

Child and Family Services Plan 2020-2024

Administration for Families and Children of Puerto Rico



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Collaboration and Vision

The following link is to this CFSP, located on the Agency's website:

[Please Insert Link Here](#)

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State Agency Administering Plans

The Puerto Rico Department of the Family (DF) is the agency within the Government of Puerto Rico responsible for the provision of a variety of social welfare services. Originally, Puerto Rico Law No. 171 of June 30, 1968 created the Department of Social Services, which was reorganized under Puerto Rico Law No. 1 of July 28, 1995 as the Department of the Family. As an umbrella agency, four Administrations operate with fiscal and administrative autonomy.

The Department of the Family's composition is as follows:

- Office of the Secretary
- Administration for Families and Children (ADFAN, Spanish acronym)
- Administration for Socioeconomic Development of the Family (ADSEF, Spanish acronym)

- Child Support Administration (ASUME, Spanish acronym), enacted by PL 86, August 17, 1994
- Administration for Integrated Care and Child Development (ACUDEN, Spanish acronym) PL-179, August 1, 2003

The Administrations are agencies dedicated to executing the public policy established by the Secretary, in the different priority service areas to children and their families including the elderly population. This includes the development and implementation of standards, norms and procedures to manage the programs and provide the operational supervision of the Integrated Services Centers (ISC) at the local levels. The regional level (10 regional offices) supervises the local offices.

The regional and local levels are responsible for implementing and developing those functions delegated by the Secretary through the redefinition and reorganization of the variety of services for families including traditional services and the creation of new methods and strategies for responding to the needs of families. Work plans are prepared in agreement with guidelines and are subject to the final approval of the Secretary.

The Department of the Family incorporates the following principles into its public policy:

The Government of Puerto Rico proposes to improve the quality of life of families through a better use of government resources, as well as community and faith-based resources; therefore, family and community involvement and participation are essential in adopting this administrative philosophy and in channeling public services.

The family is recognized as the fundamental unit of society, and government should facilitate the means by which families and their communities effectively become part of the design, planning, implementation and evaluation of services.

The organizational structure and delivery of services of the Department of the Family must respond to the characteristics of a changing family in terms of the roles of its members, educational level, income, status, structure, functions and problems that affect all its members.

Under this structure, the Administration for Families and Children is responsible for the provision of all child welfare services and for the administration of the Title IV-E Program, in coordination with the Administration for Socioeconomic Development of the Family and the Child Support Administrations.

Administration for Families and Children Organizational Structure

The Administration for Families and Children (ADFAN) was reorganized in January 2013 and returned to its original structure and functions.

- Administrator Office / Deputy Administrator
- Assistant Administration for Elderly and Adults with Disabilities
- Assistant Administration for Prevention and Community Services
- Assistant Administration for Child Protective Services
- Assistant Administration of Social Protection, Preservation, and Family and Community Strengthening
- Assistant Administration for Foster Care and Adoption

Central Level

Office of the Administrator and the Office of the Deputy Administrator

The Administrator is responsible, with the assistance of the Deputy Administrator, for the implementation of public policy established by the Secretary. They are responsible for managing all services programs under the Administration, as well as supervising and evaluating the compliance of the work plans prepared in agreement with the Office of the Secretary.

Four of the Assistant Administrations (Prevention; Protection; Preservation; and Foster Care and Adoption), intervene in the provision of services within the continuum of child welfare services. Assistant Administrators are responsible for the formulation, development, implementation and evaluation of the norms, procedures and standards that services programs must adhere to. Social Work Specialists, in each Assistant Administration, stay up to date with federal regulations, local mandates, models of intervention, theories and new practices in the field of social work and child welfare. They are responsible for the development of new projects and intervention strategies designed to improve the services and responses to the changing needs of individuals, families, and communities. Policy recommendations are made based on identification and adaptation of demonstrated best practices and evidenced based models and practices. Assistant Administrations also assist the Administrator and the Deputy Administrator in insuring that funds are used according to legislative mandate and that service provisions are monitored.

A number of offices maintain the organizational structure by providing administrative support:

The Assistant Administration for Administrative Services includes the Budget, Finance, General Services, Purchasing, and Facilities Contracting Division of ADFAN. This area provides support to the Office of the Administrator and all other components. The Administrator provides leadership in the planning, coordination and supervision of the execution of work plans of all the administrative components of this support area.

The Office of Human Resources and Labor Affairs plans, directs, coordinates and supervises all activities related to personnel administration in accordance with Government and Federal labor laws and regulations. The Director advises the ADFAN Administrator on all matters related to human resources and labor laws and regulations and provides technical assistance to the managerial staff on the application of such regulations. This Office includes the Divisions for Classification and Retribution, Appointment and Changes, Recruitment, Staff Relations, Employee Services and Evaluation and Analysis.

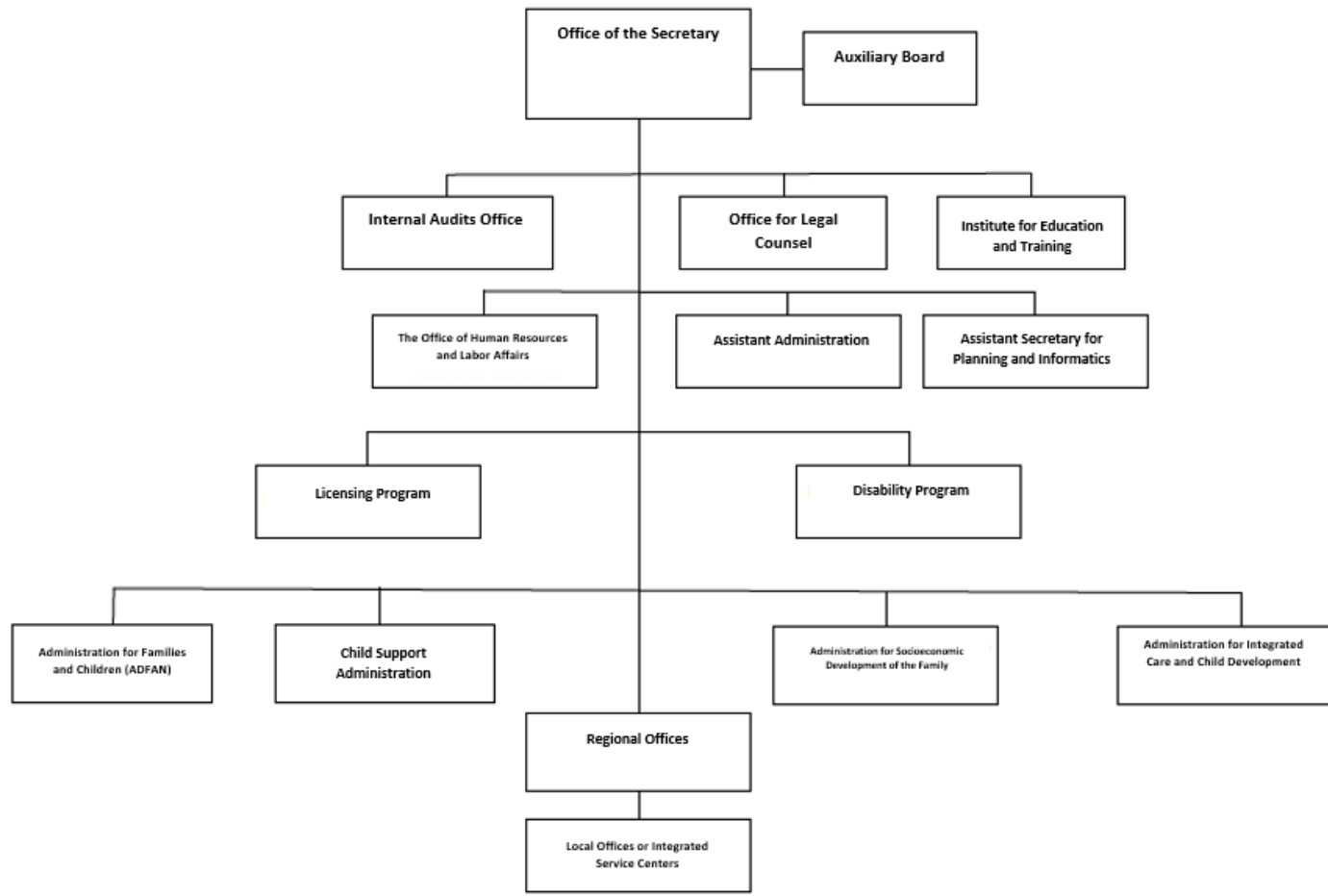
The Office for Legal Counsel advises the Administrator on all legal aspects and plans and supervises legal procedures. In coordination with the Courts Administration and the Department of Justice of Puerto Rico, this Office is responsible for all legal procedures related to the minors and families served by ADFAN. The staff of this Office prepares and processes all contracts and other legal documents and represents the Administrator in legal forums in and outside of Puerto Rico.

The Education and Training Institute evaluates training needs of staff of all the dependencies of the Administration and contracts community-based organizations to identify and coordinate training efforts, or contracts qualified training resources for the provision of professional development services to fulfill specific needs. The staff of the Training Institute for Education and Training evaluates the effectiveness of training activities to achieve objectives.

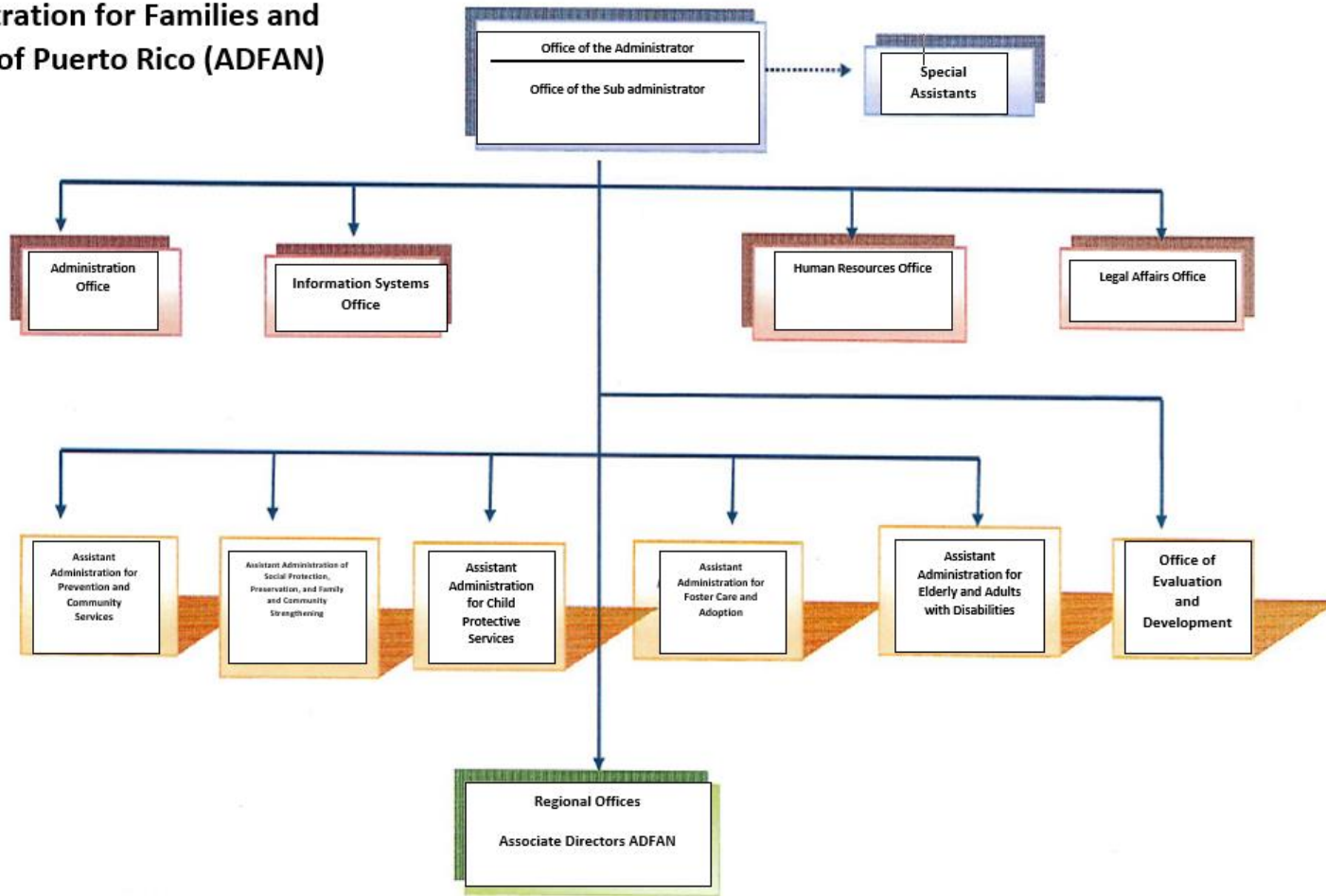
The Quality Assurance Office is responsible for designing and executing services reviews to measure performance through service standards. It creates the final findings' reports that are shared with direct services staff, supervisors and management, and solicits the corrective action plans to the regional offices based on those findings.

The following (3) pages contain organizational charts of the structure of the Department of the Family and ADFAN

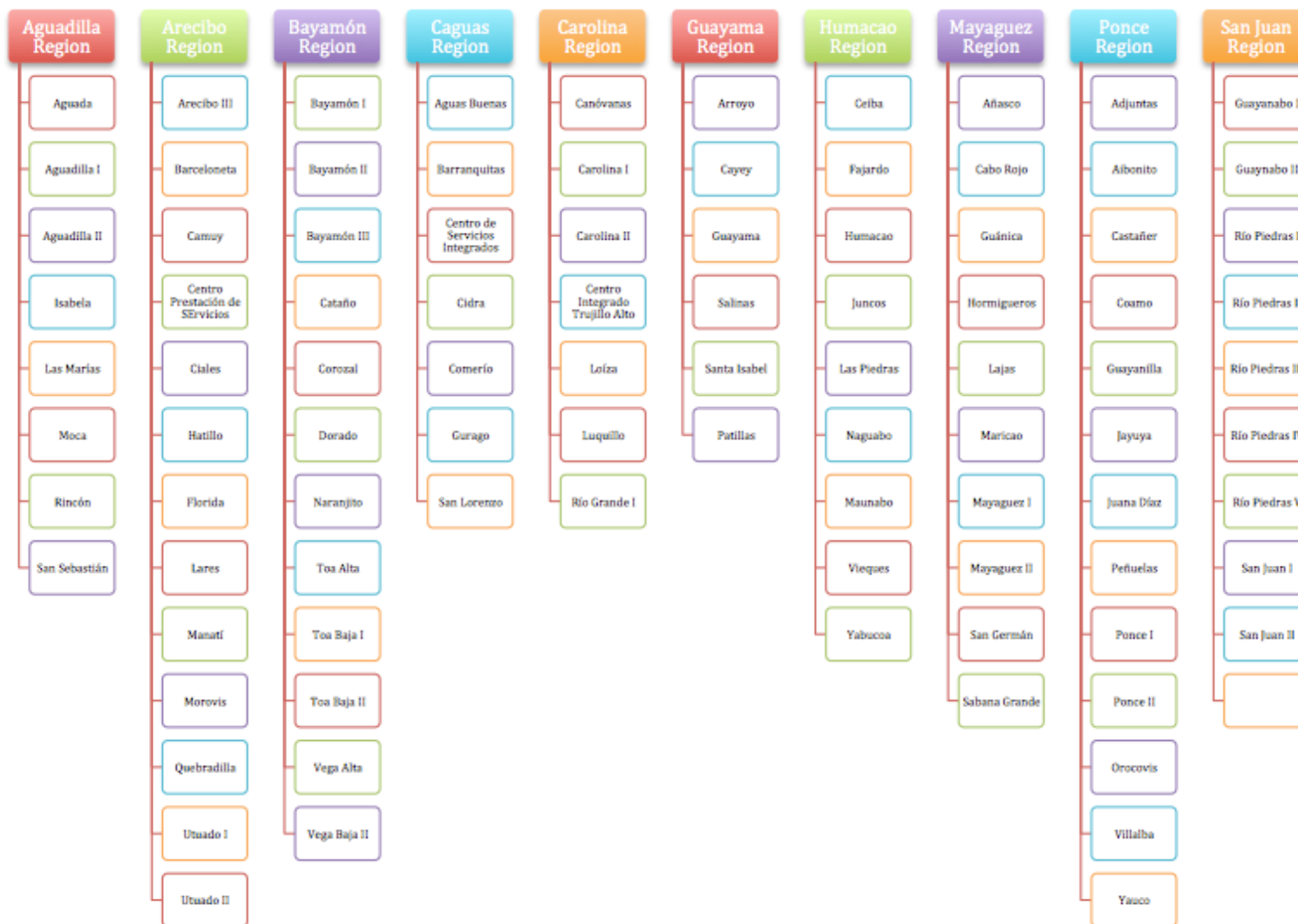
Department of the Family Organizational Diagram



Administration for Families and Children of Puerto Rico (ADFAN)



Regional and Local Offices



Vision

“We focus on practices that support the wellbeing of children and families, and the promotion of social justice through the provision of proactive community based, collaborative programs and a strong and empowered workforce”.

Collaborations

Upcoming Collaborations:

Family First Prevention Services Act, Implementation Project by the Third Mission Institute

The Family First Prevention Services Act (FFPSA) was enacted as part of Division E. of the Bipartisan Budget Act of 2018 (H.R. 1892). Among other changes and implications, FFPSA expands federal support for services to prevent children from entering foster care, while adding new federal restrictions and board support for specific children placed in group care settings.

In conjunction with the Third Mission Institute (TMI) through the Carlos Albizu University, TMI will employ the TMI’s Partnership Approach, to develop a sustainable infrastructure for the proposed project, as part of this collaboration.

TMI’s Partnership Approach contains three elements:

The Social Investor: The Agency, organization or foundation that acts as a funder for a Project, Program or Initiative. It usually executes the fiscal and administrative functions of the Project. In this project, The Federal Department of Health and Human Services Administration for Children and Families (ACF) division serves as the Social Investor.

The Implementor: The agency, organization, or initiative that executes the funded project. This triad member is the element that executes the day to day field activities. In this project, the Puerto Rico Department of the Family and its subgrantees serve as the Implementors.

The Scientific Partner: This partner works hand-in-hand with the Social Investor and the Implementor through all project phases, thereby assuring success. Some of the scientific partners roles may include: applied research; strategic planning and data driven decision making; capacity-building; evidence-based practice selection and adaptation; day-to-day technical assistance; programmatic advisory; and/or evaluation. In this case, the TMI will serve as the Scientific Partner.

Family First in Puerto Rico:

In August 2018, the Puerto Rico Department of the Family requested a 2-year delay in the implementation of the following FFPSA provision:

- Preventing increases to the juvenile justice population: Title IV-E agencies must certify they will not enact policies that will significantly increase the state's juvenile justice population in response to the restriction on title IV-E foster care payments in 472(k) of the Act (section 471 (A) (37) of the Act),
- Limitations on IV-E foster care payments for placements that are not foster family homes: Title IV-E agencies must limit foster care payments to two weeks for child care institutions per section 472(k) of the Act, unless it is specified placement,

- Limit on number of children in a foster family home: Title IV-E agencies must revise the definition of foster family home in accordance with section 472(c) of the Act, and
- Qualified residential treatment placements (QRTP): Title IV-E Agencies must provide detailed assessment, case planning, documentation, and judicial determination requirements for children to be placed in and to continue their placement in a QRTP (475A (c) of the Act).

Family First Implementation Plan for Puerto Rico:

The TMI aims to provide the coordination, methodology and analytical framework to generate a Policy Analysis, design a FFPSA Pilot Implementation and support FFPSA Full Implementation. TMI will work as a close link with the community, organizations and agencies to maintain the coordination mechanisms that this change in legislation and further implementations require.

The Implementation Plan will contain the following four stages:

Stage 1: Multilevel Policy Analysis

1. Macro-Level: Policy Fields Analysis – 5 months
2. Mezzo-Level: Organizational Analysis – 5 months
3. Micro-Level: Identification of Evidence Based Practices
4. Validation and Ratification Process

Stage 2: Pilot Implementation Design

1. Strategic Plan

2. Validation and Ratification Process

Stage 3: Pilot Implementation

Stage 4: Implementation

ADFAN will work alongside the Third Mission Institute in all collaborative efforts to apply this Implementation Plan. The goal is to adapt Family First, and have it transition ADFAN's infrastructure as smoothly as possible.

Crestcom Leadership and Management Institute, a research-based training model and continuous improvement certification with Capital Certification to provide consistency, confidence and accountability in all child welfare decisions and outcomes. The training and development model uses evidence-based leadership and management tools across all child welfare functions from intake, ongoing child protective services and permanency. All leaders, supervisors and directors at the central level regions and local offices will be impacted through the Crestcom Model.

Ongoing Collaborations:

Capacity Building Center for States

The Capacity Building Center for States has provided technical assistance to ADFAN in previous years and will continue to do so. This collaboration has assisted in the improvements made to the Information System and the SIMCa application.

Central Registry

ADFAN will continue its collaboration with the Puerto Rico Police Department (PRPD) to investigate institutional abuse in juvenile detention centers. ADFAN expects to receive a

preliminary investigation report from the PRPD within five business days of an incident of abuse and/or negligence in juvenile correctional institutions. Allegations include emotional and physical abuse, assault, fights between children, abuse and/or negligence of institution personnel against a child, and excessive use of force by the institution's staff.

Centralized Telephone Network

ADFAN will continue its collaboration with the Centralized Telephone Network. This collaboration was made possible through a coordination directed by the Puerto Rico Health Department to unify the representatives from the different telephone lines for assistance and citizens emergency response. This collaboration requires the participation of the Auxiliary Administration for Child Protective Services in meetings with the Unified Assistance Telephone Lines (Spanish Translation: *Lineas Aliadas de Ayuda*).

CIMVAS

ADFAN maintains a professional services agreement with the Family Abuse Victim Support Program (PAF), the Community Mental Health Clinic, Inc. (CSMC) and Carlos Albizu University (UCA), for the provision of services for the evaluation of allegations of sexual abuse of children. The PAF continues to lead the services with an integrated response approach of a multidisciplinary team that includes the police, ADFAN protection personnel, prosecutor, child prosecutor and medical personnel. In turn, conducting forensic assessments of sexual abuse, psychotherapy for child victims of sexual abuse and their relatives (non-offenders), and training.

Citizen Review Panels

The collaboration with the Citizen Review Panels will continue. The work conducted by the panels is vital in the investigation and evaluation of practices, as well as the policies and procedures.

Collaboration with Companies

ADFAN will continue collaborating with companies to give continuous attention to delayed cases.

Department of Health

ADFAN, in compliance with the Family First Prevention Services Act, has strengthened its relationship with the Puerto Rico Health Insurance Administration (PRHIA) and First Medical Health Plan, Inc. (FMHP), a managed care organization, to ensure that all children in foster care are appropriately diagnosed before being placed in a foster home. Since 2014, FMHP has implemented a healthcare structure that strives to eliminate health disparities and eradicate bureaucracy, ensuring proper and timely access to services that address population needs through a comprehensive, island-wide network of physical and behavioral health care providers. To achieve this mission, as required by the Government Health Plan contract, FMHP has established an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program, which promotes initial and follow-up screenings, including periodic preventive health evaluations and other necessary diagnostic and treatment services for children under the age of 21.

Foster Care Services

The Administration for Foster Care and Adoption continues to participate in the Strategic Central Permanency Committee, alongside the Courts Administration, The Department of Justice of Puerto Rico and the School for Professional Social Workers.

The National Center for Missing and Exploited Children

Collaboration and coordination will continue with The National Center for Missing and Exploited Children to share data on children; with the purpose of improving the process of missing children referrals.

National Child Abuse and Neglect Data Systems

ADFAN will continue to participate in webinars for National Child Abuse and Neglect Data Systems (NCANDS). ADFAN counts on the participation of the Advisory and Support Committee for SIMCa, in frequent meetings to discuss reported incidents by users and to establish priorities, while improvements to the application occur.

CASEY Family Programs

ADFAN will continue to renew the collaborative agreement with CASEY Family Programs. In this collaboration, a project titled “Promoting a Data Driven Culture and Supervisor Capacity” will be elaborated. It aims to assist in the areas of leadership development, supervisor training, coaching and capacity building to support shifts in an organizational culture that supports an accountable data driven supervisory model and effective use of the SIMCa Case Management System. This workplan will be elaborated according to the guidelines of the “Implementation Science Model”.

The Implementation Committee will continue to meet continuously. Personnel from CASEY will collaborate with the Committee, closely.

The Quality Assurance Office (QA)

Collaboration with QA will continue its evaluations and reporting. QA will assist ADFAN in the evaluation of compliances and will continue conducting their Final Findings Cumulative Review. QA is vital in the review of compliance, and as a resource in service progress and final reports.

The Training Office

Collaboration efforts will continue with the Training Office to provide staff training and to support interagency coordination.

Assessment of Current Performance in Improving Outcomes (Safety, Permanency and Well-Being)

For the current assessment of performance, the results obtained (percentage tables of achievement and strengths' items) by the Quality Assurance Office (QA) in their Final Report of 2018-2019 was integrated in this section. Key components from the Statewide Assessment Instrument of October 2018 were also inserted because further analysis was conducted in it. For period 2020-2024, QA's final findings and the Statewide Assessment Instrument contain valuable data and analysis to understand what ADFAN lacks in performance for the Safety, Permanency and Well-Being outcomes, and what direction the Agency needs to take to improve them.

Safety Outcomes 1 and 2

Safety Outcome #1: Children are, first and foremost, protected from abuse and neglect.

For period 2015-2018, the Final Report conducted by QA found that this Outcome **needs improvement**

Puerto Rico QA Results:

Substantially Achieved	Partially Achieved	Not Achieved
(9/19) 47.4%		(10/19) 52.6%

Strengths by Item:

Item	Foster Care Performance / Percentage	In-Home Performance / Percentage	Total Performance / Percentage
Item 1: Timeliness of initiating investigations of reports of child maltreatment.	(6/11) 54.5%	(3/8) 37.5%	(9/19) 47.4%

For years 2020-2024, the areas of noncompliance must be noted, and the steps to improve this outcome will support the success of this Outcome.

Areas of Noncompliance:

- Local offices not carrying out investigations
- Final disposition of the case not being assigned
- The elapsed time in the search of an active case before it is transferred to a local office

Steps to Improve this Outcome:

- Have monthly follow-up meetings for work plans with Investigation Unit supervisors and ADFAN's Associate Directors
- Evaluate data and profiles of each Unit for corresponding years
- Conduct weekly reports of child maltreatment reports received in each unit to control the situations referred
- Continue contracting specialized private companies to carry out investigations of negligence and intrafamily mistreatment referrals of previous years; These

companies will be responsible for the recruitment of professional services for the investigation of reports of maltreatment or negligence.

- Report on system compliance as a tool to monitor the work performed by the Units
- Monitor reports for data entry
- Count on the visits of central level supervisors to Investigation Units to monitor the work plans to meet the established goals
- Receive continuous support from the Children’s Bureau and Capacity Building Center for States
- Train the investigation staff on the application of the safety model

Safety Outcome #2: Children are safely maintained in their homes whenever possible and appropriate.

For period 2015-2018, the Final Report conducted by QA found that this Outcome **needs improvement**

Puerto Rico QA Results:

Substantially Achieved	Partially Achieved	Not Achieved
(17/120)	(10/120)	(93/120)
14.2%	8.3%	77.5%

Strengths by Item:

Item	Foster Care Performance / Percentage	In-Home Performance / Percentage	Total Performance / Percentage
Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.	(3/9) 33.3%	(7/39) 17.9%	(10/48) 20.8%
Item 3: Risk and safety assessment and management.	(17/72) 23.6%	(0/48) 0%	(17/120) 14.2%

For years 2020-2024, the areas of noncompliance must be noted, and the steps to improve this outcome will support the success of this Outcome.

Areas of Noncompliance:

- Lack of staff
- Little to no emphasis given to foster care cases, especially after Hurricane Maria
- Assigned cases are not receiving visits and therefore services are not being rendered
- Coaching workshops were suspended, therefore staff did not receive supplemented training
- Staff is not complying with the generalist model procedures

Steps to Improve this Outcome:

It should be noted, that many of the abovementioned areas of noncompliance were due in part to the passage of Hurricane Maria, where recovery efforts were focused in areas

of greater need. That being said, efficiency, accountability and time management are areas of improvement, supplemented by the following steps:

- Coach staff in compliance and other areas, this should be observed by higher level staff
- Equal emphasis on active cases through noted counts of retrieved cases
- Due to the lack of staff, the Assistant Administration for Prevention and Community Services should continue with their third-party contracts to render services to the community

Permanency Outcomes 1 and 2

Permanency Outcome #1: Children have permanency and stability in their living situations

For period 2015-2018, the Final Report conducted by QA found that this Outcome **needs improvement**

Puerto Rico QA Results:

Substantially Achieved	Partially Achieved	Not Achieved
(17/72)	(41/72)	(14/72)
23.6%	57%	19.4%

Strengths by Item:

Item	Foster Care Performance / Percentage
Item 4: Stability of foster care placement.	(48/72) 66.7%
Item 5: Permanency goal for child.	(30/72) 41.7%
Item 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangement.	(37/72) 51.4%

For years 2020-2024, the areas of noncompliance must be noted, and the steps to improve this outcome will support the success of this Outcome.

Item 4: Stability of foster care placement.

Item 5: Permanency goal for child.

Item 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangement.

Areas of Noncompliance:

- Termination of parental rights in the time required (factors: delay in the publication of the edicts, lack of summoners and not searching for the absent mother or father in the beginning of the case)

Steps to Improve this Outcome:

- Increase foster homes through a promotion plan to recruit foster and adoptive parents

- Conduct satisfaction surveys for foster parents to find improvement areas for retention of foster homes
- Emphasize and continue the promotion execution in the regions of Aguadilla, Bayamon, Mayaguez, Caguas and San Juan, who face the most difficulties in recruitment
- Retain foster homes in two areas: continuous training and assessment of foster parents' needs
- Work to increase face-to-face Social Workers visits in the foster care placement, to attend to the needs of the children; and helping foster parents and caregivers assist the child in need and to avoid relocation
- Achieve stability and permanency for every child: to move from a restrictive placement to a less restrictive one, or one that is more adequate
- Work with Residential Facilities Services to provide services in the areas of mental, social, educational and recreational health and establish behavior modification programs according to the individual and group needs of children
- Implement a plan with the Social Work Specialist to discuss the cases of children who have been relocated to a foster home, or amongst them
- Work with Adoption Units to identify every child reinforced with a permanent adoption plan that has not yet been attended to
- Count on the participation of social workers in the revisions of permanent adoption plans via meetings and follow-ups to cases with a termination of parental rights

- Work alongside the Central Committee of Strategic Permanency with Justice Courts to identify at an early stage when a child is a potential candidate for adoption

The Assistant Administration for Foster Care and Adoption, in coordination with the Legal Division is evaluating the concept of Guardianship, addressing the request to amend the regulations of PL 246-2011, and include the permanency plans established in the ASFA and AFCARS law.

- Work with OPPLA (Other Planned Permanent Living Arrangement) to identify young persons with the possibility of an Emancipation/Independent Living permanency plan as primary or concurrent (as applicable in each case), so that the young person can begin to receive the services
- Continue the Round Table Strategy to face obstacles in the regions (Caguas, Guayama and San Juan) due to the lack of personnel; In coordination with CASEY Family Programs, this strategy will be re-evaluated to establish a plan that responds to the current situation in those regions.
- Continue the Team Decision Making Strategy in coordination with CASEY Family Programs staff in the Carolina and Humacao regions; The use of this strategy will begin to be promoted in cases of children in provisional custody in foster care, to speed up the achievement of the permanency plan.
- Work with Capacity Building Center for States to develop a strategy to improve the permanency and case review

- Work with Justice Court to discuss the normative letter ADFAN-CSA-2013-011 regarding Guardianship Permanency Plans; This will clarify the concept because some judges in various regions do not apply this concept.
- Continue the collaboration with the Office of the Courts Administration, the Department of Justice of Puerto Rico and the School for Professional Social Workers

ADFAN will continue reorganizing the Regional Committee to achieve the Permanency Plan as a strategy. This will occur via a pilot project to periodically determine whether visits are made within the allotted time to fulfill a permanency plan.

Permanency Outcome #2: The continuity of family relationships and connections is preserved for children.

For period 2015-2018, the Final Report conducted by QA found that this Outcome **needs improvement**

Puerto Rico QA Results:

Substantially Achieved	Partially Achieved	Not Achieved
(31/72) 43.1%	(32/72) 44.4%	(9/72) 12.5%

Strengths by Item:

Item	Foster Care Performance / Percentage
Item 7: Placement with siblings.	(54/54) 100%

Item 8: Visiting with parents and siblings in foster care.	(16/59) 27.1%
Item 9: Preserving connections.	(38/70) 54.3%
Item 10: Relative placement.	(21/43) 48.8%
Item 11: Relationship of child in care with parents.	(8/41) 19.5%

For years 2020-2024, the areas of noncompliance must be noted, and the steps to improve this outcome will support the success of this Outcome.

Item 7: Placement with siblings.

Item 8: Visiting with parents and sibling in foster care.

Item 9: Preserving connections.

Item 10: Relative placement.

Item 11: Relationship of child in care with parents.

Areas of Noncompliance:

Item 8: Visiting with parents and sibling in foster care.

- Lack of efforts to search for the absent parent during the review period
- If siblings are not together, even if there is a justified reason and the minors no longer have a relationship with the mother or the father, the relationships between these siblings are not documented

Item 10: Relative placement.

- Due to the noncompliance in the lack of efforts to search for the absent parent, this item is affected, the termination of parental rights cannot be carried out, therefore the legal link between the minors and their parents continue

Item 11: Relationship of child in care with parents.

- Due to the noncompliance in the lack of efforts to search for the absent parent, this item is also affected

Steps to Improve this Outcome:

- Increase efforts to locate the absent father or mother

The Agency will make additional efforts to promote, support and strengthen a child’s relationships with their parents while in foster care. These efforts should be carried out through school and extracurricular activities, medical appointments and therapeutic opportunities. The Agency will also make efforts to create other forms of contact for the child and their parents, as long as it is appropriate for the child.

Well-Being Outcomes 1, 2 and 3

Well-Being Outcome #1: Families have enhanced capacity to provide for their children’s needs.

For period 2015-2018, the Final Report conducted by QA found that this Outcome **needs improvement**

Puerto Rico QA Results:

Substantially Achieved	Partially Achieved	Not Achieved
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(11/120) 9.2%	(30/120) 25%	(79/120) 65.8%
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Strengths by Item:

Item	Foster Care Performance / Percentage	In-Home Performance / Percentage	Total Performance / Percentage
Item 12: Needs and services of child, parents, and foster parents.	(21/72) 29.2%	(4/48) 8.3%	(25/120) 20.8%
Item 13: Child and family involvement in case planning.	(19/61) 31.1%	(4/48) 8.3%	(23/109) 21.1%
Item 14: Caseworker visits with the child.	(18/72) 25%	(0/48) 0%	(18/120) 15%
Item 15: Caseworker visits with parents.	(3/44) 6.8%	(0/48) 0%	(3/92) 3.3%

For years 2020-2024, the areas of noncompliance must be noted, and the steps to improve this outcome will support the success of this Outcome.

Item 12: Needs and services of child, parents and foster parents.

12A. Needs and Services to Children

12B. Needs and Services for Mother/Father

12C. Needs and Services for Foster Parents

Item 13: Child and family involvement in case planning.

Item 14: Caseworker visits with the child.

Item 15: Caseworker visits with parents.

Areas of Noncompliance:

Item 12: Needs and services of child, parents and foster parents.

- Not including a consensual couple of the mother or father, whether they reside in the home or not; If they maintain a relationship with the minor, their needs should be evaluated and services should be offered if necessary.

Item 13: Child and family involvement in case planning.

- Minor's participation in the planning of the cases
- Noncompliance areas in Item 12
- Not identifying the need for services

Item 14: Caseworker visits with the child.

The low frequency of visits in the home or location of placement may be a factor for the noncompliance of this item.

Item 15: Caseworker visits with parents.

- Frequency of caseworker visits, both to the mother and father
- Primary attention given to foster care cases, so in-home cases are left with little to no intervention or services

Steps to Improve this Outcome:

- For item 12A and 12B, a work plan was established with the Social Worker Specialists to visit the assigned regions, which included the discussion of cases

and areas of supervision of regional supervisors and local offices. Regional and local office supervisors are the ones who revise the file and must ensure that each parent and child has an updated service plan.

- As for 12C, the Foster Care and Adoption Administration is working with the Training Office to create pre-service modules for continuous training. Foster Care Units should visit foster homes once every two months (on average), with the purpose of understanding their needs and coordinating services.
- Conduct surveys and island-wide training as strategies

Foster Care and Adoption Administration have met with personnel from the Training Office to create modules that respond to the needs. Emphasis is being placed on training for children in cases of disasters, due to the experience with the passage of Hurricane Maria in our country.

- Increase the frequency of interventions to minors at home or at the location of placement

A work plan was established with the Social Worker Specialists to visit the assigned regions, which included the discussion of cases and areas of supervision of regional supervisors and local offices. Regional and local office supervisors are the ones who revise the file and ensure that each parent and child has an updated service plan. The use of the family conference, as established by ADFAN public policy, could be used to ensure that the family participates in the preparation of their service plan.

Through the Training Office, round tables are being offered to caseworkers in the regions regarding planned visits. Round tables are defined as a group of people who work a few

hours a week to improve work processes, according to quality standards and compliance criteria established for the services of families and children. This concept is meant to organize the local supervisors and the regional supervisors to train them on the process of visits. They, in turn, will train their supervisors on this process, according to ADFAN regulations. This concept is based on cooperation, mutual trust and professional skills to achieve the objectives and expected results.

The Administration for Families and Children alongside the Residential Establishment Service continue their monthly meetings with social workers and supervisors, on the importance of face to face visits to the children in placement.

The Administration for Family Preservation and Support Services is carrying out a work plan in which each social work specialist visits his/her assigned region. This same work plan has been mentioned in previous outcomes and will appear in the following outcomes.

Well-Being Outcome #2: Children receive appropriate services to meet their educational needs.

For period 2015-2018, the Final Report conducted by QA found that this Outcome **needs improvement**

Puerto Rico QA Results:

Substantially Achieved	Partially Achieved	Not Achieved
(54/90) 60%	(11/90) 12.2%	(26/90) 28.9%

Strengths by Item:

Item	Foster Care Performance / Percentage	In-Home Performance / Percentage	Total Performance / Percentage
Item 16: Educational needs of the child.	(46/64) 71.9%	(8/26) 30.8%	(54/90) 60%

For years 2020-2024, the areas of noncompliance must be noted, and the steps to improve this outcome will support the success of this Outcome.

Areas of Noncompliance:

- Little to no emphasis in the provision of the educational services identified for foster care cases
- Little to no emphasis for in-home cases on the need’s assessment and the provision of services

Steps to Improve this Outcome:

- Improve the provision of educational services; Steps to be determined.
- Given priority to in-home cases on the need’s assessment and the provision of services. Steps to be determined

Well Being Outcome #3: Children received adequate services to meet their physical and mental health needs.

For period 2015-2018, the Final Report conducted by QA found that this Outcome **needs improvement**

Puerto Rico QA Results:

Substantially Achieved	Partially Achieved	Not Achieved
(21/116) 18.1%	(27/116) 23.3%	(68/116) 58.6%

Strengths by Item:

Item	Foster Care Performance / Percentage	In-Home Performance / Percentage	Total Performance / Percentage
Item 17: Physical health of the child.	(19/72) 26.4%	(3/40) 7.5%	(22/112) 19.6%
Item 18: Mental / behavioral health of the child.	(37/57) 64.9%	(4/36) 11.1%	(41/93) 44.1%

For years 2020-2024, the areas of noncompliance must be noted, and the steps to improve this outcome will support the success of this Outcome.

Areas of Noncompliance:

In-home cases with Agency intervention in allegations of physical abuse or medical negligence, receive no medical evaluation, both physical and dental. There is also no evidence of supervision of prescription drugs.

For foster care cases, there is little to no evidence that dental health needs and services are being provided, this is the circumstance in most cases. Similarly, there is no evidence of supervision of prescription drugs.

The abovementioned “lack of evidence” also exists in the assessment of mental health needs and the provision of services for in-home and foster care cases.

Although both programs fail in the provision of services, it is in the in-home cases where the greatest challenge for improvement exists.

Steps to Improve this Outcome:

For context, all children entering foster care are provided with a medical health plan. All regions have a coordinator for this health card. All medical services that children need are coordinated through the graduate nurse who forms part of the Foster Care and Adoption Program.

The service provider sends a document which indicates the services that the child received or did not receive during the period from May 1 to April 30 of each year to the Foster Care Program Graduate Nurse. Among the services that can be observed are initial, follow-up visits, mental health services, services for pregnant youth, among others. Nursing services are also used in cases of institutional abuse that requires the expertise of a nurse.

The Central Level Nurse coordinates with the Residential Facilities Coordinator to schedule visits to institutions and foster homes. These visits are made with the following purposes: training and application of procedures for health, such as correct administration of medication and documentation.

At this moment, trainings are being offered to foster and adoptive parents. These training include the participation of social workers, technicians and licensing officials. Trainings that have been offered in the past will continue as an improvement measure. These trainings contain the following topics:

1. Management of medications, emotions, discipline and study habits, budget

2. Cognitive Development, Adequacy management of youth in risk and synthetic marihuana and other trends of use
3. Eat Healthy and Being Active
4. Cutting
5. Cyber Crimes
6. Values
7. Family Living
8. We all are Models
9. Knowing the Child
10. My family: who's educate it?
11. Depression and Preventing Suicide
12. Finding a Home
13. Peace Builders
14. Neglect
15. Violence a social problem

Information sheets and workshops are prepared for the caseworkers on the effects of the most common psychotropic medications prescribed for minors, among other regulations related to health care.

Assessment of Systemic Factors

Statewide Information System

SIMCa, Integrated Case Management System

Strengths/Concerns:

The Integrated Case Management System (SIMCa) allows users to view the status, demographic characteristics, placements and goals of each minor and his/her family. It has the capacity to generate reports for the different service areas. Moreover, the State may use it to assess the needs and trends that favor the improvement of services to families.

Currently, the System is accessible to employees of ADFAN's Direct Line, Research, Preservation, and Substitute Care and Adoption. It is designed to guarantee the security of the user and the access to information by granting permits according to their role, as well as private organizations that offer services to the Administration. The system can identify each minor's placement and history. In addition, it can identify minors placed with their families, with individuals, and in non-licensed homes. It has the functionality to identify all the providers that the Agency has with its services and characteristics with the purpose of responding to the needs of each minor in foster care.

The system generates reports locally to be used as an oversight tool. The system allows the discussion and transfer of cases between regions facilitating their management in a faster and more agile way.

However, even though the system collects data in a facilitated manner, there are several areas that have been identified that limit the management of the application. This makes it difficult to obtain accurate data related to the demographic characteristics, status, location and permanency goals of each child. It is also hard to generate all the reports required on the federal and state level, such as NCANDS, AFCARS and NYTD, among others.

The area of greatest difficulty is in the process carried out for the migration of existing data in the SIRCSe system. The volume of migrated data and the conversion caused the 'contamination' of information in the system. This situation has required extensive work with the contracted company, with the guidance of ADFAN staff to clean and improve the system.

ADFAN decided to include the Security Model in the SIMCa application. This Model evaluates and determines the safety of minors. Unfortunately, it caused dual screens within the application, displaying complex approval messages which resulted in delays in the management of cases within the system.

Many of the incidents reported in relation to this area must be improved by the contracted company since ADFAN does not have the expert staff to manage the database.

For the input of the data related to the suppliers, in the implementation of the application, ADFAN implemented a DATA ENTRY with the personnel of all regions. At the time, a quality issue in the system caused duplicity in data. This has increased the need to clean up the data. Another area that hinders the management of the system is the vocabulary, which, being very technical, is not clear to the user.

Statewide Assessment Instrument Findings:

The analysis conducted via the Statewide Assessment Instrument of October 2018, found that the SIMCa system is reliable. However, migration issues have not allowed for accuracy in the data. Therefore, a continuous evaluation is underway, together with regional staff and the Softek company for greater development of the System. ADFAN is also receiving technical assistance from Capacity Building Center for States, who also collaborates in the improvements of the application. Currently, all the data entered in SIMCa and the reports created through the application are compared to the Master Inventory as a way to identify gaps in data entry.

ADFAN formed a committee for this systemic factor, to address the first phase of the state evaluation. The first phase of the evaluation will collect and analyze information, both qualitative and quantitative, to evaluate ADFAN programs as well as child welfare practices, considering the programmatic goals and the desired results for the families and children served.

The committee determined that to evaluate this systemic factor, surveys would be used. The answers should measure the effectiveness of the Integrated Case Management System.

For the evaluation of the system, all the written information that ADFAN has generated from 2010 to the present day, and its transformation, was evaluated. This compilation of written material demonstrates the efforts ADFAN has made to direct and achieve the implementation of a state automated and integrated information system.

For the evaluation of the data capacity of the information system, the SIMCa system was evaluated and analyzed to obtain an objective perspective of ADFAN's current information system. A survey was designed and sent to 132 users (associate directors, supervisors, social workers, teleoperators and evaluators from the protection service in the regions of Arecibo, Carolina, San Juan, Ponce, and Humacao).

Six groups were created, divided in the following manner:

- Group I: Associate directors and supervisors

Questions 1 through 5

- Group II: Social workers from the independent living program, local offices, adoption, special investigations unit, and institutional maltreatment unit

Questions 6 through 10

- Group III: Local supervisor, regional supervisor and associate director

Questions 6 through 10

- Group IV: Licensing and foster care staff

Questions 6 through 10

- Group V: Teleoperators and evaluators

Questions 6 and 7

Some questions were detailed and specific according to the function of each unit.

Information Retrieved by Outcome:

Safety Outcome #1: Children are first and foremost, protected from abuse and neglect.

Item 1: Response time at the beginning of the investigation and the abuse referral

In relation to this subsection, ADFAN established the response times based on the Manual of Standards, Procedures and Standards of Execution in the Investigation of referrals of mistreatment to minors 2013-ADFAN-PSM-PFF-CSA-2013- 004 amended in April (amendment ADFAN-PS-PFF-CSA-2008-011). Each priority establishes the time frame in which the initial face-to-face contact should be made with the minor, who is the alleged victim of abuse, and the family.

Response priorities:

a. Response to present hazard

- 0-4 hours (immediate)
- The same day the response priority is established

b. Response to imminent hazard

- Within 24 hours
- Within 48 hours (when it is specified that the child is with a responsible adult or in a safe place)

c. Response to allegation of abuse (4 days)

The Integrated Case Management System (SIMCa) has the necessary elements to determine the priority of response when the protection referral is taken. This function is

carried out through the evaluator of the direct line. They are required to evaluate the standardized criteria, according to the information collected from the person making the call to report the abuse. This standardized criterion arises within the amendments in the Manual of Standards, Procedures and Standards of Execution in the Investigation of Child Abuse Referrals. In the research process, the time of the initial contact is measured by means of a written progress note of the interview conducted with the alleged victim. The calculation in the initial contact is determined from the date and time the referral is received and the contact with the alleged victim.

Safety Outcome #2: Children are safely maintained in their homes whenever possible and appropriate.

Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.

The child's safety in their home is evaluated through the system, and decisions and actions are taken, when necessary, following the standardized criteria of present danger and imminent danger. This is tied to the protective capacities of the parents or responsible persons.

The SIMCa system allows for the documentation, monitoring and evaluation of family functioning and the determination of the existence of a safe home. The protective capacities of parents or responsible persons are assessed through social study documents and the service plan. The progress made in family functioning during the life of the case can be constantly monitored through the system.

The SIMCa system has the capability of keeping documents organized and evidence of the services offered to families for the protection of the child and to avoid the removal of their natural home. It keeps track of new family referrals that are or were intervened by the agency by identifying the areas of needs or recurrence to evaluate behavior patterns that were not modified during the intervention.

Item 3: Risk assessment and safety management.

The Administration, through the regulation ADFAN-PSM-PFF-CSA-2013-003 (May 2013) created the Manual on Safety Intervention in Case Management in Child Protection Services and established the policy of Utilization of the Security Model (ADFAN-PS-PFF-CSA-020) to specifically deliberate in a structured manner the threats to the safety of the referred minors. At the same time, to stabilize family conditions that are out of control and evaluate the vulnerability of the minors. With this standard a change in response time occurs at the beginning of the investigation of referrals. They are follows: Present Danger: Immediate intervention up to four hours (4); Imminent Danger: twenty-four (24) hours; Alleged Abuse: four (4) days.

Through SIMCa, the necessary documentation is available to assess the safety of the child and manage the case through its entire lifecycle. It allows the supervisor to establish response times and determine the intervention of the social worker in the safety evaluation.

Permanency Outcome 1: Children have permanency and stability in their living situations.

(Items 4, 5 and 6)

The SIMCa system is designed to allow a family member or other resource to be identified for the placement of the child and helps to determine if the family member or resource responds to the needs, characteristics, and goals of each child. It also allows contains a history of locations through the lifecycle of the child's case from the current removal and previous removals.

According to the survey administered in the five (5) regions, 50% of Group IV answered that the automated system provides data in a more agile and precise way. In addition, question 4 of Group I responds to the data entry of the case, including what is related to the placement of each child in foster care. In this group, 95.4% of the respondents agreed that the system provides for the entry of data corresponding to this and other matters related to the stability in the placement of the child in foster care. With the accuracy of the data provided by the system, the social worker can identify a location that corresponds to the needs and characteristics of each child to achieve greater stability.

Permanency goals:

The system evaluates and documents the progress made in the service plan aimed at achieving the permanency plan.

The system establishes the individualized permanency plan for each minor from the removal and measures the time to reach each established permanency goal. The system allows for the follow up of the revision of the established plans, the time of reunification of the minors with their parents or the time of achievement in any other permanency goal. In question 10 of Group II, 86% of respondents agreed that the system provides accurate

and reliable information that helps to expedite the achievement of the permanency goal of minors in foster care.

Accomplishment of the permanency plan:

The standards of time required at the state and federal level are monitored along with the compliance with the ADFAN-CSA-2016-03 Regulations, which establishes our responsibility of guaranteeing that the minors under our custody live in a safe environment and that permanency is established in the shortest time possible.

Through the system, all the activities carried out with the intervened families can be seen; by means of the documentation (progress notes), the location of the minors, the date of removal, the permanence plans established, the administrative and legal reviews of the permanency plans and the closing date in which the child's stay is reached. In the answer to question 4 of Group I, 95.4% of the respondents agreed in this area. In addition, the answer to question 10 of Group III, 100% of the respondents agreed that the automated system assists in identifying the life time of a case and the achievement of the permanency plan of each minor.

Placement with siblings:

The established individualized permanency plan promotes the least restrictive permanency plan as the first alternative for the minor, considering their safety and wellbeing in harmony with the family, community and cultural environment. The placement of the minors with their siblings promotes the maintenance of fraternal bonds.

The ADFAN has established a public policy in relation to the placement of minors with their siblings (ADFAN-CSA-2016-06) so that they can maintain affection ties with their family.

In the answer to questions 8 and 9 of Group III, 93% of the respondents answered that the system allows them to have an accurate profile of the minors to whom the service is provided. In addition to facilitating the supervision process by guaranteeing the location of the minors with their siblings when possible.

The system also enables the supervisor to continually assess the locations of minors to ensure family and fraternal ties.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. *(Items 7, 8, 9, 10 and 11)*

Service plans must be designed taking into consideration that children removed from the home of their biological parents or legal custodian should maintain emotional connections, as long as it is not detrimental to their safety and wellness. During the implementation of the service plan, the available family resources of both the mother and the father must be evaluated so that the minors can maintain emotional ties with their family.

The SIMCa system has the capacity to identify how many minors are placed with their siblings. In addition, it has the capacity to alert the social worker when the minors are not placed together, and of the possibility of relocating them with their siblings, hence complying with the policy of the Administration through the regulations (ADFAN-2006-011). The supervisor can evaluate and follow up on compliance with these regulations in

relation to the preservation of family ties. The system also provides for documenting through the progress notes the visits made by the family members to the foster home, (if these visits are not restricted through the Court). The analysis must be documented by the social worker who coordinates the visit and can then generate a report.

The Department of Family Affairs has norms and regulations related to the public policy of Act 246 of 2011 (Act for the Safety and Protection of Minors) where it is established: to ensure the best interest and the integral protection of the minors, providing opportunities and efforts to preserve family and community ties to the extent that it is not to the detriment of the child. According to the answers to question 9 of Group II, 87.5% consider that the system facilitates the compliance of procedures in the management of cases. Through documentation in the system, actions aimed at complying with the public policy regarding keeping minors who are under foster care in an environment that promotes relationships with their environment, family, community, school, extracurricular activities and maintain the relationships with their peers can be evidenced.

On the other hand, 93% of the respondents to question 9 in Group III agreed that the system facilitates the supervision process. Based on this item, it can be noted that the supervisor has the tool to monitor compliance with this rule for the benefit of the continuity of the preservation of family relationships and ties with their environment.

SIMCa provides to easily identify the documentation of family visits, which are part of the rules and procedures established by the Agency for foster care cases, according to the regulations (ADFAN-CSA-2006-011) and (ADFAN-CSA-2006-017).

Well-Being Outcome #1: Families have enhanced capacity to provide for their children's needs. *(Items 12, 13, 14 and 15)*

In the survey, question 4 of Group I with a result of 95.4%; questions 6, 7, 8, 9 and 10 of Group II with an average result of 89.2%; and questions 8 and 9 of Group III with a result of 93% apply to items 12, 13, 14 and 15 of the Well-Being Outcome 1.

The SIMCa system allows documenting the activities required to strengthen the biological parents and foster parents. The documentation is available Island wide through the system for the generation of reports. This documentation facilitates the identification of the minors needs and services. The system allows generating the service plan of the needs of the minors and their families so that they are offered the services that guarantee the concrete results of the family unit in their environment. In the past, this procedure was carried out manually. Currently, the system allows the attachment of other documents used for the preparation of the service plan for the family and the child.

The ADFAN has the standard ADFAN-CSA-PFF-PS-2017-002, for visits to the minor face to face in the placement location, which are required at least once a month. The configuration of the system not only allows the documentation of the visit in the progress notes, but it also generates reports at the regional or island level. Work is being done to ensure that the supervisor can immediately measure, through reports, the contacts made monthly to all the minors of the local office. The case management manual states that after the first visit has been assigned, it must be carried out according to the stages of the generalist model. The system allows showing if this contact was made within 72 hours after the case was assigned.

Complying with the standards and procedures related to visits made to parents in cases of social protection, the SIMCa system allows to document the contacts made chronologically to the parents or custodians. This allows those families that have not been contacted after a period of thirty days to be identified through alerts. This tool helps in the supervision of the social worker by generating reports of the contacts made.

Well-Being Outcome #2: Children receive appropriate services to meet their educational needs. *(Item 16)*

The questions that respondents answered for this outcome were question 4 of Group I with 95.4%; question 8 of Group II with 87.5%; and questions 8 and 9 of Group III with 93%.

The foster care unit who oversees the home where the child is placed must work in conjunction with the social worker to ensure that the child's educational needs are met. During the first visit, the social worker must discuss the minor's educational needs and make mandatory referrals according to the needs identified for the special education program of the Department of Education. If the minor is placed in a municipality other than the place of origin, he/she must be registered where appropriate according to his/her placement.

The SIMCa system provides to document the educational history of each minor, his/her academic progress and evaluations, as well as to attach documents related to the Individualized Education Plan and other documents related to the educational area.

Well-Being Outcome #3: Children received adequate services to meet their physical and mental health needs. *(Items 17 and 18)*

The questions regarding to this outcome are question 4 of Group I with 95.4%; questions 7, 8, 10 of Group II with an approximation of 90%; and questions 8 and 9 of Group III with 93%.

The Continuity Manual establishes that the obligatory referrals related to the Early Intervention Program and Progressive Evaluation (or Early and Periodic Screening, Diagnostic and Treatment [EPSDT]) must be interpreted to the father, mother or responsible persons of minors in foster care and adoption.

The SIMCa system provides to document the medical history of each child in foster care. It allows documenting information about the minor regarding early intervention services, treatments received physical and mental health conditions, deaths, severity, the magnitude of the abuse, health history of the perpetrator and the victim and the vulnerability of the minor. This system allows evaluating and documenting the physical and mental health areas from the investigation process and the alleged abuse. The early identification of this data helps the supervisor to have a better overview in terms of the needs and priorities when evaluating the allegation and assigning the priority of response. The documentation through the progress notes within the application allows us to make the continuity of these services identified in each case accessible to all Island-level offices. It also provides to attach the documents required to evidence the conditions and progress achieved of each minor intervened, according to the minor's protection service manual. It also enables the supervisor to periodically evaluate or generate reports related to the physical and emotional conditions and the treatment of each minor who is in a preservation status or in foster care.

Conclusions made:

Since 2016, the Department of Family Affairs has had an integrated information system at the Island level in the areas of the Direct Line, Research, Preservation, Substitute Care and Adoption of ADFAN.

The system meets the functionality of identifying the requirements for NCANDS, AFCARS and NYTD files. In addition, it is expected that in making the identified improvements the system will provide accurate and reliable data that will help identify needs to direct the services of the agency.

The system allows documenting the services and activities performed with the minors as well as with their families in the school area, physical and mental health, social area and family assessment. It also allows identifying their needs and following-up to measure the time standards in relation to the permanence of the minor, as well as the placement history.

It is important to point out that, although data is available through the system to make decisions and guarantee the safety, well-being, and permanency of minors, at this moment, we are working on improvements to facilitate the process of obtaining accurate and reliable data

In the survey, we found that 96.6% of the respondents answered that they agreed on we have an integrated case management and investigation system and that it is accessible. However, when performing the evaluation for the components of this systemic factor, we agree with 76% of the respondents who answered that it is not an easy to manage system.

This is one of the great challenges of the Agency since it requires an arduous intervention for the identified improvements and to guarantee a 100% robust, agile and reliable

system. Achieving these improvements would reduce the time spent by the social worker in the documenting process. A reduction in the documenting process would result in an increased availability to carry out contact visits and activities related to minors and their families.

The system has the functionality of being able to identify all existing providers in the Agency, with the services and characteristics required to respond to the particular needs of each minor in foster care. However, at present, it is one of the areas that require improvement, since it is evident from the answers to questions 6 and 8 of Group IV, where only 50% of the respondents expressed that data entry should be more agile and efficient to obtain fast and reliable information.

It is important to point out that the ADFAN, in this phase of evaluation of the system needs the support of an external company to give continuity to all the identified improvements and thus be able to obtain the required results in relation to the reports at the federal and state level.

Case Review System

Item 20: Written Case Plan

Strengths/Concerns:

The major strengths noted by the case managers include: the evidence to increase the protective capacity and that the care plan would be established in time. Opportunities identified by the case managers include that the SIMCa Coordinator in their region be assigned only to this one duty full time so that they are able to help with the application.

The weaknesses highlighted by the case manager include difficulties with the SIMCa, the

volume of cases assigned, and the wide range of cases they must attend to (preservation, protection for children and the elderly). In addition to this, there is the lack of flexibility in the schedule and lack of sessions outside of work hours for the workshops that are offered to respondents as part of the care plan and that the agency offers. The threats include the parents' participation and their lack of willingness to comply with the care plan. In regard to the findings from the local supervisors, identified strengths included that they know there's a care plan that the case manager must develop with all family members and the timeline in which it must be developed; additionally, they know the document that is used to develop the care plan both in the physical file and in the SIMCa. The care plan is found in the System of Case Management (SIMCa) as part of the family file.

Among the reasons given for the fact that the plan was not verified were that:

- the case is discussed orally,
- they do not write down what they discussed and agreed on since they don't necessarily have the file with them.
- the time it took to develop the care plan,
- the delay between the time the minor is rescued and the time the case is transferred to the Local Office,
- that the parties involved do not appear in Court or at the appointments or the visits established by the case manager.

Another one of the findings that emerged during the interview was that the supervisors indicated that the care plan is aimed at the parents and that the permanency plan was aimed at the minors even though the established norm is that all members of the family

are to be included. The threats found were that from the moment in which the worker intervenes in the family up to when the local supervisor receives the case in the office, more than 30 days have passed. The resistance to transitioning from the physical case file to SIMCa, and the practice of informal case discussions, without including progress notes, minutes, or signatures confirming that it happened. Supervisors indicated that the lack of integration of services with other public and private agencies limits a good and effective care plan.

Statewide Assessment Instrument Findings

In April 2018, work was reinitiated, and the team was selected for this factor. A series of meetings were scheduled to delineate the tasks that were to be completed. From these emerged the work plan, the sample that would be selected, the preparation of the spreadsheets that would be used, the dates to which the sample taking would be applied, tabulation, and conclusions.

Samples were taken at random. The selected regions were Arecibo and Mayaguez. 5% percent of the sample was selected from each region, in accordance with the volume of cases in the Unique Inventory of Minors Under the Custody of the Agency (IU, for its initials in Spanish). Arecibo had 423 minors for a total of 21 cases to review and Mayaguez had 225 minors for a total of 11 cases. The review of minors included Associate Directors, Local Directors, Regional Supervisors, Local Supervisors, and Case Managers. The sample from Arecibo was taken in the last two days of June, first week of July, and one day during the month of August. For the Mayaguez region, it was taken between the 18-20 of July. The interview with the Strategic Central Committee for

Permanency was conducted in the month of July. For the analysis of uses SWOT strategies.

Even though the same premises were used for case managers and local supervisors, the focus was different. The focus for the case manager was directly aimed at whether they evidenced. Be it in the SIMCa or in the physical file, what the premise asked and additionally whether they documented what they discussed verbally; while, for the local supervisor, the focus was on whether they verified, in both the physical file and in SIMCa, that what the case manager wrote was in fact there. This is what it means when we say that the percentages obtained in the premise offered to both case managers and local supervisors are not comparable to each other, even though they are related. It should be highlighted that the responses were evaluated in accordance to the norms established by the agency in order to meet the standards.

How well is the state case review system working to ensure that each minor has a written case plan that is developed jointly with the parents of the minor and that includes all the needed provisions?

As part of this exercise, social workers from both regions were asked several questions. These are broken down in the table provided below. A total of 32 minors were reviewed. The results were obtained both from the information the social worker could demonstrate in SIMCa as well as in the physical file.

Table Analysis:

Questions from item 20	% obtained in SIMCa	% obtained from physical case file
Social study completed in all its parts (16/32)	28.12%	21.87%
If a care plan was developed (6/32)	9.4%	9.4%
Strategies used for the elaboration of a care plan: Father: (11/32) Mother: (16/32) Responsible party: (3/32) Minor: (12/32) Other party: (5/32)	Interviews with: Father: 15.38% Mother: 26.67% Responsible party: 6.3% Minor: 20.8% Other party: 9.5%	Interviews with: Father: 19.23% Mother: 23.33% Responsible party: 3.1% Minor: 16.7% Other party: 4.8%
Persons included in the care plan: Father: (6/32) Mother: (14/32) Responsible party: (5/32) Minor: (9/32)	Father: 7.1% Mother: 17.2% Responsible party: 12.5% Minor: 21.4%	Father: 10.7% Mother: 31% Responsible party: 4.2% Minor: 7.1%
Who did the plan identify in the needs? Father: (7/32) Mother: (16/32) Responsible party: (8/32) Minor: (12/32)	Father: 7.4% Mother: 20% Responsible party: 8.7% Minor: 24.1%	Father: 14.8% Mother: 30% Responsible party: 17.4% Minor: 13.8%
Plan accepted and signed: Father: (7/32) Mother: (17/32) Responsible party: (5/32) Minor: (4/32)	Father: 7.7% Mother: 17.2% Responsible party: 12.5% Minor: 4.2%	Father: 15.4% Mother: 34.5% Responsible party: 4.2% Minor: 8.3%
Evidence to increase protective capacities and/or reduce minor's vulnerability: (20/32)	Increase capacities: 20.7% Reduce vulnerability: 21.4%	Increase capacities: 41.4% Reduce vulnerabilities: 32.1%
Established on time: (18/32)	12.5%	43.8%

In this section, social workers were asked directly regarding the effectiveness of the care plans. Only in 15.6 percent (5/32) of cases did they indicate that the plan was successful. Among the explanations given was that social studies were completed at the beginning

of the case and were not reviewed later. They added that they experienced difficulties with the SIMCa system and showed evidence of it. Others indicated that they would update the care plans, just not in the assigned document but rather in a progress note. In other occasions, they would set up the plan, but they did not have the signature of the parents, so there was no continuity. From the interviews, it also emerged that they would work out a care plan depending on the need. Others indicated that the migration to SIMCa happened in the implementation stage and that is why it does not reflect the questions that were asked at its peak effectiveness.

Among the recommendations offered by social workers, there is a request for another training on SIMCa and that there be a permanent SIMCa liaison/coordinator.

The same questions posed to the case managers regarding section 20 were also asked of local supervisors. The results obtained were (the premise of the questions did not apply in every case therefore the total varies).

Only in 40% [sic] (8/28), did supervisors confirm that they had the social study in writing and in 17% (4/28) they confirmed that a care plan was written on time. Additionally, the supervisors confirmed in 46% (13/28) that the case managers used an interview to prepare a care plan. That interview turned out to be 40% (10/25) with the mothers, 30% (7/23) with the father, and 14% (3/21) with the minors. In 59% (13/27) of the times they checked that a care plan was prepared jointly with the mother and therefore 48% (12/25) of her needs are reflected in the care plan and that it was signed. In 59% (16/27) they checked that strategies were established to increase the protective capacities and in 52% (15/27) they ascertained that strategies to reduce the minor's vulnerability were

implemented. A 57% (16/28) verified that the goals and objectives were established in a timely way and 63% (10/16) evaluated the effectiveness of the care plan.

Item 21: Periodic Reviews

Strengths/Concerns:

The results from the statistical data obtained from both the case managers and local supervisors continue to be similar. This is because both reflect the results from the statistical data that permanency plans are being administratively reviewed every 6 months and that minutes are being kept of these reviews.

In this section, the strengths highlighted by the case managers is that they review the permanency plans every 6 months and they are signed in conjunction with the participants of the Permanency Plans Review Committee. According to this data, another strength that can be identified is the participation of the local supervisor in the permanency plan review committee.

That he writes down the minutes of the discussion and the established agreements. Which allows him to know what to follow up on and this is evidenced by the fact that the majority of local supervisors do follow up to check that what the permanency plan review committee agreed is carried out so as to guarantee that the permanency plan is followed. Another weakness is internalizing that the minor's case file is digitalized in SIMCa and that they should request and verify that the case manager enter everything into the system.

Understanding the usefulness and how much it helps supervise what happens when things are entered into the digital file is also a weakness. The case manager identifies as

a weakness the ignorance of the established norms when it comes to calling in the foster parents and minors that are 14 years old or more and that the licensed foster parents are not updated in the SIMCa

Statewide Assessment Instrument Findings

A total of 32 minors' files were reviewed. Results were obtained both from the information that the social worker could evidence in SIMCa and the physical file.

Table Analysis:

Questions from item 21	% obtained in SIMCa	% obtained in the physical case file
If a review of permanency plans is conducted every six months. (26/32)	25%	56.3%
People that have participated in the last permanency plan review: Father: (0/32) Mother: (2/32) Responsible party: Minor: (1/32) Foster parent: (0/32) Community Representative: (4/32)	Father: 0% Mother: 3.2% Responsible party: 0% Minor: 3.7% Foster parents: 0% Community representative: 6.3%	Father: 0% Mother: 3.2% Responsible party: 3.7% Minor: 3.7% Foster parents: 0% Community representative: 6.3%
If the minutes from the reviewing committee are reviewed and signed by the participants. (30/32)	34.4%	59.4%
The frequency with which the case is reviewed in court: Three months: (11/32) Six months: (7/32)	Three months: 3.1% Six months: 31.25%	Three months: 31.25% Six months: 18.8%

The effectiveness of the six-month administrative reviews resulted in 43.8% (14/32) of the cases according to the interviews that were conducted. Among the explanations that the staff member offered in response to these questions were: the problem with the licensed providers since they are not entered in the SIMCa; the problems encountered in trying to

get the community representatives to participate; social workers did not know that the minor could be summoned; the minutes were drafted by the social workers and not by the supervisor as they're supposed to delayed cases at the court due to administrative change of judges.

At the same time, staff members would improve the following things in the periodic reviews: change the order of the permanency plans, decrease the amount of cases by social worker, that the court follow the terms of the law and stop giving so many opportunities for reunification.

The same questions were posed to case managers regarding section 21 as were posed to the local supervisors. The results obtained were (the premises did not apply in every case therefore the total varied).

From the above-stated data we observe the following: that in 64% (18/28) of the cases are being tried out through SIMCa and in 58% (11/19) it is still done manually. That 13% (2/15) of the cases are delayed because they are not reviewed. That in only 4% (1/26) of the mothers or community representatives are present in the meeting held to review the permanency plan and in 5% (1/21) the father is present. In 88% (23/26) of cases, the supervisor ensured that they will be worked on according to the committee recommendations. That 96% (27/32) of the local supervisors take on the role of drafting the minutes as member of the permanency plan reviewing committee. That 78% (14/32) are done within the appropriate 6 months. That 91% (21/23) of the supervisors believe that administrative reviews of the permanency plans are effective.

Item 22: Permanency Hearings

Strengths/Concerns:

The strengths that were identified included the fact that there is evidence that both case managers and local supervisors are conducting and verifying the permanency plan review on or before the 12 months in the courts and they demonstrate that with documents issued by the court to ascertain that the plan is being accomplished, most often the minutes. The threats identified by the local supervisors and case managers include the cancellation of court hearings. Which takes up the time established by the law and delays the plan's implementation. That the judges give respondents too many opportunities with their paternalistic vision further prolonging the process, which hinders the fulfillment of the plan for the minor and the difficulty in having fast access to the minutes from the court hearing.

Statewide Assessment Instrument Findings

A total of 32 minors were reviewed. Results were obtained both from the information evidenced in SIMCa by the social worker and the physical case file. The results from that section are as follows:

Table Analysis:

Questions from item 22	% obtained in SIMCa	% obtained in the physical case file
If the permanency plan for the minor is being reviewed in the court on or before the twelve months: (17/32)	13.3%	40%
Evidence in the legal documentation: Hearings in 3 months: (12/ 32) Hearings in 6 months: (13/32) Other hearings: (4/32) Minutes: (25/32)	Hearings in 3 months: 15.6%	Hearings in 3 months: 21.9%

Questions from item 22	% obtained in SIMCa	% obtained in the physical case file
Court Orders: (13/32) Others: (4/32)	Hearings in 6 months: 21.9% Other hearings: 6.3% Minutes: 37.5% Court orders: 34.4% Others: 6.3%	Hearings in 6 months: 18.8% Other hearings: 6.3% Minutes: 40.6% Court orders: 6.3% Others: 6.3%
Possible reasons that could hinder the fulfillment of the permanency plan within the established timeline: It is not reopened: (1/32) Have not terminated: (2/32) Orders are not complied with: (2/32) Needs more time: (13/32) Other: (2/32)	It is not reopened: 0% Have not terminated: 3.1% Orders are not complied with: 3.1% Needs more time: 28.1% Other: 0%	It is not reopened: 3.1% Have not terminated: 3.1% Orders are not complied with: 3.1% Needs more time: 12.5% Other: 6.3%

The effectiveness of judicial review is reflected in 43.8% (14/32) according to the interviews conducted. The explanation offered by staff members is that the Court dedicates the most time to respondents and makes the accomplishment of the plan difficult, situations with edicts, constant changes in judges.

In this section, they would improve: to have more judges in chambers.

The same questions that were posed to case managers regarding section 22 were posed to local supervisors. The results obtained were (the premise did not apply in all cases so the total varied):

Local supervisors surveyed obtained 88% (22/25) in the section about verifying that the permanency plans are being reviewed in Court on or before twelve months. An 82% (18/22) used the minutes from the Court as a document that evidences the plan's review.

Among the reasons that the supervisor identified as hindering the successful implementation of the plan for the minor within the timeline established by the law; 58% (11/19) indicated that the court extended the timeline to comply with the care plan.

The results from the statistical data from the case managers and from local supervisors show that the statistical data from the Minutes issued by the court is the document that both groups use the most to document the legal aspects and to show that the cases are reviewed in the court. The reviews are being conducted on or before the twelve months and the most important reason for the permanency plan not being achieved on time was that the court extends the amount of time for the respondents to comply with the care plan.

Item 23: Termination of Parental Rights

Strengths/Concerns

The strength identified by the case manager is that there is a focus on reunification and that is why the focus is not on the timeline of 17 months to consider termination of parental rights. The weaknesses identified by the case managers include the timeline for the certification of the edict, the judges' paternalistic vision that extend the process, resignations from case managers, the amount of cases assigned to case managers and the array of services they provide. The threats [include] the ongoing resignations from case managers, which leads to not all cases being attended to within the established timelines. In regard to the strength identified by the local supervisor for the section regarding termination of Parental Rights it includes that in those cases that merit the termination of parental rights, verify that it is terminated.

The opportunities that the local office supervisor identifies is that the law allow for a cessation of efforts and a termination of rights be done at the same time. If there is evidence that reasonable efforts to keep the minor with their family were made; this would streamline the process and allow them to work out a permanency plan that is in accordance with reality and with the minor's needs. The weaknesses identified by the local supervisor are that the process is long, since the services that are to be given to a family are not necessarily immediately available.

Local supervisors do not consider termination of parental rights unless they believe the minor will be adopted. The threats highlighted by the local supervisors that are congruent with the percentages reflected above is that the court process is slow and long, despite the existing laws that try to simplify and reduce the length of time.

Statewide Assessment Instrument Findings

A total of 32 minors were reviewed, however, this only applied to 16 cases. The results were gleaned both from the information the social worker could evidence in SIMCa and from the physical case file.

Questions from item 23	% obtained from SIMCa	% obtained from physical case file
Evidence of the initiation of the process to terminate parental rights: Discussion with a supervisor: (2/16) Discussion with the parents: (2/16) Discussion with legal division: (1/16) Discussion with review committee: (3/16) Discussion with UA: (1/16) Drafting of report: (3/16) Hearing report: (4/16)	Discussion with a supervisor: 4.5% Discussion with the parents: 9% Discussion with legal division: 4.5% Discussion with review committee: 9% Discussion with UA: 4.5% Drafting of report: 4.5% Hearing report: 4.5%	Discussion with a supervisor: 9% Discussion with the parents: 4.5% Discussion with legal division: 4.5% Discussion with review committee: 9% Discussion with UA: 4.5% Drafting of report: 13.6% Hearing report: 18%
People included in the lawsuit to terminate parental rights: Mother: (3/16) Father: (4/16) Non-respondent Mother: (1/16) Non-respondent Father: (2/16)	Mother: 5% Father: 10% Non-respondent Mother: 0% Non-respondent Father: 0%	Mother: 15% Father: 15% Non-respondent Mother: 6% Non-respondent Father: 11%
Concurrent plan worked on: Adoption: (5/16) Legal guardianship: (5/16) Emancipation: (3/16)	Adoption: 8.3% Legal guardianship: 25.9% Emancipation: 8%	Adoption: 25% Legal guardianship: 7.4% Emancipation: 12%

The reasons for which the DF decides not to proceed with a court proceeding to terminate parental rights included that the minor was protected by a relative: in 20% (3/16) and that the determination was harmful for a minor in a 10.5% (2/16) of the cases. 15.6% (3/16) of the cases cite effectiveness of the proceedings for the termination of parental rights.

What the staff member would improve regarding the termination of parental rights would be to work with the paternalistic view of the judges. Improve so that the processes are not lengthened, improve the situation with the edicts, improve so that the subpoena process

is not delayed, speed up the freeing of minors, having more lawyers and that the sentences are issued.

The same questions that were posed to the case managers regarding item 23 were posed to local supervisors. The results obtained were (the premises did not apply in all cases for that reason there was variation). 56% of the local supervisors checked that the arrangements to initiate the process of termination of parental rights after the minor spent 17 months under the custody of the Department of the Family were documented. 40% (4/10) used the revision conducted by the Permanency Plans Review Committee. And 20% (2/10) verified it through discussion of the case. In the cases that termination of parental rights was applicable, 44% (4/9) made sure the mother was included and 33% (3/9) that the father were included. 75% (12/16) of the supervisors made sure that there was a concurrent plan to work with, being legal guardianship the most often used concurrent plan at 47% (7/15).

In the applicable cases, regarding termination of parental rights local supervisors noted that, in none of the cases did they verify if the court determined that there was no robust and convincing evidence in the claim, the case manager resigned during the process, the expert witnesses were not available. Regarding whether they checked the reasons for which the case manager did not proceed with the suit to terminate parental rights. In 60% (6/10) they did and among the reasons identified for this decision was that 80% (4/5) minors were protected by relatives and that the determination would be considered as harmful to the minor's wellbeing. 57% (8/14) of the local supervisors believe that the procedure to terminate parental rights is effective.

In this section, half of the case files were not applicable for either the case managers or the local supervisors since the minors had not spent 17 months or more under agency custody. However, in the cases that did apply, the statistical data reflected that when the minor is protected by relatives, neither the case manager nor the local supervisor consider termination of parental rights.

Item 24: Notice of Hearings and Reviews to Caregiver

Strengths/Concerns:

Strengths:

- Periodic judicial and administrative reviews.
- Respondents fulfill the care plan as established.
- The permanency plans are being followed.
- Social workers with driver's license since it speeds up the process.
- There is team work.
- There are quite a few reunifications.
- They indicated they felt good about incorporating the Local Director into this process.
- Standards are discussed.
- Family reunions happen.

Concerns:

- Dates for the permanency plans reviews are handed in after a work plan has already been established.

- A different regional supervisor is the one that reviews the permanency plans at the local offices that they're assigned to.
- A lack of lawyers limits case management at the court.
- The process of termination of parental rights and passing tests several times.
- The situation with the delay in publishing edicts.
- There aren't enough foster homes.
- Difficulties in transportation when it's time for emergencies, visits, and appointments.
- Neither homes nor establishments want to allow for the number of days that has been established for a relocation.
- Foster homes do not take the minors to their appointments.
- Difficulties with SIMCa and few options for the solution of this situation.

Statewide Assessment Instrument Findings

A total of 32 minors were reviewed. Results were obtained both from the information evidenced in SIMCa by the social worker and the physical case file. As part of this exercise in case review, the following questions were posed:

Questions for item 24	% obtained from SIMCa	% obtained from physical case file
Evidence of notification of court hearing and its notification: Non-respondent parents: (4/32) Foster parents relatives: (4/32) Foster parents particular: (0/32) Pre adop parents: (0/32)	Non-respondent parents: 10.3% Foster parents relatives: 4.2% Foster parents particular: 0% Pre adop parents: 0%	Non-respondent parents: 3.4% Foster parents relatives: 4.2% Foster parents particular: 0% Pre adop parents: 0%

Questions for item 24	% obtained from SIMCa	% obtained from physical case file
Evidence of the notification of the committee review and its notification: Non-respondent parents: (0/32) Foster parents relatives: (2/32) Foster parents particular: (0/32) Pre adop parents: (0/32)	Non-respondent parents: 0% Foster parents relatives: 3.7% Foster parents particular: 0% Pre adop parents: 0%	Non-respondent parents: 0% Foster parents relatives: 3.7% Foster parents particular: 0% Pre adop parents: 0%

Upon asking them about the way in which notifications were conducted, social workers expressed that it has been done over the phone without any progress notes, written down without signing both in case file and verbally with a progress note in SIMCa. Regarding attendance at the hearings, there is evidence in SIMCa for 8 of the cases and in case file for 7 of the cases. However, they were not notified in all cases. The same were heard at one point. (Tr. note: meaning unclear) They indicate that the effectiveness of the notification of hearing has not been effective. Staff members themselves have expressed that they have not notified foster homes, including while being present at the residence, they have not made notifications.

They would improve that notifications about the committee reviews be made with enough time.

The same questions that were posed to the case managers regarding section 24 were posed to local supervisors. The results obtained were (the premises did not apply in every case so it varied):

24% (5/21) of the supervisors checked for evidence that non-respondent parents were notified of the court hearing and 23% (3/13) foster parents, 6% (1/17) check for evidence that the foster parent was invited to the permanency plan review by the Permanency Plans Review Committee. 48% (11/48) verified that respondents attended the court hearings and 14% (3/22) to the administrative review of permanency plans.

In this section, both for the case managers and for the local supervisors, the statistical results are similar. It can be observed that respondents that have attended hearings in court are heard

Interviews with Regional Supervisors

All regional supervisors were interviewed. Among the most important aspects noted by regional supervisors there is that there are various situations involving the application of SIMCa that have not been resolved and that make the file management part of the system difficult, among them the review of permanency plans. Licensed providers are not currently updated in SIMCa and this makes it so it is impossible to locate the minor in their file.

Case reviews allow them to verify that the services given are in accordance with the needs and unique condition of the minors.

Regional supervisors stress that administrative revisions to the permanency plans are beneficial because they give direction and help establish it in time, which allows the plan to be carried out for the benefit of the minor. They indicate that they keep up to date with the cases from local offices by reading the Court's Minutes, checking email, through

monthly visits to the local offices, by interviewing their supervisors, and by reading interviews in the case files or SIMCa.

Interviews with Local Directors and Associate Directors

Another one of the strategies used was the interview with various Local and Associate Directors. Among the most salient points was that some of them have been protection case managers. They see social workers being dedicated, as well as local supervisors. They indicate that the face-to-face visits are taking place, as well as the visits between siblings. They note that one of the strategies that the supervisors use is to have the names and visits conducted per month written on the wall. They express that the personnel they have is their work team and they would not change them. The regional supervisors visit the local office at least once a month. They state that reunification is achieved in most cases. However, when they have cases for adoption they meet with difficulties. They believe that they, jointly with ADFAN personnel, are a work team and that is why they are all responsible to each active case. One of them recounted the experience of being detained by police because of a situation with one of the cases.

Interview with the Central Strategic Permanency Committee

Lastly, an interview was conducted with the Central Strategic Permanency Committee. As a strategy for program improvement, the Administration for Children and Families (ADFAN, for its initials in Spanish), in collaboration with the Office of Courts Administration (OAT, for its initials in Spanish), the Department of Justice (DJ), and the College of Professional Social Workers of Puerto Rico (CPTSPR, for its initials in Spanish) established the *Central Strategic Permanency Committee*. This Committee was

created as one of the strategies of the Program Improvement Plan (PIP) of 2011. Its main purpose was to seek methods of improvement and evaluation regarding the follow-up hearings on permanency plans for minors, hearings on final dispositions, and requirements for the termination of parental rights, as well as notifying foster parents, pre-adoptive parents, and family caretakers about court hearings and the efforts to locate absent mothers or fathers.

This Central Committee is comprised of Atty. Amanda Baerga, from Courts Administration; Atty. María Díaz and Atty. Carlos Berríos, Advocates for Family Affairs from the Department of Justice; Social Work Specialist, Mrs. Sandra Rosario and Mrs. Nancy Martínez, and QA Supervisor in Social Work, Mrs. Gloria Seda from the central Level of ADFAN; and Mrs. Hayrinés Calderón, representative for the College of Social Work Professionals of PR.

The committee designed certain trainings, comprised of module I and II, which are directed at lawyers, social workers, and supervisors from ADFAN, incorporating personnel from the Office of the Courts and the Office of Advocates for Family Affairs from the Department of Justice. Module I, titled “Wellbeing in Childhood and Adolescence: Integration to streamline permanency plans, was aimed at reviewing the requirements for each court hearing, and at getting to know the roles of the different components that play a part in the process of protection of minors to facilitate the timely fulfillment of the permanency plan for each rescued minor. From the systemic point of view, for the timely and consistent fulfillment of the permanency plans for minors in foster care, it is necessary to depend on professionals that intervene in the social protection of minors. This is why

this was a cross-training that that included joint participation from judges, advocates for family affairs, lawyers, and social work personnel from ADFAN.

Module I was conducted in all judicial and ADFAN Regions at an Island-wide level. This training was developed with the recommendations made by a group from TS/TSF, from advocates in family affairs and judges through focus groups. Once Module I's trainings were completed in the different regions, work committees were created at regional levels, known as Regional Committees for the Fulfillment of Permanency Plans. These Committees had the objective of evaluating, through the process of court hearings, whether stipulations in federal and state regulations were being complied with. As a way to measure this, an evaluation spreadsheet was created for the court hearings which were to be completed by the ADFAN lawyer for each court hearing. The results of these evaluations were to be sent to the Central Strategic Permanency Committee.

Subsequently, Module II was conducted, which was titled: Wellbeing in Childhood and adolescence – Streamlining the attainment of adoption. This module was also a cross-training where judges, family affairs advocates, lawyers, and social work personnel from ADFAN participated. This module has only been offered in the Regions of San Juan, Mayagüez, and Humacao.

An interview was conducted with the members of the Central Strategic Permanency Committee to gather input as to the gains and effectiveness of the two trainings offered, as part of the strategies for the streamlining of the permanency plans for the minors. According to the members, they accomplished that all of the ADFAN personnel, the Advocates from Family Affairs, and the judges from the different regions take the Module I. However, there are still regions that have yet to take Module II. Not all regions of ADFAN

were able to establish the Regional Committee to evaluate the court hearings. Regions that managed to establish their Regional Committee were San Juan, Bayamón, Ponce, Aguadilla, Mayagüez, Guayama, and Arecibo; however, the Regions of Carolina, Humacao and Caguas did not.

The members of the committee assure us that, overall, there was an improvement in the judicial process when it came to the hearings involving the review of permanency plans for the minors. Since there was greater preparation and awareness on the part of the diverse professionals as to their roles in the hearings, as well as greater communication between the ADFAN personnel, the advocates from the Department of Justice and the judges. They indicated that during the period that the Regional Committees were in place, in the majority of cases, they complied with the requirement of filing within ten (10) [sic] of the social reports to the court from TS/TSF. They highlighted the uniformity of the social reports presented to the court because a format had been established for it. Additionally, hearings for permanency plans reviews were being conducted no later than twelve (12) months. They stated that it led to more judges being better prepared as to the federal and state regulations and to the family affairs advocates intervening directly with the minors and would interview them individually.

Additionally, as part of the efforts by the Central Committee, the judicial academy integrated Module I – *“Wellbeing in Childhood and Adolescence: Integration to streamline permanency plans* into its curriculum so that it is taught consistently, once a semester, for newly hired judges and family affairs advocates.

The Central Strategic Permanency Committee was not able to offer information regarding the quantification of the permanency plans streamlining after the trainings.

They indicated that this information was not included in the spreadsheet designed to evaluate court hearings. They also stated that the Regional Committees could offer data regarding the number of cases where a lawsuit for termination of parental rights was filed and/or where there was a family reunification, but the streamlining of the permanency plan for the minor could not be measured. They indicated that, for that to happen, they would have to evaluate each individual case and its particulars.

Regarding the notifications to foster parents, pre-adoptive parents, family caretakers, and absent mothers/fathers, they stated that the responsibility for that falls on the case manager. They indicated that, as a general rule, in the majority of the spreadsheets that were tabulated by the Regional Committee, the notifications were not being conducted. They described as obstacles and/or limitations in the streamlining of the permanency plans, the attendance of respondents without appropriate legal representation, the suspension of hearings by judges, the delayed response of the legal proceedings in the publishing of edicts, the non-appearance by social workers, and the little preparation undertaken by staff members for purposes of the hearing.

Regional committees have not been meeting since 2016, and court hearings have not been evaluated using the spreadsheet that the ADFAN legal advisor was documenting. The Central Committee is still working on the tabulation of the spreadsheets from years 2014 and 2015 from the different regions. They're currently working on continuing to provide the training – Module II in the regional offices that have yet to take it.

The Committee is evaluating a new strategy for the streamlining of the permanency plans that is aimed at encouraging the participation of the minor in the judicial process but it is not yet formally delineated.

Systemic Factor Case Review

After evaluating the five (5) sections in the systemic factor review II: Case Review, ADFAN can note that, despite the fact that every section reflects a percentage of work performed in both SIMCa and the physical case file, when combining both we can observe that none of the standards are being met in the period of review that extends from June 1, 2017 to April 30, 2018. The lack of compliance has several explanations: among them, the passing of hurricanes Irma and María through Puerto Rico. Another significant factor is the large amount of resignations from case managers and personnel at every level of the agency (lack of human resources). The lack of administrative resources that facilitate services such as vehicles, computers, adequate physical facilities to provide services. Improving communication of the norms established by the agency at every level.

Notwithstanding, in this same process, we can highlight some of the strengths; among them the willingness shown by local directors to integrate themselves in an active way with the administrative circumstances at ADFAN in order to accomplish the goal of better service. Another strength is that the case managers and local supervisors that remain at the agency are working towards the reunification of the cases, in addition they were direct, sincere throughout the process of reviewing the case files. It's a strength to be able to count on the Central Strategic Permanency Committee since 2011 up to the present, since they have continued to look for methods to improve and evaluations on the hearings to follow up on the permanency plans for minors.

The ADFAN has to integrate the human resources it does have in an active and participatory way. An example of this is in the willingness of the local directors to achieve

the agency's norms (recruiting community representatives, notification of revisions to the permanency plans, face-to-face visits, among others).

According to the results of this exercise, the entire personnel should be trained again in regards to social studies, care plans, the work plan, about the regulatory processes of the agency, assertive documentation and writing, among others; since there is a turnover of employees and their roles that is leading to a loss of continuity of services and compliance with standards. Also due to this, Module I should be offered to all ADFAN personnel again, since this module emphasizes working on permanency plans by all agencies. This module should be updated periodically and should set a pattern of constant training for all ADFAN employees that work with minors.

Another area to take into consideration is training personnel that is reclassified in the new role that they will take on; (example, a case manager that is named supervisor, should be trained in their new role). We should also increase the amount of good foster homes; improve the flexibility of times and days that the School for Family Life that educates respondents in good childcare alternatives and to create training modules for service providers. In the measure that ADFAN can work with the situations found within the process we could reach the standards required in the systemic factor of case review

Quality Assurance System

The quality assurance system is classified as an area that needs improvement. It seems that of the five required elements, the QA system does operate in all jurisdictions, has standards to evaluate the quality of services, and identifies the strengths and needs of

the service system. It needs to improve in the areas of providing relevant reports and evaluating program improvement measures.

In Puerto Rico, a difference should be noted between the quality assurance (QA) process and the Continuous Quality Improvement (CQI) process. The QA Office is responsible to provide case reviews of protection services to minors that are consistent with the CFSR. The QA Office has a structured office that is separate to other programs. It has a strong base staff with master's degree in social work specialized in the evaluation of protective services. The office provides reporting for each regional office and provides trainings based on the outcomes.

The QA Office was established in ADFAN in 2003, through the first round of federal monitoring. Since that time, the office has evolved until it has positioned itself in instrumental in the evaluation of services of ADFAN. However, for the 2010 PR-SWA, the QA Office had 11 employees: 1 director, 2 supervisors, 6 reviewers, 1 statistics and 1 statistics assistant. Currently, the office only has 4 employees: 2 reviewers and 2 supervisors, one of them also functions as the Director of the Training and QA Office. Also, due to PR's fiscal situation, ADFAN is not able to hire staff for this office.

The CQI team consists of an integrated team of social workers and supervisors from all regions. On August 30, 2018 the QA Office received technical assistance from Casey Family Program focused on the implementation of a CQI process in ADFAN. The work plan will be reassessed to start to implement the process as of October 2018. Once the CQI process is implemented it is expected that it will be continuous process in order to identify strategies for practice improvement in a proactive manner.

Qualitative and Quantitative Data:

To evaluate this systemic factor, the following methodology was used:

- Verification of documents from the Office of Quality Assurance
- Verification of other administrative documents of the ADFAN
- Interviews with the Office of Quality Assurance staff
- Focus group with the representation of the ten regions of ADFAN with associate directors, regional supervisors, local supervisors, caseworkers and liaisons from the Office of Quality Assurance and the region


For the analysis of the data, the SWOT method was used to identify the strengths, weaknesses, opportunities and threats that the Agency faces with this systemic factor.

(1) Operating in the jurisdictions where the services included in the CFSP are provided.

ADFAN has a QA system established at the central level which responds directly to the Deputy Administrator. From this level, services provided by (1) Protection and Family Preservation Administration and (2) Foster Care and Adoption Administration in islandwide are evaluated.

The total of cases is 15 by region, with a ratio of 60% (9) of foster care cases and 40% (6) in-home cases. The methodology that the same used by the federal CFSR, and OSRI.

In the introduction provided in Section

2, the number of cases reviewed to  date will be available. The QA data and analysis is used to carry out ADFAN's ongoing analysis of the work and processes.

The graph displays the functional structure of the QA Office.



1. In order to have a standardized and reliable process, it is necessary to perform some planning and preparation activities prior to the start of the QA process. These activities are planned and coordinated with office staff in order to develop the calendar schedule for the year and to review the rules and procedures of the Agency in order to observe the time frames needed for measurement. Review internal administrative controls as for example, for the request of active cases, case assignment and registration of files in the office. The QA office updates internal control documents needed for the process of reading and reviewing cases, for interviews, for the statistical process and findings reports, among others that are necessary.
2. Active cases are solicited directly to the regions. Once these lists are verified, the QA staff will select the sample. This is a lengthy and timely process as it requires that the local offices prepare and generate these lists manually. At this time, there

is not a data system with reliable data we can use for this application. Therefore these manual lists are solicited directly from the regions. The application and verification of the lists requested from the regions delays our process, but this is the first step for development of the sample. Once the SIMCA system is in optimal conditions to obtain active cases it will be used for this process. We use the statistical program R for the random sample selection.

3. We solicit the sample and we review SIMCA and the social protection case file. If necessary, we also look at the adoption file, independent living file, institutional abuse file or any other file that is relevant to the case under review. Interviews are conducted with minors, social workers, supervisors, foster homes, stakeholders, parents and people related to the case.
4. The information is collected through the OSRI. There is a review level, where the quality in completing and correcting the OSRI is assured. The supervisors perform the QA reviews, once the reviewers complete the OSRI. If there is any doubt regarding the case, they discuss it as a group.

Then follows the review and the data is tabulated. This process is currently performed manually, which delays our effort to disseminate the results to the regions. Recently we requested the use of the OMS platform, which should significantly advance our data dissemination process to the regions. The QA staff will be trained through the platform to ensure accuracy with the System. If technical assistance is needed, it will be requested through the ACF. Similarly, should there be any question with a case, the OMS has the frequently asked questions section. With this alternative, this process can be even more clarified and standardized.

Other documents are completed to collect qualitative information about ADFAN's internal processes. Documents with particular observations of the review of cases are prepared. If a case is identified with aspects of safety, the region is notified immediately so that they intervene in the case.

1. QA conducts a presentation with the analysis and findings in order to share and discuss with the region staff.
2. Each region must establish an improvement plan in order to work on the identified areas in need of improvement. This plan is monitored by each Administration Assistant.

(2) Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety).

Manuals and policies are distributed at the local offices and regions with the implementation of ADFAN's public policy. The QA Office provides training to ADFAN staff on the OSRI with Federal and State standards.

Within the review carried out in the QA Office, the cases files are reviewed and interviews with the parties involved are conducted using as reference the CFSR standards (instrument and instructions). The results of the evaluations are based on the federal requirements (through the CFSR indicators) and the State policies. For example, Outcome 1 evaluates the time for initiation of an investigation, in which we evaluate according to the standards indicated by ADFAN's public policy.

If during the review of a case a concern is identified that may affect child safety, permanency or well-being, we notify the region through the administration. In the letters

that have been sent to the regions in relation to any concerns, the regions have taken immediate actions in the cases.

Within the evaluation of the QA Office, there exist other standards to assess safety. These are included in document QA-002, with questions such as:

- Did the referrals within the PUR complied with the term established since the intake call to the corresponding work unit?
- Did the referrals within the PUR complied with the term established for the contact face to face with the child according to the response level?
- Did the referrals within the PUR comply with the term established for the completion of the investigation since the referral was received?

For the area focused on health, these questions are included:

- Are all the necessary health documents required for each minor provided?
- What behavioral manifestations are presented with the minors (if any), and identify the diagnoses in order to evaluate if the services have been provided.

Other standards to assess the health of the minors in foster care:

All children entering foster care are provided a medical health insurance plan. All regions have a coordinator assigned for this health insurance card, even if the minor may have a private health insurance plan. All medical services that minors may need are coordinated through the nurse who has the Foster Care and Adoption Program.

The service provider sends the nurse a document that includes the services that the minor has received or has not received during the period from May 1st to April 30th of each

year. Among the services that are included in that documentation are initial visits, follow-up visits, mental health services, services for young pregnant mothers and catastrophic covers health plan, among others.

The services provided by the nurse, are used in cases of institutional abuse that requires her expertise as a nurse.

(3) Identifies strengths and needs of the service delivery system.

Through the QA Office, that performs case reviews according to the Federal and State standards and requirements, keeping in mind, the ADFAN public policies. These reviews establish the frame of reference for decision-making related to practice improvement.

In the assessment of the findings, the strengths and areas in need of improvement are identified. Also, general qualitative information of the agency is provided, for example, the use of official documents, use of theoretical frameworks, and many others. Each region is provided a document with specific information on each case, for example, the date of the last case service plan, specifics of the case, services received, and other information.

Each review is designed to allow the 10 regional offices of the ADFAN to develop an improvement plan that is aligned with the findings of the reports. Each regional office can gather and document information that is critical to analyze its capacity and performance during the assessment phase of the CFSR State process. The review of these findings is compiled in a report distributed to the programs, Social Worker Specialists, Associated Directors, Supervisors and Social Workers. At the same time the regional offices understand the importance of the findings presented by the QA office.

ADFAN demonstrates that through data and information established in the reports, that they count with s a system of administrative review that warrants revisions where strengths and needs are identified in the ten regional offices.

(4) Provides relevant reports.

As previously indicated, QA develops a report with findings that is shared with the ADFAN executive management, SW Specialists, Associated Directors, Supervisors and Social Workers. As of the moment, it is not available to the general public.

Currently, the data from these documents is collected manually. However, recently, we have obtained access to the digital platform of OMS in order to complete the OSRI. With the use of this platform we hope to develop more detailed reports that can provide specific information about the outcomes.

Other reports of relevant evaluations by the QA Office:

The QA Office conducts assessment reports requested by the programs. The evaluation reports that have been conducted are the following:

- Report on the review of evaluation compliance at the start of the referrals at the UIE.
- Reports on institutionalized minors.
- Measurement of the Program Improvement Plan.
- Report on the compliance with the assessment required of the temporary homes.
- Report on the evaluation of the strategies of the roundtables.

We currently have an application to evaluate the Independent Living Services files, which is on the agenda for the upcoming months.

Collaborations with the ADFAN programs are made in order to visit the regions together to provide guidance on the required services, to address special requests related to the area of statistics and collaborations in working groups inside and outside the Agency.

QA Office has also collaborated with other agencies in aspects related to improving the practice and compliance with the standards of the service, as it was the collaboration with the Department of Justice and the Courts Administration to train judges, attorneys and staff in handling cases on the permanence. Currently continues the collaboration with the Department of Justice in the Strategic Central Committee of Permanence.

Other collaborations of the QA Office with ADFAN:

- Committee for the implementation of CQI.
- Committee for the implementation of the new model of leadership in supervisor.

Other relevant reports developed for senior management at ADFAN are:

- Monthly reports of face to face visits with minors in foster care.
- Annual Reports of the Citizen's Review Panel.
- As soon as the SIMCa system is in optimal conditions, other reports relevant to the ADFAN on case management may be generated.

One of the strengths identified is that the Office of Quality Assurance produces relevant reports of proven validity, both for the internal program areas, and in collaborations with other agencies. It has been confirmed that they carry out good collaborations regarding

evaluation and coordination aspects. The QA staff is characterized by their commitment and willingness to respond to the collaboration requests they receive. In addition, the QA staff has the qualifications and professional experience that make them reliable.

The lack of personnel in the QA office was identified as a weakness because this adversely impacts the evaluation process that is part of the social protection services for families and children. Case review cycles are delayed since the office has two readers and two supervisors. They assume their main functions, which are case reviews, but also assume collaborations with other program areas within ADFAN and with community agencies. As for collaborations, the lack of personnel causes delayed reports.

In the evaluation carried out, it came out that the case managers and supervisors at the local and regional level are not aware of the participation and collaboration that the QA office carries out within the agency with the different programmatic areas and at an interagency level. Therefore, they do not know the relevance and value of the contributions in terms of evaluation and analysis that this staff performs, which can be considered a weakness. However, this situation is linked to the lack of personnel in the office.

In the identification of opportunities, we see the process of implementing CQI. The personnel participate in this process are integrated by a working committee made up of local supervisors, regional supervisors and social workers. CQI is presented as an opportunity to collaborate in the dissemination of reports and their interpretation to case management and supervision staff in the ADFAN regions. This will be a valuable support for the QA office.

(5) Evaluates implemented program improvement measures.

Through the QA Office the progress measures implemented are evaluated mainly through the continuous review cycle that is done from this office. In the evaluation of this systemic factor it was identified that social workers and supervisors of direct service are aware of the findings of the review reports when developing and implementing the work plans in their respective regions and offices. They recognize the importance of sharing these work plans with the QA Office in order to improve practice and the services that are provided.

In addition, SW Specialists of protection, family preservation and foster care programs also conduct reviews through a review plan and case discussion. The purpose of this initiative is to provide continuity to the improvement plan implemented by the regions as a result of the findings of the reviews. The findings are shared with the Deputy Administrator.

Another methodology used by ADFAN to assess the measure of progress is the external evaluation. The last evaluation conducted was in 2015 by the Children's Justice Act Task Force, who hired the company focus to complete the assessment that included three prior years of reporting (2012, 2013 and 2014). The purpose of this assessment was to obtain valid and reliable information related to the management of cases of mistreatment of children, sexual abuse and exploitation at the investigative level, administrative and judicial level (civil and criminal); analyze its effectiveness; and provide a list of specific recommendations to strengthen the public policy, in order to avoid the re-victimization of minors and their families in Puerto Rico. This external evaluation will be conducted again in January of 2019.

The other ways ADFAN is measuring progress is through coordinating efforts to disseminate the findings and implement appropriate recommendations through reports of studies carried out by the two Citizen Review Panels. Each panel has been conducting studies of the services provided by the Agency. The methodology use by the panels enables the evaluation of the practice, the implementation of policies, including standards of time, and others. This will provide information on the progress of the implemented measures.

On the other hand, ADFAN started to use the CQI methodology recommended at the federal level CQI, it is currently in the initial phase, which entails receiving training and technical assistance from Casey Family Program. This strategy is expected to be an excellent activity to develop processes according to the assessment processes of ADFAN.

Overall, the assessment conducted for the systemic factor of quality assurance did identify some strengths. These strengths include, the office can count on a valid methodology structured to obtain to the sample and to conduct your review process. The QA personnel are knowledgeable of the office and agency's internal processes. Social workers are more knowledgeable of the QA process than other units. The CQI group has been formed with representatives from the 10 regions.

However, the systemic factor is identified as an area that needs improvement. These areas that needs improve are, the CQI implementation process will begin soon (October 2018). There is limited staff capacity at the QA Office, which causes delay for the processes. For example, the time it takes to report the findings to the regions, process which can take 6 to 9 months. Provide reports more detailed results to regions.

For the next period and as a result of this SWA, ADFAN must work in the recruitment of staff for the QA Office in order to reduce the period of time between the review cycles and the dissemination of the findings. This may be a challenging process considering the fiscal situation in Puerto Rico and the bureaucratic process of hiring of staff.

Although these areas were identified that needs improvement, also identified opportunities to improve these processes. For example, we have the opportunity to receive technical assistance from Casey Family Program for the CQI implementation in PR. Meanwhile, the CQI team and plan of work are ready. With this implementation, are expected to support the regions in their improvement plan and develop strategies for the improvement of the practice. We also have the opportunity to begin to utilize the OMS-CFSR, with the opportunity of consultations with JBS for technical assistance related to QA. As well as working on reports that can provide more detailed information, allowing both direct as a management service design better strategy for its improvement plans. Similarly, to train the staff of other units such as Special Investigation Unit (UIE), Independent Living Service and Institutional Maltreatment Unit (UMIM) on QA process.

Staff and Provider Training

Item 26: Initial Staff Training

Puerto Rico assess item 26 as an area with room for improvement. ADFAN staff and provider training system provided a revised training curriculum to all new staff before starting their duties in CPS. The training sessions addressed the basic skills and knowledge needed to carry out CPS duties, as stated by such personnel.

Quantitative and Qualitative Data:

The "Staff & Provider Training" systemic factor committee carried out the following activities in the evaluation process:

1. Review of official documents, provided by the Training Office.
2. Semi-structured interview - Virnaly Vargas, Social Work Supervisor, Training Office.
3. "On-line" questionnaire to new staff. A response was received from 20 of the 56 employees hired during the PUR.

Analysis:

ADFAN has an initial training plan for all personnel hired to provide services under the CFSP. The initial training curriculum has seven topics. From September 2016 to November 2017, this training module was not offered as new personnel have not been hired. From December 2017 to April 2018 training was offered to 56 newly appointed personnel to investigate CPS reports, before being placed in their respective work areas.

ADFAN contracted a private organization (Social & Community Concepts, Inc.) to offer services investigating CPS reports. ADFAN was responsible for offering initial training to all staff hired by the company. In total, five training sessions were offered to the group of social workers and supervisors. A total of two supervisors and 54 social workers were trained. All staff was trained before starting their duties as CPS investigators.

Child abuse reports have the following response priorities: present danger, imminent danger and allegation of abuse. The private organization was contracted to investigate reports under the classification of "allegation of abuse", children seven (7) years of age

or older, received in 2017. The purpose of the project was to address the backlog of referrals pending investigation.

Taking into consideration that the reports being investigated by the private project staff did not include situations of present or imminent danger, the ADFAN reviewed the training curriculum to adapt it to the needs of the group. The new staff received four (4) of the required training courses according to the training plan. Three of the subjects were offered according to the training design, however, the course related to record documentation was offered by reducing the contact hours required in the plan. Training course related to record documentation including SOAP was not required for the investigation process.

In addition to the topics included in the training plan, two of the trained groups received additional guidance on the subject of sexual abuse. The training was offered before the personnel began the investigation of CPS reports.

ADFAN Training Plan CPS Workers Pre-Service

Training Course	Description	Target Population	# Staff Required to Attend	# Trained within 90 days	Rate of Compliance
1. Orientation to new worker.	Agency mission, structure and programs). Aimed at all employees' new appointment that will meet the performance of the Department of the family and the ADFAN.	New Caseworkers serving as CPS.	56	56	100%

Training Course	Description	Target Population	# Staff Required to Attend	# Trained within 90 days	Rate of Compliance
2. Situation of the family in Puerto Rico.	Offers participants the opportunity to learn the concepts applied to welfare of the minor and his family from human development perspective, infant, toddlers, child, youth & family life cycle. Practices of breeding - protective capacities-, stress management.	New Caseworkers serving as CPS.	0	0	0
3. Law 246 - 2011, ASFA, CAPTA & Preventing sex trafficking.	It relates participants with provisions of the laws child protective services.	New Caseworkers serving as CPS.	56	56	100%
4. Integrated concepts of Generalist Family Centered Model and Safety.	Intervention during the initial assessment and throughout the life of case (Safety model). Facilitate that uniform criteria for intervention are applied in sequence. It includes identification and control of threats of serious damage, plan services and practices to increase the protective capabilities of the parent or guardian.	New Caseworkers serving as CPS.	56	56	100%

Training Course	Description	Target Population	# Staff Required to Attend	# Trained within 90 days	Rate of Compliance
5. Domestic violence where co-exists situations of abuse and the impact of childhood trauma.	It offers a tool for analysis and intervention in situations of violence between couples. Recognizes the vulnerability of the child before the situations of violence and the effect of trauma in their development.	New Caseworkers serving as CPS.	56	7	13%
6. Effective documentation of records. Including introduction to program SIMCa Platform and SOAP methodology for writing the investigation record.	The participants know the purposes of documentation of records in the protection according to the rules Special Investigations Unit.	New Caseworkers serving as CPS.	56	56	100%
7. Effective documentation of records. Including introduction to program SIMCa Platform and SOAP methodology for writing the case record.	The participants know the purposes of documentation of records in the protection according to the rules of the Agency for Family Preservation and Foster Care Programs.	New Caseworkers serving as CPS.	0	0	0
8. Field practice/transfer to work.	Coaching emphasis on service where work: placement & permanency.	New CPS Caseworkers.	0	0	0

According to information offered by the staff through a questionnaire:

1. They received training related to the research tasks of CPS reports, before beginning their tasks (100%).
2. Among the training topics received, they mentioned:
 - a. Safety Model and CPS Reports Investigation Protocol
 - b. Legal aspects, PL 246-2011
 - c. Sexual abuse
 - d. Guidance on ADFAN services
3. 75% consider that the training received was sufficient to provide the knowledge and skills necessary to perform their duties.
4. The staff that thought that training topics were not enough, indicated that more information was required about the mechanized system, about the investigation protocol or more training hours.
5. 80% felt that they did not require additional training.
6. Those who indicated that they needed additional training suggested the issues of file documentation and guidance on key questions for the interview process.
7. 75% report being satisfied with the initial training.
8. 66% of the suggestions offered relate to improving the quality of the training resource or the number of contact hours in the SIMCa training sessions.
9. 20% of the suggestions were directed to deepen information about the investigation protocol and provide clear examples of the key questions in the interview process.

Another 17% of the suggestions were directed to administrative aspects.

Item 27: Ongoing Staff Training

PR assess item 27 as an area needing improvement. ADFAN has a training curriculum aimed at on-going staff and supervisors. Workshops were offered during part of the PUR although the offer was affected due to the hurricane Maria, the workshops offered are aligned with the skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

Quantitative and Qualitative Data:

The "Staff & Provider Training" systemic factor committee carried out the following activities in the evaluation process:

1. Review of official documents provided by the Training Office.
2. Semi-structured interview - Virnaly Vargas, Social Work Supervisor, Training Office.
3. Questionnaire to CPS staff. A response was received from 160 employees:
 - a. Social Workers 99 – 62%
 - b. Social Services Family Technician 22 – 14%
 - c. Work Supervisor 35 – 22%
 - d. Family Technician Supervisor 2 – 1%
 - e. Associate Directors 2 – 1%

4. Focus group interview with supervisors. Seven supervisors and one associate director participated.

Analysis:

According to the APSR 2019, the ADFAN CPS workforce is composed of 917 employees, for which a total of 11,004 contact hours were required to ensure that everyone complied with the required 12-hour annual total. ADFAN offered a total of six (6) training topics to 926 participants (duplicate count) with a total of 4,232 contact hours between May 2017 and April 2018 (see table 27-1). This total represents 38.5% of the hours needed. The offer of training during the PUR was affected due to the suspension of workshops during the months of September to November 2017, due to the passage of Hurricane Maria. It is important to note that during these months a large number of training sessions are typically offered.

Through the response to the questionnaires it is observed that 88.02% of the staff indicated that they had received training during the PUR

Trainings offered May 2017- April 2018

Title	Objectives	Continuing Education Days / Hours	Audience
Safety Model Applied.	<ul style="list-style-type: none"> • Understand Safety Model Steps. • Apply concepts in your research. 	6 hours	Case managers and social work supervisors, support personnel. Trained: 12

Title	Objectives	Continuing Education Days / Hours	Audience
Human Trafficking.	<ul style="list-style-type: none"> Familiarize with the terms of Human Trafficking. Understand the victims and be sensitive to their situation. Identify the indicators of possible Traffic Victims. 	3 hours	Case managers, social work supervisors and support personnel. Trained: 331
Investigation process to protect allegations of Sexual Abuse.	<ul style="list-style-type: none"> Familiarize with the terms of Sexual Abuse. Understand the victims and be sensitive to their situation. Apply concepts in your research. 	6 hours	Case managers and social work supervisors. Trained: 144
Training Series: Mental Health in the Early Childhood: a) Management of Psychotropic medications, b) Medications for attention deficit disorder and hyperactivity, c) Early Medical Examination Program, d) Autism Spectrum Disorder.	<ul style="list-style-type: none"> Familiarize with the terms of Medications for mental health disorder. Identify indicators and coordinate services. Use of medications for patients with attention deficit disorder and follow up. Medical follow up required by stage of development. Familiarize with the terms and psychological characteristics with the autism children's. 	3 hours each one.	Case managers and social work supervisors and support personnel. Trained: 230
Strategies of Interventions in Social Work before the victimization of Sexual Abuse.	<ul style="list-style-type: none"> Define basic concepts of sexual abuse. Identify the stages of human development in the social area. Understand the implications of sexual abuse. 	6 hours	Case managers and social work supervisors, attorneys. Trained: 194

Title	Objectives	Continuing Education Days / Hours	Audience
	<ul style="list-style-type: none"> Expand knowledge regarding the action to take in cases of sexual abuse. 		
Expert Testimony in Court.	<ul style="list-style-type: none"> Distinguish the role of the expert witness in the court. Learn skills to offer a testimony in the room. Know the “quantum” of evidence and characteristics. 	6 hours	Case managers and social work supervisors, attorneys. Trained: 125
Removal Trauma.	<ul style="list-style-type: none"> Define concepts of trauma in children. Define strategies for trauma management. Identify ways of self-care. 	6 hours	Case managers, social work and supervisors. Trained: 120

The trainings offered by ADFAN to its staff are recorded in an Excel table. Through this file it is possible to carry out a search of the trainings taken during each year per person. This tool is used by the supervisory and managerial staff to certify compliance with the hours of continued education. At present ADFAN does not have a mechanism that allows preparing compliance reports by person, office or training topic.

In an interview with the focus group, the supervisors indicated that they do not have specific knowledge of a training plan or schedule. They expressed that there are trainings available, but they do not know if it is structured in a plan. They receive information on

the training sessions that are available for their office and the number of space slots they can use through a person liaison in each regional office. They do not receive a semiannual or annual training schedule.

ADFAN prepared a training calendar for 2017 and 2018. It was updated as new training sessions emerged. The calendar was not distributed among all the staff.

According to the supervisors, not all employees have the same opportunity to attend the training sessions. As there are not several sessions for each topic, it is not possible to coordinate the attendance of all the employees who are interested. In many cases, the attendance to a training depends on the availability of time of an employee.

On the other hand, they point out that the staff of the local office have less opportunities to participate in training than the staff of the regional offices and that the Social Workers have more opportunities than the Family Service Technician. UIE staff (CPS investigation unit) have fewer opportunities because they work rotating shifts.

In consultation conducted through questionnaires, 91.32% of the staff indicated that they had opportunities to participate in training. 75.3% of the staff indicated that there is an equal opportunity to participate in training for all staff. However, when looking at individual responses, we found that only 48.6% of Social Work Supervisors consider that there are equal opportunities.

According to the focus group, the specific needs of an employee or group of employees are not taken into consideration. They indicated that a needs study has not been carried out, that the topics have not been updated and that the same topics are offered repeatedly. Some training topics are of general interest to a large group of employees.

However, there are not enough calendar sessions to enroll all the interested parties. This opinion of the supervisors is consistent with the opinion of the respondents that, in spite of feeling satisfied with the training (65%), consider that they need additional topics (62.9%). According to the supervisors, the participation in the training is motivated by the need to comply with the requirement of continuing education and not by the interest in the subject.

Regarding initial or periodic training to the supervisors, they expressed that they do not receive workshops directed specifically to the topic of supervision or issues related to the supervision process. In general, they expressed that they did not receive a series of workshops that would enable them to exercise the role at the time of beginning their duties as supervisors or subsequently.

Supervisors mentioned the "coaching" strategy as an effective way to train staff. According to data from the Training Office, the strategy was used in 2012-14 but was discontinued and during the PUR was not offered.

Occasionally, personnel appointed to perform case management functions are assigned to perform supervisory functions. A request to offer initial training to supervisors during the PUR was not received at the training office. It is unknown how many supervisors, if any, began functions during the PUR.

According to the group of supervisors, the trainings does not offer the basic skills and competencies that an employee requires, especially when starting supervisory functions. Regarding case management, they indicated that additional topics should be included to train employees to perform their functions such as:

- ADFAN services.
- Cross Training: Department of Education, Health, etc.
- Students legal rights: special education.
- Mental health.
- Safety model.
- Record documentation.
- SIMCa.
- Human resources administration.
- How to defend educational rights.
- Motivation.
- Mentorship for supervisors.

They also suggest:

- Offer basic block / staggered trainings so that all employees are trained.
- Conduct a Needs assessment on training.
- Permanent and continuous curriculum for case managers and supervisors.
- Evaluation of training resources.

The supervisors evaluate the knowledge acquired through the execution of the work carried out, supervisory conferences and through the case files reviews. They recognize

that the function of educating and training is part of their functions as supervisors. According to the supervisor of the training office, supervisors can make requests for training on topics related to the specific needs of their staff or the services they provide.

In general, supervisors do not formally evaluate the performance of employees in terms of the skills acquired in the training.

According to the questionnaires, the staff considers that the training received during the period was sufficient to provide the basic knowledge and skills necessary to carry out their work (58.64%). 62.90% consider that they need some additional training to obtain the basic knowledge and skills necessary to carry out their work.

Additional training topics suggested by caseworkers:

- Applicable laws
- Mental health
- Computer skill
- Human trafficking
- Stress management
- Trauma

65% of the staff is very satisfied or satisfied with the trainings taken during the PUR according to the questionnaire.

Response to Questionnaires by Personnel Classification

#		Social Worker N=99	Family Service Technician N=22	Social Work Supervisor N=35	Family Service Supervisor N=2	Associate Director N=2	TOTAL N=160
1.	Opportunities to participate in training during the PUR were offered.	87.9%	77.3%	91.4%	100%	100%	91.32%
2.	Believe there is an equal opportunity to participate in training for all personnel.	73.7%	54.5%	48.6%	100%	100%	75.36%
3.	Received training from ADFAN during PUR.	87.9%	63.6%	88.6%	100%	100%	88.02%
4.	Considers that the training received during the period was sufficient to provide the basic knowledge and skills necessary to carry out their work.	61.6%	27.3%	54.3%	50%	100%	58.64%
5.	Need some additional training to obtain the basic knowledge and skills necessary to perform your job.	70.7%	72.7%	71.1%	100%	0%	62.90%
6.	Are very satisfied or satisfied with the trainings received during PUR.	81%	77.3%	68.6%	100%	0%	65.00%

Item 28: Foster and Adoptive Parent Training

PR assesses item 28 as an area needing improvement. ADFAN does not have a universal registry of providers or precise information on compliance with continuing education requirements. Providers indicated that the initial and ongoing training received during the PUR, addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Quantitative and Qualitative Data:

The "Staff & Provider Training" systemic factor committee carried out the following activities in the evaluation process:

1. Review of official documents provided by the Training Office.
2. Review of official documents provided by the Adoption and Foster Care Assistant Administration (AACSA, Spanish acronyms).
3. Semi-structured interview:
 - a. Virnalys Vargas, Social Work Supervisor, Training Office.
 - b. Ivette Rivera Centeno, Nurse Supervisor, AACSA.
 - c. Betsy de Jesus, Social Work Supervisor, AACSA.
 - d. Jeidy Sanchez Ramirez, Social Work Supervisor, Adoption Service.
4. Questionnaire to providers, responses from 207 providers were received:
 - a. Foster parents: 175

- b. Pre-adoptive, adoptive parents: 10
- c. Residential Institutions staff: 20
- d. Relative foster parents: 2

Service Array and Resource Development

Item 29: Array of Services

The systemic factor of variety of services and resource development is an area needing improvement in Puerto Rico. Puerto Rico determined that not all services are accessible and available in all jurisdictions.

Quantitative and Qualitative Data:

To carry out the self-assessment of the systemic factor of the variety of services of the Welfare System in Puerto Rico, the Department of the Family established a work committee made up of personnel from ADFAN and the College of Social Workers. The committee began meeting on June 27, 2018 to (1) assess the accessibility of services (2) availability of resources and support for children and families.

Quantitative and qualitative information was collected through different secondary and primary sources in order to have a variety of perspectives. This approach allowed us to compare the data obtained and to carry out the triangulation of the findings, which gave greater reliability and validity to the analysis. As part of the process, we conducted a focus group with foster parents. Sixteen (16) people from the region of Caguas, Guayama, Humacao and San Juan participated. In addition, a questionnaire was administered to

156 direct service employees in 8 regions. The region of Aguadilla and Carolina did not answer the questionnaire.

Statewide Analysis:

The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families. In addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

The local office or Integrated Service Center provide direct services to children and their families in their residential areas, facilitating access to services. At this level, the following services are offered:

Prevention and Community Services:

Prevention in the Community offer primary, secondary and limited tertiary prevention services in communities throughout Puerto Rico. It provides the following programs:

- Schools for Healthy Living and Parenting (Escuelas para la Convivencia y la Crianza)
- Schools for Family Life (Escuelas para la Vida en Familia)
- Access and Visitation Program-Project Encuentro (Proyecto Encuentro)
- Nurse Home Visiting Program “Safety Nests”
- Community-Based Child Abuse Prevention Program (CBCAP)

- Domestic Violence Prevention Program
- Promoting Safe and Stable Families-Support Services-Prevention Program (PSSF)

The schools offer services in the ten (10) regional offices, covering the 78 municipalities.

CBCAP: 6 organizations offered integrated services to families and individuals were approved.

ASFA (PSSF): 16 organizations that provided an array of services geared towards parents, parents with special needs, adolescents, pregnant adolescents, children and populations with special needs.

Nurse Home Visiting Program “Safety Nests” offered services in 3 regions serving a total of 21 municipalities.

Child Protection Services:

Child Protective Services is responsible for the investigation of intrafamilial CA/N referrals. As one of its primary components:

- The State Center for the Protection of Children
- Child Abuse and Neglect Hotline
- Orientation and Family Support Hotline
- Central Registry
- Investigations Units

Service Child Abuse and Neglect Hotline and Investigations Units available 24/7. The Department of the Family has investigation units in 10 regions.

Family Preservation Services:

- Intensive In-Home Preservation Service: Services aimed at increasing the protective capacity of parents to keep children safe at home. During the period 2017-2018 the amount of families 169 and minors 324 that received intensive In-Home Preservation Service.
- Preservation Services: Family preservation service offered to the families in the ADFAN for a period of 6 months through the 93 local offices in the 10 regions.

During the period 6,671 families were receiving in-home preservation services.

- Investigation and attention of institutional child abuse referrals and cases: The service aims to promote and maintain the security and protection of minors placed in treatment, rehabilitation, educational establishments or care outside the home. This service is provided at all the Regional Offices.
- Sexual Abuse Evaluation and Treatment Services: The service is one outsourced for evaluation and care including psychotherapy to children and their families in situations of sexual abuse at the island level. The contract includes training for ADFAN's staff and for foster homes. As of 2015, six Centers are operating, three are administered by the Department of Health.

Services evaluation and treatment for child victims of sexual abuse are available five (5) regions across the island. Three of which are operated by the Department of Health.

- **Family Homemaker Service:** A support service for preserving families and ensure the safety of children in the home. The services are provided to families receiving preservation services in seven regions.
- **Family Unification Program:** Service offered in coordination with the Department of Housing, Section 8 vouchers are provided to families with children (as) who are at risk of separation due to lack of adequate housing. Qualified to receive these services are families with limited resources, victims of domestic violence, homeless, families under the Social Protection Service for Children who need a home to be located due to problems of overcrowding. The services are offered through the Local Offices of the Department of the Family.
- **Reunification Services:** Aimed to offer follow-up services to families who returned the child custody to prevent the recurrence of maltreatment.

Adoption and Foster Care Services:

Provides services to children since their birth up to twenty-one years of age (the majority of age in Puerto Rico), placed under the custody of the Department. Foster care is implemented as a safety measure, when it is deemed that the safety and well-being of the child cannot be assure if he/she remains in the home while services are being provided.

The Assistant Administration relies on the following array of services:

- **Residential Services:** The Department of the Family has 73 residential facilities throughout the island. Of these, 14 serve the 0-5 population.

- Permanency Plans: The Adoption and Foster Care Administration, is responsible for the design and implementation of a permanent plan for each child to assure their permanency.
- Interagency Services/Interstate Compact: Coordinates efforts with the different state agencies for the placement and supervision of children as a sending or receiving state as established by the Interstate Compact in the Placement of Children.
- Health Care Services Unit: Coordinates efforts with public and private sector for the provision of health care services for the children ward of the State. Each child in foster care has access to an array on medical, dental, mental health, prescription, assistive equipment and other services through a government provided Universal Health Care card.
- Services for Children Adopted from Other Countries: Post Adoption services are available for kids adopted in PR or in other countries.
- Families with Children Services: A variety of services are provided through local offices (at least one per municipality).
- The Socioeconomic Development Units and the Child Support Units.
- The Socioeconomic Development Units work with TANF.
- Nutritional Assistance Program (Food Stamps Program).
 - Child Support Units.
 - Social Welfare Services.
 - Foster Care Services.

Independent Living Services:

The Independent Living Service is aimed at children between the ages of 14 until the day he / she turn 21 years of age, and are under the custody of the State and whose permanency plan is primary or concurrent socio-economic independence, and emancipation.

The services are provided at the ten (10) regional offices. They work with these youths individually and/or in group.

A continuum of services which included among them:

- Educational and/or vocational training
- Career planning
- Job preparation
- Skills development
- Health
- Housing
- Teamwork
- Prevention of substance use/abuse (drugs, alcohol & tobacco)
- Activities to develop emotional maturity
- Counseling to promote management of unresolved emotional problems
- Violence prevention
- Skills in identifying and accessing services
- Parenting skills development
- Orientation on legal rights and responsibilities

- Cultural awareness activities
- Workshops and counseling to develop a sense of moral social responsibility
- Socialization skills development (conflict resolution, problem solving, anger management communication skills)
- Mentoring

Education & Training Vouchers (ETV): Services aimed at providing financial resources, specifically, to cover educational and training needs for the active in the service of independent living or youth who were adopted or given his tutelage at the age of 16. This service is subject to the availability of funds.

Transportation Services: Transportation service is available when required to remove and place a child, or to return kids home. It is used for investigation and referral to bring children to receive different services. Transportation is authorized to travel from parents, relatives and foster parents.

Interpreter Services: Puerto Rico has the interpreter service for families who do not speak Spanish or English, in addition to the hearing impaired.

The information from the state and stakeholder self-assessment indicates that the services included in the set of services in Puerto Rico are not accessible to families and children in all jurisdictions.

Statewide Data:

The state self-assessment reports the results of a recent ADFAN questionnaire that identified the services as not accessible and available in all areas of Puerto Rico.

Responses in the Opinion-Based Questionnaire

Region	Social Worker	Family Services Technician	Social Work Supervisor
Arecibo	25	10	4
Bayamon	8	3	-0-
Caguas	4	-0-	-0-
Guayama	21	8	3
Humacao	6	3	1
Mayaguez	9	2	1
Ponce	22	16	2
San Juan	6	1	1

Types of available services for children and their families in your regional area: % of individuals responded

Special Education	87%
Psychological Services	87%
Psychiatric Services	80%
Medical Services	87%
Residential Services	47%
Recreational Services	59%
Tutorials	41%
Doping Tests	46%
Mental Health Assessment	65%
Evaluation and Speech Therapy	62%

Psychological Evaluations	72%
Medical - Forensic Evaluations	15%
Reeducation Perpetrators of Domestic Violence	54%
Transportation	53%
Victims of Domestic Violence	58%
Child Victims of Abuse	71%
Children Victim of Sexual Abuse	62%
Children with Physical Health Problems	60%
Children with Mental Health Problems	60%
Children with Learning Disabilities	54%
Families with Children	60%
Children with Dual Diagnosis	31%
Children with Addiction Problems	29%

In general, the types of services more available for children and their families in the geographical area of the region are: special education, psychological, medical, psychiatric services and child victims of abuse.

The least available services are: medical - forensic evaluations, children dual diagnosis and children with addiction problems.

Availability of services by municipality:

- 56% believe that the services are available by municipality.

Accessibility of services:

- 79% believe that the services are not accessible

The waiting time for services:

- 54% indicated that the waiting time to receive the service is not reasonable

Opinion-Based Questionnaire Responses Continued: % of individuals responded

Services that Need Strengthening

Social	35%
Legal	21%
Doctor	23%
Mental Health (Priority)	79%
Educational	41%
Foster Care	47%

Specific Services that Need Improvement

Special Education	51%
Psychological Services (URGENT)	71%
Psychiatric Services (URGENT)	71%
Medical Services (URGENT)	66%
Residential Services	29%
Recreational Services	27%
Tutorials	20%

Doping Tests	28%
Mental Health Assessment	52%
Speech Therapy and Evaluation	17%
Psychological Evaluations	38%
Medical - Forensic Evaluations	30%
Reeducation Perpetrators of Domestic Violence (URGENT)	76%
Transportation	44%
Victims of Domestic Violence	36%
Children with Physical Health Problems	39%
Children's Victim of Sexual Abuse	23%
Children's victims of sexual abuse	46%
Children with Mental Health Problems	45%
Children with Learning Problems	30%
Families with Children	22%
Children with Dual Diagnosis	37%
Children's with Addiction Problems	47%

Effectiveness of Interagency Coordination

Entities	Scale		
	Very Effective	Ineffective	Not Effective
Department of Education (Highly Ineffective)	24%	60%	6%
Department of Housing (Highly Ineffective)	21%	57%	10%
Services Administration Mental Health and Addiction (Highly Ineffective)	14%	56%	16%
Court Administration	67%	24%	0%.
Department of Justice	53%	28%	1%
Rehabilitation and Correction Administration	25%	47%	5%
Puerto Rico Police	36%	49%	2%
Department of Recreation and Sports	20%	42%	14%
Women's Advocate	28%	40%	8%
Ombudsman	17%	49%	8%
Non-Governmental Agencies (Highly Ineffective)	21%	54%	3%

Services that should be High Priority: % of individuals responded

- 76% mental health services (includes evaluation, treatment, psychotherapy, medication, hospitalization)
- 64% Offer foster homes
- 60% Services for victims of sexual abuse
- 56% Abuse prevention programs

- 53% Services transition to adult life for youth in custody of the Department of Family
- 53% Services for substance abuse treatment (for parents)
- 50% Family Housing
- 49% Services for cases of family preservation by the Department of Family
- 48% Services for victims of domestic violence
- 48 %Services for youth of Act No. 88 in joint custody with the Department of the Family (Children's Act of Puerto Rico)
- 47% educational services (including special education) for children

Barriers in providing services

- Mental, psychiatric and mental / behavioral health services
- Special education services
- Specialized medical services
- Offering foster homes
- Service providers that accept the health card
- Services for children with special needs
- Services fragmented by poor inter-agency coordination
- Transportation

- Lack of staff
- Few accessible services in the municipality of residence or geographical area of the office
- Limitation of medical specialists through the island
- Cost of services
- Time schedule when the service is available
- Waiting time to receive a service
- Lack of training to direct service personnel on prevention of abuse and keeping the least insurance in your home
- Services through government provided Universal Health Care card

The direct services personnel also identified the following opportunities to strengthen the Service Array:

- Hire staff to strengthen local offices and special investigation units.
- Improve the timeliness of the preservation service: These services must guarantee safety, well-being y permanency for both the children and family with active case in the Department of Family.
- Directing efforts to improve interagency coordination.
- Expand services assessment and treatment to child victims of sexual abuse. There is a waiting list to receive the service and forensic reports.

- Strengthen mental health services, foster care, medical and educational.

Some stakeholders reported that disclaimers and hiring freezes have had a negative effect on the provision of the service because they have resulted in a shortage of ADFAN social workers, as well as other government personnel providing relevant services to children and families.

State self-assessment also recognizes that the lack of some services is a barrier to achieving the goals of keeping children safe and achieving permanency in a timely manner.

Focus Group Results:

The focus group was carried out with the foster parents of the Caguas Region, Guayama, Humacao and San Juan.

Focus group participants were asked questions about the existence of preventive reunification and permanency services, the availability and the accessibility of the services.

State self-assessment information as stakeholders, although Puerto Rico has a wide range of services, availability and accessibility varies by location, including contracted services. State self-assessment indicates that most services are available in metropolitan areas but not in rural areas. However, state self-assessment also indicates that even in the metropolitan area there is a shortage of services, resulting in waiting lists for services.

Item 30: Individualizing Services

Item 30 is rated as an area needing improvement. Shortages of many services, insufficient fiscal resources and insufficient staff ADFAN difficult to achieve individualized needs of families and children systematically. Although the use of family conferences in Puerto Rico promotes the individualization of services to meet the unique needs of children and families, family conferences are not routinely carried out in all cases.

The qualitative and quantitative data used are those listed in item 29.

Gaps:

- Inconsistent practice in initiating a response to reports of child abuse in a timely manner and the establishment of a face to face contact with children.
- The continuing lack of security and risk assessments to keep children safe at home.
- They are not providing adequate services to families to keep children safe in their homes.
- The lack of services in some communities and the lack of sufficient ADFAN staff make it difficult to offer the services that families need.
- It is not evident in the plan of services to the family, the needs of the minors that must be taken care of to assure their well-being.
- Services offered to families to keep the child safe in your home is not evident.
- The assessment is not appropriate for families and children that address their specific needs with appropriate services.
- The Intensive IN Home Preservation Services (SIPH) units were maintained but not at its optimum level due to: lack of personnel, administrative problems,

elimination of three regional work units Aguadilla, Guayama and Arecibo. Seven units were maintained.

ADFAN maintained the collaborative agreements to expand the array of services provided to our participants. The following are the collaborative agreements for individualized services and priority access for families referred by ADFAN:

- Department of Health - Medicaid, ASES-medical services, physical health, visual mental, dental health and treatment for substance use problems.
- Department of Labor – to promote employment resources for youth in transition to adulthood;
- Department of Education – education services to children in Foster Care or residing in their own home, including children with health problems and mental retardation; and
- Teen Challenge – for substance use treatment services
- Municipalities
- Nonprofit organizations
- Faith based organizations

Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Strengths/Concerns:

Without a doubt, the ADFAN personnel are present in interagency committees and have collaborative agreements with various public agencies and non-governmental organizations. In meetings, they are constantly seeking solutions to social situations and share information to work on issues that impact society based on the goals of the ADFAN.

The proposals that are requested to the entities to provide services to the community are based on the referrals from the Child Abuse Line. This information is used as a basis to request proposals from service providers, as the ADFAN identifies the need. The services are provided through the service providers, municipalities, protection homes, community centers, public, and private agencies and by the ADFAN personnel, specifically, the Auxiliary Administration for Prevention in the Community.

Therefore, multiple programs for families were identified, both inside and outside of the ADFAN, which produced very good feedback in terms of content and workshops. Therefore, we can identify a network of services throughout the island that reaches the whole population. However, the state plans and their progress reports are not the product of the ongoing meetings that the ADFAN holds with the stakeholders.

These meetings are based more on the goals that the ADFAN stated in its plan to address identified situations. In other words, the concerns or recommendations from all sectors are in sight, after having established the goals and objectives in the state plan, not in its preparation. Based on the focus groups and the people consulted, we can conclude that the communication between the ADFAN and the service providers, the interested parties and the people receiving services is very limited and should be reinforced.

Although the services are effective, in some cases, the fact of not being able to make joint decisions so that they are transferred to the state plans and progress reports interfere with the provision of a better service. Not consulting continuously with the service providers and interested parties for the development of the state plans and progress reports, can lead to being working on a superficial level and impact only what ADFAN indicates that needs more attention.

With the analysis of the information collected, item 31 is classified as an area that needs improvement. It is classified in this way because the ADFAN does not carry out continuous consultations with interested parties or involve them in identifying the concerns and strengths that are the basis for the development of the objectives and goals of the state plan.

Qualitative and Quantitative Data:

To obtain the qualitative and quantitative data for the evaluation of this systemic factor, the methodology used included:

- Interviews with personnel from the Assistant Administration for Prevention and Community Services
- Interviews to members of the Interagency Central Committee with the Courts Administration
- Interviews with staff that provide professional services to the ADFAN
- Questionnaires to 5 members of the Citizen Review Panel
- Questionnaires to 46 young people who receive independent living services

- Focus group with 12 parents from the Discipline and Skills Management Group of the AFANA Program
- Focus group with 9 men from the Resocialization group of the AFANA Program
- Focus group with 5 parents who receive internal services from the School for Family Life, Carolina Region
- Review of the CFSP (2015-2019) and the APSR (2017-2018 and 2018-2019) documents

To facilitate the analysis of the data, the SWOT model was adapted to identify strengths, weaknesses, opportunities and threats.

Statewide Analysis:

The state has the responsibility to meet the needs of society and prevent child abuse and intrafamily violence through public and private agencies. The ADFAN is committed to providing services that respond to the needs of communities, participants, service providers, parents, and children. Public and private agencies, including Youth Courts, schools, among others, where a network of services has been developed throughout the island to respond to identified needs are also committed. However, this response is not the product of the various service providers. Therefore, service providers are requested to submit their proposals to work with the identified areas. When the proposal is awarded, services to the community begin to be offered.

Below, we include the information about the different services available in ADFAN:

- *Juvenile Court*

Regarding the Courts, there is a direct connection between these and the ADFAN. Both are called to meet, work and resolve minors' issues regarding their safety, permanency, and well-being. The federal government (ACF) promotes that the ADFAN and the Courts keep working together for the benefit of children and their families. The ADFAN staff and the Court staff continually meet to work on relevant and related issues, such as, the language in Title IV-E, which must be included in the minutes of the Court, to claim the corresponding funds for minors and contribute to their permanency plan.

Through Court Improvement, cross training is coordinated between the ADFAN, the Administration of Courts and the Department of Justice on important topics such as the streamlining of permanency plans and adoption in addition to other workshops such as Trauma in the Removal, Expertise in Court and Safety Model that are administered through the Justice for Children Program. They also work with relevant issues on the dynamics that occur within specialized family courtrooms to standardize judicial processes throughout the island

The ADFAN is present in the Courts State Plan and in the same way the Courts are highly involved in several goals of the ADFAN State Plan. In response to one of the strategies of the last Program Improvement Plan 2011, the Central Committee for the Streamlining of Permanency Plans was created, which includes members of the ADFAN, the Department of Justice, the College of Social Work Professionals of Puerto Rico, led by the coordinator of the Justice for Children Program of the Courts Administration. This committee aims at addressing issues that are linked to the permanency plans of children. However, although they are in continuous communication, the ADFAN does not develop annual progress reports in consultation with the Courts. In addition, although there has

been a tangible improvement, many children continue under the custody of the agency, without evidence that there are efforts from the ADFAN and the Court to work together to achieve the goal of the permanency plan.

- *Citizen Review Panels*

In Puerto Rico, the Citizen Review Panel is divided into the East Area and the West Area and it is a key piece for the ADFAN. These Panels provide annual reports on evaluations conducted on specific topics. The Citizen Review Panel of the West Area has been consulted continuously to contribute with effective measures for the preparation of the State Plan and its annual progress reports.

This Panel renders an annual report to the agency with findings and recommendations. On June 29, 2018, the Secretary of the Department of Family Affairs addressed a letter to the Panel to let them know that they have accepted 55% (33/60) of their recommendations. In this letter, a table was included with the status of the recommendations received by area. For example, in the 2015 report, the panel recommended to “Establish a plan for the recruitment of public interest representative outside the agency,” and to “consider increasing the number to three per committee.” The ADFAN’s answer was: “We accept the suggestion, and we will work directly with each Associate Director, of the 10 regions that are part of our agency. They will be asked for a work plan on the subject. Current status: Work continues through the committee in the different regions, with public interest representative outside the agency. Through the Associate Director the work plan to ensure community representative’s participation will continue.

The following are the topics of the reports on the recommendations made by the panel and the years of the report:

2011 – Report: Amendments or Modifications Act 177 of August 1, 2003.

2012 – Report: Services offered by the Department of the Family to Youth Intervened with under Act 88.

2013 – Report: The Intensive Family Preservation Services and the Effectiveness of Services to Avoid the Minor’s Removal and Recidivism of Abuse.

2015 – Report: Effects on legal and administrative changes in the review process under Act 246 of December 2011, extended to the Regions of Bayamón, San Juan, Carolina, Humacao and Guayama.

A total of five people completed the questionnaire that was given to members of the Citizen Review Panel of the West Area. All agreed that the services they provide are evaluation and recommendations on programs and services for the protection of minors. They have been serving as volunteers on the panel between two to ten years. The five people indicated that they do not consider that the Agency has included them in the development of plans regarding the services they provide as a Citizen Review Panel.

About the collaboration between them, as service providers and the agency, one of them indicated that collaboration is small but effective. Another one indicated that collaboration is not good; other member indicated that it is average, and two others did not answer the question. Regarding collaboration, they recommended that more attention is given to the Panel. Moreover, they recommended that the regions answer the reports that the Panel provides them and that they consider the effort invested by the members of the Panel.

Regarding the interruption of services, one person answered that receiving more support from the Agency and from the relevant people would be beneficial. Their level of satisfaction with the collaboration between the Agency and the Panel was explored and the following was found: one of the members says that he/she is very satisfied, two indicated that they are satisfied, and another one reported being little satisfied. One of them did not answer the question.

On the strengths that they identify in the coordination of services that the Agency carries out with the Panel, they identified two aspects; the willingness to listen to them and the dedicated and committed staff. Meanwhile, as limitations, they identified the lack of communication between the Agency and the Panel. Finally, they recommended improving communication and having more contact at the central level.

- *Collaborative agreements*

ADFAN is present in interagency committees and has collaborative agreements with various public agencies and non-governmental organizations. Among the public agencies with collaborative agreements are the Department of Rehabilitation and Correction. They have collaborative agreements with federal agencies, specifically the *US Immigration and Customs Enforcement* (ICE). On the other hand, collaborative agreements are extended to non-governmental entities such as *community-based organizations*.

- *Private professional services contracts*

The hiring of two private companies to provide professional services to the ADFAN can be identified. One of them is for the investigation of abuse referrals that are in arrears. Another company is in charge of receiving calls regarding the abuse referrals to the

ADFAN. This contributes to the network of services throughout the island that reaches populations such as children, youth, adults, and seniors.

- *Auxiliary Administration for Prevention in the Community*

The Auxiliary Administration for Prevention in the Community has all the service providers, in various areas, who have a contract with the ADFAN and who receive funds through the ASFA and the CAPTA. The Community Prevention Administration staff meets regularly with these service providers to request progress reports and evidence of service provision. These meetings are held in different parts of the Island for the benefit of everybody. The frequency of these meetings is once a month.

In an interview with the staff of the Auxiliary Administration for Prevention in the Community, it was identified that the proposals that are requested are based on the situations that are referred through the Child Abuse Line. The services are provided through service providers, municipalities, shelters, community centers, public and private agencies and by ADFAN personnel, specifically, the Auxiliary Administration for Prevention in the Community.

It should be noted that on February 15, 2017, Act 10 was created. This Act creates the Office of Socio-Economic and Community Development known as ODSEC. It ordered that all CSBG Funds be transferred to that unit. Therefore, the ADFAN does not have any access to these funds or to the employees assigned to granting thereof.

Other responses to the community include the *Home Visiting Program services*. Through this service, households with children under 0 to 3 years old are visited to provide

guidance as these families are identified as families at risk. In areas classified under poverty levels, educational, recreational and cultural activities are carried out.

Other services that strengthen the response of the Agency to the community are:

Service	Description of the service
Schools for Family Life	Compulsory for parents, mothers and responsible person at the time of intervening with the family. These schools are offered both by staff of the Agency assigned for these purposes and by service providers such as AFANA (<i>Organizational for Development Group</i>).
School for Coexistence and Parenting	Voluntary. Here, participants learn to live and raise their children and receive workshops to prevent suicide, sexual abuse among other topics.
Play: My family is My Best Life Project	This play is carried out in municipalities and offices to highlight that family situations have a solution and help can be obtained. The purpose is to help prevent situations of abuse for both minors and the elderly.
Working for Peace	They are trained by builders of peace in the diverse communities and places where this Module / workshop is offered.
Commission for the Prevention of Suicide	The ADFAN is one of the few public Agencies that is actively participating in suicide prevention year by year.
CAMPEAS	Partial-care centers for aged people where they enjoy food and activities according to their stage of life. The activities are educational and recreational.
CIMVAS	Integrated Services Centers for Minors Victims of Sexual Abuse. They are in strategic locations throughout the Island.
Alliance with Emergency Management	It provides workshops to communities about how we protect ourselves emotionally in a catastrophic event.
Service fairs	Promotions with baby simulators on topics such as Shaken Baby Syndrome, Withdrawal Syndrome, and Fetal Alcohol Syndrome.
Safe Nest	Program for visiting nurses for pregnant young women who are custodians of the Agency in Mayaguez, Humacao and Ponce. They receive guidance on stages of development, WIC, TANF and other federal and state aid for their benefit and their babies
Encuentro Project	In this place located in the Local Office of Bayamon III, there are parent-child visits of controversial cases. This is a meeting point where in addition to the parent-child visits they receive guidance and mediation services. All visits are supervised. The project is established since 1999.
Protection homes	For victims of domestic violence through the entire network of protection homes on the island. All must give priority to families referred by the Agency. Puerto Rico also has protection homes to serve the

Service	Description of the service
	male population that is victims of domestic violence as contemplated in PL 54-1989.
Community Base Organizations	Funds are allocated so that these organizations can provide services to the community.
Ricky Martin Foundation	This Foundation works by guiding the community and agencies on human trafficking and sex trafficking.
Network Community	They offer services to disadvantaged communities.
After school tutorials	These services are provided by Child Care.
Funds to Municipalities	Many municipalities have federal funds provided by the ADFAN to meet the basic needs of citizens.

- *Young people from the Independent Living Service*

Likewise, we wanted to know how young people who receive independent living services see the collaboration between the Agency and the providers of the services they receive. So, a questionnaire was administered to young people who receive these services. A total of 46 young people completed the questionnaire. They were asked about the services they receive and their level of satisfaction: 87% (40/46) indicated that they were very satisfied, 11% (5/46) said they were fairly satisfied, and 2% (1/46) indicated that they were little satisfied with the services.

Regarding how they see the collaboration between the Agency and the people who provide the services, 74% (34/46) of the 46 young people did not answer the question, 24% (11/46) of those who answered indicated that the collaboration is very good and adequate, and 2% (1/46) indicated that social workers are “disoriented and irresponsible.”

Then, they were asked what recommendations they provide in this respect, and only 4 of the 46 young people answered the question, indicating that they should improve

communication between the social workers of the Agency and the people who provide the services.

Ninety-eight percent (45/46) of them indicated that they recommend the Independent Living services to other young people, only 2% (1/46) indicated that they do not recommend it. Ninety-six percent (44/46) of them indicated that the services they receive help them lead an independent life, while 4% (2/46) indicated that services do not help attain an independent life.

All mentioned that the strengths of the program are that it teaches them responsibility and increases their self-esteem. Regarding the limitations of the 46 young people, only 3 answered about their interest in obtaining their driver's license before the age of 18. This is due to the fact that in Puerto Rico children under 16 can have a learner's license to drive with parental authorization, while the minors under the custody of the Agency do not have that access until they are 18.

As a final recommendation, only 10 of the 46 young people answered this question and the outcome was that 4 answered that communication between social workers should be improved, while 6 of them indicated that they wanted more music activities.

So, in general terms, there is great satisfaction among young people who receive independent living services. However, there are areas, such as communication between the minors' social workers and service providers, that should be revised to improve.

- *Biological parents receiving external services from the AFANA Program*

Several focus groups were conducted in search of information. The first group was composed of 12 people belonging to the group of parents who receive workshops on

Discipline Management and Skills in the AFANA Program. This program is located in the town of Gurabo 22 miles from San Juan.

Regarding the services received, they indicated that they learn a lot, that confidentiality is respected, they teach them how to manage discipline, avoid mistreatment and violence. Also, they indicate that they receive talks about acts such as the Act 246-2011 'Child Safety, Well-being, and Protection Act.' In each topic they perform pre and posttest, receive group therapy and indicate that all the topics are of benefit.

They have a good opinion about these services. They think that services have been very good, they like them a lot and they love it. They feel good because they feel respected and treated as human beings, not as criminals. Two of the young people indicated that it is the second time they take the classes and that they are now mature to receive the information. One person indicated that he feels confident about the credibility of the AFANA Program before the Court. Another person indicated that the services she receives in the AFANA Program have helped her define and understand her role as a mother and that she is now clearer on what her rights are.

One of the participants indicated that the Agency marks people negatively and delays the processes and that, on the contrary, the workshops taken in the AFANA Program have been good and provide tools.

All respondents indicated that they were satisfied with the service they receive in the AFANA Program. They indicated that the time of the workshops is adequate because they are offered once a week, during two and a half hours in 10 sessions that can last from two to three months.

Regarding the collaboration between the AFANA Program and the ADFAN, they indicated that the social workers of the Agency do not have communication with them or with the AFANA Program staff. They mentioned that some social workers of the Agency show an anti-ethical behavior and that they do not know much about the AFANA Program, although they do refer them to receive aid from said program. One person stated that if he had the opportunity to grade the Agency he would give it an F.

The whole group agreed that they would recommend definitely (100%) the services received because the people from the staff in the AFANA Program are very professional, they educate, they allow them to vent and they value and respect their opinions. One person mentioned that the AFANA Program staff is trained to take her/him by the hand and recover her/his children. They also indicated that they have put into practice what they have learned even when there are parents who have not yet obtained custody of their children.

As a recommendation to improve the collaboration between the Agency and AFANA, they indicated that the social workers of the Agency should have more communication with them and learn about the workshops offered by the AFANA Program. They recommended that the program reaches other municipalities. Another recommendation is that the non-promoted parties be included in the workshops so that they can also learn what they teach there since they only focus on the group of the promoted people.

- *Men from the resocialization group of the AFANA*

Another focus group was the Resocialization of the AFANA Program. This group was made up of 9 men. Some of them are voluntary, others are referred to by the Agency and the rest were there due to a Court order.

They indicated that the services are learning services aimed at avoiding mistreating their children, getting tools for life, guidance on the law of abuse (Law 246-2011) and dynamics that help them improve their relationship with their partner. All indicated to be satisfied with the service they receive.

Regarding the collaboration between the AFANA Program and the ADFAN, they indicated that they think that this collaboration very good. However, when they go to the Courts, the collaboration between the program that provides the workshops and the ADFAN seems to be different. At the moment of making a determination, the recommendation of the AFANA Program is key.

Another participant indicated that he arrived at the AFANA Program through a referral from the Agency. All of them recommend the services to other people and put into practice what they have learned, except for one of them who indicated that he has not put it into practice what he has learned yet because he joined the group recently. They all consider that these services help them with their role as parents and in their role as a couple.

As a strength, they say that there is good communication between the participants and the resources offering the workshops. Another aspect that they mentioned as strength is the methods used to present the information. They say that it is not monotonous because they use different techniques.

Regarding limitations, they expressed that the workshops should be available to other municipalities so that more people can benefit from them. They also indicated that the place where the AFANA Program is located should be more accessible.

- *Parents who receive internal services from the School for Family Life*

Finally, the last focus group was that of the parents who receive workshops from the School for Family Life in the Carolina region. They believe that the services they receive are necessary and positive. They see these services as a support in their situations. They all indicated that they feel satisfied because, in addition to learning and expanding their knowledge, they do not have to worry about caring for their children because while they participate in the workshops, the ADFAN provides care for the children. In addition, they all agree that the workshops are very practical and that they help them in their role as parents.

As for the strengths, they identified that the literature provided at the workshops is written in a language easy to understand. Among the limitations, they mentioned the lack of organization and of an accessible place, lack of empathy from the social workers to their cases. They also alleged that there are social workers who do not follow the protocols due to the lack of supervision. One person indicated that he was never given a service plan.

When exploring their recommendations, they mentioned that social workers should be more helpful, that there should be better coordination and a fixed place, so they would avoid constantly changing the meeting place and cancellations due to lack of a meeting

place. They also deemed necessary more supervision to social workers in the local offices and that social workers should show more empathy.

Item 32: Coordination of CFSP Services with Other Federal Programs

Strengths/Concerns:

Regarding the effectiveness of the services, they argued that the time that elapses between the request to receive the services and the granting of the benefit is very long and entails many requirements. However, services are coordinated, and people benefit from them.

As strengths, they pointed out that services are free of cost and there are services at night and with flexible hours. The people who work in the federal agencies are collaborators and facilitators and provide the required information.

Regarding the weaknesses, they argued that the high demand for services delays the process to receive benefits. The time to grant the benefits is long and exceeds what the law stipulates. Only one person pointed out that the process does not comply with the legal terms. They also argued that services are not available in all municipalities, so there are people who must move to seek help in other places where the requested service is available.

Some social workers indicated that they do not know the services provided by federal programs. These social workers are specifically for the Title IV-E unit and they do not represent the reality of the rest of the caseworkers that manage cases daily. However, this can cause disadvantages in families that are served by personnel who do not know the types of help, programs, and services that contribute to the best well-being of the

families. Through the focus groups and the questionnaires completed by the participant social workers and supervisors, the time taken to receive a response from the federal agencies is deemed an external threat. Similarly, the waiting time may delay the achievement of the goals of the families' plans on safety, permanency, and well-being.

According to the information gathered for the evaluation of items, item 32 is placed within the strength classification. The ADFAN is constantly using the federal programs and aids for the benefit of the participants that they serve by constantly connecting participants with existing federal aids.

Statewide Analysis:

Continuously, the ADFAN ensures that the families that are served under the Social Protection program and the families that request assistance benefit from the existing federal assistance services applicable to the territory of Puerto Rico. Social workers coordinate these services directly with the corresponding agencies that provide them or with the service providers that receive federal funds to address family situations.

Qualitative and Quantitative Data:

To obtain the qualitative and quantitative data for the evaluation of this systemic factor, the methodology used included:

- Questionnaires to 18 social workers and supervisors of the Carolina and Humacao regions.
- Focus group with 5 social workers and supervisors from the Carolina and Humacao regions.

- Focus group with 5 social workers from the Carolina region.
- Review of federal programs documents and other documents such as CFSP ADFAN 2015-2019 and APSR 2017-2018 and 2018-2019.

To facilitate the analysis of the data, the SWOT model was adapted to identify strengths, weaknesses, opportunities and threats.

Federal Programs in Puerto Rico:

- Public Housing and Housing Choice Voucher Program (Section 8)

Many of the families that come to the ADFAN seeking help with any situation involving housing are referred to the municipality where these federal services are available. Most of the cases that we serve are due to negligence because they do not provide a safe place to live. The public housing demand is high, so it takes a little while to address this need. It is very helpful for everyone who needs it.

Public housing assistance is also coordinated for the young people of the Independent Living service so that they have a place that will be their home once they reach their majority of age.

- Nutrition Assistance Program (PAN, by its Spanish acronym)

The coordination of this benefit is an essential part of the services provided, both to families that come to the ADFAN seeking guidance services, as well as to those referred by the Abuse Line. Also, when removing minors, this help is one of the first that is coordinated to the families assisted and to the minors.

- Temporary Assistance Program for Needy Families (TANF)

Most of the families that are served are single-parent families, specifically, the mother. This cash aid is a great benefit, to pay for food, clothing, housing, services, furniture, among others. This help allows them to achieve a certain degree of independence and, once the ADFAN intervention ends, they can continue with the benefits as applicable.

- Head Start and Child Care

Children under age 0 to 3 who are part of the families are also coordinated with educational daycare. The Early-Head Start program is used for infants up to 18 months of age. Then, they receive Head Start services until they enter the education system.

- Department of Health (Medicaid, VFC, Early Intervention, WIC)

The ADFAN has maintained the universal medical card for all minors who enter the foster care program. This effort is continually coordinated by the nursing supervisor of the Assistant Administration for Foster Care, and Adoption Services and all minors have medical insurance coverage. This health insurance has coverage for physical (including visual and auditory), dental, and mental health issues. Wherever a child is placed, he/she can count on medical services thanks to this effort.

The Vaccines for Children (VFC) program is a federally funded program that provides vaccines to all providers of vaccination services under the Health Plan of the Government of Puerto Rico to be administered to the population eligible for Federal Medicaid. The minors receiving the ADFAN services benefit of these vaccines.

All minors who enter foster care between the ages of 0 to 3 years are mandatorily referred to the Early Intervention Program for an assessment of needs and coordination of services if required.

The Women, Infants, and Children (WIC) program is another service that regularly provides pregnant women, mothers and their children with the opportunity to receive guidance on the development stages of their children and receive nutritional assistance.

- Administration of Mental Health and Anti-Addiction Services (ASSMCA, by its Spanish acronym)

Through coordination with this administration, participants can receive services to address mental health and addiction issues. Also, confidentially, people and participants who confront suicidal ideas have access to the Social Assistance Program (PAS, by its Spanish acronym) line, which is a service that consists of counseling and crisis intervention services to prevent suicide. Through the participation of Agency personnel in the Commission for the Prevention of Suicide in Puerto Rico, informative brochures are received and sent to each local and regional office so that the information is shared with the participants and visitors.

- Department of Education

In compliance with the applicable provisions of the Law of Integral Educational Services for Persons with Disabilities, better known as law 51-1996, the ADFAN personnel has initiated training to guarantee the rights of minors with intellectual disabilities to have access to education, educational services, and special education. People that require these services are guided and an appointment is coordinated with the Special Education Program so that the evaluation processes are initiated and they can access the services for the minors.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards Applied Equally

Statewide Analysis:

In the evaluation carried out, it was found that ADFAN currently has 44 institutions licensed through the Mental Health and Addiction Services Administration (ASSMCA). This is an area that should be strengthened to guarantee that now of granting the license it meets the minimum safety requirements established by the state and federal levels.

Qualitative and Quantitative Data for Systemic Factor Foster and Adoptive Parent Licensing, Recruitment, and Retention (item 33-36):

The Committee on the systemic factor “Foster and Adoptive Parent Licensing, Recruitment, and Retention” carried out the following activities during the assessment of the processes:

- Group meetings: to provide information and develop the working plan. Other meetings with the purpose of developing the instrument to be used in the assessment of Sections 33-36) [sic] of systemic factor no. 7.
- Meeting with case workers and other support personnel from the Licensing Unit of the Department of Family Affairs with the purpose of providing information about the processes of the state plan and the service improvement plan. The meeting was held on June 27, 2018.
- The questionnaire was provided to:
 - 39 foster parents
 - 71 residential institution directors
 - 47 residential institution case workers

- 15 ADFAN case workers
- 10 Licensing Unit members
- 0 pre-adoptive homes and adoptive parents

The methodology that the Committee established to assess this factor chose to use was a survey to foster parents (39), residential institution directors (71), ADFAN (Spanish acronym for Administration for Children and Families) and residential institution case workers (67), and Licensing Unit case workers throughout the Island (10), for a total of 186 people surveyed.

It also reviewed official documents of the agency, such as regulations, laws, standards, and established procedures.

The safety of minors is supported by laws, regulations, and procedure manuals that apply to minors in foster care, and by requirements and procedures for certifying or licensing providers, whether they are family members or others, pursuant to Act No. 246 of 2011 and Act No. 173 of 2016.

State standards at the Department of Family Affairs for the recruitment and retention of foster and adoptive parents state that, when evaluating a family that has offered their residence as a foster or adoptive home, it is necessary to check whether that family has any abuse background in the Central Social Welfare Registry (ADFAN-CSA-2007-005).

The standard is the same for applicants who have lived outside Puerto Rico.

The following policies and standards are required for the certification or licensing of any family, institutional, or other home receiving Title IV-E or Title IV-B funds.

- Protection background check

- Criminal background check
- Sex offender background check
- First aid course
- Regulations under Act No. 173 of 2016
- Regulation No. 8860 of November 2016

This standard is applied to every family member 18 years of age or older living in the home where the minor(s) will be placed in order to ensure that the foster home will provide the safety and protection to which all minors are entitled.

The assessment reflects that the Department of Family Affairs has established through the Foster Care Procedure Manual, the Safety Model Manual, and the Technical Assistance and Eligibility Criteria to Claim Funds for Title IV-E Manual, that each foster home and institution must be certified or licensed.

ADFAN establishes the procedure to certify and refer minors to therapeutic foster care (ADFAN-CSA-2007-026^a), which is offered through professional service contracts for minors between the ages of 8 and 20, regardless of gender, who show severe behavioral or emotional problems or trainable mental retardation. The Foster Care Unit will check that the home meets the requirements and provides the documentation for certification.

The Licensing Unit in each Regional Office will be in charge of licensing foster homes and institutions where minors who are wards of the state will be placed. Foster Care Offices in all ten (10) Regional Offices are in charge of certifying homes where minors will be placed after being removed from their own homes. The Department of Family Affairs has

two parallel procedures to certify the placement of minors once removed from their own homes.

The Foster Care Offices in all ten (10) Regional Offices, as well as the Licensing Units, are responsible for ensuring that foster home licensing and certification standards are met. The requirements for home certification must be met by the person who will be in charge of the safety of the minor in the location where the latter is placed. These certifications will not be transferable. Homes are licensed to shelter six (6) minors and/or certified to shelter two (2) minors or less, or groups of siblings. The difference between licensing and certification lies in the unit that carries out the study and the number of minors authorized for placement according to the type allowed.

The prudent and reasonable foster parent standard has also been established (ADFAN-CSA-2015-014) in the exercise of “parents patriae”, which requires a duty to take care of the minors and guarantee their safety and well-being. This seeks to ensure that all natural or juridical persons that shelter foster children abide by the established standards and laws. This standard is defined as careful and sensible decision-making by parents, keeping the health, safety and best interest of the minor in mind while promoting their development and emotional growth (ADFAN-CSA-2015-004).

Under this standard, the Agency encourages parents and/or designated persons in institutions that shelter minors to exercise diligence and prudence when making decisions regarding the minors under their care. This standard applies in the case of minors sheltered in institutions as well as foster homes. The Licensing Regulation sets forth what pertains to this matter.

As a safety requirement of the Agency, every person interested in obtaining a license or certification for the placement of minors must meet all the standards and procedures established in Regulation No. 8860 of November 2016. The survey conducted showed 86.2% of participants saying they knew the law regarding foster home and institution licensing and certification.

The survey showed 95.16% of participants saying they knew about the exit plan, and 89.78% saying they knew about the permanence plan. These points are important because residential institutions and foster homes are key in the scope of permanence of minors in foster care. The Department of Family Affairs offers required continuous training for foster parents and institutional personnel.

ADFAN has an integrated case management system called SIMCa, which is capable of alerting about the expiration date of all foster home and institutional certifications and/or licenses. It is also capable of compiling the required documents to guarantee the standards that apply to certified and/or licensed homes and institutions. This information is available to all ten (10) Regional Offices and their Local Offices.

Item 34: Requirements for Criminal Background Checks

This area needs improvement, since the Agency must ensure that all personnel working directly with the minors complies with it.

Statewide Analysis:

Subsection 8.1, "Verifying Information", of Section 8 of Regulation No. 8860 of 2016 for the licensing of institutions provides that the information, credentials, and criminal history of any person interested in or currently taking care of minors, as well as those of part-time

and full-time employees, volunteers, owners, managers, operators, directors, and persons in charge of an institution, must be obtained in accordance with Act No. 300-1999, as amended, the information available in the Criminal Background Certificate of the Puerto Rico Police, applicable regulations, and any other pertinent information.

The Agency established standards to verify any criminal and child abuse background of foster and adoptive homes. These standards set forth that, when evaluating the home of a person who offers him/herself to be the foster or adoptive parent of a minor, it is necessary to check for any child abuse background that the family may have in the Central Registry of Child Abuse Cases, attached to the Assistant Administration for Social Welfare. Background during the five (5) years prior to the application will be checked.

According to Regulation No. 7327, (regulations to check the criminal record of any provider of services to minors or the elderly in Puerto Rico), the Department of Family Affairs is required to check all the criminal background, including fingerprints, of the owner and all the employees of an institution, or of service providers of foster or other homes. This requirement must be met before any certification or license is issued.

The Department of Family Affairs has a collaboration agreement with the Department of Justice. It has a contract with EOFS Solutions, Inc., for the collection of fingerprints through the procurement of specialized services approved at the Federal level. Any person who applies for a license or certification to shelter minors who are wards of the state must have his/her fingerprints taken by this company.

Act No. 273 of 2016 sets forth that no person shall be a service provider to minors or the elderly in any jurisdiction of the government of Puerto Rico without previously applying

for and obtaining a license that indicates he/she has no registered convictions for sex crimes or child abuse.

These measures show government effectiveness by guaranteeing that no certification is approved for an adoptive or foster home without a complete and certified criminal background check.

Through its MI-02-009 Standard, the Assistant Administration for the Protection, Preservation, and Strengthening of Families and Communities establishes that placing minors in establishments that fail to meet safety criteria shall be prohibited.

Whenever the investigation unit places a minor with family members during an emergency, it must immediately make a referral to the certification area so that they may evaluate, among other things, any criminal background (ADFAN-PF-CSA-2008-11), rules, regulations, and the execution of standards of the safety model for the investigation of child abuse referrals.

Even though rules regarding the foregoing are clearly established in manuals or in ruling letters, they are reaffirmed in the following rules or criteria for placing minors in foster care establishments: the establishment must be licensed or certified according to the criteria established by the agency or corresponding unit. Establishments certified by the Department of Family Affairs must comply with the requirements set forth through legislation for the licensing of said establishments.

The ADFAN-CSA-207-005 policy of May 21, 2007, “Verifying Criminal and Child Abuse Background Checks for Foster and Adoptive Homes” states that children must be kept safe and their physical and emotional needs must be met in the home where they reside.

Whenever it is necessary to remove a child from their own home, it is our responsibility to guarantee that the foster home offers the safety and protection that every child is entitled to. Furthermore, fingerprints must be verified with the National Crime Information Database. This verification must be carried out by the Puerto Rico Police. We are currently coordinating with the corresponding agencies to carry out this verification.

In the survey, 95.7% said they knew of this requirement and its importance for the safety of our children. It is important to note that, even though a large percentage of the people surveyed said they knew about the importance of this requirement, only 76.34% said fingerprints must be taken before the issuance of any certification or license. This area needs improvement, since the Agency must ensure that all personnel working directly with the minors complies with it.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Statewide Analysis:

Between 2018 and 2019, the plan for diligent recruitment of foster and adoptive homes was established. The recruitment plan will take into account the minors' characteristics, as well as efforts to effectively communicate their needs to the general public. Strategies will strive to connect with the public in order to develop promoters or recruiters within communities. The plan will take into account the opinions and needs of adoptive and foster parents so as to improve the recruitment process.

The Agency's Certification Unit is currently working on a recruitment strategy that includes regional monthly activities. For such purposes, an informational brochure titled "Support Me, Accept Me, and Offer Me Your Home" was put together.

The Adoption Unit distributed a brochure about the myths and truths about adoption. It was sent to Regional Offices for local distribution.

In Puerto Rico, ethnicity is not considered an issue in terms of discrimination based on sex, race, or gender when placing a minor in a foster home and/or institution. Racial diversity is accepted by parents who request that minors be placed in foster/adoptive homes.

Through an institution called the Children's Psychiatric Help Information Center, Inc., (C.O.P.A., Spanish acronym), the Administration for Children and Families is currently coordinating the recruitment of an additional two hundred (200) therapeutic foster care homes. At present, we have sixty (60) such homes.

The Agency is currently carrying out the following activities for the recruitment of foster homes: visiting churches, contacting the local press, promotional items, community visits, social media, and agreements with institutions under contract with the Agency. Furthermore, an aggressive campaign is set for development in 2019 to recruit fosters home for minors with special needs and emotional health conditions.

The Adoption Unit continues to coordinate trainings for potential pre-adoptive families with the Sisters of St. Augustin of the Coquí. They have rolled out promotions through radio, television, and the press, in coordination with the Department of Justice.

ADFAN needs to develop trainings that address the real needs identified by foster and adoptive homes. They need to be recurrent, and a minimum related to specific areas of the minors' developmental stages has to be established.

With regards to the support received through the Agency, it was shown that 80.11% of people surveyed said that the training workshops offered have prepared them to meet their responsibilities (See Item 28). It also showed that 77.96% said they recommended the operation of foster homes and residential institutions to other people.

During the assessment of the factor, it was found that 93.1% of those surveyed said they knew what racial diversity was; this area has been strengthened in these past few years through informational sessions offered during the home's recruitment process.

At the time of the factor's assessment, it was found that ADFAN lacks a structured plan related to the needs identified for foster homes and institutions. It further requires the conciliation of licensing units and foster care so as to regulate the requirements set forth during recruitment.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Statewide Analysis:

The "Interstate Compact for the Placement of Children", as adopted on April 28, 1996, is the tool that the government of Puerto Rico must guarantee in the exercise of its "parents patriae" power, and of the protection, care, and services for children placed in the United States for foster care or adoption. Currently, Puerto Rico is not part of the Interstate Compact. Even though, as a courtesy, we have received the collaboration of participating states in interstate placement. Currently, we do not receive any services from the states of Florida, Maryland, and Texas.

The current standard at the Department of Family Affairs regarding considerations for interstater placement sets forth that, in accordance with the search for options for the

placement of these minors per their permanence plan, it is necessary to explore ideal resources in Puerto Rico or in other states (ADFAN-CSA-2007-006). This includes adoptive relatives or other permanent ones, which should be considered as the first option as long as they are appropriate, as well as other resources consistent with the established plan. Should the minor remain placed outside Puerto Rico, visits at least every six (6) months must be guaranteed (ADFAN-CSA-2008-012).

The Department of Family Affairs has deployed a strategy in the restructuring of its services that identifies case workers from the ten (10) regional offices so they can take charge of conducting social assessments outside Puerto Rico, especially in those states that do not offer services to our Department. Case workers conducting social assessments outside Puerto Rico were provided information and a guide for coordinating such services (ADFAN-CSA-2007-018).

The Administration for Children and Families is interested in joining the Interstate Compact agreement, and to such effect, it is currently in conversations with different officials of the component. There is an intent to amend the law, and a draft of the bill must be resubmitted to the legislature, so we can become part of the agreement.

Strategic Plan for Enacting the State's Vision

Guiding Principles

Framework for the Child and Family Service Plan is grounded in the following premises:

- The focus on strengthening families through primary prevention of child maltreatment is paramount at all stages of a case.
- Effective engagement promotes more comprehensive sharing of information and perspectives, which increases the effectiveness of best practice tools, strategies, and models.
- Every child deserves to grow up in a stable, nurturing family.
- Families involved in the child welfare system have experienced various traumas both from the circumstances that led to the maltreatment and the separation of removal to foster care. Unresolved, these traumas can continue to impact their reactions, behaviors and development.
- Family interventions should be proportionate based on risk and protective factors.
- Children and families are more likely to actively engage in a plan in which they had a key role in designing. Key decisions include family and youth voices.
- When plans recognize and build upon families' strengths and achievements, they are more likely to accept the interventions and internalize the positive changes.
- Decisions about specific interventions for children and families are more relevant, responsive and effective, when the team involved with the family helps make them.
- Plans that are individualized and needs-based, instead of service-driven, are more likely to promote positive outcomes in safety, permanency, stability and well-being.

- Older youth transitioning from foster care into adulthood are more successful in achieving independence when they have established relationships with caring adults who will reliably support them.
- Child welfare systems are strongest when partners share common goals and resources.
- A skilled and experienced workforce is supported by competency-based training, facilitative supervision, community-based services and technology.

Accountability

The Statewide Assessment was completed by a team of people who participated in the development of the CSSP, by state representatives who were not staff of the Agency, external partners and stakeholders, and individuals that represented valid sources of consultation such as court personnel and volunteers.

The information about the Puerto Rico Administration of Family and Children Agency compiled and analyzed through statewide assessment process was used to support the CFSR process in many ways. The statewide assessment provided:

- An overview of the agency performance for the on-site review team.
- Help identification of issues that needed additional review before and during the on-site review.
- Valuable information for rating the systemic factors.
- Provided stakeholders and staff members areas potentially needing improvement.

The methodology supported the use of QA Office data (2015-2016) from seven regions with a total of 105 random foster care on in-home cases, assessment of systemic factors

through interviews, focus groups, questionnaires and surveys among diverse actors and stakeholders and the review of documents.

Due to the devastation and impact of Hurricane Maria on programs and services, the Children's Bureau cancelled the third round of federal monitoring CFSR for Puerto Rico, which was scheduled for September 10-14, 2018. For that reason, ADFAN used the data provided by the Quality Assurance Office (QA).

From this section, the need to set up a framework and a set of tools that measure ADFAN's performance toward achieving key child well-being outcomes is vital. Ongoing measurements on how well services are leading to desired results can be used to help manage and improve services and outcomes. ADFAN will implement an Outcomes Assessment Model for on-going capacity building among supervisors, directors and organizational leaders geared to sustainable implementation of practice changes assessments. Development and implementation of a comprehensive communication plan that focuses on sharing information, gathering feedback, gaining support and engaging staff in an on-going process of system change will be utilized. Through a series of "Outcomes Matters: Newsletter, to be distributed within ADFAN to all staff, external partners and other focus-trainings as well, the culture of outcomes assessment will be started, implemented and sustained.

Safety

Safety outcomes 1 and 2-(a) Children are first and foremost, protected from abuse and neglect (b) Children are safety maintain in their own homes whenever possible and appropriate

Safety Goal 1: Improve the timeliness, quality and utilization of child and family assessments through the child welfare continuum

Objectives	Strategies	Tactics	Outcomes measures/metrics 2020-2024
1.1 Improve staff leadership, critical thinking and decision-making skills to ensure referrals investigations comply with timeframes, assigned priorities, response and face to face interactions.	1.1.1 Review and update the Safety Manual used to investigate referrals in terms of; referrals intake and documentation evidence-based, strategies, response period for new referrals, recurrence, referrals and recurrent referrals	<ul style="list-style-type: none"> • Create a Committee to complete the revision of the Safety Manual. • Re-train staff after the revision • Partner with QA to follow up compliance with the new manual dispositions • All supervisors, officers and directors complete 60 hours of 	<ul style="list-style-type: none"> • 100% increase in timelines to initiate referrals investigation to lower rates of child maltreatment and maltreatment recurrence. • Safety Manual revision will be finished by June 2020. • 95% of referrals investigations comply

Safety Goal 1: Improve the timeliness, quality and utilization of child and family assessments through the child welfare continuum

Objectives	Strategies	Tactics	Outcomes measures/metrics 2020-2024
	<p>from children in foster care homes.</p> <p>1.1.2 Formal training in research-based leadership and management to all supervisors at central, regional and local levels.</p> <p>1.1.3 Screen referrals by complexity categories; new, active cases, UMIN and train staff accordingly.</p>	<p>training certification in leadership management and accountability.</p> <ul style="list-style-type: none"> Identify and solicit technical assistance if needed. 	<p>with time frames by 2024</p> <ul style="list-style-type: none"> 100% of officers, directors and supervisors are certified in leadership and management by 2021. Quality reports are established to illustrate level of improvement achievement.
<p>1.2 Implement and sustain a family assessment process for CPS, Family preservation and Foster Care by improving the quality and timeliness assessing child safety in</p>	<p>1.2.1 Provide enough and well-trained human resources in quantity and quality to develop and implement an improved</p>	<ul style="list-style-type: none"> Public recognition of staff members that show results and commitment in the advancement of the Agency Vision, Mission and Goals. 	<ul style="list-style-type: none"> Increased in timely response by caseworkers by 50%.

Safety Goal 1: Improve the timeliness, quality and utilization of child and family assessments through the child welfare continuum

Objectives	Strategies	Tactics	Outcomes measures/metrics 2020-2024
<p>investigations and family support cases by 2024</p> <p>CFSR – Item 3 safety and Risk assessment and management</p>	<p>1.2.2 Improve and sustain permanency planning assessment process. logistical support; adequate transportation and sound technological support.</p> <p>1.2.3 Develop and implement a proactive supervision model.</p>	<ul style="list-style-type: none"> • Continuous assessment of outcomes in partnership of QA. 	
<p>1.3 Develop a continuous assessment model to monitor progress in the achievement of Safety goals by using evidence-based assessment tools and practices by 2024.</p>	<p>1.3.1 Include staff members in the process of finding solutions for diverse types of situations and recognize their contributions.</p> <p>1.3.2 Develop and implement a Dashboard of indicator to ensure</p>	<ul style="list-style-type: none"> • Involve the Office of Human Resources in the identification of highly committed staff members • Continuous assessment of outcomes in partnership of QA • Training on children Development Stages 	<ul style="list-style-type: none"> • Data reviews will allow creative problem-solving and the sharing of successful practices across sections and units. • Workers will employ all reasonable and possible tactics and resources to stabilize

Safety Goal 1: Improve the timeliness, quality and utilization of child and family assessments through the child welfare continuum

Objectives	Strategies	Tactics	Outcomes measures/metrics 2020-2024
	<p>appropriate safe disposition of cases and monitor process-outcomes.</p> <p>1.3.3 Provide access to all case managers to the Revision Guide for all stages of child development and the associated health challenges (physical and mental).</p> <p>1.3.4 Disclose the norms and procedures associated with minor’s withdrawal syndrome.</p>	<p>and associated health that needs and interventions.</p> <ul style="list-style-type: none"> • Use of a trauma evidence-base assessment tool to assess child and adult victim (mother) in domestic violence (DV) cases. 	<p>family and prevent removal.</p>
<p>1.4 Update technological infrastructure and increase the capacity of ADFAN information system, so that at minimum can readily</p>	<p>1.4.1 Update technological infrastructure and the use of SIMCa for investigation and documentation.</p>	<ul style="list-style-type: none"> • Analyze the Reports to verify compliance with QA stands 	<ul style="list-style-type: none"> • Data review reports

Safety Goal 1: Improve the timeliness, quality and utilization of child and family assessments through the child welfare continuum

Objectives	Strategies	Tactics	Outcomes measures/metrics 2020-2024
<p>identify the status, demographic characteristics, location the minor and family services goals in Family Preservation and Foster Care.</p>	<p>1.4.1 1.4.2 To guarantee that information retrieved through SIMCa System is valid and reliable.</p>	<ul style="list-style-type: none"> • Train programmatic and technical uses of SIMCa 	<ul style="list-style-type: none"> • 5 NCANDS, AFCARS and NYTD reports produced are reliable and precise
<p>1.5 Create and ADFAN Information System Unit</p>	<p>1.5.1 Implement up grading of the following areas: Adoption, Institutional Maltreatment and Independent Life. 1.5.2 Evaluate and validate the Screens (Title IV-E and Finances) 1.5.3 Update data entry</p>	<ul style="list-style-type: none"> • Develop a Pilot Project with three regions to evaluate input data and the quality of AFCARS files. • Evaluate and validate SIMCa data outputs 	<ul style="list-style-type: none"> • Specialists and supervisors review the findings of supervisory reviewed reports as well as ratings on the National Practice Standard Indicators

Safety Goal 2: Establish a value-based practice model which supports safety family and youth engagement and community connections

Objectives	Strategies	Tactics	Outcomes measures
<p>2.1 Observe and implement the “best practices” to ensure consistent and accurate assessment of harm and risk throughout the life of a case by 2022.</p> <p>2.2 Use a continuous quality improvement framework to monitor and guide practice by reviewing DFS data and Quality Assurance case new reports with DFS staff and system partners</p>	<p>2.1.1 Implement Structured Decision Making (SDM) from intake to permanency</p> <p>2.1.2 Request technical support from Children’s Research Center to implement SDM with fidelity.</p> <p>2.2.1 Develop skills to carry out interviews to family and community members to obtain pertinent data.</p>	<ul style="list-style-type: none"> • Create a committee to complete the revision of the safety manual. • Re-train staff after the revision • Partner with QA to follow up compliance with the new manual dispositions • All supervisors, officers and directors complete 60 hours of training certification in leadership management and accountability. • Identify and solicit technical assistance. 	<ul style="list-style-type: none"> • 100% increase in timelines to initiate referrals investigation to lower rates of child maltreatment and maltreatment recurrence. • Safety Manual revision will be finished by June 2020.
<p>2.3 Identify criteria for detecting actual or imminent harm and the pertinent safety decisions to be taken</p>	<p>2.3.1 Revise the definitions of present or imminent harm and its differences</p> <p>2.3.2 Use critical thinking in assessing and</p>		

Safety Goal 2: Establish a value-based practice model which supports safety family and youth engagement and community connections

Objectives	Strategies	Tactics	Outcomes measures
CFSR-Item 3	<p>examining assessment data such as: behaviors, conditions and circumstances that interact within the limits of safety.</p> <p>2.3.3 Use the guides for applying the criteria of actual harm and select the appropriate ones.</p> <p>2.3.4 Identify and use the criteria to carry out a Protective Plan or a safety Plan.</p> <p>2.3.5 Implement actions to control safety threats.</p>	<ul style="list-style-type: none"> • Re-enforce the use of monthly worker visits • Match referral to appropriate services to meet family/child needs. 	<ul style="list-style-type: none"> • Workers
2.4 Ensure that physical behavioral, health, educational and family assessment recommendations are address and timely according to ADFAN Policy.	<p>2.4.1 All cases should be time-framed and the supervisor will follow up and verify that services are offered.</p> <p>2.4.2 Social workers will follow a monthly plan approved by the</p>	<ul style="list-style-type: none"> • Complete a comprehensive safety evaluation before closing the case. 	<ul style="list-style-type: none"> • A 100% of families will receive pertinent services to protect minors at home and prevent entries into Foster Care.

Safety Goal 2: Establish a value-based practice model which supports safety family and youth engagement and community connections

Objectives	Strategies	Tactics	Outcomes measures
	<p>supervisor to visit all assigned cases.</p> <p>2.4.3 Every visit will be documented and reported through SIMCa on how safety was assessed for each minor at home.</p>		

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN’s staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
<p>1. To strengthen the protective factors in individuals, families and communities in order to reduce the risk factors that contributes to the violence in the family in the form of child neglect maltreatment and domestic violence.</p>	<p>1.1 The School for Healthy Living and Parenting will continue offering the educational modules to adults, pre-adolescents adolescents and children in a primary (universal) prevention base.</p> <p>1.2 Family Peace Promoters will organize groups to offer the module “Working for Family Peace”.</p>	<p>Workshop calendar will be distributed on time</p> <p>Participants will be registered</p> <p>The module will be promoted among citizen’s groups.</p>	<p>-Total of workshops offered.</p> <p>-Numbers of participants by workshops.</p> <p>-Number of participants graduated.</p> <p>-Results of pre-post tests.</p> <p>-Number of Family Peace Promoters offering the module.</p>	<p>2020-2024</p>

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
	<p>1.3 Awareness campaigns on family violence prevention, protective factors, spaces for peace, educational activities and orientation on Law 246-2011 for the prevention of child abuse and neglect.</p> <p>1.4 Continue to offer the workshops for the prevention of educational negligence.</p> <p>1.5 Awareness campaigns and activities during April for</p>	<p>Timely registration of participants</p> <p>Promotional campaign of activities, spaces for peace and orientations</p> <p>Identified the communities to be impacted.</p> <p>Distribute Workshops calendars</p> <p>Promotional activities of the campaign.</p>	<p>-Total of workshops offered.</p> <p>-Numbers of participants by workshops.</p> <p>-Number of participants graduated.</p> <p>-Results of pre-post tests.</p> <p>-Total of campaigns, activities, spaces for peace and orientations</p> <p>-Calendar for the delivery of the activity</p> <p>-Registry of participants</p> <p>-Numbers of participants.</p> <p>-Total of workshops offered.</p> <p>-Numbers of participants by workshops.</p>	<p>2020-2024</p>

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
	the prevention of child abuse and neglect.		-Results of pre-post tests -Total of activities. -Numbers of participant.	2020-2024
	1.6 Workshops on sexual education in the community for the prevention of unwanted pregnancies.	Identify the communities to be impacted. Promotional by social media	-Total of workshops offered. -Numbers of participants by workshops.	2020-2024
	1.7 Workshops on parental skills to pregnant women in the community promoting pre and post-natal care and the importance of attachment.	Identify the communities to be impacted. Promotion of the workshop.	-Results of pre-post tests. -Total of workshops offered.	2020-2024
	1.8 Programs and workshops for children 3-12 years old to acquire knowledge and skills for auto-protection from sexual abuse.	Offer the workshop Identify the population to be impacted. Promotion of the workshop by social media Offer the services.	-Numbers of participants by workshops. -Results of pre-post tests. Total of workshops offered.	

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN’s staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
			<ul style="list-style-type: none"> -Numbers of participants by workshops. -Results of pre-post tests. -Evidence of skills developed. 	
<p>2. To strengthen the protective factors in individuals, families and neighborhoods in order to reduce the risk factors that cause violence in the family in the form of child neglect and maltreatment and domestic violence in high risk populations.</p>	<p>2.1 The School for Healthy Living and Parenting will continue offering the educational modules to adults, pre-adolescents adolescents and children in a secondary (selective) prevention base.</p>	<p>Identification of high-risk communities</p>	<p>Total of workshops offered.</p>	2020-2024
		<p>Coordination with community leaders.</p> <p>Workshops calendar</p> <p>Invitations to the clientele to assist to a Space for Peace as a motivation and orientation activity.</p> <p>Clientele assistance to the motivation and orientation activity.</p>	<ul style="list-style-type: none"> -Numbers of participants by workshops. Results of pre- post tests. -Total of participants that graduate -Number of activities offered that meets the individuals, families and neighborhood needs 	2020-2024

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
		Initiate the workshops of the modules.		2020-2024
	2.2 On a basis of needs assessment the establishment Centers for Family Peace and Support in high risk neighborhoods in three (3) regions with high incidence of negligence, negligence and emotional maltreatment and physical maltreatment.			2020-2024
	2.3 To continue with the collaboration with Proyecto REDES and Family in your Community to prevent the risk factors that cause violence in the families.	To continue offer the educational modules to adults, pre-adolescents adolescents and children	Total of workshops offered.	2020-2024
		Offers workshop on pre and postnatal care to pregnant adolescents and, women in order to promote their health conditions, increase birth weight of new born,	-Numbers of participants by workshops. -Results of pre-post tests.	2020-2024

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
		<p>provide knowledge on infant development and the social emotional wellbeing of the infant.</p> <p>Develop the RFP, evaluate the proposals and select providers for services to be offered at high risk communities or groups</p>	<p>-Numbers of adolescents and women served</p> <p>-Results of pre-post tests.</p> <p>-Number of approved projects.</p> <p>-Number of children and families served.</p> <p>-Evaluation of workshops</p>	<p>2020-2024</p> <p>2020-2024</p> <p>2020-2024</p>
	<p>2.4 Provide respite care for the attention of children of families in crisis, families of handicapped children or single mothers with situations that may put on risk the well-being and safety of the child and the stability of family life.</p> <p>2.5 Home visiting programs with families with children 0-3 years old in risk of maltreatment offering</p>	<p>-Proposals received, evaluated and approved.</p> <p>-Funds delegated.</p> <p>-Services to be provided at high risk families with children 0-3 years old.</p>	<p>-Number of approved projects.</p> <p>-Number of children and families served.</p> <p>-Number of home visting services.</p>	<p>2020-2024</p> <p>2020-2024</p>

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN’s staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
	2.6 Programs that provides cognitive-behavioral therapies for parents and children from families in risk in order to increase the protective factors.	Preparation of RFP Proposals received, evaluated and approved. Funds delegated. Provide services for parents and children from families in risk in order to strengthen the protective factors.	Number of approved projects. -Number of children and families served. -Number of	2020-2024
	2.7 Continue to offer the Nurse Home- Visiting Program “Family Nests” in two ADFAN regions.	Calendar to offer educational services to adolescents and young woman in risk. Delivery of the preventive services to the participants, their infants and families.	Total of adolescents and young woman served. Total of infants receiving the service Number of families served by the program. 20% of reduction in the number of pregnant adolescents.	2020-2024

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
	<p>2.8 Provide evidence based educational, recreational and cultural services to families with children and adolescents in poverty areas.</p>	<p>Develop the RFP's, evaluate the proposals and select the best providers.</p> <p>Activity plans for each program service to provide at high risk communities.</p> <p>Provide workshops and group orientations for the enhancement of</p>	<p>Focus groups among participants to assess the results of the strategies used.</p> <p>Documented collaborative efforts.</p> <p>Number of approved projects.</p> <p>Number of children and adolescents served by type of service/activity.</p> <p>Frequency of parent's participation.</p> <p>Quantity and qualitative evaluations.</p> <p>Number of projects.</p> <p>Number of workshops.</p> <p>Number of participants.</p>	

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
	<p>2.9 Provide evidence-based workshops and other activities to strengthening couple, marital and parent child relationships in families at risk of violence.</p> <p>2.10 Request proposals from non- profit organization for the provision of services for victims of domestic violence.</p>	<p>parenting and non-violent behaviors in the family life</p> <p>Evaluation and selection process for proposals.</p> <p>Contract with service providers.</p> <p>Develop Project's directory.</p>	<p>Identified positive changes within participants.</p> <p>Lees or not violent behavior.</p> <p>Level of satisfaction with services.</p> <p>Number of projects and services provide.</p> <p>Number of women, children, men and older adults served.</p> <p>Types of services developed.</p> <p>Changes or progress evidenced by the participants.</p> <p>Participants level of satisfaction.</p>	

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
	<p>2.11 Request proposals from non- profit organization Promoting Safe and Stable Families Support Program, Community Based Child Abuse Prevention Program and Domestic Violence Prevention Program for projects on parenting skills, workshops and training for</p>	<p>Request for proposals announcement through newspapers.</p> <p>Evaluation and approval process for proposals.</p> <p>Approved projects contracted.</p> <p>Project's directory.</p> <p>Request for proposals announcement through newspapers.</p> <p>Evaluation and approval process for proposals.</p> <p>Approved projects contracted.</p>	<p>Number of projects.</p> <p>Number of participants.</p> <p>Number of workshops.</p> <p>Less or not violent behavior.</p> <p>Satisfaction with services</p> <p>Number of participants.</p> <p>Services provided according to their needs.</p> <p>Participants level of satisfaction.</p> <p>Numbers of participants that achieve auto-sufficiency.</p>	

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
	<p>non- violent behaviors in child rearing practices and family living</p> <p>2.12 Identify and coordinate education job training services and other support services to woman in low income communities through family support services provided by contracted community-based organizations.</p>			
<p>3. Support the initiatives of CBO,s for the delivery of an array of programs and services to meet the multiple necessities of the children and families at risk served by ADFAN in an individual and accessible manner.</p>	<p>3.1 Continue the delegation of funds to non-profit community-based agencies according to the community and family's needs.</p>	<p>Request for proposals announcement through newspapers.</p> <p>Evaluation and approval process for proposals.</p> <p>Approved projects contracted.</p> <p>Project directory.</p>	<p>Services provided.</p> <p>Number of participant's families and individuals.</p> <p>Changes at family and individual level.</p> <p>Satisfaction level of participant's</p>	<p>2020-2024</p>

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN’s staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
	<p>3.2 Coordinate the provision of child care services for woman in high poverty neighborhoods served by community-based organizations (CBOs) contracted to provide support services in the community such as respite care, after school educational and recreational programs, tutoring which enable parents to work or engage in educational activities.</p> <p>3.3 The CBCAP, PSSF and VD Programs will work in close collaboration with the Child and Families Services Plan to help develop a “Differential Response Model, adapted to P.R. in order to develop a structured network of</p>	<p>Request for proposals announcement through newspapers.</p> <p>Evaluation and approval process for proposals.</p> <p>Approved projects contracted.</p> <p>Project directory.</p> <p>Study and plan the process for the establishment a model of services aimed at meeting the needs of those families with risk factors associated with abuse.</p> <p>The Assistant Administration through the Community Based Child Abuse Prevention</p>	<p>Services provided according to their needs.</p> <p>Promotion of alternative child care services.</p> <p>Number of women receiving alternative services.</p> <p>Number of children and adolescents receiving the services.</p> <p>Satisfaction level of participants.</p> <p>Assistance to the committee meetings. Meeting agenda.</p> <p>Mutual agreements process.</p> <p>Meeting reports.</p>	<p>2020-2024</p> <p>2020-2024</p>

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
	community agencies that provide an array of services aligned with participants needs.	<p>Program (CBCAP) and Promoting Safe and Stable Families Support Program (PSSF) will make a request for proposals announcement through newspapers including the provision of an array of services aligned with participants needs.</p> <p>Evaluation and approval process for proposals.</p> <p>Approved projects contracted.</p> <p>Technical Assistance from FRIENDS.</p>	<p>Written agreements.</p> <p>Array of services provided.</p> <p>Number of participant's families and individuals.</p> <p>Changes at family and individual level.</p> <p>Satisfaction level of participant's.</p>	
4. Reduce and/or avoid the long-term effects of violence in the family in the form of child abuse and neglect and	4.1 Offer evidence-based workshops on good treatment and family peace to parents of children in the preservation	<p>Workshops calendar</p> <p>Coordination the referrals with the family</p>	<p>Total of workshops offered.</p> <p>Numbers of participants by workshops.</p>	2020-2024

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN’s staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
<p>domestic violence in individuals and families in order to prevent re-victimization, disability and psychopathology and ameliorate the causes of violence in violent communities in a tertiary (indicated) prevention basis</p>	<p>program and/or foster care with a plan to return to home</p> <p>4.2 Develop an evidence-based module in the School for family life to and align to with the needs of the clientele of preservation and foster care services</p> <p>4.3 Continue the provision of services through the Encuentro Project to improve the relationship of non-custodial parents with their children in situations of domestic violence and other types of violence.</p>	<p>preservation and foster care services.</p> <p>Case discussions.</p> <p>Invitations to the clientele to attend to the motivation and orientation meetings.</p> <p>Clientele attendance to the motivation and orientation meetings.</p> <p>Evaluate the workshops</p> <p>During 2015-2016 assist to meetings with the Assistant Administration for Family Preservation and Strengthening Services and the Assistant Administration for Foster Care and Adoption in order to</p>	<p>Results of pre-post tests.</p> <p>Total of participants that graduate</p> <p>Participants level of satisfaction.</p> <p>Assistance to the re-evaluation meetings.</p> <p>Meeting agenda.</p> <p>Meeting reports.</p> <p>Written agreements.</p> <p>Module “Rearing with good treatment we</p>	<p>2020-2024</p> <p>2020-2024</p>

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
		<p>evaluate the module "Rearing with good treatment we construct family peace" and update it according to the needs of the clientele.</p> <p>Mutual agreements process.</p> <p>Continue offering services for the promotion of:</p> <ul style="list-style-type: none"> • Filial responsibility. • Economic responsibility. • Parent and child bonding. • Protection and prevention <p>Establish and maintain communication between parent and child.</p>	<p>construct family peace" up dated</p> <p>Types of services developed.</p> <p>Changes or progress evidenced by the participants.</p> <p>Participants level of satisfaction.</p> <p>Reduction of domestic violence incidents.</p> <p>Number of custodial and no custodial parents and children benefitted from the service.</p> <p>Number of case discussions.</p>	

Safety Goal 3: Child safety, permanency and wellbeing will be the paramount for ADFAN's staff at all levels, on CPS intervention/service delivery

Objective	Strategies	Tactics	Outcomes Metrics	Year
			Number of supervised visits and exchange. Participants level of satisfaction.	

PERMANENCY

Permanency outcomes (1) Children have permanency and stability in their living situations

P. Goal: Meet the assessed and permanency individualized needs of families, children and youth through an enhanced and broaden array of services

Objectives	Strategies	Tactics	Outcomes measures	Year
1.1 Implement a sound professional development plan through Cross Training to Staff to advance Permanency Plans by 2020-2024	1.1.1 Cross training, Module II: Adoption. 1.1.2 Continuous training in Module I. 1.1.3 Workshops and orientations on residential establishments,	Restructure the Regional Committee to: <ul style="list-style-type: none"> Assess and evaluate training, processes and outcomes. Provide technical assistance jointly with Courts 	QA and case Review will demonstrate an increased placement with family members, significant persons or in foster care homes.	2020-2024

P. Goal: Meet the assessed and permanency individualized needs of families, children and youth through an enhanced and broaden array of services

Objectives	Strategies	Tactics	Outcomes measures	Year
	<p>requirements and protocols.</p> <p>1.1.4 Train Staff on compliance with reasonable efforts to achieve permanency plans.</p> <p>1.1.5 Continuous monitoring and assessment on the achievement of Permanency Plans</p>	<p>Administration Office</p> <ul style="list-style-type: none"> The Central Permanency Committee includes OAT, Department of Justice, Community and ADFAN. 		
<p>2.1 Increase children placement with family members, significant persons or in foster care homes by 2021</p> <p>CFSR-Item 4</p>	<p>2.1.1 Early research and assessment on extended family data since the beginning of the investigation phase</p> <p>2.1.2 Formalized protocol for the assessment search and localization of family members.</p> <p>2.1.3 Proactive localization of absents parents.</p>	<ul style="list-style-type: none"> Evaluate practices in other states and jurisdictions Family Conferences TDM Create a data base on family resources Satisfaction surveys among foster parents and children. 	<p>Improve in:</p> <ul style="list-style-type: none"> Agency Responsiveness and Information Systems Children in foster care are in stable placement at the time of the on-site review. Any placements in placement that occurred during the period under 	2020-2024

P. Goal: Meet the assessed and permanency individualized needs of families, children and youth through an enhanced and broaden array of services

Objectives	Strategies	Tactics	Outcomes measures	Year
2.1 Increase children placement...	<p>2.1.4 Create a profile of family resources and significant persons.</p> <p>2.1.5 Increase by 25% the number of foster homes with emphasis on Caguas and San Juan regions.</p>		<p>review were in the best interest of the child and consistent with achieving the child's permanency goal (s).</p> <ul style="list-style-type: none"> • Ninety percent (90%) satisfaction of among children and foster parents 2020-2024. 	2020-2024
3.1 Increase the participation of minors and families in case Planning through 2020-2024	<p>3.1.1 Enforce current norms and policies on minor's participation in Case hearings through a Pilot Project.</p> <p>3.1.2 Family Conferences/TDM.</p>	<ul style="list-style-type: none"> • Review and evaluate the Pilot Project results 	<ul style="list-style-type: none"> • Training • QA Case Review • Reach 100% participation of minors and families in case planning by 2023. 	2020-2024
4.1 Assess the needs for general and specialized services	4.1.1 Cross training staff to integrate the Generalist and the	<ul style="list-style-type: none"> • Provide training aligned to family needs. 	<ul style="list-style-type: none"> • Service Array Assessment • QA 	2020-2024

P. Goal: Meet the assessed and permanency individualized needs of families, children and youth through an enhanced and broaden array of services

Objectives	Strategies	Tactics	Outcomes measures	Year
to be offered to minors, parents and foster parents 2020-2024 4.1 Assess the needs for general...	4.1.2 Safety Models through an analytical and logical analysis of the Case stages to allow a well-structured Case Plan. 4.1.2 Develop an Assessment Tool to identify and meet the needs of minors and foster parents.	<ul style="list-style-type: none"> • Technical Assistance • Casey Family Program 	<ul style="list-style-type: none"> • Training 	2020-2024
5.1 Develop and empower foster homes and therapeutic establishments to better serve each type of family population needs. QA	5.1.1 Define licensing criteria QRTP focus on areas of interventions in the tune with the social dynamics of the diverse populations served. 5.1.2 Develop and implement trainings for foster parents according	<ul style="list-style-type: none"> • Track and monitor monthly face to face visits with children. • Track and address multiple behavioral issues of foster care youth. 	<ul style="list-style-type: none"> • Reach an 80% or higher in Placement Stability in the case records reviews. 	2020-2024

P. Goal: Meet the assessed and permanency individualized needs of families, children and youth through an enhanced and broaden array of services

Objectives	Strategies	Tactics	Outcomes measures	Year
	to family First Act geared to achieve the Permanency Plans			

P. Goal 2: Continue to provide a strengthen array of services to assess child and family strengths; create a safety home environment for in-home cases and help children in foster care to achieve their permanency with the inclusion of different partners al community and agency level in the different intervention phases.

Objectives	Strategies	Tactics	Outcomes measures	Year
2.1 Strengthen the engagement of different partners in the protection, safety, well-being and permanency of children through better communication and cooperation in order to provide individualized appropriate in time, child centered and	2.1.1 Evaluate the existing collaborative agreements signed by agency departments, municipalities, non-profit organizations, community based organizations and community based faith organizations and other stakeholders. 2.1.2 Agree upon criteria for the	<ul style="list-style-type: none"> Designate a person from the Assistant Administration for Prevention and Community Services that connect the agencies, municipalities and CBO's with the Assistants Administrators of Family 	<ul style="list-style-type: none"> Person designed. Coordination of the meetings. Assistance to the meetings. Meeting agenda. Mutual agreements process. Meeting reports. Number of array of services provided. 	2020-2024

P. Goal 2: Continue to provide a strengthen array of services to assess child and family strengths; create a safety home environment for in-home cases and help children in foster care to achieve their permanency with the inclusion of different partners al community and agency level in the different intervention phases.

Objectives	Strategies	Tactics	Outcomes measures	Year
<p>family focused services.</p> <p>2.1 Strengthen the engagement of different partners...</p>	<p>development of collaborative agreements with stakeholders CBO, CBFO, NGO's, agencies and municipalities.</p> <p>2.1.3 Prepare in a fiscal year basis a Directory of Services and Collaborative Agreements that compiles the array of services available to the children and families of ADFAN.</p>	<p>Preservation and Foster Care services to coordinate the delivery of services.</p> <ul style="list-style-type: none"> • The ADFAN Assistant Administration through the Community Based Child Abuse Prevention Program (CBCAP), Promoting Safe and Stable Families Support will assess the availability and use the array of services geared to children and families. • Program (PSSF) will make a 	<ul style="list-style-type: none"> • Number of children and families beneficiated. • Directory of Services and Collaborative Agreements completed. • Delivery of the Directory of Services and Collaborative Agreements to the different levels of ADFAN: central, regional and local offices. 	<p>2020-2024</p>

P. Goal 2: Continue to provide a strengthen array of services to assess child and family strengths; create a safety home environment for in-home cases and help children in foster care to achieve their permanency with the inclusion of different partners al community and agency level in the different intervention phases.

Objectives	Strategies	Tactics	Outcomes measures	Year
2.1 Strengthen the engagement of different partners...		request for proposals announcement through newspapers including the provision of an array of services aligned with participants needs. <ul style="list-style-type: none"> • Evaluation and approval process for proposals. • Approved projects contracted. • Include collaborative agreements signed by agency departments, municipalities, non-profit organizations, community-based 		2020-2024

P. Goal 2: Continue to provide a strengthen array of services to assess child and family strengths; create a safety home environment for in-home cases and help children in foster care to achieve their permanency with the inclusion of different partners al community and agency level in the different intervention phases.

Objectives	Strategies	Tactics	Outcomes measures	Year
		organizations and community based faith organizations.		
3.1 Prevent the children abuse or recurrence in Foster care through evidenced-based trainings to Staff	3.1.1 Establish a workgroup to include, the Institutional Child Abuse Units workers, personal from residential facilities, supervisors and external stakeholders for the development a curriculum for trainings for staff and foster parents.		<ul style="list-style-type: none"> • Work group Institutional Child Abuse • Training plan & implementation plan 	2020-2024
3.1 Prevent the children abuse...	3.1.2 Training to strengthen staff competencies in the prevention of child abuse in foster care.			2020-2024

Well-Being

Outcome (1) Enhance family’s capacity to provide for their children needs; Children receive appropriate services to meet their educational needs. / Outcome (2) Children receive adequate services to meet their physical and mental health Outcome (3).

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services				
Objectives	Strategies	Tactics	Outcomes measures	Year
<p>1.1 Strengthen families’ involvement to better their capacity to provide for their children needs</p> <p>WB-1</p>	<p>1.1.1 To restructure the service model to: segregate foster care and preservation case management.</p> <p>1.1.2 Revise the standards for case load assignments</p> <p>1.1.3 Train and reinforce in the knowledge base of case managers in the use of family assessment data.</p> <p>1.1.4 Reinforce the technical capacities of case managers in data gathering and</p>	<ul style="list-style-type: none"> • Develop and discuss the policy to specialized social workers in the areas of foster care and preservation. • Trainings on: <ul style="list-style-type: none"> ○ Generalist Model and ADFAN policies and practices. ○ Data Analysis and Assessments on family needs 	<ul style="list-style-type: none"> • During the period under review concerted efforts are made (or are being made) to involve parents and children in the case planning processes in an on-going basis. • ADFAN will conduct once every month face to face visits. • Services needed to achieve case goals were identified and provided in 90% of all cases. 	<p>2020-2024</p>

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
Items 14 and 15	<p>social study analysis to develop a comprehensive report of family needs in the family preservation and foster care areas.</p> <p>1.1.5 Reinforce the capacity of case managers on the process to create a Service Plan geared towards strengthening the diminished protective capacities of families and engage them actively the design and evaluation of the service plan.</p> <p>1.1.6 Create an interdisciplinary team to discuss</p>	<ul style="list-style-type: none"> • Service Plan • The use of the social study to create a coherent and complete report on family preservation and foster care cases. • Strengthen protective capacities and guarantee periodic revision of the Plan with minor and family participation. • Identify resources from diverse disciplines and stakeholders to make appropriate recommendations in behalf of minors and families. • Focus on increased monthly 	<ul style="list-style-type: none"> • In 95% percentage of cases, during the period under review educational needs were approximately address. 	2020-2024

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
	<p>family preservation cases.</p> <p>1.1.7 Establish and publicized norms for face to face visits with minors both in family preservation and foster care.</p> <p>1.1.8 Create and disclose a policy related to face to face visits with minors both in family preservation and foster care.</p>	<p>workers visits with parents and children with improve tracking.</p> <ul style="list-style-type: none"> The interdisciplinary team will assess the compliance with the policy and the quality of the interactions by an evidence-based practice tool. 		<p>2020-2024</p>

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
<p>2.1 Strengthen educational needs of minors Item 16</p> <p><u>WB-2</u></p>	<p>2.1.1 Create a policy that clearly define how to identify the educational needs of minors in family preservation and foster care.</p> <p>2.1.2 Identify educational resources available and provide social workers with a catalog of resources for parents to access necessary services.</p> <p>2.1.3 Broaden the type and quality of educational activities geared toward diverse</p>	<ul style="list-style-type: none"> • ADFAN partner with the P.R. Department of Education, Community-based organizations, municipalities and children rights advocates to address the educational needs of children in foster care and those receiving services in their own homes. • Include sports, arts, music entrepreneurship 		<p>2020-2024</p>

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
	<p>extracurricular options, physical, social and mental development for children in foster care homes.</p>	<p>and STEM institutions.</p>		
<p>3.1 Satisfy the physical and mental health needs of minors.</p> <p>Well being</p> <p><u>WB-3</u></p>	<p>3.1.1 Reinforce the use of Information Systems for documenting the physical health, dental and mental needs of the minors.</p> <p>3.1.2 Provide access to all case managers to the Revision Guide for all stages of child development and the associated health challenges (physical and mental).</p> <p>3.1.3 Disclose the norms and procedures</p>	<ul style="list-style-type: none"> • Emphasized the need to use information system to assess the minors needs and make referrals to physical, dental and mental health providers. • Identify qualified mental health providers. • Evidence-based training on children Development Stages and associated health 	<ul style="list-style-type: none"> • Improve to 90% starting from 2021 and sustain at that level to 2024. Training plan and implementation 	<p>2020-2024</p>

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
	<p>associated with minor’s withdrawal syndrome.</p> <p>3.1.4 Continuous coaching in safety management and documentation</p> <p>3.1.5 Align TDM strategy with safety model criteria for services/safety plan development and conditions for return or modifications to permanency plan.</p>	<p>that needs and interventions.</p>		
<p>3.4 Evaluate the Agency procedures to comprehensively assess and document the needs of children, parents and foster parents</p>	<p>3.4.1 Offer evidence-based training workshops through a curriculum for workers and supervisors</p> <p>3.4.2 Continuous coaching through the Quality Circles for strengthen and Increase the frequency, quality and documentation</p>	<ul style="list-style-type: none"> • Focus on tracking monthly case working visits with birth parents • Code, track and review data on “absent” parents 	<ul style="list-style-type: none"> • State CFSR on site review • Written description • Increased satisfaction of families with services offered 	<p>2020-2024</p>

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
and the service necessary to achieve case Plan goals	<p>of casework visits with children, parents and foster parents.</p> <p>3.4.3 Provide training on emotional trauma to the TS / TSF, foster care, foster institutions.</p> <p>3.4.4 Develop newsletters about substance abuse and emotional trauma.</p>		<ul style="list-style-type: none"> • Assessment and evaluation of frequency, quality, documentation of casework visits indicators • Training to support the intervention protocol • Training plan & implementation plan • Implement trough coaching strategy 	2020-2024
3.5 Improve the services for minors in foster care, according to their stage of development, by means of various strategies, to achieve their permanency	3.5.1 Inform the Regional and Local Supervisors, SW/FST, Foster Homes, Pre-adoptive Homes and Residential Establishments about the guidelines that were developed.	<ul style="list-style-type: none"> • Expand the Family Conferences (TDM) to two (2) additional regions (Arecibo and Aguadilla) • Expand the Round Table strategy to two (2) additional regions 	<ul style="list-style-type: none"> • Agenda/Attendanc e roster • Training Design, Attendance sheet and Evaluation sheet. • Training Design, Attendance sheet and Evaluation sheet 	2020 - 2024

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
<p>pursuant to federal and state laws.</p> <p>Service Array; Staff Training; W1, S 1, P 1 and 2; Item 6; 16; 17</p>		<p>(Mayaguez and Ponce)</p>		
<p>3.6 Redefine and reinstruct the personnel regarding the conceptualization of the permanency plans and how they apply to how a case is managed to achieve permanence, in accordance with the ASFA Act.</p> <p>Staff Training; Case Review P1;P2; W1; W2 Items: 5,6,7,8,9, 10, 11,12,</p>	<p>3.6.1 Continue with the Cross-Training entitled: <i>“Childhood and Adolescent Welfare: Integration to Speed Up the Permanency Plans”</i>, in coordination with the Courts Administration for the remaining regions: Caguas, Carolina and Humacao.</p>	<ul style="list-style-type: none"> • Develop strict protocols regarding case transfers, by using a visit tracking system. 	<ul style="list-style-type: none"> • Standards, forms and communications updated • Training design, attendance and evaluation sheet. • Training Design, attendance, evaluation and pre and post test 	<p>2020-2024</p>

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
13,14,15,16,17,18,19 and 20				
<p>3.7 Improve health services for minors under foster care with a preventive emphasis on the adequate use, and the signs and symptoms that psychotropic medication side effects have on their mental and physical health.</p> <p>ServiceArray; W3, Items 22, 23</p>	<p>3.7.1 Design the protocols that will be used by the Foster Care Administration to adequately use and monitor psychotropic medications.</p> <p>3.7.2 Establish a continuous monitoring plan for the health services of minors in foster care, including the side effects of psychotropic medications in coordination with the Puerto Rico Health Insurance Administration (ASES in Spanish).</p> <p>3.7.3 Develop strategies to prevent and identify the physical and mental health needs of children by</p>	<ul style="list-style-type: none"> Assess protocols implementation reinforcing the vital importance of monthly face to face contracts and helping workers prioritize visits documentation 	<ul style="list-style-type: none"> Protocols designed. Attendance sheet, Minutes and agenda for each of the meetings held; Monitoring Plan and Findings Report. Report on Identified needs and services; strategies developed. 	<p>Gradual increase performance in this areas to 80% in 2024</p>

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
	expert healthcare personnel.			
3.8 Strengthen the SW/FST, Foster Homes, Adoptive Homes and Residential Establishments on the effects that emotional trauma and substance abuse have on the removed minors. Staff Training; Service Array; W1; W3, Items 17, 22,23	3.8.1 Continue training the SW/FST, Foster Homes, Adoptive Homes and Residential Establishments on the subject of emotional trauma. 3.8.2 Train the SW/FST, Foster Homes, Adoptive Homes and Residential Establishments on the abuse of controlled substances by minors.	<ul style="list-style-type: none"> Identify the resources that can provide evidenced-based trainings to children and families 	<ul style="list-style-type: none"> Attendance and evaluation sheet Training design, attendance and evaluation sheet. 	2020-2024
3.9 Develop an Exit Plan for all minors between the ages of 18 and 21, with other permanent life arrangements not found under the	3.9.1 Early identify the youth population between the ages of 18 and 21 who are not under the Independent Living Services.	<ul style="list-style-type: none"> Ensure that the mental behavioral needs of children are identified in assessments and case planning activities 	<ul style="list-style-type: none"> List of identified youth Compliances with Standards 	2020-2024

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
<p>Independent Living Services.</p> <p>Service Array; Staff Training; Case Review P1, P2,W1,W3 Items 5-10; 11-16-18; 22, 23</p>	<p>3.9.2 Develop and implement standards related to the exit plan for youth between 18 and 21.</p> <p>3.9.3 Identify a health representative for the youth who are leaving foster care</p>			
<p>3.10 Achieve the permanency of every minor with a primary adoption plan.</p> <p>Case Review; Information system; Services Array P1,P2, Items 7, 9, 14, 17, 19</p>	<p>3.10.1 Continuous updating of the Voluntary State Adoption Registry (REVA in Spanish).</p> <p>3.10.2 Review the collaborative agreements with Adoption Agencies.</p> <p>3.10.3 Early detection of every minor (including brothers, sisters and family resources) deprived of custody by the Regional Committees to refer them to the Adoption Unit.</p>	<ul style="list-style-type: none"> • Use inclusive strategies to recruit homes for adoption that includes non-traditional families. • Develop promoters and recruiters within communities. 	<ul style="list-style-type: none"> • Voluntary State Adoption Registry (REVA in Spanish). • Evidence of reviewed collaborative agreements. • Findings Report by Region based on the forms evaluated for referrals • Evidence of hearing minutes / PSC hearing calendar. 	<p>2020-2024</p>

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
	3.10.4 The minors are presented before the Candidate Selection Panel (PSC in Spanish)			
<p>3.11 Get the parents who are adoption candidates to strengthen their capacities and increase their knowledge of minors with special needs.</p> <p>Staff Training; Service Array; Information System P1, P2, W1,W3 Items 7,9,17,19,22,23</p>	<p>3.11.1 Coordinate evidence-based training sessions aimed at parents who are adoption candidates on the mental and physical health of the minors who are candidates for adoption.</p> <p>3.11.2 Identify the resources that will offer the trainings.</p> <p>3.11.3 Identify the minors who have mental and physical health issues, by using the document called <i>Profile of the Minor Candidate for Adoption</i> (Perfil de MenorCandidatoaAdopción in Spanish).</p>	<ul style="list-style-type: none"> • Conduct focus groups among adoption candidates to explore their concerns and challenges • Promotion by radio and television 	<ul style="list-style-type: none"> • Design and training, attendance sheet, evaluation sheet. • List of identified resources • Registration of identified minors. • Evidence of the promotional activities 	2020-2024

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
	3.11.4 Promote the minors with special needs through a variety of activities.			
3.12 Promote inclusive practices in the recruitment of homes for adoption. Foster and Adoptive Parent Licensing, Recruitment and Retention; Service Array; Agency Responsiveness to the Community; W1; W3, Items 7, 9,19	3.12.1 Launch the yearly campaign to recruit homes for adoption that includes non-traditional families 3.12.2 Design informational material: Brief (Definition, Law, Myths and Realities). 3.12.4 Promotion activity by region.	<ul style="list-style-type: none"> Promotion by radio and television. In developing promotional materials take into consideration the opinions and needs of foster parents. 	<ul style="list-style-type: none"> List of homes recruited by the Adoption Unit. (10 homes for adoption per year, for each Unit). Promotional material Transaction letter regarding the activities, event or activity. Evidence of the activities carried out 	2020-2024
3.13 Increase visits by minors with a Permanence Reunification Plan to their father/mother/care taker by 50%.	3.13.1 Review and update the standards for visits by (promoted) minors to their father/mother/care taker. 3.13.2 Develop guidelines for the planned visits.	<ul style="list-style-type: none"> Provide psychological support and discuss with minors the expectations for visits. 	<ul style="list-style-type: none"> Standard reviewed Guidelines to set up the visit. 	2020-2024

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
Case Review; Information System; P1, P2,W1 Items: 8,13, 14,16,20				
3.14 Strengthen the pre and post adoption services. Service Array; Foster and Adoptive Parent Licensing, Recruitment and Retention; Service Array; Agency Responsiveness to the Community; Case Review. P1 Items: 6,7, 9	3.14.1 Reorganize the support group for Adoptive Parents (Focal Group) in coordination with the Puerto Rican Association of Adoptive Parents (APPA in Spanish). 3.14.2 Meet health and safety standards. 3.14.3 Develop additional training and follow up aimed at achieving the permanence plan, specifically the role of foster parent in the process.	<ul style="list-style-type: none"> Research on inclusive and progressive strategies and strengths and support adoptive parents. 	<ul style="list-style-type: none"> Agenda, minutes from the meetings, list of participants and meetings calendar. Findings Report. Compliance Report. Training design, attendance sheet, evaluation sheet. 	2020-2024
3.15 Strengthen the pre and post adoption services.	3.15.1 Reorganize the support group for Adoptive Parents (Focal Group) in coordination	<ul style="list-style-type: none"> Research on inclusive and progressive strategies for 	<ul style="list-style-type: none"> Agenda, minutes from the meetings, list of participants and meetings 	2020-2024

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
<p>Service Array; Foster and Adoptive Parent Licensing, Recruitment and Retention; Service Array; Agency Responsiveness to the Community; Case Review. P1 Items: 6,7, 9</p>	<p>with the Puerto Rican Association of Adoptive Parents (APPA in Spanish).</p> <p>3.15.2 Organize the (adopted) mentor youth support group.</p> <p>3.15.3 Review 100% of the subsidized adoption cases every year</p>	<p>intergenerational relations between adoptive parents and youth groups.</p>	<p>calendar. Findings Report.</p> <ul style="list-style-type: none"> • Agenda, minutes from the meetings, list of participants and meetings calendar. • List of reviewed cases. 	
<p>3.16 Clarify and strengthen the adoption procedure among the personnel of the Agency, the Department of Justice (DJ) and the Courts Administration Office (OAT in Spanish).</p> <p>Staff Training; Assurance Quality;</p>	<p>3.16.1 Evidence-based cross-training in adoption procedures.</p>	<ul style="list-style-type: none"> • Draft design and curriculum • Select the population to be impacted. • Crossed-Training. 	<ul style="list-style-type: none"> • Agenda, minutes and meetings calendar for the, attendance sheet and summons letters. • Agreement with the Department of Justice (DJ) and the Courts Administration Office (OAT in Spanish) to offer. • Design and curriculum. 	<p>2020-2024</p>

WB Goal 1: Assess the needs of children and parents and resource caregivers and provide needed services to families and children in foster care and those receiving in-home services

Objectives	Strategies	Tactics	Outcomes measures	Year
<p>Agency Responsiveness to the Community P1 Items:6, 7 and 9</p>			<ul style="list-style-type: none"> List of participants and trainings calendar. 	

Reinforcements and Goals for Systemic Factors

Statewide Information System

SIMCa

Goal 1: Provide infrastructure supporting “best practices” child welfare principles and values

Rationale: The Administrator for Families and Children of Puerto Rico identifies an automated case management, continuous quality improvement, workforce training and Quality Assurance Case Review System as vital foundations for making improvements in outcomes for families, youth and children. However, even though the system provides for the collection of data, several important areas limits the management of the application. This makes it difficult to obtain accurate data related to demographic characteristics, status location and permanency goals for each child. It makes it difficult to generate all reports required by the federal and state level such as NCANDS, AFCARS and NYTD, among others.

The area of greatest difficulty corresponds to the process carried out for the migration of existing data in the SIRCSe system. Migration factors have not allowed for accuracy of data.

Objectives:

1. Implement a fully functional automated system that is SACWIS Compliant and meets the business needs of ADFAN.

2. Design, resource and implement a continuous quality improvement system that focuses in data driven, monitoring of objectives and benchmarks of the Plan with participation of system partners to make adjustment to practice.

Outcomes: Improved safety, permanency and well-being – out comes based on the data informed shared decision-making system partners

Goal 2: Provide training and support for a stable and competent workforce

Rationale: Staff competencies and skills are vital to implementing Safety Organized Practice

Objectives:

1. Review and modify new staff and workers trainings to include Safety-Organized Practice principles, strategies and tools.
2. Develop training for directors and supervisors on evidence-based leaderships and managements competencies

Outcomes: Documentation of transformational leadership and progressive supervision through Quality Assurance and Case Reviews and staff interviews

Case Review System

Puerto Rico is committed to ensure its case review system for each child receiving services under the supervision of the state in compliant with federal and state requirements and supports child safety, permanency and well-being.

Outcomes: Ensure each child has a written individualized plan specially designed to help child achieve permanency in a safe place, that is least restrictive and in close proximity to the parents' home, consistent with the best interest and special needs of child.

Capacity Building – Staff Training and Coaching, Technical Assistances

Staff Training and Coaching

The Training Office continues to provide training as part of their key function in the Agency. The Training Office has updated their Training Plan for years 2020-2024. Please see attachment titled “Training Plan” for an extensive description of offered trainings.

Technical Assistances

Currently, ADFAN receives technical assistance from the Capacity Building Center for States for the Statewide Information System – SIMCa improvements. ADFAN also receives technical assistance from CASEY Family Programs in the areas of leadership development, supervisor training, coaching and capacity building to support shifts in an organizational culture.

ADFAN will be receiving technical assistance from The Third Mission Institute in the implementation process of the Family First Prevention Services Act.

Other staff training does occur via collaborative efforts expressed in the Collaboration section of this Plan.

Implementation Supports

Exchange of Information: Data Related to the Evasion or Disappearance of Children under Agency Custody

The Auxiliary Administration for Foster Care and Adoption establishes regular meetings with the Puerto Rico Police Department; with the purpose of exchanging information and statistical data related to the children who are disappeared or evaded. Both agencies benefit from having updated data and being able to establish the corresponding adjustments to the agencies' procedures. Communication and collaboration also continues with the National Center for Missing and Exploited Children (NCMEC), a vital resource for data.

Information System

ADFAN continues to submit to the federal level bi-annual reports to comply with the Automated Foster Care and Adoption Reporting System (AFCARS). ADFAN continues to evaluate, modify and correct the SIMCa application to ensure that AFCARS reports are generated in an accurate and reliable manner.

Permanency Plans

In the 2018-2019 period, an Interactive Conference and Film Forum was offered on permanency plans and exit plans for directors of residential establishments, social workers, supervisors and other personnel. of ADFAN. This Conference and Film Forum contained the following objectives:

- Explanation of concepts of permanence, belonging, quality of service, extended stay.
- Identification of the provisions of the ADFAN-CSA-2016-03 Regulations regarding plans.

- Point out the public policy and the standards that frame the intervention in terms of time.
- Evaluate the circumstances that affect the permanence process, as projected in the movie "Finding a Family"
- Gain awareness of the importance that a minor achieves in a family at the end of the intervention process.
- Identify the characteristics of an efficient permanence plan based on the goals and objectives set according to the identification of the needs, interests and problems, as well as the protective capacities of the parents or primary caregivers.
- The theatre show "Finding a Family" was planned

The Administration for Foster Care and Adoption continues to participate in the Strategic Central Permanency Committee, composed of the Administration of Courts, the Department of Justice, the Administration for Foster Care and Adoption and the School of Social Work Professionals. The Committee continues to work on the development and restructuring of regional committees to assess the barriers in streamlining the permanence of children in Foster care and follow-up in the courts. The committee will continue to evaluate the project of the participation of children in reviews of judicial hearings. It is expected through this strategy to streamline the permanency plan of these children; this project will continue during the next year. One of the Foster Care specialists participated again in conjunction with the Court Administration at the annual meeting held in Washington DC in July 2018. On this occasion, new legislation related to families was discussed among other areas.

Preservation Services

These services are offered to families when a CPS report has been substantiated and focuses on the causes or contributing problems to the risk of abuse to children. Family preservation services are offered to the families for a period of 6 to 12 months through all the local offices in the 10 regions.

The Social Work Specialists assigned to the Family Preservation service, visited the Regional and Local Offices in the period 2018-2019 period, to follow up on the work plan of each office. A total of 75 visits were conducted between local offices and regions. They were able to visit 8 regions and 36 local offices (see table below).

The Work Plan has the objective of improving the level of compliance with the standards, procedures and public policy of the Preservation Service in accordance with the six stages of intervention of the General Model adopted by the Agency. To address the number of active, assigned and unassigned cases, the review of the universe or sample of the active cases in the preservation services and the elaboration of the work plans for each region was established as a goal, according to the identified needs. During the review of cases, emphasis was placed on the fulfillment of the tasks of each stage of intervention and the closing of cases within the established periods. In addition, supervisors were asked to assign the family preservation cases to only one or two case managers and foster care cases to other case managers.

For the follow-up of the work plans by region, each specialist makes visits to the local offices in which greater difficulty in the handling of cases is identified. Inventories of active cases are periodically requested and the SIMCa information system is used to monitor each case. Specialist visits to local offices are planned, and case discussions are held with direct service personnel as needed.

Team Decision Making Strategy (TDM)

In partnership with the CASEY family program, the Auxiliary Administration for Foster Care and Adoption will continue the implementation of the team decision making strategy (TDM) in 2 regional offices (Carolina and Humacao). This strategy was established to give priority to children 0-5 years of age.

Services

Child and Family Services Continuum

The Administration for Families and Children (ADFAN) offers a wide range of services to the families and children of Puerto Rico. Each assistant administration administers distinct services. The services offered are divided by Administration below.

Assistant Administration for Prevention and Community Services

This Administration is responsible for offering violence prevention services through the implementation of various strategies, benefiting sectors and communities with economic, social, labor, educational and environmental disadvantages. It establishes and implements violence prevention services in three levels; primary, secondary and tertiary.

Primary prevention aims to create conditions that avoid the presence of stressors or risk factors and enhance protection factors. The efforts of education and massive orientation to the community are focused, as well as the strategies of education and reeducation for peace, responsible upbringing and life without violence, among others.

Secondary prevention of violence refers to a set of measures that immediately address the effects of violence, such as socio-medical emergencies, social care and protection services for victims of child abuse, sexual violence and domestic violence.

In tertiary prevention, specialized attention responses are present to reduce or avoid long-term damage. At this level, provided are biopsychosocial care and treatment services to prevent re-victimization or disabilities and severe psychopathology, as well as services that promote recovery.

The Assistant Administration for Prevention and Community Services administers the following programs: *Escuelas Para la Convivencia y la Crianza*, *Escuelas para la Vida en Familia*, *Proyecto Encuentro*, *Programa Enfermeros/as Visitantes “Nidos Seguros”*, *Centros para la Paz y Apoyo Familiar*, and community-based service programs – ‘Community Based Child Abuse Prevention’ (CBCAP) and “Promoting Safe & Stable Families” (ASFA). These services are offered through federal funds, under Title II of the "Child Abuse Prevention and Treatment Act" (CAPTA), in which they are delegated to non-profit institutions and municipalities to develop, operate and expand community-based networks and activities to strengthen and support families and the community, in addition to prevention services, is offered through federal funds under "The Family Violence Prevention and Services Act" (FVPSA), and also provides psychosocial support services.

Escuelas Para la Convivencia y la Crianza

Escuelas Para la Convivencia y la Crianza, is an educational program, group, at the level of universal prevention (primary) and selective prevention (secondary) that offers

numerous strategies to raise awareness about family violence and promote a message of peace as a fulfillment of Law 246-2011; "Law for the Safety, Welfare and Protection of Children" December 2011 and the need to establish educational programs aimed at training and strengthening coexistence, upbringing and discipline without violence.

The schools provide primary prevention services aimed at supporting families in their task of raising and coexisting without violence, aimed at children, adolescents and community leaders to promote a culture of peace, family and community non-violence, positive parenting, management of risk behaviors in young people, prevention of child abuse in children and the development of leadership in community residents. In the same way, this initiative promotes values of love, solidarity and peace, among others, and on human rights through the following modules: Working for Family Peace, Training Leaders: Promoters of Family Peace, Prevention of Sexual Abuse Children, Youth Working for Peace and Guide for the Way of Peace. The service is available in the ten (10) Regional Offices of the Department and is offered according to the availability of the participants. The module for the training of leaders: "Promoters of Family Peace", empowers to offer the workshops of the Module "Working for Family Peace", is used to train personnel from state agencies, faith-based and community organizations so that replicate in the settings of their communities and participants of their agencies Participation in the workshops is voluntary.

Mercado Familiar

Through partnerships with the Auxiliary Administration of Older Persons and Disabled Adults, during the month of prevention of Maltreatment, the elderly and during the year,

as requested, the workshops Prejudice and Myths of Old Age, Prevention and Abuse of the Elderly and Planning of old age.

Centros para la Paz y Apoyo Familiar

As a secondary prevention strategy, the Centers for Peace and Family Support are established in order to carry out educational activities and a variety of services according to the particular needs of the community, as a strategy to empower the communities so that they can achieve the reduction of risk factors and strengthen protective factors in order to promote the safety, well-being and permanence of children.

Obra: Mi Familia; Mi Mejor Proyecto de Vida

The work educational music, My Family; My Best Life Project, is an initiative developed to promote the services of the Auxiliary Administration of Prevention Services in the Community and how to access them in the communities and promotes the creation of groups to offer the modules workshops, aimed at adults, children and adolescents in communities, schools and entities with needs to promote good treatment and healthy coexistence. Before and after the work are offered (booklets) relevant to the prevention of abuse to children, elderly and disabled. The booklet of the work is modified according to the social problems of the communities to temper them to the work of intervention necessary to eradicate violence, have been incorporated into the work issues of social problems of utmost importance as prevention of animal abuse, mistreatment of the elderly, gender violence and dating in adolescents.

The cast is made up of employees of the Department of the Family of different Regions and administrations. Sometimes five (5) employees with musical skills are used in special

activities. The work consists of nine (9) actors on stage, plus three people to set the stage and sound equipment. Twelve (12) employees per work are used. In addition, there are seven (7) Foster employees of the characters. For a total of twenty-four (24) people participating in the work. The play lasts one hour and 20 minutes.

Programa Enfermeras/os Visitantes “Nidos Seguros”

ADFAN, in its effort to improve the quality of life of early childhood and their families, offers this service aimed at reducing the risk factors in young pregnant women in state custody and young people in communities. The visiting nurses are trained professionals to support pregnant young women and new mothers. The visit is made to the home of the participant who voluntarily accepts counseling, support, education, strategies to increase protective capacities, develop healthy attachments, promote breastfeeding and coordinate other necessary services during pregnancy and labor.

The program offers support, guidance, education and coordination of necessary services during pregnancy, childbirth and up to 36 months of age of the child, through home visits. The designated staff offers support and group guidance to the girls. In addition, they perform screening on stages of physical and emotional development of infants and children up to 24 months of age.

Adolescents develop parenting skills and adequate supervision of their infants. The three regions that offer the *Nidos Seguros* service are: Humacao, Ponce and Mayagüez. One of the objectives of the program is to raise awareness of the importance of education during pregnancy and the upbringing of children, offering them positive discipline tools.

Access and Visitation Program/*Proyecto Encuentro*

The Encuentro Project has been operating in Puerto Rico since 1998, with federal funds from the Access and Visitation Program, requested by the Administration for the Support of Children (ASUME), through a proposal. It was delegated to the Administration of Families and Children (ADFAN) under its Assistant Administration of Prevention Services in the Community, to establish and administer the program. The primary purpose is to support, facilitate and encourage access to subsidiary visits of non-custodial parents, with their minor children, in a safe and impartial environment, in situations of conflict or domestic violence between the custodians and no custodians of children.

The Encuentro Project is a coordination center and offers supervised visits and delivery and collection to foster parent-child relationships with the non-custodial parent through activities and services such as counseling, providing the safe environment required by the parents. victims of domestic violence and their children and minor children. Provides services to families with children from 2 to 17 years of age giving priority to residents of the towns that comprise the Bayamón and San Juan regions of the Department of the Family and the judicial zones of Bayamón and San Juan (Bayamón, Cataño, Corozal, Dorado, Naranjito, Toa Alta, Toa Baja, Vega Alta, Vega Baja, Guaynabo and San Juan).

After covering the priority and according to the availability of the service, the service is provided to residents of other municipalities that accept and can reach the center where the Project is located. The Encuentro Project located in the facilities of the Integrated Services Center of Bayamón III since July 2016.

Delegated Funds to Municipalities and Non-Governmental Organizations for Prevention Projects

Domestic Violence Prevention

This prevention service is offered through federal funds under "The Family Violence Prevention and Services Act" (FVPSA), Title III of Public Law 98-457, amended and authorized by Public Law 102-295, Title III of the Law of Child Abuse, Domestic Violence, Adoption and Family Services of 1992 and by Public Law 103-222 of September 13, 1994, Violent Crime Control Law. These funds are delegated to private non-profit organizations and municipalities to promote programs and services aimed at preventing domestic violence, improving the quality of life of surviving women and their children, reducing the incidence of deaths due to domestic violence and raising awareness of the community about the problem of violence in the family.

Funds vary per fiscal year and are delegated to organizations who submit proposals for the continuation of shelter and support services. As of fiscal year, 2018-2019, \$1,347,667.00 was delegated to 21 organizations that submitted proposals for the continuation of shelter and support services. The 21 organizations are divided among 14 projects of non-profit organizations and municipal governments that provide direct or other services, 7 offer shelter services for women, children and men victims of gender violence. Hostels *Capromuni* I and II have programs aimed at men victims of gender violence (required by the federal government). These programs offer safe housing, individual or group counseling or other support services.

The AFANA and Ponce School of Medicine and Health Sciences University have programs that work with aggressors and aggressors. Gender violence continues to grow in the group of women between the ages 18-24 years. 140 offenders and 27 aggressors have been treated. 90% of the aggressors who have participated in the workshops offered

by these two entities are trained in identifying violence within their families. More participants have come to the workshops voluntarily. This is a success since there is greater awareness of the responsibility of the members of the couples.

Shelters that currently receive funds from ADFAN to provide services are the following:

- *Hogar Ruth*
- *Hogar La Piedad*
- *Casa De La Bondad*
- *Capromuni I*
- *Capromuni II*
- *Casa de Todos*
- *Casa Julia de Burgos*

Psychosocial Support Services:

Entities that currently offer support services:

- *Institution Celia y Harris Bunker*
- School of Medicine of Ponce
- *Casa Julia de Burgos, Ponce*
- *Casa Julia de Burgos, Aguadilla*
- AFANA
- Travelers Aid
- IDIIFCO
- Municipality of Caguas

- Municipality of Cidra
- Municipality of Coamo
- *Envejecer en Aronia*
- CAVV
- *Oficina Para la Promoción y Desarrollo Humano*
- *Casa Luisa Capetillo, Arecibo*

Programa de Servicios de Base Comunitaria – Community-Based Child Abuse Prevention (CBCAP).

These services are offered through federal funds under Title II of the "Child Abuse Prevention and Treatment Act" (CAPTA), which are delegated to non-profit institutions and municipalities to develop, operate and expand community-based networks and activities for strengthen and support families and the community. Its purpose is to reduce the possibility of abuse and neglect of children. These funds are directed to the primary and secondary prevention of child abuse. They emphasize the development of leadership in fathers and mothers, including families with children with special needs. The goals of the program are aimed at achieving the safety, permanence and well-being of children.

For fiscal year 2018-2019, \$224,664.00 was delegated among six institutions:

Entities	Support Services
<i>Create</i>	Orientations, Parent Cafés.
<i>Centro Margarita</i>	Children with Special Needs, Parent Cafés.
Ponce School of Medicine	Family and Individual Counseling, Parent Cafés, in-home visits

<i>Centro Ayani, Camuy</i>	<i>Programa Respiro, Parent Cafés.</i>
<i>Casa Pensamiento</i>	Individual and Group Counseling, in-home visits, Parent Cafés.
<i>Lazos de Amor</i>	In-home visits, Orientations, Parent Cafés.

Promoting Safe & Stable Families (ASFA)

This program operates with federal funds under Title IV-B Sub-Part 2 "Promoting Safe & Stable Families 1977, of the Social Security Act; Child Abuse Prevention and Treatment Act, Public Law 107-133. " The funds are delegated to non-profit organizations and municipal governments to offer services aimed at preventing the mistreatment of children, promoting the safety of these and the stability of families through strategies of workshops, counseling, educational, recreational and cultural activities. tutorial or vocational services and legal intercessor among others.

These entities offer integrated services that address the multiple needs of families and expand their services through collaborative agreements.

For fiscal year 2018-2019, \$794,550.80 was delegated to 16 non-profit institutions and municipalities.

PROGRAM	SERVICES
<i>AFANA</i>	Workshops to develop parenting skills
<i>OPDH</i>	Workshops and orientations (parents)

Municipality of Sabana Grande	Workshop strategies and counseling
<i>Familias Capaces</i>	Workshops in the communities, prevention
<i>Centro Buen Pastor</i>	Workshops on mistreatment prevention
Municipality of Carolina	Orientation workshops and activities
CAVV	Individual and group counseling
<i>Casa Pensamiento</i>	Program for the parental formation
<i>Hogar Celia & Harris Bunker</i>	Workshops to prevent violence in the family
<i>CREARTE</i>	Workshops and activities that promote community solidarity
<i>Lazos de Respeto</i>	Workshops and orientations on mistreatment prevention
Municipality of Barceloneta	Community orientations and activities
Municipality of Cidra	Family counseling and community activities
<i>IDIIFCO</i>	Workshops for violence prevention
<i>Centro Sor Isolina Ferré</i>	Orientations and family counseling
Ponce School of Medicine	Psychological services, individual and family counseling

Community-Based Child Abuse Prevention Program (CBCAP)

- Celebration of the month of the Prevention of Child Abuse in April 2018 and 2019.

- Participate in different activities offered by CBCAP program entities.
- Contract the signature of external evaluators (requirement of the federal government).
- To make the directory of the projects of the Administration Prevention in the Community of all the programs. (Federal Government Requirement)
- Participate in the annual meeting in the United States of America. (Official Tour and Requirement of the Federal Government)
- Emphasize Respite programs, children with special needs.
- Expand the program of Parent Cafés or Community Cafés in other towns with the need to develop protective factors for parents and families.

Promoting Safe & Stable Families (PSSF) Program

- Increase the presence of entities' resources in schools and communities to offer a variety of services aligned with the needs of the participants.
- Participate in the annual meeting in the United States of America. (Official Tour and Requirement of the Federal Government).
- Begin to develop Respite programs in rural areas.
- Continue with Parent Cafés or Community Cafés in rural areas

Assistant Administration for Child Protective Services

This Administration is responsible for the investigation of CA/N reports. As one of its primary components, the State Center for the Protection of Children is responsible for the operation of the Child Abuse and Neglect Hotline and the Orientation and Family Support Hotline. Both lines are responsible for providing an expedite system of communication to receive family and/or institutional reports, investigation of CAN reports and to provide orientation and crisis intervention in different areas of family life. It also, operates the Central Registry which maintains updated statistical and programmatic information about the movement of CAN reports and cases receiving services by ADFAN. The Regional Investigation Units make the initial contact with the alleged child victim/s and their families according to the priority response assigned by the HOTLINE. Investigators assess for the presence of child safety threats implement protective and safety actions on behalf of the children and give disposition to family and institutional CA/N reports. Interventions may involve court contact to protect the child.

Central Registry: work unit that receives and records all child abuse investigations conducted in Puerto Rico, performs search history of abuse as requested, processes applications to expunge files and maintains a file of reports and investigations of institutional abuse.

HOTLINE: A special communication system for Child Protection Services called "Child Abuse, Institutional Abuse, Neglect and Institutional Neglect Hotline", used by all citizens

to report situations of abuse, institutional abuse, neglect and / or institutional neglect of children, twenty-four (24) hours a day, seven (7) days a week.

Orientation line: special communications system, free of charge, attached to State Center for Child Protection Guidance Line which receives calls and offer professional guidance to any individual or family who requests it. The line aims to support and strengthen individuals and families to improve their social functioning and family relations, offering guidance to citizens to identify and detect risk factors associated with abuse, violence and other social ills. Serves the general population:

- All ages
- Gender
- Nationality
- Social origin
- Political and religious ideas

This service is used to provide general guidance and social services required, and it is a tool used to divert situations which do not represent a situation of abuse, and that do not meet the CAN criteria and are referred to social counseling services. Currently the orientation line receives the reports that the hotline takes such as risk factors, which have identified informants to contact the families and coordinate the services that they required.

Family Support and Counseling call center: Project Grandparents with the main responsibility of the upbringing and protection of their grandchildren. Kinship Navigator Funding (Title IV B, subpart 2) The Law 246-2011 (law for the safety,

Wellbeing and Protection of Children) established that Department of the Family must have counseling and support services through a call center. We complied with this requirement. The Administration of Children and Families administrated the call center, free of charge, within the State Center for Children's Protection. The call center offered professional counseling, guidance and support services to every person or family that request it. It also referred the families to community services in moments of crisis, and general support services via telephone. The project of support, advice and guidance to grandparents with the responsibility of raising their grandchildren in Puerto Rico, will be implemented through the Family Counseling and Support Line of the Department of the Family. This line has 9 professionals in the area of human behavior and operates 7 days a week from 8:00 a.m. at 10:00 p.m.

Investigations units (UIE Spanish acronym): a special program for intervention in situations of child abuse on a 24/7 schedule. There is a unit in each of the 10 ADFAN regions to cover the entire island. Its overall purpose is the investigation of child protection reports (0-17) and situations pertaining children ward of the state. UIE also investigates social emergencies of elderly, adults with disabilities and situations of institutional abuse, out of business hours.

Investigation and attention of institutional child abuse referrals and cases: This service aims to promote and maintain the safety and protection of children placed in foster homes, treatment, rehabilitation and educational establishments or out of home care, for a 24-hour period or part of a day, by investigating reports of institutional abuse. The Institutional Maltreatment Units also investigate CPS reports in schools, head start and

child care facilities. This service is provided at all the Regional Offices and targets reports of all children aged 0-18.

Assistant Administration of Social Protection, Preservation, and Family and Community Strengthening

This Administration is responsible for the delivery of family preservation services to families, to assure the safety, development and well-being of their children, while they remain in their own home. It works towards improving the protective capacities of the parents, and towards preventing the removal of the children from their homes. It works in collaboration with the families, communities, services providers and other public and private agencies in the development and implementation of integrated services to assure the preservation of the family unit. It promotes the safety, stability and wellbeing of children, victims of intra-familial and institutional maltreatment, of women victims of domestic violence and families with children with multiple social, emotional adaptation problems, as well as, dual diagnosis and special needs.

Preservation Services - offered to families when a CPS report has been substantiated and focuses on the causes or contributing problems to the risk of abuse to children. Family preservation services are offered to the families for a period of 6 to 12 months through all the local offices in the 10 regions.

Intensive In-Home Preservation Service - Aimed at families in crisis, particularly when the child's removal is imminent to preserve the family unit. The caseworker promotes the empowerment of the family. Flexible and focused services build on the strengths of the family and increase the protective capacities of caregivers. Services are specific to the family and aim to resolve the crisis that puts the child at imminent risk of removal.

Sexual Abuse Evaluation and Treatment Services - ADFAN maintains a service contract with the Program of Support to Victims of Sexual Abuse and Family (PAF) Mental Health Community Clinic, Inc. The Integrated Services Centers for Children Victims of Sexual Abuse (CIMVAS) were created in response to Law 158-2013, to serve the entire population of children in Puerto Rico. For these purposes, six centers were established, distributed throughout Puerto Rico to serve the entire island.

Through these professionals the evaluations of allegation of sexual abuse are conducted. Each completed assessment must be accompanied by an expert report which includes the process of interviews, clinical findings and relevant recommendations.

During this year, the operation of the Centers for Integrated Services for Juvenile Victims of Sexual Abuse (CIMVAS) has continued. Now, the PAF administers the CIMVAS Centers of Puerta de Tierra, Camuy and Ponce created by Law 158-2013. The objective is to obtain accreditation from the National Children's Alliance for each center.

Direct and specialized services for children and their families:

- Assessment of allegations of sexual abuse
- Psychological treatment for victims of sexual abuse and their non-offending family
- Trans disciplinary management and intervention in situations that meet the requirements
- Therapy for parents and custodians not offenders of child victims of sexual abuse
- Professional staff assigned to the three centers.

- Seven (7) evaluators with training and experience in the evaluation of sexual abuse reports.
- Two doctoral interns and ten doctoral students in clinical psychology (this as part of the contributions of the Mental Health Clinic)
- Two clinical supervisors (for students)
- Three facilitators with training and experience in the evaluation of sexual abuse cases.

Referral Process - Referrals to CIMVAS are made by the Department of the Family, the Sexual Offenses Unit of the Puerto Rico Police and the Department of Justice. The report is assigned to a CIMVAS center according to the place of residence of the child at the time of the request; the requested service must be specified. The ADFAN protocol was approved for the sexual abuse case management.

On June 29, 2016, the new "Regulation for the Organization and Operation of the Community Trans-Sector Board for Family Support and Education", (Rule No. 8765) was filed in the State Department. Under Law 158-2013, as amended, the Trans-Sector Board is entrusted with the oversight, certification and regulation of CIMVAS. The Trans-Sector Board should coordinate, support and promote collaborative efforts between government agencies and nongovernmental organizations to ensure that sexual abuse cases are addressed effectively and efficiently in CIMVAS.

Services provision method:

- *Forensic interview*: They are performed as set out in the guidelines: "The American Professional Society on the Abuse of Children" (APSAC). Staff from the

Department of the Family and the Sexual Offenses Unit of the PR Police participate in the interview process.

- *Medical evaluation:* The CIMVAS have medical and nursing staff for the services of medical-forensic evaluation and medical follow-up, for the children that require this evaluation. For CIMVAS who are still preparing the medical examination area, forensic examinations have been coordinated in hospital emergency rooms located in the corresponding region.
- *Therapeutic interventions:* Psychologists specialized in sexual abuse were hired to offer the therapeutic intervention service. These interventions are performed in a confidential, safe and private environment. As part of the intervention, support is provided to both the child and the parents, custodians and case managers. The National Children and Traumatic Stress Network certifies PAF therapists with the CBT-TF Cognitive Behavioral Therapy Trauma Focused. Currently they are the only therapists with the certification and in the registry of providers in the United States.
- *Case Review:* Regular meetings are held with the multidisciplinary team (Department of Family, Health, Justice (prosecutors) and the Police PR) to discuss cases and receive recommendations for management and monitoring.
- *Case Tracking:* Case monitoring is done through individual meetings with the direct service staff, review of records using the Minimum Documentation Monitoring form.
- *Case Registration System:* The "off the shelf" application for the case registration and follow-up system called RESPOND was implemented in December 2016. The

PAF's direct and administrative services staff, case managers appointed in the centers and the social work specialist participated in the design, implementation and application training process.

Family Homemaker Service - a support service used to for preserve families and to prevent family disruption. The character of service is temporary and supplements the protective capabilities of the parents or responsible persons to ensure the safety of children in the home. Due to the fiscal situation, the provision of this service has been significantly reduced. It is only used in emergency situations and during a short time period. We will make a final assessment to determine whether the service will continue to be offered only in emergency situations and authorized from the central level. We will identify services through non-governmental organizations that social workers can use to provide the service.

Post-Reunification Services - aimed to offer follow-up services to families who resume the responsibility of care of children who had been placed in foster care.

Assistant Administration for Foster Care and Adoption Services

Residential Services: Offered through a variety of options. Among them are: certified (542) or licensed (108), relative (209) and particular (333) foster homes; group homes and institutions (68) operated by the agency or through purchase of services.

Permanency Plans: The Auxiliary Administration of Foster Care and Adoption, is responsible for the design and implementation of a permanent plan for each child to assure their permanency. The plans accepted are: Reunification, Adoption, Guardianship and Kinship Guardianship, Long term foster care and Emancipation.

Information Systems: ADFAN continues to submit federal level bi-annual reports to comply with the Automated Foster Care and Adoption Reporting System (AFCARS). The first NYTD file transmitted through the new information system (SIMCa) will be achieved in May 2019. Our plan is to continue to work with the data entry process and data quality issues. ADFAN continues to evaluate, modify and correct the SIMCa application to ensure that the next AFCARS and NYTD reports are generated in an accurate and reliable manner.

Interagency Services/Interstate Compact: This unit of services has the responsibility to coordinate efforts with the different state agencies for the placement and supervision of children as a sending or receiving state as established by the Interstate Compact in the Placement of Children. PR is not a member of the ICPC.

Foster Care Payments Evaluation Unit: It evaluates and makes decisions about the approval of special Foster care boarding rates, recommended by the regional offices, due to the special physical, emotional or mental needs of the children. El “*Servicio*

Individualizado” para menores con necesidades especiales que se encuentran ubicados en Facilidades Residenciales se evalúa de forma individual y se autoriza según la necesidad de cada menor.

Health Care Services Unit: Coordinates efforts with public and private sector for the provision of health care services for the children under the Department of Family custody. Each child in foster care has access to an array on medical, dental, mental health, prescription, assistive equipment and other services through a government provided First Medical Vital Health Care card. Health Care Oversight and Coordination Plan. This plan includes the CARA Act requirements that amended CAPTA.

Service Description

Please refer to the Systemic Factor “Service Array”.

Services for Children Adopted from Other Countries

Post Adoption services are available for kids adopted in Puerto Rico or in other countries.

Services for Children Under the Age of 5

These services are individualized and appropriate for guarantee the child's needs: mental health, disabilities, etc. The recruitment of foster and adoptive foster homes for children under five will remain as recruitment priority, especially for those presently placed in shelter/ group home/institutional settings.

Efforts to Track and Prevent Child Maltreatment Deaths

ADFAN continues to use the following sources of information: the Police (reports regarding maltreatment situations being intervened by Police and where a child died or was severely injured, results of a police investigation identifying the perpetrators of child deaths, among others), Emergency #911 (emergency type of reports of a child death where maltreatment is described), Hospitals/Physicians/Medical Personnel (reports describing the nature and sometimes the circumstances of child deaths), School personnel (professional collateral information regarding patterns of parental behavior and history of injuries of the child who died as a consequence of maltreatment), Coroner's Office (causes of death consistent with child maltreatment), Agency child death review team (Receives detailed information from Coroner's Office, including photos), Dept. of

Health, (including from their Child Death Review Team, statistical information), Police Dept. regarding child deaths.

*If the state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS, **explain why any of these sources are excluded.***

State Response: Information from the Department of Health Vital Statistics is the only source excluded because it is not useful in the assessment of these cases, as it does not identify the cause of child deaths.

Since 2013, the established agreements with the Department of Justice have remained in place. Through the Deaths Review Panel, the Department of the Family will continue its efforts to strengthen the collaboration with the Department of Justice and the Puerto Rico Police in order to sign an agreement, so they can report directly to the agency the deaths of children related to child abuse.

ADFAN collects information on children who died and were reported to the HOTLINE.

Promoting Safe and Stable Families (PSSF)

This program operates with federal funds under Title IV-B Sub-Part 2 "Promoting Safe & Stable Families 1977, of the Social Security Act; Child Abuse Prevention and Treatment Act, Public Law 107-133. " The funds are delegated to non-profit organizations and municipal governments to offer services aimed at preventing the mistreatment of children, promoting the safety of these and the stability of families through strategies of workshops, counseling, educational, recreational and cultural activities. tutorial or vocational services

and legal intercessor among others. These entities offer integrated services that address the multiple needs of families and expand their services through collaborative agreements.

Populations at Great Risk of Maltreatment

Youths in transition from childhood

For most of youths the transition from childhood can be a difficult experience. Youth who have been in foster care face even greater challenges because they have grown up with many hardships that constitute risk factors. The Independent Living Program was designed to address risk factors such as: lack of protection, affection and support from a stable family life; lack of family ties, a positive support network and social support; obstacles in educational development; low self-esteem and lack of confidence and lack of experiences to develop socialization and skills for problem-solving, decision-making and stress management. In the assessment of the services that this population needed the youths were involved in a consultation process. This provided the agency with information that helped to identify needs, youth's tangible and intangible skills and the services in the community, so that an individualized plan will be prepared for each youth for self-sufficiency. This approach facilitated the agency's capacity to empower the youths in making a satisfactory transition to self-sufficiency by providing a continuum of services which included among them: Educational and/or vocational training; Career planning; Job preparation, search and retention, skills development; Health; Housing; Ability to work as a member of a team; Prevention of substance use/abuse (drugs, alcohol & tobacco); Activities to develop emotional maturity ; Counseling to promote management of unresolved emotional problems; Violence prevention; Skills in identifying and accessing

services; Parenting skills development; Orientation on legal rights and responsibilities; Cultural awareness activities; Workshops and counseling to develop a sense of moral social responsibility; Socialization skills development (conflict resolution, problem solving, anger management, communication skills); Mentoring and others.

Under age and/or pregnant high-risk female adolescents and their families

Puerto Rico has one of the highest rates of premature births in the world. Also, the children in the child welfare system and their babies, because of their high mobility, family history and lack of social supports are at very high risk for child abuse and neglect, exploitation and further victimization.

The Nurse Home Visiting Project (“Family Nests”) was developed as an initiative for the provision of CA/N preventive and supportive services to under age and/or pregnant high-risk female adolescents and their families, in the regions of Humacao and Mayagüez. Another primary target population of the program, during the reporting period has been parenting or pregnant adolescents within the child welfare system. Eighteen municipalities received the services. This primary prevention strategy has consisted of visits to the participant’s homes by Graduate Nurses, for orientation on the following topics: Access to Medical Services during and after the Pregnancy, Laws that Protect them, Development of the Fetus, the Process of Childbirth, Benefits of Breast-feeding for the Baby, and Importance of Healthy Eating Habits during her Period of Gestation, among others. This initiative has contributed to reduce those behaviors that put at risk the health of the pregnant adolescent and the fetus. In addition, it has encouraged the youth’s continued participation in vocational school/courses or in the university as a means to obtain their economic self-sufficiency. The service has been offered until the child turns

two years old. The population has also been served through the delegation of funds to private non-profit organizations, faith based organizations and municipalities to develop service projects to adolescent are pregnancy prevention, in geographic areas of high risk throughout the island.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Face-to-face visits are mandatory and required by Federal law “*The Child and Family Services Improvement and Innovation Act*” (P.L. 112-34), Title IV-B, and “*The Fostering Connection to Success and Increasing Adoption Act*”.

1. The visit should be a continuous process as part of the services provided to the child, therefore it should not be performed intermittently. Visits to minors must be carried out by the person assigned as head of the case, which is usually the social worker.
2. According to the manual on intervention of safety in the handling of cases in protective services for the minor (2013), all cases in the waiting stage (first 30 days of being assignment), should have visits carried out two times a week. For cases that require a higher frequency of visits, a protective action plan must be carried out as stipulated in the manual. In the implementation stage, the frequency of visits will vary according to the child's needs (subject to supervisor authorization). Nonetheless, the standard must be, that at a minimum, visits be conducted once a month for both cases of preservation and substitute care. All visits should be at the place of residence (location) of the minor.
3. For family preservation cases, this location is in the home of the biological family, including cases with safety plan, exist or action protection plans. For foster care

cases, this location could be temporary homes, therapy homes, residential facilities, correctional institutions, residential mental health programs or the home of the biological family.

4. Subsidiary maternal/paternal visits must be done twice a month (once every two weeks) at minimum. In terms of service providers, the established frequency of visits should be at least once per month, consisting of an individual interview in the home or institution where the child is located.
5. If the minor is located abroad, in a residential health care facility, the frequency of these visits must be, at the very least, every six months.
6. In protection service cases, documentation is considered an essential function, because it demonstrates compliance with the frequency and quality of service standards.

Note: All minors under custody of the Department of the Family must be visited including young adults ages 18 to 21 years, according to the established frequency. Puerto Rico Civil Code establishes 21 as the legal age of adulthood. ADFAN's is obligated to provide all the services for the needs of young persons until they meet the age of adulthood or fulfill their permanency plan.

ADFAN will continue to use the funds to support face to face contact with children placed in the USA, and with relatives that are being considered for permanent placement.

Child Welfare Waiver Demonstration Activities (applicable States only)

This item does not apply to Puerto Rico.

Adoption and Legal Guardianship Incentive Payments

Puerto Rico has not received any adoption incentive payments for the past years. The continuous goal is 300 adopted children per year. Even though the goal has not been reached, the number of adopted children keeps increasing each year.

Consultation and Coordination Between States and Tribes

At this time, there exists no coordination with tribes due to the nonexistence of any federally recognized tribes on the island.

Chafee Foster Care Independence Program

See Attachment Titled “Chafee Foster Care Independence Program 2020-2024”

Education and Training Vouchers (ETV) Program

The Education and Training Vouchers (ETV) Program works with financial funds dedicated to cover educational and training needs. The potential beneficiaries will have to have a fourth-year diploma, and the granting of funds is for postsecondary studies. The independent living services, attached to the Assistant Administration for Foster Care and Adoption Services of the Administration for Families and Children under the Department of Family Affairs, manage these funds.

The above statutes will run from the 2020-2021 period for young people who qualify to benefit from the ETV funds. These young people are under the custody of the Department of Family Affairs and receive independent living services. Every active young person in the independent living services who, when turning 21 years of age, continue studying, will receive an extension of the services until he/she reaches 23 years of age or until he/she finishes his studies. He/she must meet the eligibility criteria. Likewise, a young person adopted at 16 years of age or older or whose guardianship has been handed over to family resources or a foster caregiver at 16 years of age or older qualifies. This help should not exceed five years.

In October 2021, the ETV Program will begin with the new provisions of the Family First Prevention Services Act (FFPSA) that the Congress of the United States of America approved because the Department of Family Affairs requested a waiting period. As of October 2021, eligibility will be extended to young people until they reach the age of 26 or until they finish their studies. Similarly, a young person adopted at 16 years of age or older or whose guardianship has been handed over to family resources or a foster

caregiver at 16 years of age or older qualifies. This assistance should not exceed five years, and the maximum annual amount will be up to \$5,000.00.

The focus of the ETV Program is to provide financial aid that alleviates the difficulty that young people may encounter in the course of fulfilling their academic responsibility. This financial help serves as motivation to meet their goals.

The ETV Program will grant economic assistance according to the availability of funds in each academic period. The funds are distributed twice a year in the academic periods encompassing include the first semester from August to December and the second semester from January to May.

The social worker or family services technician of the independent living services will have the responsibility of the corresponding management of the funds, according to the needs of each young candidate who will receive the funds. The young person is responsible for completing the Financial Aid Application and for handing in the documents evidencing his need. In turn, the social worker or the family services technician of the independent living services will revalidate the information by visiting the University or Institute that provides the academic services. The agency will evaluate if the educational institutions comply with the regulations and processes and if they are duly accredited. They must have a license from the Council of Higher Education of Puerto Rico and must also offer the following: bachelor's degree or two-year programs at the least, one-year certificates aimed at developing skills that enable the young person to obtain a job and vocational programs with a minimum duration of one year. The duties and responsibilities of the young people to meet the eligibility criteria for the ETV Program funds are as follows:

- Complete the Application for Financial Assistance (ADFAN-CSA-SVI-ETV-002)
- Hand in documents evidencing the need, such as grades, registration, financial aid, class program, among others
- Obtain an academic average of no less than 2.00 points
- Attend classes and satisfactorily meet an academic commitment
- Hand in receipts evidencing the proper use of the aid received

The social worker or family services technician of the independent living services also has duties and responsibilities regarding the correct handling and use of the funds.

- Promote the program by explaining the eligibility criteria to the regional, local staff and young people who are possible candidates
- Introduce the ETV program to the personnel of the universities and academic institutions
- Prepare an individual file with the required documentation and evidence of funds spending
- Analyze and discuss applications with the supervisor and young applicants
- Guiding the young person about the proper use of funds
- Visit universities and institutions to confirm that young people are complying

Part of the evaluation carried out for the granting of funds from the ETV Program is to verify that the young person is not benefiting from other federal aid, which would be a duplication of services. However, they could receive assistance from state funds. The expenses that the funds of the ETV Program can cover are the following: tuition, books, transportation, expenses allowance, uniforms, equipment and materials, special

equipment for people with disabilities, although it is not limited to those mentioned above. However, the concept of expenses allowance only corresponds to face-to-face classes.

The ETV program extends the help to young people, provided they meet the following circumstances:

- The young person was a beneficiary of the funds during the academic semester before the current application.
- The ETV program did not interrupt the availability of funds during the academic year.
- The young person keeps his/her academic record in the independent living services with updated documentation and provides evidence of the correct use of the allocated funds.
- The young person maintains a full-time enrollment in the area of studies that he/she began during his/her stay in the Foster Care Service.
- The young person maintains a minimum average of 2.00 points of the academic index.

The impact of the ETV Program on young people in the custody of the Department of Family Affairs is not only tangible but measurable. The statistical data shows a rise in young people who complete the senior year of high school and have the desire to excel. They achieve it by obtaining an academic degree that opens doors to the labor market for them.

independent living services is committed to the young participants, empowering them on the processes that require improvement and the steps they must follow for the approval and proper disbursement of ETV Program funds.

It is crucial to consider the following aspects to achieve an optimal result of the management of funds:

- Effective communication between the social worker or family services technician of the independent living services with the young beneficiary
- Promote that the young person receiving the funds granted responsibly use them and provides evidence

Encourage young people to aspire to complete post-secondary studies in an academically competent institution that meets their professional expectations.