new eligibility tool, which the SMU will monitor and collect fidelity of implementation data.

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Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices. (Please limit your response to 1600 characters without space):

The PREIP has not implemented changes in policies/procedures other than changing some processes from in-person to virtual modality. Professional development activities to support service providers and regional personnel were carried out through virtual meetings, official memos and individualized technical assistance sessions as needed. To develop the Teleinterventions protocol, weekly meetings with the regional supervisors were held starting April 17th, 2020. A meeting with corporations was held on May 29th, and another session with regional nurses was held on June 16th. Monthly meetings with the regional supervisors continue to be held to provide additional technical assistance as needs arise.

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Section C: Stakeholder Engagement

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.
(Please limit your response to 3000 characters without space):

During FFY 2019, the Puerto Rico State Interagency Coordination Council (PRSICC) was convened to work together in 1 meeting to provide input on issues regarding personnel development, SSIP, compliance with IDEA requirements and other collaboration activities. Specifically, the January 27th, 2020 meeting aimed to discuss and analyze the data and information included in the APR prior the February 1st submission. The SMU provided data to the members of the Council and discussion was held around strategies to improve data collection and results around some of the indicators. The stakeholders suggested to start the discussions towards strengthening the child find infrastructure for early identification, as well as rethinking strategies for increasing the number of questionnaires returned for indicator 4 - Family Outcomes. Family engagement and Personnel Development are the two strands the ICC discusses the most. They understand the importance of knowledgeable and competent service providers to improve child outcomes; but the group advocates for the continuity of family-centered services and the provision of opportunities for family engagement through activities carried out by the program. As the family is the central unit of the program and an important vehicle for improving outcomes, the members engage in emphasizing the inclusion of families in all its processes. During the meeting, the work group was also engaged in discussions around the differences between regional programs and their impacts on service delivery, data and results. Discussions around new targets for indicator 3 were held as well.

In 2019, a change in leadership in the state office delayed convening meetings the first semester of the fiscal year. During the January 2020 meeting, the group coordinated the next meeting for May 2020 but could not be carried out due to the lockdown. The SICC held its next meeting on September 11th, 2020. Discussions during that meeting aimed to know how the program transitioned from in-person visits in natural environments to virtual teleinterventions, how families were coping and how the personnel were adjusting to the new modality. Also, the trainings and the implementation of the AEPS as the new eligibility tool, and coaching as the EBP were also discussed. The objective was to identify areas for improvement and provide input on new and existing strategies. The program will incorporate surveys as other ways of engaging stakeholders and collect data on their feedback, knowledge and concerns.

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Were there any concerns expressed by stakeholders during engagement activities? No

If "Yes", describe how the State addressed the concerns expressed by stakeholders. (Please limit your response to 1600 characters without space)*:*

Click or tap here to enter text.

If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response. (Please limit your response to 3000 characters without space):

N/A

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