



**JCC SEMI-ANNUAL REPORT**  
**UNITED STATES V. PUERTO RICO CASE NO.**  
**99-1435 (SCC)**  
**SECOND REPORT FOR YEAR 2023**

Benchmarks and Supplement Narrative

Office of the Joint Compliance Coordinator



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

I, Alfredo Castellanos, Esq., in my independent capacity as Joint Compliance Coordinator, hereby certify that the present 2023 Semi-Annual Report has been prepared by the undersigned (with the input and contributions of the Party-Stipulated Experts, Subject-Matter Experts, and JCC Team Experts, discharging my duty to evaluate the progress of the Commonwealth of Puerto Rico (“Commonwealth”) and its Department of Health’s Services for Adults with Intellectual Disabilities Section (hereinafter referred throughout the Report as “SSPADI” by its Spanish acronym, “Division,” and/or “Program”)<sup>1</sup> in complying with the Joint Compliance Action Plan (“JCAP”, also referred to as “Consent Decree”) and orders in this case. At times, in our role as a guiding hand, we give advice and propose action plans to assist the Commonwealth in reaching sustainable compliance with the JCAP. The following Experts and JCC Team members contributed to the present Report:<sup>2</sup>

**JCC Team Experts:**

- Dr. Dimaris García, PsyD (Psychologist and JCC Team Expert).
- Dr. Carmelo Rodríguez, PsyD (Psychologist and JCC Team Expert).
- Ms. Tirsa Sosa, MSW (Social Worker and Ex-Director of the Bayamón CTS/Daily Center).

**JCC Team:**

- Ms. Diana Alcaraz, Esq./CPA (Court-Appointed Special Investigator and Legal Advisor to the Federal Monitor).
- Mr. Javier González (Executive Director of the Office of the JCC/Federal Monitor).
- Ms. Jeannie Castillo (Administrative Assistant Expert Liaison with Participants).

**Party-Stipulated Experts:** Dr. Emily Lauer, PhD, MPH, and her team of experts at the University of Massachusetts Chan Medical School/CDDER.

**Subject-Matter Experts (“SMEs”):** Dr. Serena Lowe, PhD (AnereS Strategies, LLC) and Dr. Teresa Grossi, PhD (Director of Strategic Developments, Associate Research Scientist, Indiana Institute on Disability and Community Indiana University).

**Court-Appointed Expert:** Dr. María Margarida Juliá, PsyD.<sup>3</sup>

**Special contributions by:** Chief Justice (ret.) Federico Hernández Denton (Senior Advisor to the JCC).

Reference below to the “JCC” or the “Office of the JCC” typically includes implied reference to the various experts and other team members.

Alfredo Castellanos, Esq.  
JCC/Federal Monitor

---

<sup>1</sup> See Puerto Rico Health Dep’t Admin. Order No. 578, Sept. 1, 2023 (reorganizing the organizational structure of the Department of Health in accordance with the Public Policy of the Government of Puerto Rico, defining the functions of the units comprising the Department of Health, and repealing Administrative Orders 569 and 573). Pursuant to this order, the Division for Adults with Intellectual Disabilities (commonly known by its Spanish acronym “DSPDI”) was assigned to the Division of Comprehensive Rehabilitation and Independent Living and was renamed the Services for Adults with Intellectual Disabilities Section (“SSPADI” for its Spanish acronym).

<sup>2</sup> **All assessments in this Report were reached by unanimous consensus of the undersigned and the Experts.**

<sup>3</sup> Dr. Margarida Juliá’s contributions are noted in specific matters addressed in the Report.



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

**TABLE OF CONTENTS**

<b>I.</b>	<b>INTRODUCTION .....</b>	<b>3</b>
	A. Status of the Implementation of the Work Plan and Work Groups .....	5
	B. Pending and Ongoing Matters Identified by the Office of the JCC and the Experts	7
	i. Individuals with I/DD in the Local Court System .....	7
	ii. Status of use of the \$10M Budgetary Reserve .....	7
	iii. Update on Temporary Placement Service Pilot .....	7
	iv. Crisis Diversion Apartment Pilot .....	8
	v. Concerns Regarding the Opening of Community Homes .....	9
	vi. Hiring and Retention of Staff and Personnel .....	9
	vii. Concern Regarding Support to CAPAR Initiatives .....	9
	viii. Continuation of Town Hall Meetings as ordered by the Court .....	11
	ix. Transition Status of the I/DD Population with the Commonwealth’s Department of Family Affairs .....	11
<b>II.</b>	<b>ASSESSMENT OF SPECIFIC JCAP MANDATES FOR THE PRESENT REPORT .....</b>	<b>12</b>
	A. Mortality Review (Benchmarks Nos. 86 to 92) .....	12
	B. Integrated Employment Assessment (Benchmarks Nos. 17 to 39) .....	20
	C. Preliminary Evaluation and Monitoring of Services Provided by Service Mediators (Benchmark Nos. 16 and 102) .....	28
<b>III.</b>	<b>CONCLUSION .....</b>	<b>36</b>
<b>IV.</b>	<b>BENCHMARK COMPLIANCE ASSESSMENT TABLE UPDATED IN RELEVANT AREAS .....</b>	<b>37</b>
<b>V.</b>	<b>EXHIBITS .....</b>	<b>79</b>
	1. Additional information on Customized Employment Training offered to ASCRV staff .....	79



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

## **I. INTRODUCTION**

This is the second Semi-Annual JCC Report issued in 2023, covering the period beginning on January 1 and ending on June 30, 2023.<sup>4</sup> During the review period, the JCC performed various monitoring activities, including: onsite visits; conversations with participants; meetings and interviews with Commonwealth and SSPADI officials, personnel, and staff, home providers and their staff, and stakeholders; written communications; review of quarterly reports; requests for information and/or documents; review of the Therap platform and internal investigations, as well as the review of individual records and other data.

In the JCC's March 2022 Report,<sup>5</sup> a modified assessment plan was adopted distinguishing between the Outcome and the Non-Outcome JCAP Benchmarks.<sup>6</sup> The non-outcome Benchmarks are generally process-oriented items that can be assessed without multi-layered onsite and expert clinical reviews. On the other hand, the Outcome Benchmarks require an in-depth and expert clinical-based review and assessment to determine if the JCAP mandates are met and if participants' health, safety, and well-being are being ensured as required by the Consent Decree. As established in JCC's March 2023 Report,<sup>7</sup> and as endorsed by the Parties, the Office of the JCC will continue to focus on different outcome Benchmarks going forward and expects to complete a comprehensive assessment of all Benchmarks within a three-to-four-year cycle, as recommended by the Parties' joint expert premised on empirical data and clinical considerations, among others. For the next reporting period, the Office of the JCC will focus primarily on: completing the assessment of service mediators; participants at risk of aspiration and/or aspiration pneumonia and practices to minimize related risks; and day services and community integration. The Office of the JCC may modify the aforementioned assessment areas as may be warranted by compelling circumstances with the objective of ensuring participants' health, safety, and well-being.

The Office of the JCC has created specific work groups, using the Parties' bestowed guiding hand authority,<sup>8</sup> to assist the Commonwealth in reaching sustainable compliance with certain Benchmarks of the JCAP. As mentioned in prior Reports, these work groups have prompted some positive action and notable progress to help address the needs of participants. We expect the collaborative working relationship to continue.

This Report will provide a brief overview of the current achievements and ongoing activities of the work groups, pending and ongoing matters identified by the Office of the JCC and the Experts, and our findings, observations, and recommendations on specific Benchmarks that pertain to the following JCAP areas: mortality review, integrated employment, and service mediators.<sup>9</sup> Although the Benchmark Assessment

---

<sup>4</sup> Even though the main focus of the Report will be on the first six months of 2023, we will reference some notable developments after June 30, when warranted.

<sup>5</sup> See Docket No. 3576.

<sup>6</sup> See Docket Nos. 1949 and 1998. Pursuant these filings, the party-stipulated Benchmarks are reasonable and measurable guidelines to assist the Commonwealth towards achieving compliance with the JCAP.

<sup>7</sup> See Docket No. 3676.

<sup>8</sup> See Docket No. 2285.

<sup>9</sup> In their response to the JCC's draft of the present Report, the Commonwealth, for the first time, raised an objection to the modified assessment structure established in the 2023 March JCC Report. See page 3 at Docket No. 3676. We



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

Table included in Part IV of this Report does not include a definitive compliance level assessment for certain Benchmarks, particularly in outcome areas, we can report that the Commonwealth is actively working on remedial measures to address outstanding issues in these areas. Furthermore, the Office of the JCC is providing technical assistance in all relation to all Benchmark areas.

The SSPADI has continued to show progress in regard to communication, transparency, collaboration, and furnishing information to the Office of the JCC. These positive efforts have enabled an effective collaborative environment that has allowed the Office of the JCC to work together to identify systemic deficiencies and other areas of concern as the Commonwealth works towards compliance with the JCAP. The JCC is confident that this collaboration will allow the Commonwealth to continue to make progress work towards compliance.<sup>10</sup>

Although not directly related to the areas covered in the present Report, the JCC commends the Commonwealth for dedicating time and resources to participate in a comprehensive site visit to the Kansas City metropolitan area to learn about several innovative, evidence-based practices that could help shape and complement the Commonwealth's next phase of system-wide reforms. During the trip, Commonwealth officials met with: the leadership of award-winning GoodLife Innovations and its technology subsidiary, iLink LLC; leadership from the Institute for Human Development at the University of Missouri–Kansas City ("UMKC"), a University Center for Excellence in Developmental Disabilities ("UCEDD") and national technical assistance leader of the Charting the LifeCourse person-centered planning framework that was funded by the U.S. Department of Health & Human Services' Administration for Community Living ("ACL"); and representatives from the University of Kansas School of Applied Behavioral Sciences. From these initial meetings, several potential partnership opportunities were identified related to: strengthening the Commonwealth's person-centered planning framework, piloting the use of new workforce development and retention strategies and the use of remote supports to strengthen the Commonwealth's existing residential provider models, and developing the skills and competencies of front-line professionals to effectively support participants with a dual diagnosis.

---

recommend that the SSPADI discuss any concerns regarding such matters with both the USDOJ and the undersigned. For purposes of this and future Reports, the JCC will continue to follow, unless the Parties stipulate otherwise following the directives of the Court at Docket No. 3086, the methodology endorsed by the Parties. Thus, **will only entertain comments to the specific Benchmarks covered in the present Report on mortality, integrated employment, and service mediators.** Notwithstanding the above, all other comments and requests made by the Commonwealth on all other Benchmarks will be properly evaluated when a comprehensive assessment of such Benchmarks is conducted by the Office of the JCC and, as fairness dictates, both the USDOJ and the Commonwealth have the opportunity to properly review the assessments made by the Office of the JCC. A request for documentation and/or information for the areas that are to be covered in future JCC Reports, unless emergencies or pressing matters dictate otherwise, will be forthcoming.

<sup>10</sup> **The JCC requests that, within 30 days of the filing of this Report, SSPADI translate the entire Report to Spanish and furnish a copy of the same to all relevant personnel, including but not limited to CAPAR, the CEEC, CTS Directors, service mediators, the MRC, ASCRV and community home providers, among others, and certify the same to the Office of the JCC. The undersigned considers the above recommendation of paramount importance. Failure to adhere to the above will compel the JCC to obtain a certified translation of the Report; the JCC would then provide the SSPADI with an invoice for the translation services.**



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

The above visits, added to the visits to the District of Columbia, Maryland, Massachusetts, Virginia, Washington State, Missouri and Kansas, gave the Division a unique opportunity to obtain valuable information and to learn about practices that are currently being used in other jurisdictions that will allow SSPADI to extrapolate and then implement effective service delivery practices to address diverse challenges as it works towards compliance.<sup>11</sup> The JCC hopes that SSPADI will continue to work with the SMEs to develop a strategic action plan for testing, validating, and bringing to scale effective strategies and evidence-based practices to further the Commonwealth's progress in complying with the JCAP.

The JCC has been working collaboratively with senior Commonwealth officials, including the Governor's Personal Representative ("GPR"), his chief counsel, counsel of record, SSPADI Interim Director Dannel Soto, and Auxiliary Secretary Dr. Marilú Cintrón Casado, encouraging them to take a proactive approach to addressing the challenges that may arise during the upcoming election year (2024) that could negatively impact and potentially derail the progress that has been reached up to this point. The JCC has already furnished to these senior officials and counsel copies of existing Court orders that can assist the Commonwealth in addressing any issues that may arise during or after the election that could have an impact on participants.

**A. Status of the Efforts of the Work Groups**

As referenced in the March 2022 JCC Report, the Office of the JCC agreed to provide technical assistance ("TA") in certain priority areas and to assist the Commonwealth reach higher compliance levels more expeditiously to improve the safety and well-being of participants. The JCC provides the following work group updates.

**i. Employment and Job Placement Work Group**

Following the in-person and virtual training series for the Vocational Rehabilitation Counseling Services Area ("ASCRV") staff in Discovery<sup>12</sup> and Customized Employment Strategies,<sup>13</sup> the Employment Work Group has primarily focused on three areas recommended by the JCC in the previous Report:

---

<sup>11</sup> The JCC has also debriefed the SSPADI on other important information that the Office of the JCC obtained while participating in site visits to Seattle, Saint Louis, Minneapolis, Pittsburgh, Dallas, and Gainesville Florida, among others.

<sup>12</sup> "Discovery" is the first step in the Customized Employment process. It is a strengths-based, individualized, qualitative assessment strategy that avoids the comparative strategies that often exclude job seekers with disabilities and other barriers from conventional workforce programs. The process opens up possibilities for further exploration by the job seeker rather than just trying to "fit" into a rigid job description. This modality is consistent with the integrated employment areas in the JCAP and Benchmarks and should promote significant progress toward compliance with these important mandates.

<sup>13</sup> The term "customized employment" refers to competitive integrated employment that is specifically tailored for individuals with significant disabilities. This type of employment is designed based on the unique strengths, needs, and interests of the individual and the business requirements of the employer. It is carried out through flexible strategies such as job exploration and working with the employer to facilitate placement.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

- ***Training of Interdisciplinary Team on the Importance of Employment for SSPADI Participants:*** Based upon information furnished by the Division, the Employment SMEs are developing a customized employment orientation training specifically designed for various Transitional Service Center (“CTS” by its Spanish acronym) Interdisciplinary Team (“IDT”) professionals. The Office of JCC is coordinating with the Division’s Compliance Officer to schedule the necessary virtual training sessions.
- ***Continued Review of SSPADI/ASCRV Policies and Procedures:*** The Work Group continued to review and discuss options for updating the ASCRV Norms and Proceedings Manual and addressing existing policy barriers that prevent ASCRV from fully implementing evidence-based practices,<sup>14</sup> especially within the community, to support participants in their exploration and attainment of competitive integrated employment.
- ***Review Current Organizational Staffing Structure of CTS System:*** On its own accord, SSPADI is currently evaluating the capacity of different categories of professionals within the CTS organizational structure to implement certain aspects of Discovery, person-centered planning, and job development and coaching. The SMEs have requested data from SSPADI to engage in more meaningful revisions to existing job descriptions and provide technical guidance on maximizing the use of existing staff to more efficiently and effectively support participant employment and integration goals.

**ii. De-institutionalization and Independent Living Work Group**

The De-Institutionalization and Independent Living Work Group has been focused primarily on providing TA to the Commonwealth on strategies to effectively work with families and guardians of participants who still live in institutions and who will benefit from updated information and being exposed to service options available for community living, as well as to the progress that has been achieved in workforce training for specialized home providers. During this period, the Division provided training on crisis prevention and intervention to their staff and service providers.

**iii. High-Risk and Polypharmacy Work Group**

During this period, this work group has been focused on strategies to work with community-based physicians who prescribe medications to participants. Multiple strategies have been discussed to address prescribers who are resistant to the recommendations for medication changes made by the Attention Committee to High-Risk Participants (“CAPAR”, by its Spanish acronym), and to train community-based physicians to be more knowledgeable about the needs of this population and provide better medical services to them. The work group has also been working on preventive health screening guidelines for this

---

<sup>14</sup> The term "evidence-based practices" refers to proven approaches and strategies in the field of workforce development and employment that are grounded in rigorous research and empirical evidence. These models are designed and implemented based on their demonstrated effectiveness and positive outcomes, which are determined through systematic evaluation and analysis.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

population in coordination with changes to vaccine coverage on the federal level. The group has also discussed various efforts by CAPAR physicians to engage the health insurance companies around training related to the needs of this population for their physicians.

**iv. Incident Reporting and Investigations Work Group**

This work group has focused on the review of policies and protocols related to incidents and incident review, complaints and grievances, and associated investigations. The group has also focused on identifying strengths and weaknesses of the current use of electronic reporting systems and any modifications and/or updates needed for effective implementation. This work group has also discussed the pilot of a post-fall review tool to better identify and address causal factors to prevent reoccurrence. The group has discussed lessons learned to date and related strategies to address these observations.

**B. Pending and Ongoing Matters Identified by the Office of the JCC**

In our two previous Reports, the Office of the JCC provided updates on several important Commonwealth pilot initiatives that could directly affect the health, safety, and well-being of individuals with I/DD in our jurisdiction. As these initiatives are still being developed, we are providing an update on their progress, as well as information on several new matters that the Office of the JCC is currently monitoring.

**i. Individuals with I/DD in the Local Court System**

The Office of the JCC has continued to collaborate with SSPADI to educate the local court system about the needs of the I/DD population and the requirements of the JCAP. In addition, the Office of the Administration of Tribunals has requested the JCC to participate in a conference to orient the local judiciary regarding the JCAP.

**ii. Status of use of the \$10M Budgetary Reserve**

The JCC is in the process of scheduling a video conference for January 2024, to continue the discussion on the effective use of the reserve funding established by the Court since fiscal year 2021-2022.<sup>15</sup> After the video conference is held, the JCC, if warranted, will file an informative motion with the Court with a status update.

**iii. Temporary Placement Service Pilot Program**

During the reporting period, SSPADI opened two pilot Temporary Placement Service pilots in the Municipalities of Vega Alta and Dorado. The in Vega Alta pilot was opened in February 2023,<sup>16</sup> and the

---

<sup>15</sup> See Dockets Nos. 3499 and 3602.

<sup>16</sup> In August 2023, after the reporting period ended, the Division decided not to renew the contract for the Vega Baja after an investigation revealed multiple serious incidents under the provider's supervision that put at risk the health,





Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

pilot in Dorado was opened in March 2023. The primary purpose of these pilots is to provide temporary community transition beds with sufficient trained staff and clinical support and oversight to those individuals who present to SSPADI with little or no notice, such as those suffering a decline or crisis, sometimes ordered by local courts to be served by SSPADI. Each pilot can accommodate up to six individuals for a maximum of 90 days. As these pilots approach their one-year mark, we look forward to SSPADI providing us with data, analysis, and a report, which should provide valuable insight into utilization, staffing, length of stay, and other pertinent data, as well as recommendations to adjust service parameters to better meet the needs of participants and, if it is necessary, to expand the program to other regions.

**iv. Crisis Diversion Apartment Pilot<sup>17</sup>**

In previous Reports, we commended the Commonwealth's commitment to open much-needed crisis diversion apartments. As of the date of this Report though, no crisis diversion apartment has been opened or are scheduled to be opened. The purpose of this proposed pilot is to provide multi-functional respite facilities in the community to prevent participant contact with psychiatric hospital, institutional, or other congregate settings during a crisis.

**v. Concerns Regarding the Opening of Community Homes<sup>18</sup>**

Between January 1 – June 30, 2023, the DPSDI opened four new community homes with a total of 24 new living units for participants, as well as two temporary placement pilots with 12 temporary beds (six each). In addition, the Division reports that it engaged with 10 providers in various stages of the contractual process who are expected to open new homes soon.

While the JCC acknowledges the Division's efforts and continued commitment to open new community homes, we have some concerns resulting from our monitoring visits and document review via the Therap platform. Several important issues need to be addressed before these homes can effectively provide support services to the individuals they serve as mandated by the JCAP. For instance, a high number of critical incidents are occurring in some homes, and there is a delay in uploading relevant and timely information in Therap that hinders the Division's incident monitoring and investigation process.

---

safety and well-being of the participants receiving services there. SSPADI leadership has assured the Office of the JCC that they remain committed to this pilot program and will be opening an additional temporary placement service pilot promptly. We will assist the Commonwealth in this endeavor.

<sup>17</sup> In its response to the draft Report shared with the Parties, the SSPADI states that it has not moved forward with the project because they have "received any feedback from the JCC as to the USA's position regarding the proposed alternatives." As the Commonwealth clearly knows, said matter was promptly addressed by the JCC with USDOJ and shared with SSPADI. Further assertions do not warrant a further response and, in order to avoid prospective confusion, the undersigned recommends matters of importance pertaining to the health, safety and wellbeing of participants be memorialized and documented in writing form.

<sup>18</sup> In its response to the draft Report shared with the Parties, the SSPADI states the "the concerns voiced by the JCC in this section are too general to be address, or even identified by the SSPADI." As has been done in the past, the JCC will continue to share such information in the monthly meetings.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

Furthermore, we have found instances where the staff: lacks adequate training and a clear understanding of participants' plans, behaviors and risks; lacks an understanding and/or knowledge of SSPADI's protocols and processes; fails to effectively communicate with the Division; and fails to develop sufficient emergency preparedness plans.

**vi. Hiring and Retention of Staff and Personnel<sup>19</sup>**

As anticipated by the JCC in prior Reports,<sup>20</sup> Puerto Rico is currently experiencing labor shortages in many businesses and industries as workforce participation remains low. Unfortunately, SSPADI has not been immune to these challenges in the labor market and is having difficulty filling certain open positions (for example, IDT professionals) and retaining staff in certain areas of services, which directly impacts the health, safety, and well-being of participants. This is alarming as it puts at risk the continuation of essential services to participants and the progress achieved. In the situation of SSPADI's workforce, these challenges are further compounded by the agency's deployment of existing staff as discussed, in part, in Section II, Part B of the present Report. The Office of the JCC has initiated discussions with SSPADI on different alternatives for addressing this labor crisis and the restructuring of key service models, particularly in the CTS and community home structures. However, it is clear that SSPADI must perform a comprehensive analysis of staffing needs, current staff tasks and functions, and wages, and benefits offered. In addition, SSPADI should re-evaluate employment contracts to promote greater job security, career advancement, increased hours, and increased wages or benefits to improve workers' overall employment experience. Many current SSPADI employment contracts are unattractive to applicants, which hinders retention and hiring. The JCC will continue to monitor and provide support and looks forward to working with the Division to find solutions for resolving these challenges.<sup>21</sup>

These before mentioned issues are also impacting community home providers. The JCC has recommended in previous Reports and in monthly meetings with the Division, that the rate assessment study conducted by Burns and Associates be refreshed to re-examine the rate structure and to review the assumptions made in the study so that they align with the current costs and labor challenges to guarantee that all participant services remain uninterrupted. We expect this refresh to be conducted by 2024 at the latest.

**vii. Concern Regarding Support to CAPAR Initiatives**

Since September 2021, SSPADI clinicians have been conducting shadow case reviews of participant records to see if current diagnoses and treatments are appropriate for each person. Through June 30, 2023, the CAPAR team has completed 355 individual shadow reviews CAPAR clinicians continue to make

---

<sup>19</sup> In its response to the draft Report shared with the Parties, the SSPADI states that the JCC recommendations fall outside the scope of the JCC. As directed by the Court, the role of the JCC is to "monitor compliance and act as the eyes and ears of the Court," and as stipulated by the parties, to provide a "guiding hand" to the DSPDI in improving the living conditions, safety and well-being of all participants." See Dockets Nos. 2285 and 3310. Thus, the JCC, in the discharge of its duties is compelled to raise concerns and provide recommendations to ensure the continuation of essential services mandated by the JCAP and that services remain uninterrupted.

<sup>20</sup> See Part II.B, page 11 of the September 2021 Semi-Annual Report at Docket No. 3548.

<sup>21</sup> This matter will be addressed in a more expansive manner in the next Report.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

individualized recommendations, and it is clear that from the reviews that medication changes are warranted to support the health and welfare of participants. The JCC has recommended that participants capable of communicating (with or without support) directly with CAPAR members be part of the CAPAR case reviews and discussions.

There have been some challenges with implementing the CAPAR recommendations and with the durability of the changes once the CAPAR review has concluded. After investigating certain incidents, the JCC team has identified that, in some cases, community-based prescribers have ignored and/or reversed the medication adjustments recommended and at times, implemented by CAPAR. This matter is a subject of discussion on the High-Risk and Polypharmacy Work Group, where innovative approaches are being considered for educating community doctors and prescribers on the I/DD population. For example, SSPADI has requested that the Puerto Rico Medical Licensing and Disciplinary Board (known as "JLDM" in Spanish) require for license renewal that healthcare professionals take courses related to orienting and sensitizing the medical community about intellectual disabilities. The courses should cover the causes of preventable death in this population, the pharmacological management of patients with I/DD, and the serious, adverse, and non-therapeutic effects of chronic use of benzodiazepines in this population. In addition, SSPADI requested a meeting with the Puerto Rico Health Insurance Administration ("ASES" by its Spanish acronym) to discuss special coverage for the I/DD population and a virtual Primary Medical Group (formerly known as IPA)<sup>22</sup> for disability. The JCC commends and endorses both these initiatives and has offered that, should CAPAR confront any obstacles and deem it necessary, the JCC could bring the matter to the attention of the Court.

In addition, the JCC has observed multiple instances where nurses rendering services to participants in community home settings were either unaware of the CAPAR's recommendations or did not follow them. The JCC recommends that more training be conducted by SSPADI so that nurses review and implement CAPAR recommendations, including when to contact the same related to changes in the status of the participant. SSPADI should clearly set and communicate the expectation that nurses are to communicate back with CAPAR when they are not following CAPAR recommendations and/or when an individual has new or changing behaviors and/or symptoms, particularly during medication changes or shortly thereafter.

Furthermore, the JCC is concerned that SSPADI has not implemented the system-wide reforms necessary to support the participants as they come off the sedating effects of psychotropics and inter- and intra-class polypharmacy. For example, during this period, participants will frequently need more engaging activities during the day. Providers should be prepared and supported to have more active programming and engagement, as many of the participants experiencing sedation have substantial amounts of idle time in their days. In some cases, these providers must change their expectations regarding the amount of sleep participants need (both at night and during the day) and adjust their services accordingly. Our concerns and recommendations on how to address these challenges have been shared with particularity with SSPADI, but needed remedial measures are not yet in place. Implementing measures to address

---

<sup>22</sup> Primary Medical Group (GMP, formerly known as IPA), are health professionals grouped and hired by the insurer to provide a coordinated care model.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

current polypharmacy issues may ultimately take two to three years. The Office of the JCC will continue monitoring to ensure that participants receive the support necessary during this process both through our monitoring activities and through the TA we provide as a guiding hand. The JCC is committed to seeing that CAPAR efforts here succeed.

**viii. Continuation of Town Hall Meetings as ordered by the Court**

The JCC expects to celebrate Town Hall Meetings for the regions of Aibonito, Cayey, and Rio Grande during the first semester of 2024. We will keep the Court and Parties informed.

**ix. Transitional Status of I/DD Population with the Commonwealth's Department of Family Affairs**

The Commonwealth reported that there are 484 individuals with I/DD currently getting services from the Department of Family Affairs ("DFA").<sup>23</sup> As of September 22, 2023, SSPADI's DFA Project Task Force reported that 13 individuals have been admitted to SSPADI; seven are in the process of being evaluated by the CEEC and are awaiting the results to determine eligibility for SSPADI services; 37 have the documents to support an I/DD diagnosis and will be referred for evaluation to determine SSPADI services needed; SSPADI has requested additional information for 27 individuals from the DFA; for one individuals the DFA is in the process of validating information, as documents provided contain inconsistent data/information; for 100 individuals there is no supporting documents for a I/DD diagnosis and they are being assigned for evaluation; for 396 individuals per DFA there is no documentation to support diagnoses and they will be referred for evaluation to the DFA Project Task Force; and three passed away during the period.

The Office of the JCC and the DFA Project Task Force are working in collaboration with Court-Appointed Expert Dr. María Margarida Juliá, who is actively engaged in assisting the Division in the transition process for the individuals from DFA to SSPADI. However, the last meetings scheduled were postponed by the Division.

---

<sup>23</sup> See Docket No. 3633.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

## II. ASSESSMENT OF SPECIFIC JCAP MANDATES

### A. Mortality Review (Benchmarks Nos. 86 to 92)<sup>24</sup>

The purpose of mortality reviews, both of individual cases and of patterns and trends across deaths, is to provide valuable information about the health and service experiences of the decedents, with the potential to identify opportunities to prevent avoidable deaths, improve the health of the population receiving services, and to improve the services participants receive.

The external Mortality Review Committee (“MRC”) reports prepared in 2022 and part of 2023 were reviewed by the JCC; 13 reports from 2022 and 7 reports for 2023 were reviewed. The review identified the recommendations made by the MRC and themes of observations made by the MRC across the deaths they reviewed during the course of the year. In pursuit of the purpose of this review, as stated above, both the MRC and the Office of the JCC examined the service- and health-related experiences of participants who died during this period to identify opportunities to prevent avoidable deaths, improve the health of the population receiving services, and to improve the services participants receive. Deaths from a wider historical period than this Report covers were selected for review to examine the improvement opportunities that would have reasonably been initiated, underway or recently implemented by the period if this review. The above initiative can only benefit the Commonwealth in addressing the systemic reforms that are long overdue.

In 2022, there was one formal recommendation included in the MRC death reports, which was that medical staff (from the CTS and providers) should ascertain information about the available care and quality of that care at facilities to which they are referring participants. This recommendation was made with a notation that there was a history of dissatisfaction with the care being rendered at a community hospital, “Hospital San Carlos”, and that it was, therefore, a suboptimal transfer option for a participant (BLS 356). The JCC agrees with the recommendation of generating awareness across CTS and provider staff about the quality of care received by participants at their nearby hospitals and clinics. As is discussed below, there are substantial quality of care issues observed across the deaths reviewed in 2022, and these experiences are not limited to the hospital referenced above. The JCC also acknowledges that in some situations, the urgency of care needed and the availability or lack of adequate alternative care resources may limit the choices available to the providers and CTS medical teams.

There were 3 additional recommendations made by the MRC in separate correspondence to the SSPADI in April and May of 2023:

The MRC has observed that the documentation is filled out incorrectly and, although not affirmed as such by the MRC, the JCC is concerned some of the recorded information constitutes a misrepresentation by the home service provider staff to cover up deficient record keeping and/or work. The JCC is extremely

---

<sup>24</sup> In their response to the JCC’s draft of the present Report, both USDOJ and SSPADI requested that the Office of the JCC clarify the scope of the review and the recommendations included in this part of the Report. The JCC deems that the same is meritorious; thus, additional information addressing the Parties concerns has been included.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

concerned by the before-mentioned practices and the same should not be tolerated at any time. We intend to promptly conduct a meeting with Dr. Brugal, the MRC Chairperson and renowned Forensic Pathologist, to discuss alternatives to properly address the present matter.

The MRC also observed delays in communication of health status changes or labs, and documentation by different parties under other's system accounts. To address the potential contributing factor of lack of time for staff to complete documentation given other care duties, the MRC recommended that SSPADI:

- Consider adding an employee during busy times in the home in the event that competing priorities with service provision are impacting the provider's ability to document in a timely and accurate manner.
- Continue to guide home staff on health care support for the patient, vital signs, indicators of change in health status and documentation.
- Guide suppliers and employees on the importance of the truthfulness of the documentation.
- Guide suppliers and employees about the legal implications of altering information or enter information on behalf of another person.
- Add these observations within the clauses of the provider contracts.

The MRC also observed that autopsies are not being performed by the Institute of Forensic Sciences, even when the cause of death is not clear. The MRC clarified that the law states that the deaths of people who were in long-term care facilities had to go to the Institute of Forensic Sciences, and there, the pathologist determined whether an autopsy was required. The MRC recommended that SSPADI coordinate a meeting with the administrative staff of the Institute of Forensic Sciences in search of establishing collaborative agreements that will help us facilitate the death of any of our participants located in homes or Institutions; the case can be referred and evaluated by a pathologist, and that the ICC issues a report to the MRC.

A description of SSPADI's activities taken in response to MRC recommendations was requested by the Office of the JCC for the period covered in this Report; however, no evidence was provided by SSPADI. The JCC has not been able to identify a proper system or mechanism to monitor MRC recommendations in the process of becoming systemic changes that can lead to preventable deaths. The above should be remedied at once and continue to be a concern to the JCC.

The JCC will make additional recommendations in relation to these experiences in this section.

We identified multiple themes across the information summarized by the MRC. These themes will be presented in three sections:

- i. Themes related to the quality of care provided by community home staff or substitute home providers and by private institutions;
- ii. Themes related to the quality of care provided by CTS team members, which are SSPADI employees or contractors; and
- iii. Themes related to the quality of care provided by community clinicians and/or community-based hospitals which are, in both instances, external to SSPADI.



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

**i. Themes related to the quality of care provided by community home staff or substitute home providers and by private institutions**

The following gaps in care were observed in community homes, substitute homes, and private institutions.

- Multiple participants, whose deaths were reviewed in 2022-23, were overdue for their annual physical, according to Therap records, including participants LDV 125, FTV 982, JNT 1151 BVR 977, and MRC 1176. These healthcare visits are an important foundation for the healthcare coordination, preventive healthcare, and the detection and management of acute and chronic conditions. This gap in care may have contributed to the death of a young adult (under the age of 25 years) with morbid obesity for whom the series of events prior to death suggested undetected underlying cardiac risk factors (JTN 1151).
- Multiple participants were overdue for their dental cleanings and evaluations, including participants JCR 363, JNT 1151, OEM 179, LEM 87, PRH 321, PRH 321, and MFC 12.
- There were problems with the quality of documentation in participant records by provider staff and gaps in required reporting of events.<sup>25</sup> In the series of events leading up to one death, provider staff did not report multiple instances of seizures (ACM 1012). In another death, staff failed to record vital signs during a participant's period of health difficulties prior to their death (REM 597). In another death, the participant's weight was not taken in the home, resulting in their inability to track major weight loss, a contributing factor to the person's death (OEM 179). In addition, SSPADI's own Quality Unit found a "Lack of information on the notes drafted by the various professionals of the home" in another death (BLS 356).
- There were gaps in staff following clinical advice and medical orders. In one death, the caregiver ignored the doctor's orders (ACM 1012). In another death, the nursing staff at a private institution acted as Nurse Practitioners without having the qualifications, insisting on their own solution without resolving the underlying causality of the medical issue (psychotropic medication toxicity) (JCR 363). In the same death, nursing staff cited being short-staffed as to a reason why they did not follow recommendations from speech pathology/nutrition regarding changes to diet. As the MRC rightly pointed out, being short-staffed should not dictate treatment. In another instance, one participant did not receive a needed gastroenterology consult to more carefully follow up on their dysphagia diagnosis, which was related to their cause of death (REM 597).
- There was also an issue noted with the follow-up of physicians associated with provider homes. For example, the physician associated with the house did not act upon or investigate the cause for elevated blood levels (2 people, including ERR 536).

---

<sup>25</sup> From information provided by SSPADI in a "Therap Implementation" document, it appears that five community homes are still not connected to the Therap system, which prevents their direct use of and reporting into this system. In addition, staff at other community homes have alleged that some homes have problems with their access to the internet, which they report contributes to inconsistency in documentation. SSPADI should work with providers to remediate these issues, and to also review with providers how documentation can be accomplished when internet service is not available.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

In response, the JCC makes the following recommendations:

1. It is the responsibility of the care provider to ensure that participants have access to regular, effective, and proactive healthcare, including dental care. CTS interdisciplinary teams should be regularly reviewing (at least quarterly) whether the person has access to their needed healthcare. The CTS team should also work with the provider to identify any barriers to obtaining this care and work with the service provider to mitigate these barriers.
2. The Quality Division or other SSPADI designee should conduct a rolling sample<sup>26</sup> of participants to audit their receipt of recent and adequate medical and dental care and follow-up to see if there are any participants with gaps in care. In the first year of this sample, all participants should be included in the review. This review should include all participants living in staff-supported residential settings, regardless of whether it is an SSPADI service site, and should include any private institutions. We recommend this audit become part of the regular record surveillance of the Division going forward. Depending on the extent of the gaps in care identified, the auditing team may, for example, choose to move to a representative sample; if this occurs, we recommend that they sample without replacement to ensure greater coverage of reviews.
3. Ensure that all professionals responsible for drafting notes for participant records have consistent, documentation training. Additionally, we recommend auditing notes in participant records across providers and follow-up on observed issues until resolution.
4. SSPADI should review the root causes of why provider clinical staff failed to follow medical orders in multiple deaths to understand whether this is a training issue or if there are other contributing factors that would require different preventive strategies. SSPADI should implement preventive strategies based upon these findings.
5. It was also observed that multiple people whose deaths were reviewed in 2022 had contracted Mycoplasma infection. The JCC recommends continued emphasis with providers on strategies to contain the spread of contagion when someone is coughing or sneezing and on hand hygiene (soap and water or alcohol-based hand rub).<sup>27</sup>

**ii. Themes related to the quality of care provided by CTS team members, which are SSPADI employees or contractors**

There were multiple gaps observed in the receipt of care, visits, and assessments from the CTS staff, indicating that CTS staff did not meet the minimum requirements or frequency of care set by SSPADI. The gaps also indicate problems with the quality of care given to participants by CTS staff. These include gaps in the following areas/instances:

---

<sup>26</sup> A rolling sample is where an initial sample of participants would be selected for review, and then the next set of participants sampled would be selected from the remaining participants that were not reviewed during the prior period. The samples for each period are selected without overlap between the periods so that there is greater coverage across the population served.

<sup>27</sup> <https://www.cdc.gov/pneumonia/atypical/mycoplasma/about/prevention.html>





Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

- Entire Individualized Enabling Plan, missing for the following participants BLS 356, JNT 1151.
- Annual Nursing Report, missing for the following participants LDV 125, BLS 356, JNT 1151.
- Annual Psychological Services Report, missing for the following participants FTV 982, BLS 356, JNT 1151, LRG 216, and OEM 179.
- Social Services Report, missing for the following participants FTV 982, BLS 356, OEM 179.
- Nutritional Evaluation, missing for the following participants, JNT 1151, LRG 216 (despite a medical order by LRG's PCP 4 years ago for a new evaluation).
- Speech Pathology Evaluation, for the following participants JNT 1151, MFC 12.
- No follow-up by the interdisciplinary team regarding the failure to obtain a weight for a participant for over a year (OEM 179), even when substantial weight loss was suspected by staff.
- A nutritional evaluation that was ordered in March/April 2022 was not provided for about nine months - until January 2023 (EVL 86), reportedly due to the prioritization of other participants.

The observed gaps in meeting minimum SSPADI requirements and the frequency of CTS team member visits to participants per minimum SSPADI requirements align with previous observations made by the Office of the JCC in this and prior periods.

There were also quality of care issues detected, including:

- Failure by nutritional staff to detect malnutrition in a person with enteral feeding, contributing to their death and issuing caloric guidelines without knowledge of the individual's weight (OEM 179).
- Failures of staff trained in CPR, to administer CPR, or to adequately continue CPR, to participants when they were found unresponsive and prior to paramedic arrival (LEM 87, EMH 16).
- Failure to provide adequate staff support to participants while they are in the hospital; when participants who live in a staffed community home are hospitalized, the service provider is required, per their contract, to place an employee with the participant in the hospital unless the participant is in intensive care; in the series of events that led to deaths, it does not appear that participants have always received this support in the hospital setting.

In response, the JCC makes the following recommendations:

1. Each CTS develops a tracker of minimum CTS activities, such as reports and visits, required per IDT discipline across the year related to the receipt of care, visits, and assessments from CTS staff, and tracks compliance with tracked elements for each individual served by the CTS, if they are not already doing so.
2. Each CTS reviews this tracker at least monthly to identify participants who are coming due for a visit or assessment, to plan for these activities as a team, and to address any delays in required activities.<sup>28</sup>

---

<sup>28</sup> The JCC team raised these observations with the SSPADI in the latter half of 2023, and will be working with SSPADI, through the existing Work Groups, to identify whether these issues are localized to certain CTSs, to identify root causes, and to remedy the gaps in care.



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

3. SSPADI evaluates the root cause of the failure to obtain participant weight measurements and failure to follow-up on other missing information and then implements measures to ensure that such failures do not occur for other participants.<sup>29</sup>
4. SSPADI additionally evaluates the current status and frequency of weight measurements for all participants to ensure full resolution of any gaps.
5. SSPADI reviews how their nutritional staff are interpreting and applying enteral feeding information and instructions, including what information they are using, and whether these recommendations are clinically appropriate.
6. SSPADI assigns CTS-based interdisciplinary teams to participants residing in private institutions, and to participants residing in staffed residences under contract with ASSMCA or the DFA. The quality of clinical care in at least one of the private institutions has been chronically poor, and recent findings of poor clinical decision-making support the need for greater care oversight and coordination that is not exclusively reliant on the private institutions, or on other service systems.
7. SSPADI should ensure that participants who live in staffed community homes who are hospitalized have staff with them in the hospital who are knowledgeable about their health and other needs to communicate this knowledge to hospital staff throughout the stay.  
SSPADI should ensure that CTS nursing staff visit and conduct direct observations of hospitalized participants to provide input to hospital staff during the stay, particularly given the very serious quality of care issues participants are experiencing in hospital settings (as discussed later in this section).

**iii. Themes related to the quality of care provided by community clinicians and/or community-based hospitals which are, in both instances, external to SSPADI**

In the deaths reviewed, there were multiple instances of very serious gaps in care provided by community clinicians or community-based hospitals. The JCC is concerned about the gravity of these traumatic participant experiences, especially those that directly contributed to death.

Issues with quality of care at hospitals and by community physicians:

- One of the participants in a hospital who had pneumonia had insufficient x-rays to monitor their condition in the opinion of the MRC. They also thought that the participant was prematurely discharged given their condition and subsequent death. Additionally, they were discharged from the hospital with preventable stage 2 and stage 4 skin ulcers that did not appear to be present prior to admission (LDV 125).
- For another participant who was experiencing bleeding, the community doctor did not pursue testing and/or consultation with medical specialists that could have uncovered the cause of the bleeding (BLS 356)

---

<sup>29</sup> For example, it has been reported to the JCC that some CTS nurses have had to purchase their own clinical equipment, including scales.



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

- For another participant, there were gaps in the medical doctors reviewing their medical records, and they did not do essential components of a basic physical exam (e.g., manual palpitation of the abdomen) which resulted in gaps and delays in diagnosis leading to death (FTV 982).
- For a participant who was hospitalized, there was a substantial delay (3 weeks at the hospital) in identifying that the person was brain dead (JNT 1151).
- Another participant experienced both a delay in diagnosing their fracture and a delay in scheduling the surgery to correct the fracture (MRG 027).
- Another participant experienced an over one-month delay in medical clinicians treating their gall bladder condition, resulting in the person's development of sepsis and subsequent death (ERR 536).
- After an initial test identified cancer in a participant, no treatment for the cancer was provided for months, resulting in the cancer becoming metastatic and the death of the participant. In this situation, the multi-month delays were blamed on the provider-reported inability to do further imaging after the initial detection of cancer (SBS 386); however, it was not clear that all avenues to conduct this imaging were pursued, nor was it clear that this was necessary to initiate treatment.
- For a participant who was hospitalized, the hospital nursing staff demonstrated negligence when they measured a critically low blood pressure level in the participant and subsequently left the participant's room without acting or notifying or calling for assistance from other clinical staff, prior to his heart-stopping (OEM 179). Appropriately prompt action could have been lifesaving in the opinion of the MRC.
- During a hospitalization for a PEG tube placement, a participant was repeatedly not fed and was not administered their medications as ordered (PRH 321).
- Hospital staff did not notice that a patient's Foley catheter was blocked, and the patient had no urine output for more than six days (MFC 12), contributing to kidney failure.
- The MRC documented the overuse of psychotropic medications (MFC 12, MRC 1176) which contributes to mortality; the MRC has made similar findings in the past.
- The MRC documented that a delay in seeing a participant with acute symptoms presenting in the emergency room (MVR 977), and only provided services when the participant became unresponsive in the waiting room and staff started screaming.
- Hospital staff missed that a participant was constipated or had a bowel obstruction, failing to appreciate the "severe consequences" (MVR 977) associated with the risk of intestinal perforation and sepsis, which soon thereafter caused the death of the participant - a person in their 30's.
- Hospital staff used 3- and 4-point restraints for participants in hospital settings in multiple cases.
- It was reported to the JCC that CTS nurses tend to follow up on participants who are hospitalized only via phone, rather than through face-to-face visits to conduct direct observation. It has also been reported that if the hospital does not answer the CTS staff call, no additional follow-up is conducted.

Of concern, more than one of these serious care issues occurred at the Hospital Manati Medical Center.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

In response, the JCC makes the following recommendations:

1. SSPADI/Department of Health leadership should meet with the Hospital Manati Medical Center and other regional private hospitals with past and ongoing care issues to insist upon meaningful improvements to the care received by people with I/DD under their care in an effort to prevent future mortalities and adverse care experiences. These discussions should also include minimizing or eliminating the use of restraints in the hospital systems, and alternative strategies to better work with and support participants before restraint is considered for use.
2. In situations with allegations of negligence, SSPADI should pursue reporting these allegations to the appropriate licensing boards. The JCC recognizes that these clinicians and hospital systems are not under the control of the SSPADI. However, there are reporting systems and oversight authorities that should be notified about allegations of neglect or negligence, and inadequate care.
3. In the deaths discussed above, SSPADI should review its own practices to ensure that CTS clinicians were actively involved in the cases to eliminate delays in care, to assure that they advocated for effective and prompt care, and to exhaust other options to prevent these situations. Lessons learned should be used to make improvements going forward where necessary.

The Office of the JCC stand ready to work with the MRC and SSPADI to explore these and other remedial options to address and fix the causes of these types of care failures that are uncovered by the MRC evaluations. We pledge to work with the Commonwealth to help ensure that these recommendations generate the necessary system-wide reforms that will eliminate preventable deaths.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

**B. Integrated Employment Assessment (Benchmarks Nos. 17 to 39)**

**i. Notable Activities During the Reporting Period: Completed Customized Employment Training**

During the reporting period, the Commonwealth completed the customized employment training workshops which builds the capacity of ASCRV to deploy evidence-based, customized employment strategies to support more participants to pursue, attain, and retain competitive, integrated employment (“CIE”). This initiative included 20 hours of onsite training over the course of a week, covering topics related to Discovery,<sup>30</sup> employer engagement, and job development. See Exhibit 1 for additional information on the Customized Employment Training offered to the ASCRV Staff. Participants may be benefitting from this training as during this period, four participants started working (MRS 1175; JHP 1124; JEO 718; MRH 736) for the first time.

**ii. Areas of Concern re: Continued Barriers and Advancement Possibilities**

While SSPADI’s commitment to training and professional development of the ASCRV staff is a significant step towards systemic reform, the JCC notes several concerns that continue to impede the Division in advancing CIE outcomes for participants. These include, but are not limited to continual challenges with the existing service delivery structure of SSPADI’s current day (CTS) and community home support programming; lack of engagement or commitment of the IDT to promote employment in individualized service planning; limited community home provider capacity (e.g., time, staff, and transportation) and accountability for employment outcomes, and the non-existence of an outcome-based incentive model to promote improved employment initiatives and outcomes; systemic overreliance on segregated, non-community based prevocational services over investments in integrated work-based learning experiences; and insufficient support to participants who are underemployed to advance and secure additional employment opportunities and improved overall employment outcomes.

**1. Individual Service Plans Lack Person-Centered Planning (“PCP”) Goal Development in Pursuing Employment**

As mentioned in the previous Report, our numerous onsite visits throughout the program reveal a lack of prioritization in developing employment and community integration goals for participants. Such prioritization should begin in the person-centered planning process and be incorporated into the individualized service plan (ISP), but this does not always take place.

- Some of the professionals made changes to participant services and supports without engaging with or soliciting the views of other members of the IDT team on the potential implications of such changes. Additionally, these changes were often documented only in the Case Notes in the

---

<sup>30</sup> “Discovery” is the first step in the Customized Employment process. It is a strengths-based, individualized, qualitative assessment strategy that avoids the comparative strategies that often exclude job seekers with disabilities and other barriers from conventional workforce programs. The process opens up possibilities for further exploration by the job seeker rather than just trying to “fit” into a rigid job description. This modality is consistent with the integrated employment areas in the JCAP and Benchmarks and should promote significant progress towards compliance with these important mandates.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

Therap platform but not documented in the participant's ISP where other members of the IDT are able to view and provide feedback on the suitability of such changes. We discovered such problems during our Vega Baja CTS site visits.

- In other cases, significant changes in the lives of participants are not reflected in real-time in either Therap or the ISP to best ensure that the full IDT and all providers and direct support staff are made aware of the changes, which may prompt needed modifications in specific services, behavioral supports, or participant goals. (Example: MLR, 194)

Participants, family members, several categories of staff providing direct support to participants, and providers are not engaged in the development of the ISP. Further, many of these stakeholders do not have or know how to access the ISP, and do not understand that the ISP is to be used to drive the delivery of services based on PCP principles. Consequently, and to the detriment of participants, the SSPADI does not engage in or prioritize the development of employment or community integration goals within the ISP. In many of the plans that were reviewed by the JCC Team for the present Report, there was no evidence that staff explored with participants potential interests or options pertaining to employment or that any discussion of goal development around employment had occurred. To address this gap, the Division should take steps to assure that discovery activities are integrated throughout all related or non-related vocational community-based programming (for example, certain aspects of Discovery can be conducted during recreational outings

In plans that include participants' interests and objectives around employment, there is an absence of accountability, clearly defined goals and timelines, and action steps that key members of the IDT will take to support the individual participant to develop skills needed for employment outside of regularly scheduled CTS workshops. The Division's personnel need to promptly explore potential job opportunities and interests in the community or identify nonsegregated work-based learning experiences for the participant. SSPADI should make necessary revisions to key policies and update internal procedures as needed to ensure sufficient prioritization of employment and community engagement goals. The JCC looks forward to continuing to collaborate with the Program to address these concerns.

## **2. Structural Barriers Exist in Day and Community Home Programming that Impede Attainment of Employment Goals**

There remain a number of organizational structural issues within the CTS system that continue to impede progress with respect to prioritizing employment goals, development, and outcomes for the participants. CTS programming remains limited<sup>31</sup> since the conclusion of the COVID public health emergency, and thus, participants have significantly limited access to ASCRV staff - on average only one day per week.

While SSPADI made progress in hiring some ASCRV staff, these hires were insufficient to keep up with the increased participant demand for day services. Unfortunately, constrained ASCRV staffing resources to support the growing census of I/DD participants results in the majority of programming continuing to be

---

<sup>31</sup> A workday in a CTS typically conforms to this schedule: participants arrive at approximately 8:00 a.m.; a physical evaluation is conducted; there is a break for snacks; there is some programming offered in workshops; they take a break for lunch and then they depart by about 2:00 p.m.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

provided onsite at the CTSs in groups, with participants getting little to no exposure to typical community settings, thus limiting their chances for successful job exploration and development. As a result, ASCRV staff lacks the capacity to implement individualized/customized employment strategies and must continue to rely heavily on group-based workshops onsite at the CTS rather than increasing time in the community to engage participants in Discovery, independent skills development, and job exploration. These evidence-based activities require more intensive integrated support and individualized focus than what can be offered once a week at a day center.

The barriers to accessing individualized, integrated support are not just limited to participants in the CTS, but also extend to how they receive support in the community homes. Primarily due to a lack of provider accountability, flexible transportation options, and efficient use of available staff, participants are limited in where they can work, what shifts they can commit to, and how often they can work. This is particularly frustrating to participants who are underemployed and have not been able to garner additional work experience or increase their work hours due to a lack of available transportation. These challenges also ultimately affect participants' ability to generate additional income for themselves, which impairs their ability to live independently.

### **3. Current CTS Staff Could Promote Employment Goals, but They Are Not Utilized**

While ASCRV lacks sufficient staffing capacity to prioritize employment support, there is a larger supply of CTS staff, including recreational therapists ("RTs") and direct support professionals, that have resources to contribute, but are not being properly utilized. These professionals could, with the proper training and professional development, support ASCRV staff in working with participants to support independent skills development, Discovery, and customized employment strategies as part of their specific roles and duties. For example, during site visits conducted by the JCC to regional CTSs, we observed that RTs were onsite, but were not supporting participants to do anything habilitative onsite; moreover, RTs were not allowed to take participants into the community. This is concerning given that the auxiliary staff consistently have ample downtime, especially in the afternoon hours, which speaks to inadequate managerial supervision and strategic utilization of this group of professionals.

In subsequent discussions with JCC staff, the RTs expressed frustration and a lack of motivation in their current limited roles due to not being valued as key contributors to the IDT and due to not being meaningfully engaged in participants' PCP process. They also cited a lack of needed guidance and direction from the IDT or the CTS leadership despite being involved in the provision of direct support to participants. Several expressed a desire to receive more in-depth training and coaching and to be more involved in the service planning and program scheduling of the individual participants they are supporting. This lack of training and development, coupled with no access to information about participants' ISPs or behavioral plans should be remedied by the Division in an urgent manner.<sup>32</sup>

---

<sup>32</sup> While the issue has been a topic of discussion between SSPADI and the JCC's Employment Work Group, there is a lack of specificity on how and when SSPADI will prepare RTs, OTs, STs, and other personnel to prioritize the implementation of Discovery, independent skills development, and job exploration as part of their regular duties in supporting participants. In the meantime, it is unclear how psychological assessments and vocational evaluations can be completed in a timely manner, given the limited number of ASCRV professionals and the lack of psychologists



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

#### **4. Community Home Providers Are Not Trained on or Incentivized to Promote Participants Attaining Employment Goals**

Another persistent challenge is the lack of emphasis, training, contractual requirements, or financial incentives to assure that community service providers share a common responsibility for prioritization of services to support participants in pursuing and sustaining CIE outcomes. There is a lack of clarity in existing SSPADI provider contracts regarding: (i) the importance of person-centered thinking and practice in service delivery, (ii) requirements around individualizing services and schedules to best support participants in meeting person-centered goals, (iii) expectations around outcomes of services to align with CIE or independent living skills development, and (iv) offering accessible transportation that meets the unique needs of individual participants.

Community home providers have not been properly informed of their role and responsibility to focus on engaging the participants in meaningful opportunities to develop independent living and vocational skills both in the home and in the community. Given that the community home providers are spending the most time with the participants, it is important that these providers take on some of the tasks related to Discovery, job exploration, and skills development. These providers should receive training in evidence-based customized employment strategies so that they can embed the tools, resources, and techniques into their daily work with the participants. Finally, SSPADI's current reimbursement model for community homes is capped based on anticipated costs per unit of service provided and thus lacks any payment incentives based on desired outcomes; the Commonwealth should explore strategies or how to embed meaningful incentives in this area.

#### **5. The Commonwealth's I/DD System Overlies on Segregated Prevocational Services**

The Commonwealth's DD system continues to over rely on segregated group prevocational services (workshops) within the CTSs. There is no data demonstrating a positive correlation between participant participation in these prevocational services and progress toward accomplishing employment and/or independent living goals at an aggregate level. In fact, some participants have expressed that their experience in these workshops does not help them develop critical, independent living skills (Example: LML 505) or align with their employment goals (Examples: SM 1113; RMV 196).<sup>33</sup>

---

available at every CTS. This reinforces the importance of having a solid multidisciplinary approach and commitment to employment shared across the various CTS professional categories and positions; this topic will be part of the Employment Work Group's next workshop.

<sup>33</sup> There is little evidence that the CTSs offer integrated work-based learning experiences to allow participants interested in employment to explore and try new jobs, shadow someone in their professional areas of interest, or intern with a business or community-based organization. As referenced in previous Reports, "self-employment" opportunities are focused on group CTS activities and do not meaningfully engage participants; therefore, participants are unable to practice and apply any of their vocational skills.





Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

**6. The Commonwealth Does Not Sufficiently Support Participants who are Underemployed (Benchmark 18)**

A participant is underemployed when working, but not at the number of desired hours and/or not paid competitive wages. Little to no progress has been made in supporting participants who are underemployed – even those who have repeatedly expressed an interest in working more hours and/or exploring other job opportunities. In fact, the employment outcomes for this group seem to be getting worse. The same challenges persist that have been noted in previous Reports without much evidence that SSPADI is making sufficient effort to address them. First, SSPADI does not report out hourly/weekly/monthly/or annual earnings for participants and continues to count on individuals being paid a subminimum wage as a “successful” CIE outcome. Second, numerous participants who are considered “underemployed” have expressed an interest in trying other jobs or increasing their tasks/hours but continue to run into programmatic barriers preventing them from pursuing additional work. Third, there are no meaningful remediation strategies when employers report problems, and job coaches are not proactively working to support participants in addressing challenges as they occur on the job in real-time so as to avoid any reduction or termination in employment. Often, the history of the participant is not even taken into consideration when creating a job opportunity to ensure that it would be a good match between the participant and prospective employer.

- In one such example (CMS 267), the individual started exhibiting behavioral challenges within two weeks of starting work at a local inn. Although there was a history of maladaptive behaviors in previous jobs, there is no evidence that a structured plan aimed at minimizing or eradicating behaviors was developed in advance of the participant starting the new position to avoid a repeat of the participant’s previous employment dismissals.
- In another example (EA 1032), the participant was experiencing some challenges at work (not understanding work culture and certain organizational policies, communication issues with management) and lacked any support from a job coach or other ASCRV or provider staff to help participant resolve the issues with their employer. As a result, the participant lost their job.
- In several other examples, individuals who had attained employment were still in need of ongoing training and technical support from ASCRV staff once they began their employment, but the availability of support in real-time was inconsistent due to staffing constraints (CAM 591; JDM 903).

As referenced above, four participants started working (MRS 1175, JHP 1124, JEO 718, and MRH 736) for the first time, but only two are in CIE. The Commonwealth’s minimum wage increased from \$8.50 to \$9.50 as of July 1, 2023, but no participant is being paid at the increased minimum wage. SSPADI should develop an action plan to see if each of the 16 participants that are paid below the minimum wage can have their wages adjusted to \$9.50 or higher based upon the market rate for the services and tasks being performed.

**iii. Recommendations Related to Areas of Concern**

**a. Addressing Structural Barriers**



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

In the previous Report, we referenced several practices and policy implementation challenges internal to the SSPADI that are impeding its direct support staff from adequately assisting participants in considering, procuring, and attaining competitive integrated employment and community integration. We recommended that SSPADI and ASCRV use the SMEs and the Employment Work Group as a vehicle to support updates to the ASCRV manual and other policy reforms. Since that time, there have been four workgroup meetings, but progress has been slow. Moving forward, over the next six months, the JCC would like to see substantial progress made in the following areas:

1. Review protocols and establish new quality assurance and monitoring procedures to ensure that the ISPs include all key stakeholders to inform and drive service provision and emphasize goal development and actions/milestones to support participants in exploring employment and community integration;
2. Revise the ASCRV Manual with policy and procedural updates that align with evidence-based practices, including but not limited to customized employment and self-employment;
3. Modify provider contract templates to assure that the community home providers have the direction, training and technical support, and performance incentives to prioritize activities focused on supporting participants to attain and sustain CIE;
4. Realign staff responsibilities for key positions within the CTS model to promote a stronger, multidisciplinary focus on community integration, employment, and independent living; and
5. Develop memorandums of understanding with community-based partners to create additional opportunities for accessing integrated activities, resources, and supports for participants in typical community settings.

**b. CTS and Community Provider Accountability and Staff Realignment to Promote Employment**

Apart from the policy-related recommendations outlined above, the JCC recommends taking the following additional actions to ensure greater provider accountability and staff realignment. These actions will help to ensure a robust, multidisciplinary, person-centered approach to supporting participants in achieving their goals of CIE, independent living, and community involvement.

1. **Staff Capacity Building and Realignment to Prioritize Focus on Employment:** The JCC commends SSPADI leadership for beginning an internal review of current job descriptions of the personnel in the CTSs who may have the capacity to support participants in pursuing employment goals and for determining what skills/training they need to be effective in these new duties. However, the JCC would like to see SSPADI accelerate its initial review and leverage the SMEs to support the implementation of an action plan to update job descriptions that contain clear and specific duties, train professionals, and initiate expanded roles focused on employment during the next reporting period.
2. **Reforming Traditional Approaches to Service Delivery to Promote Flexibility in Supports, Increased Community Access and Integration, and Independence among Participants:** In order to improve employment outcomes and meet specific JCAP Benchmarks tied to employment, SSPADI and ASCRV should reform their approach to service delivery and programming to align with evidence-based practices. In addition to realigning and repurposing staff so that there is a multidisciplinary approach to employment, efforts should be made to modernize the CTS model



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

and encourage both CTS and community home service providers to prioritize key programmatic changes in an effort to support participants in accessing community-based experiences and employment opportunities. Moreover, CTS and ASCRV must decrease the reliance on segregated group prevocational services and allow ASCRV and other CTS staff more time to engage with participants in community-based Discovery, exploration, identification, and development of integrated work-based learning experiences. Furthermore, the JCC recommends instituting individualized schedules that are action-oriented and aligned with the participant's goals included in the person-centered individualized service plan. While the participants will still engage in group activities, there should be more autonomy and engagement of participants in developing their own individualized schedules based on the goals they have established with their IDT.<sup>34</sup> Finally, the JCC would like to see substantial progress made in supporting participants, who are actively seeking employment or who are underemployed, to access flexible transportation supports to allow them to work the hours they need or want. For example, we recommend that SSPADI add requirements to the application process for new community homes and include a plan for how the provider will ensure that participants are fully supported in accessing needed modes of transportation. Beyond the existing practice of community homes and CTS providers offering group transportation, SSPADI should take efforts to teach participants who are working how to access and use the public rail and/or bus system when it is available. This may require additional funds to be made available or included in the provider service rates to support participants' utilization of public transportation by SSPADI.

**c. Training on and Implementation of Evidence-Based Practices to Improve Quality in Employment and Community Integration Outcomes**

Consistent with prior Reports, the JCC encourages SSPADI to continue to prioritize ongoing training and professional development of various staff in three key ways.

- 1. Focus on Interweaving Discovery, Exploration, and PCP into Assessment Processes, ISP Development, and Ongoing Service Provision:** Staff across the IDT and provider networks need additional training and ongoing professional coaching on how to incorporate person-centered practices, including Discovery and exploration, into: various Division assessments, the development of ISPs, and ongoing service provision. There has been much discussion in the Employment Work Group about the potential duplication and inaccuracy of employment readiness assessments conducted for individuals who are applying for SSPADI services (prior to eligibility). Introducing Discovery and evidence-based exploration strategies into all assessments will help address the longstanding practice of classifying participants as unemployable (a concern emphasized in several previous Reports). Apart from training, SSPADI should also establish a system for monitoring the quality of services to ensure that professionals are implementing the aforementioned techniques in their regular job duties and interactions with participants. The ISP should be the central guiding post for identifying and articulating the participants' person-centered goals and the ISP should drive subsequent services and activities. As an example, the JCC recommends that SSPADI conduct an assessment of the assistive technology ("AT") needs for all



## Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

participants and whether or not it is being provided now as part of each participant's ISP. There is a preponderous of evidence in the literature that access to appropriate AT can significantly improve employment and independent living outcomes.<sup>35</sup>

- 2. Scheduling Training for the Interdisciplinary Team (Fall 2024):** To support the systems-change recommendations outlined in this Report, direct service professionals, managers, and clinicians engaged in the IDT model should be trained to understand: (a) the importance of employment and relational health as key components of a full and empowered life for individuals with disabilities, and (b) their roles and responsibilities for promoting employment and community engagement as part of participants' ongoing care and treatment. Their involvement is crucial in identifying any limiting physical and behavioral conditions and then utilizing the adaptations needed to support participants in obtaining or maintaining employment. It is also imperative that the Division take steps to prevent any treatment decisions from interfering with or impeding the ability of participants to continue to pursue or maintain employment (MLR 194). To address this issue, the Employment Work Group has discussed scheduling of in-depth training; the SMEs have already developed the necessary training curriculum. The JCC encourages SSPADI to schedule these virtual trainings for IDT members to be completed no later than March 1, 2024.
- 3. Focused Training to Support the Successful Integration of the Auxiliary CTS Staff:** The Division should provide formal training to all CTS staff in customized employment strategies, additional on-the-job coaching, and professional development on how to implement key techniques, strategies, and resources in real-time. CTS staff should be engaged in the ongoing IDT deliberations on specific participants to whom they are providing direct support. As an initial step forward, the JCC recommends that SSPADI work with the SMEs in the Employment Work Group to establish a training protocol for the auxiliary staff and prepare to roll out these requirements in sync with the publication of updated job descriptions and the ASCRV protocol. This could create a pipeline of auxiliary CTS staff who aspire to one day be part of the vocational staff. After this group of professionals is properly trained, a similar protocol and training program should be designed and implemented for community home providers and family caregivers in biological homes and substitute homes.

---

<sup>35</sup> <https://at3center.net/wp-content/uploads/publications/2022-atap-roi-report.pdf>. No participant that is currently employed uses AT today, and the introduction of AT to support participants' needs could significantly benefit their capacity to work at needed levels. SSPADI leadership recently visited a program in Kansas that has several models, using AT, for meaningfully engaging participants in a collaborative process in planning community-based activities and independent skills development strategies.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

**C. Preliminary Evaluation and Monitoring of Services Provided by Service Mediators (Benchmark Nos. 16 and 102)**

As mandated by the JCAP, which incorporates the Community-Based Service Plan (“CBSP”),<sup>36</sup> SSPADI is to “provide an adequate and appropriate number of community staff, including adequate service mediators (“SMs”), who will ensure that the community placements are appropriate and that they meet the individualized needs of each participant.”<sup>37</sup> In the JCAP, the Court further specified a number of services that the Commonwealth should continue, including maintaining service mediators for all participants and ensuring that service mediators identify unmet needs and develop, implement, and oversee remedial measures based on participant needs.<sup>38</sup>

Per the CBSP, the SM is an important component of SSPADI’s quality assurance system and is a member of the IDT. Specifically, as a member of the IDT, the SM is charged with overseeing, assisting, and following up in the coordination of the ongoing implementation of all services and supports established in the participant’s individualized plan. The SM may participate in the identification of community placement settings and day programming activities and should closely oversee any Individualized Transition Plan (“ITP”) from an institutionalized setting to a community-home placement. The SM is also responsible for assessing and ensuring that participant placements are appropriate, and that each placement meets the individualized plans established for each participant. The CBSP also requires a ratio of not to exceed one SM for every 24 participants (1:24) for the purposes of promoting and encouraging frequent individual contact.<sup>39</sup>

Each SM is assigned to a CTS and answers administratively to the director of the CTS. The SM also responds to the SM Coordinator at the Central Level. On February 6, 2023, SSPADI provided a narrative titled “BM 102(d) - Narrative Regarding Mediation Services”. The narrative outlines the functions and responsibilities of the SM in accordance with the JCAP and more specifically, the CBSP.<sup>40</sup>

As part of their functions and responsibilities, the SM:

---

<sup>36</sup> “The Community-Based Service Plan was jointly agreed upon by both Parties and then filed with the Court by the Commonwealth in September 2001. The Court entered the CBSP as an Order of the Court in October 2001. The CBSP is a much more extensive and detailed set of requirements that requires the Commonwealth to: (i) provide community-based placement and treatment to participants in the most integrated setting whenever appropriate and to effectively foster their independence and participation in the local community in a manner consistent with *Olmstead v. L.C.*, 527 U.S. 581 (1999); and (ii) provide participants with adequate protections, services, and supports to meet their individualized needs in the community at all times.” See JCAP Section II.A.3, page 2

<sup>37</sup> *Id.*, page 3 and CBSP Section II. A and B (Dockets Nos. 99 and 100).

<sup>38</sup> *Id.*, page 6. SMs oversee services to participants living in community homes. For participants living in biological homes and private institutions (including DFA and ASSMCA homes), services are overseen by social workers and institutional liaisons, respectively.

<sup>39</sup> CBSP Section II. A.4, page 5

<sup>40</sup> The listed functions are consistent with the Service Mediator Protocol, effective as of January 2023.



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

1. Ensures the quality of services received by each participant in SSPADI community homes and that the CBSP is implemented;
2. Maintains an empathetic relationship with each assigned participant and sees that they receive gentle treatment.
3. Is assigned up to a maximum of 24 participants, as established in the CBSP;
4. Collaborates as a member of the IDT in evaluating, planning, and implementing services for the participant's benefit; the focus is on educating, planning, referring, coordinating, evaluating, and advocating;
5. Ensures that each participant is given the support they need and that their civil rights are protected, as well as everything related to health, education, habilitation, family life, inclusion and integrity in the community, and quality of life, among others;
6. Identifies community services (private, public, community-based agencies) and support networks for all assigned participants to provide an opportunity for greater independence and integration into the community;
7. Participates in implementing the ISP and ensures that participants' needs and interests are identified and met; monitors the fulfillment of the established goals;
8. Is the liaison between the IDT components, the service provider, support groups, and other SSPADI staff regarding the participant's needs and services;
9. Provides emergency support services to community homes during and after hours, on holidays, and on weekends if needed;
10. Attends the CTS morning meetings, case discussions, and other related meetings held for the benefit of their assigned participants;
11. Refers to the corresponding professional any situation that requires their intervention; provides follow-up to the IDT so that the referred situation is resolved;
12. Documents all interventions in the forms established by SSPADI and electronic files;
13. Conducts a preliminary investigation of incidents occurring in community homes, ensuring that action is taken in the participant's best interest and in accordance with the procedures established by the SSPADI Quality Unit;
14. Requests the CTS clinical coordinator convene a case discussion to develop an incident reduction plan for any participant who has shown an increase in the frequency of incidents at home or CTS;
15. Visits the community home on a weekly basis, or as needed, to ensure that the services participants receive are adequate;
16. Maintains direct communication with the community home provider;
17. Refers to the Home Monitoring Coordinator any situation where the provider fails to comply with the established agreements and/or contracts;
18. Is responsible for ensuring the well-being and safety of the participants in their care when the service provider is outside Puerto Rico;
19. Evaluates the activities of the community home, ensuring that at least two external outings of community inclusion and two internal activities are carried out in accordance with the contract established with the service providers to meet individualized needs;
20. Ensures that the services offered to each participant comply with the quality standards within the



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

- standards, manuals, and service protocols established in SSPADI;
- 21.** Verifies that the menus in the community homes meet the participants' nutritional needs; if irregularities are found, the SM makes a referral to nursing and the nutritionist of the SSPADI;
  - 22.** Verifies that participants have their belongings and items of interest accessible and available and assesses that their clothing is suitable and in good condition;
  - 23.** Assists the home provider in documenting and handling external complaints about rights violations, suspicions, or allegations evidence of mistreatment, abuse, or neglect of community service participants;
  - 24.** Is responsible for immediately informing the SM Coordinator of a significant incident or emergency requiring assistance and technical support;
  - 25.** Actively participates in a participant's transition and placement process to a community home, be it to a group home, substitute home, specialized community home, or independent living home (including case discussions, home transition visits, overnight stays, placement, and follow-up to the participant's adjustment in the home);
  - 26.** Participates in the development and implementation of the ITP;
  - 27.** Provides orientation to the community providers (where the home is located) on the importance of participating in the participant's transition processes;
  - 28.** Promotes in the home the need for kind and gentle treatment, an environment free of abuse, mistreatment, or neglect, the opportunity for decision-making, and the necessary assistance to participate in activities in the community, among others;
  - 29.** Provides any new employee, manager, or vendor in community homes with the General Guidance for Community Home Employees;
  - 30.** Participates in the trainings, meetings, conferences, and other activities related to their work area after consulting with the SM Coordinator and in coordination with the corresponding CTS director;
  - 31.** Attends bi-monthly meetings of SM convened by the SM Area Coordinator as scheduled; and
  - 32.** Performs other duties for the purposes of his/her tasks assigned.

During this period the Office of the JCC commenced an expanded assessment to determine the adequacy of SM monitoring to meet participants' individualized needs.<sup>41</sup> In order to evaluate oversight provided by the SM and the challenges they face in planning and providing such services, the JCC conducted interviews with providers, their support staff, CTS staff, and participants, and reviewed provider records, analyzed Case Notes and other Therap records. We conducted random interviews with SMs using an instrument that was prepared by the Office of the JCC with 83 assessment items. The process was led by representatives of the Office of the JCC, with prior notice of the interview date to the directors of each CTS.

---

<sup>41</sup> Service Mediators are the *defacto* Program monitors as they are responsible with overseeing, assisting, and following up in the coordination of the ongoing implementation of all support services established in the participant's individualized plan.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

**i. General Overview of Findings to Date**

As of June 30, 2023, SSPADI had 19 SMs (of which two are social workers performing dual functions). The 19 SMs are overseeing services to 388 participants in community homes (group homes, substitute homes, specialized behavioral and specialized health care homes). SMs are not assigned to participants living in private institutions, living in non-SSPADI-supported staffed residences, and living at home with their families; participants living in biological homes are assigned Social Workers to provide services similar to an SM.

The ratio of SM to participant is as follows:

- Aguadilla CTS: 5 SMs at a ratio of 1:26, 1:26, 1:23, 1:28 and 1:28
- Aibonito and Cayey CTS: 1 SM at a ratio of 1:8 (a social worker is providing the SM services)
- Bayamon CTS: 3 SMs at a ratio of 1:30, 1:28 and 1:22
- Ponce CTS: 1 SM at a ratio of 1:21
- Rio Grande CTS: 2 SMs at a ratio of 1:8 and 1:11
- Vega Baja CTS: 5 SMs at a ratio of 1:24, 1:23, 1:25, 1:23, and 1:22
- Central Level: 1 SM at a ratio of 1:12

The SM Coordinator with the SSPADI reported that situations external to the service affected the distribution of mediators. For the CTSs of Aguadilla, Aibonito, Bayamon, Cayey and Vega Baja, SSPADI employed the following strategies to continue to provide services and follow up:

- Aguadilla CTS – During March 2023, the contract of one of the SM was terminated due to deficiencies in service by the contractor. In April 2023, a candidate was identified to fill the vacant position, but declined the offer. The CTS expects to start the process of listing the job post shortly. The SSPADI affirms that at no time have the participants been deprived of services by a SM.
- Cayey and Aibonito CTSs – These CTSs have one community home each. Due to their proximity, one SM was assigned to both CTSs at a ratio of 1:8. However, the SM resigned in September 2022. Since then, SM services have been provided to the community homes by Social Services. The SSPADI is currently evaluating the possibility of opening new community homes in the area. The hiring of a new SM will be subject to the evaluation referenced above.
- Bayamon CTS – One of the SMs with 24 participants in group and substitute homes was reassigned to provide services in the specialized community homes in January 2023. By February, the CTS had identified a candidate and was in the process of entering into a contract with the candidate through Manpower, but the candidate withdrew from the hiring process. This resulted in the group and substitute participants being reassigned to other SMs resulting in a ratio in excess of 1:24 for two of the SMs. The SSPADI affirms that at no time have the participants been deprived of services by a SM.
- Vega Baja CTS – In February 2023, one of the SMs for the CTS resigned. A Job Promoter applied for the position and began to provide services as an SM in March. An additional SM was hired in April. In May, an SM requested a transfer within the CTS to the position of Trainer/Employment Promoter (that SM provides services to 25 participants). As a result, the CTS is in the process of hiring two additional SMs for the CTS. The jobs postings have been listed at the University of Puerto Rico, Rio Piedras Campus, National University College (NUC) and at the Inter-American





Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

University of Arecibo. The SSPADI affirms that at no time have the participants been deprived of services by a SM.

As evidenced above, SSPADI is not meeting the ratio required under the JCAP and the CBSP of a maximum of 24 participants per SM. Specifically, there are seven SMs with more than 24 participants, representing a regression in compliance levels in comparison with the prior Reports. The JCC team is in the process of assessing whether the higher ratio adversely affected the individualized services rendered by the SM to participants.<sup>42</sup>

**ii. Preliminary Monitoring Findings<sup>43</sup>**

- 1. Lack of uniformity in the classification of SM professionals:** There is a disparity in how SM professionals are classified and compensated. Some have been classified as Health Program Technicians I or II, others as Service Mediators, and two as Social Workers.
- 2. Contractors lack a sense of job security:** A common denominator across the findings was a poor sense of job security due to the uncertainty of being selected or retained as a contractor by the Department of Health. Those SMs who are contractors are not provided with any benefits, such as health insurance or paid time off.
- 3. Late reimbursement payments of per diems and mileage:** These professionals face challenges with delayed compensation for per diem claims and mileage benefits. In certain cases, it has taken months - up to a year - for payments to be processed.
- 4. Lack of availability or response from the CTS' IDT during non-working hours:** The SM, like many other direct care personnel and professionals from the CTS, are on call seven days a week, 24 hours a day. However, the CTS IDT is only available during working hours, even though the IDT drive action and is supposed to be involved in cases of participant crisis or emergency when the SM is actively involved.
- 5. Each CTS has its own processes and procedures with systemic operational inconsistencies:**  
For example:
  - Frequency of visits to participants. Some SMs visit participants on a weekly basis, while others have had to limit their visits to provide support at the CTS during participants' lunch schedule due to the absence of Auxiliary Habilitative and Rehabilitation Activities staff in the CTS. Other SMs visit participants two to three times a week. Per the SM protocol, each SM is supposed to visit each participant/home once a week or as needed. In the period covered by this Report, and per the information furnished for BM102, 24 of the 84

---

<sup>42</sup> In its response to the draft Report shared with the Parties, the SSPADI reported that "In June 2023, an aggressive campaign to promote the vacant positions and interview candidates for the CTS of Bayamón and Vega Baja began. During the month of August 2023, the SM vacancy for the CTS of Aguadilla was promoted and candidates were interviewed. At the moment, the selected candidates are in the hiring process."

<sup>43</sup> In its response to the draft Report shared with the Parties, the SSPADI included additional information on certain findings from the Office of the JCC. The comments are noted and, as a matter of course, additional requests for information will be included in the forthcoming document request for the next JCC Report and will be assessed accordingly.



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

community homes (29%), including group, substitute, transitional pilots, and specialized care homes, were visited 10 times or less by an SM.

- SM weekly work plans. In some CTSs, the SM prepares a weekly work plan on Mondays, while in others, the SM only completes the provided log for visits conducted and the time of departure.
  - Case discussions. Case discussions also have varying procedures depending on the CTS. Some CTSs conduct these discussions on a specific day of the week, while others schedule them based on the availability of the Clinical Services Coordinator.
  - Referrals to IDT and Quality Area. The mechanism used by the SM for referrals to the IDT varies between case discussions, written referrals, referrals via SComm,<sup>44</sup> telephone communications with the professionals, and/or text messaging with the professionals. Some of the SMs document the referral in the Minute module of Therap. SMs typically do not know if there is a certain required response time; some mentioned that they thought the response to the referral must be made in 24 hours or less. In many cases though, the SM is not informed of the resolution of the referral.
- 6. Lack of knowledge of approved protocols:** In December 2022, a new SM Protocol was approved, which became effective in January 2023. SMs typically did not know about the new protocol.
  - 7. Lack of prior experience working with the I/DD population:** It was found that some of the SMs did not have any experience working with individuals with I/DD and/or were not provided the necessary orientation and/or training regarding I/DD or their duties and responsibilities.
  - 8. Need and SM desire for further training:**
    - Incident investigation – Training is needed in the area of incident investigation, as the SM is charged with the initial investigation of all incidents.
    - Other training – The JCC also identified the need for training in areas such as: comorbid conditions in persons with I/DD; assessments and diagnoses of I/DD; caregiver support; training on the management of Kardex drugs;<sup>45</sup> and food safety.
  - 9. Lack of inclusion of the SM in provider training:** It was found that the SMs are not included in the trainings offered to their providers in areas such as: emergency response/crisis line, emergency operational plan, evacuation drills, nutrition, sexual orientation in adults with I/DD, warning signs of physical or mental conditions related to decline or crisis, exercise, types of communicators, types of assistive equipment, personal hygiene, domestic activities, fall prevention, IDT services, CTS services and supports, and Bill of Rights of persons with I/DD.
  - 10. Lack of access to community resources:** The participants have not been able to effectively access the supports available in their community. The only resource that has been well utilized is the ambulance service. However, there has been a lack of interaction between participants

---

<sup>44</sup> “SComm” refers to the Therap platform secure communication module, a tool which facilitates the sharing of sensitive and confidential information through a HIPAA-compliant chat platform. All of Therap’s users have access to this tool. Only the “sender” and the “receiver” have access to an SComm communication and these are not otherwise recorded or documented in Therap.

<sup>45</sup> Although SMs do not administer medication, they are charged with monitoring the quality of services to the participants, so they should have the basic knowledge to identify deficiencies in this area.



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

and the resources that are available in their vicinity, such as churches, non-profit organizations, community-based organizations, or other community members like neighbors. Participants have limited or no contact with other groups, like the Special Olympics, human rights institutions, conferences, written and radio journalism, etc.

**11. Lack of integration of the participants in the processes of decision-making (person-centered planning):**

- Development of PFW and ISP: We found no uniformity in the integration of the participants in the development of their Personal Focus Work Sheet and their ISP. In some CTs, the participant is integrated into the process, and in others, they do not participate. The same applies to family members and/or legal guardians.
- Community Integration: Per the SMs, the community services for the participants are selected by either the service provider and/or the CTs IDT. The participants have no say in the selection process and only decide whether or not they wish to attend and/or participate in the activity scheduled for them. In cases where the participant shares the desire for an outing, the Division's process to determine the supports needed by the participant and to authorize the outing (sometimes referred to as a "pass") is, in many cases, infrequently done, and if done, is very time-consuming and has restrictive elements.

**iii. Preliminary Recommendations**

In response, the JCC team makes the following preliminary recommendations:

1. Ensure that no SM has a caseload larger than 1:24.
2. Need for further Training. Per conversations with the SMs, they were very receptive to additional training; given this, develop and implement a cycle of trainings, offered in person to the SM and the SM Coordinator. The topics chosen should be consistent with what would best help the SMs meet the needs of the participants in the community.
  - For example: how to identify gaps in services/supports, how to address participant needs during a decline or crisis, how to recognize the signs and symptoms of someone subjected to polypharmacy, how to effectively communicate with the IDT and the Central Office when there are outstanding issues, how to support participant access to the community, how to foster CIE and integrated activity goals, the monitoring and follow-up of the implementation of the PFW and ISP of the participants, and how to be a facilitator for community home providers, among other topics.
  - Training regarding the participant's role in selecting his/her community integration activities, decision-making, PCP principles, and such.
  - Include SMs in the trainings offered to service providers and other disciplines on topics that impact their capacity to effectively monitor the health, safety, and well-being of the participants and on incident management and investigation. For example, SM have yet to participate in Crisis Prevention Institute training (CPI training) hindering their ability to assess the actions taken by the staff and their use of non-restrictive techniques, if a hold was applied correctly or not, the duration of the hold and such.



Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

- Include the topic of incident investigation into the training cycle, as well as techniques for: the analysis of incidents, identification of the factors that cause them, and the development of plans to prevent or eradicate such factors.
  - Develop an instrument to allow SMS, at any time, to anonymously identify topics necessary to expand knowledge and be included in the training cycle.
  - Perform pre-tests and post-tests of the training.
  - Identify and integrate resources external to the SSPADI into the trainings.
3. The SSPADI should effectively implement the community-based requirements set forth in the JCAP and in the CBSP. During onsite visits, we found that practices too often tended to be more institutional and based on a medical model.
  4. Ensure the delivery and discussion of the SM Rules and Procedures Manual (also referred to as SM Protocol), signed on December 30, 2022, and effective as of January 2023. Provide training on the amendments made to the January 2023 manual.
  5. Fully integrate participants, family members and/or legal guardians, providers, and staff from the person's inner circle into the development and discussion of PFWs, the ISPs, and case discussions.
  6. Establish partnerships with national organizations that promote community-based services.
  7. Make per diem and mileage reimbursement payments to SMs on time and on a monthly basis.
  8. Expedite repairs of electronic equipment, such as laptops and computers, among items necessary for the effectiveness and efficiency of rendering of services and documentation.
  9. Identify the CTS professionals that will be supporting SMs in a crisis during non-working hours, weekends, and/or vacations when IDT personnel may not be available.
  10. Standardize:
    - The participant's right to self-determination in any processes related to his or her life plan.
    - The content and frequency of delivery of the SM work plans, as well as the CTS personnel assigned to review and approve them.
    - The length of time in which the IDT or other professionals must respond to the SM referrals.
  11. Identify and remediate the factors that contribute to the poor integration of family resources in the development of PFWs and ISPs:
    - Collaborate with the IDTs and the Central Office on the need to involve the participants' family and/or legal guardians, when appropriate.
  12. Create an environment of job security for SMs; consider hiring SMs as employees of the Department of Health, providing full benefits and a competitive wage.
  13. Create an instrument or tool for the SMs during incident investigations per type of incident, so as to standardize and better ensure uniformity in the process. (e.g., a Fall Investigation Sheet, a Medication Error Investigation Sheet, and a Physical Abuse Incidents Sheet).

In summary, the main concerns at this time include inconsistencies between CTSs in the way that services are rendered, the SMs require further training to do multiple key aspects of their jobs, and there is no uniform compliance with SSPADI's expectations for this role. Although the Office of the JCC is aware that



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

the census per CTS varies, some uniformity should be established for all CTSs in order for SSPADI to elevate SM services provided to participants.

**III. CONCLUSION**

The JCC conducted a significant number of visits, meetings, and interviews, and reviewed pertinent documents. SSPADI continues to make progress toward achieving compliance in important areas of the JCAP. Although the Division is on the right path toward compliance, there is still more work to be done; deficient areas should be addressed in an expedited manner to avoid regression.

The collaborative environment between the Commonwealth, the United States, and the Office of the JCC in all areas concerning the Consent Decree has been critical to the progress that the SSPADI has achieved thus far. This progress would not have been possible without the leadership of the Secretary of the Department of Health, Hon. Carlos R. Mellado; Auxiliary Secretary, Dr. Marilú Cintrón Casado; SSPADI Interim Director, Mr. Danniell Soto; the Coordinator of the Clinical and Habilitative Services Unit, Dr. Afife Torres Zacour; and the SSPADI Compliance Officer, Sheila Torres, Esq., in conjunction with counsel for the Commonwealth, Mr. Gabriel Peñagaricano, Esq. and Mr. Rafael Barreto, Esq. and the Governor's Personal Representative, Ms. Maria del Mar Ortiz Rivera, Esq.

The JCC is confident that through the technical assistance that is being furnished, SSPADI will continue to improve in the deficient areas. The expectation is that, through this collaboration, SSPADI will be able to render the highest quality of services to participants, which will significantly improve their health, safety, and well-being as mandated by the JCAP.

The JCC would like to acknowledge once again the valuable contributions of family organizations such as the Association for the Inclusion of Adults with Intellectual Disabilities ("APIADI", for its Spanish acronym), and the group of families who have actively participated in Town Hall Meetings and communicated directly with the Office of the JCC. Our aim is to continue working with all family associations and individual members to identify and implement solutions that will help SSPADI to better serve the I/DD population in Puerto Rico.



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

**II. BENCHMARK COMPLIANCE ASSESSMENT TABLE UPDATED IN RELEVANT AREAS <sup>46</sup>**

<ul style="list-style-type: none"> <li>• <b>No Compliance</b> – None or a negligible portion of the items of the Benchmark has been met.</li> <li>• <b>Partial Compliance</b> – Some items of the Benchmark have been met.</li> <li>• <b>Substantial Compliance</b> – Almost all of the Benchmark items have been met.</li> <li>• <b>In Compliance</b> – Compliance with all items of the Benchmark have been met.</li> <li>• <b>Working Towards Compliance - Still Under Review</b> - A compliance assessment cannot yet be provided due to ongoing SSPADI and JCC work in progress.</li> </ul>			
BM No.	Benchmark	Assessment	Finding and Recommendation
1	Translate this Benchmark document, as well as any updated versions, into Spanish	In Compliance	The SSPADI has translated the Benchmark document into Spanish. The Office of the JCC believes that the translation is accurate and complete.
2	Disseminate both the English and Spanish versions of these Benchmarks to all pertinent personnel	In Compliance	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>• The SSPADI has been making progress in training and orienting home personnel. They continue to require home providers to deliver a copy of the Benchmarks to the community home personnel and include an acknowledgement of receipt in the personnel files. Despite this, the JCC's reviews, interviews, and visits have revealed instances where community home, private home, and other support personnel lack understanding and knowledge of the JCAP and the Benchmarks.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• SSPADIs mentioned in the previous Report, it is important for the SSPADI to continue to ensure that all frontline service providers are understand the JCAP requirements and how to take necessary actions to identify and comply with these requirements. This will help to ensure that essential services and needs are met and integrated into their daily work.</li> </ul>

<sup>46</sup> Upon review of the Commonwealth's response to the JCC's draft of the present Report, the undersigned is compelled to clarify that, as stated in the previous Report, the Benchmark Assessment Table is a working instrument and does not include a compliance level assessment in certain Benchmarks other than those addressed in the present Report. However, based on the ongoing monitoring efforts conducted by the Office of the JCC during the period covered by the present Report and motivated by our delegated authority as a "guiding hand", in order to assist the SSPADI in obtaining further progress towards reaching higher compliance levels and as done in the previous Report, additional recommendations have been included in certain Benchmarks not assessed on this Report. The JCC further clarifies that "working towards compliance-still under review" acknowledges that the SSPADI is taking constructive steps in improving the health, safety and wellbeing of participants.



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
3	Create a "Master List" of all participants -- all persons with DD in the Commonwealth's IDP (or successor) -- and update quarterly; provide this list and all other lists below to JCC and US initially and as they are updated	In Compliance	<p>The SSPADI provided a Master List that included 664 participants as of June 30, 2023. In addition, the Division provided the following Statistical Data Report: number of participants admitted during the year (for the period covered by the Report, 18 participants were admitted plus participant PGO 99 who was readmitted in June 23, 2023), number of deaths (for the period covered by the Report (10 participants), female (241 participants) v. male (422 participants), number of participants per diagnosis (Mild: 106, Moderate: 218, Grave: 290, Profound: 41 plus participant PGO 99 readmitted, No IDD: 6, undefined: 2), number of participants per age group and other useful and pertinent statistical information. The before mentioned report was furnished for BM 32. For future reports, the SSPADI should consider including statistical data on the number of participants per diagnosis per CTS for purposes of BM 29.</p> <p>As it pertains to the 484 individuals from the Department of Family Affairs ("DFA") with I/DD (See Docket No. 3633), the SSPADI included a list as of April 4, 2023, indicating the progress of the DFA Project Task Force which are summarized as follows: 11 individuals have been admitted; six are in process of being evaluated by the CEEC and are awaiting the results to determine eligibility for services; 39 have the documents to support an I/DD diagnosis and will assigned for evaluation to determine the services needed; for 26 additional information has been requested from the DFA; for two individuals the DFA is validating information as documents provided do not agree; for 100 individuals there is no supporting documents for a diagnosis and will be assigned for evaluation; for 297 individuals per DFA there is no documentation to support diagnoses; and three passed away during the period.</p> <p>As per the Phase I of the Workplan provided, the Taskforce aims to admit a 100% of the individuals evaluated as of January 31, 2024, and to transition and place in SSPADI community homes six participants per month for a total of 30 placements by January 31, 2024. We expect the SSPADI to update the USDOJ and the Office of the JCC of all progress and obstacles encountered.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>As stated in the prior Report, the SSPADI should also continue its efforts to ensure that the I/DD diagnoses in the list are consistent with what is reported in Therap, eliminate the recording of multiple I/DD diagnoses, and clarify the diagnoses of participants currently classified as having "no intellectual disabilities" by designating diagnosed I/DD (Participants JLS 292, LML 505, JDM 903, EEF 1072, DBV 1154, RRM 1172, ABV</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p>1207 and LNL 1205; 8 in total). The JCC expects this matter to be resolved by the next Report.</p> <ul style="list-style-type: none"> <li>The SSPADI should provide an updated list of the DFA Project Task Force for the next Report and keep the USDOJ and the Office of the JCC updated of its efforts.</li> </ul>
<b>III.1 Community Placement from Institutions</b>			
4	From the Master List, create a sub-list of all participants who live in an institution (e.g., Instituto Psicopedagógico, Modesto Gotay, Centro Shalom)	In Compliance	<p>During the period covered by this Report, 3 participants were transferred out of institutions (two from IPPR and one from Shalom). As of June 30, 2023, of the 664 participants receiving services from the SSPADI, 53 participants (about 7.98%; 26 in Shalom and 27 in IPPR) are still living in institutions.</p> <p>In addition, during the period covered by this Report, 12 participants were transferred out of psychiatric hospital or from other congregate setting (DFA and ASSMCA private homes) and placed in SSPADI community homes. As of June 30, 2023, 10 participants continue living in the before mentioned settings. As noted in the prior Report the Mortality and Morbidity Committee issued a recommendation that all participants living in these types of settings be transferred to SSPADI homes as a priority. The JCC recommends participants in these setting be transferred with urgency given that they do not receive comprehensive services from SSPADI.</p>
5	Issue a policy directive that all institutionalized participants can live in the community with adequate supports/services OR for each institutionalized participant, conduct and document an individual evaluation on his/her appropriateness for community placement regardless of community capacity (JCAP III.1.A) (all cites below are to JCAP)	Substantial Compliance – Still Under Review	For prior monitoring periods the Commonwealth had presented a draft of Administrative Order stating the PRDOH’s policy that all institutionalized participants can live in the community with adequate support and services. However, SSPADI states that, with the approval of the SSPADI’s Deinstitutionalization Protocol effective January 1, 2023, the need for an administrative order has become moot.
6	Develop a written individualized community transition plan for each participant in an institution using person-centered planning techniques (III.1.A, E)	Substantial Compliance – Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>Although all participants living in institutions (Shalom and IPPR) have Individualized Transition Plans (“ITPs”), as reported in prior Report, some of the ITPs reviewed are over a year old and some of the interdisciplinary teams’ (“IDT”) recommendations on community placement were recorded in the Therap case notes, but not incorporated into the ITPs.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>The SSPADI should continue its efforts to ensure that the ITPs identify the participants’ current needs and desires, and that</li> </ul>





Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			ITPs are evaluated and updated prior to transition to community placement.
7	For each participant, identify and document in the transition plan the individual and systemic obstacles to community placement from the institution (III.1.B)	Substantial Compliance – Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>Per the ITPs reviewed the main obstacles continue to be family opposition and lack of available community homes.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>The Experts jointly with the SSPADI continue to evaluate and discuss various approaches to working with families and addressing their needs and concerns in the De-institutionalization and Independent Living Work Group.</li> </ul>
8	For each participant, identify and document in the transition plan any family members/guardian opposed to community placement from the institution (if any) and the reason(s) for opposition (III.1.C)	Substantial Compliance – Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>Opposition by a family member is recorded in the ITPs by having the family member complete a form titled “Certification of Reasons to Accept or Oppose Placement in a Less Restrictive Placement” which is uploaded to Therap and made part of the ITP of the participant. Although the form prompts the family member to write a brief narrative to document the reason for opposition, most forms specify/document no concrete reason for opposition or the rationale is very general.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>The SSPADI should continue its efforts to discover the specific reasons why families are opposing community-based living options for the participants so that it can develop and implement an action plan to address those specific concerns. The Experts jointly with the SSPADI continue to evaluate and discuss various approaches to working with families and addressing their needs and concerns in the De-institutionalization and Independent Living Work Group.</li> </ul>
9	Meet with all family members/guardians opposed to community placement, provide them with education on expanded community capacity, and offer viable community residences to effect the placement of the participants from the institutions (III.1.C)	Working Towards Compliance - Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>During the period covered by this Report the SSPADI met and/or contacted with the family members of 19 participants who continue to be opposed to community placement. It should be noted that these are the family members of the same 19 participants reported in the prior period.</li> <li>Of the 19, 5 indicated that they may consider community placement if certain conditions are met such as: home is administered by the institution's directive, and/or participant is assigned a one-on-one caregiver.</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>As stated in the prior Report, various approaches to working with families and addressing their needs are currently being evaluated and discussed in the De-institutionalization and Independent Living Work Group as parents continue to oppose community placement.</li> </ul>
10	Take the opposed families/guardians on tours of prospective, successful community residences (III.1.C)	Working Towards Compliance - Still Under Review	<p>Of the 19 families opposed to the relocation of participants living in institutions, two were taken on community tours, while four declined the Commonwealth's invitation due to lack of interest.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>As stated in prior Reports, various approaches to working with families and addressing their needs are currently being evaluated and discussed in the De-institutionalization and Independent Living Work Group.</li> </ul>
11	For each appropriate participant, overcome all necessary obstacles (other than entrenched guardian opposition) to effect community placement from the institution in a manner consistent with Olmstead and the CBSP (III.1.B)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Various approaches are currently being evaluated and discussed in the De-institutionalization and Independent Living Work Group.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
12	Monitor all participants placed in the community to ensure they receive all the necessary protections, supports, services to meet their individualized needs in community settings (III.1.E)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>See Section II, part C of this Report.</li> </ul>
<b>III.2 Provider Capacity Expansion in the Community</b>			
13	From Master List, create sub-list of all participants living in the community, specifying name and location of each person's residential provider and total number of individuals living in each home	In Compliance	<p>During the period covered by this Report, the SSPADI had 58 group community homes (344 participants for a 52%), 19 substitute homes (42 participants for a 6.33%), and 208 participants living in biological homes (31.33%). In addition, there was one temporary placement centers pilot with two participants.</p>
14	Develop a systemwide plan to increase the number of community residential providers to meet participants' individualized needs (III.2)	Working Towards Compliance - Still Under Review	<p>The Commonwealth has developed a revised plan to open new homes for the period 2021-2023 including a list of 10 homes/providers that are in various stages of the contractual process and are expected to open soon for a total of 60 additional home units (six home units per home).</p>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p><u>Finding:</u>                      As stated in prior Reports, the plan does not address concerns raised by the USDOJ regarding Person-Centered Planning process and homogeneity of homes. See Dockets 3042 and 3209.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>There is still progress to be made in this Benchmark though, as there are more than 34 participants (participants for whom family members have approved the transfer to community living or do not oppose placement) still living in private institutions for which the only obstacle to transition is the lack of available community homes providing the services and supports that participants need. In addition, the plan should take into consideration participants evaluated by the DFA Project Task Force that need placement</li> </ul>
15	Implement the plan to reduce the number of individuals in each community group and substitute home to meet individualized needs, to increase the level of individual attention devoted to participants day-to-day, to create a more peaceful and therapeutic living environment, and to improve outcomes for participants day-to-day (III.2); each participant shall have a private or semi-private bedroom	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>During the period covered by this Report, the SSPADI opened six new community homes with a total of 36 additional home units:                             <ul style="list-style-type: none"> <li>two transitional pilots – Hacienda Don Luis in Vega Alta (contract was not renewed once expired on June 30, 2023) and CEM II in Dorado with six transitional units each., and</li> </ul> </li> <li>Four group homes – Hijos de Cañaberal in Isabela with six beds (as of the date of this Report, provider has given notice of intent of closing home), Hogar Rohi in Moca with six beds, Hogar Zabdi in Aguadilla with six beds and Rayito de Esperanza in Vega Alta with 6 beds. As of June 30, 2023, of the 59 homes, 11 are overcrowded by having a census of 7 to 8 participants. Of the 11 homes; 3 have participants in prolonged respite.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>It is imperative that the SSPADI continue to open high-quality community homes that address the needs of the participant and are truly integrated in the community. The Division should provide options for participants to move to integrated homes, supporting their right to make decisions which will ultimately result in fulfillment of an individualized and person-centered process, as mandated by the Court</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
16	Ensure that community homes: provide participants with adequate protections, supports, services; meet their individualized needs; ensure their health, safety, welfare; provide increased individual attention; provide a more peaceful and therapeutic living environment; improve outcomes (III.2)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>• it is essential that all providers and direct care personnel are informed and understand the SSPADI norms and protocols. During the JCC team visits to community homes it was found that many providers and direct care personnel did not have knowledge about the approval of new protocols regarding the services that they provide, monitoring of said services and such.</li> <li>• Compliance with this Benchmark is to be determined after a more comprehensive review. See Section II, Part C of this Report.</li> </ul>
<b>III.3 Integrated Employment and Day Activities</b>			
17	From the Master List, create a sub-list of those who are currently working in the community, specifying the name and location of the employer, the number of hours per week the participant is working, and the participant's hourly wage or compensation rate	Working Towards Compliance - Still Under Review	<p>List included a total of 22 participants working in community: six of the 22 people started a new job in the reporting period; four of the participants in CIE are in customized positions, and 13 of the 22 are considered in CIE but are underemployed (some of these individuals are working at a carwash without clear tasks or job coach supports). 2 of the 22 participants were not employed as of June 30, 2023.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>• The list does not accurately reflect individuals whose employment was terminated during the reporting period.</li> <li>• From the current list, three participants (Participants ILG 577, MSS 693, and YCT 952) resigned from their previous employment, 15 were carried over from the last Report, and four recently became employed for the first time (Participants EA 1032; RSS 1118; YVS 1007; and HRF 674). Additionally, three participants marked as employed in the last by the Report were not employed during this period (Participants RMV 196; LVQ 76; and SM 1113).</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>• List should only include participants <u>currently working</u>. Information regarding participants that were employed at some point during the reporting period may be detailed in a separate list.</li> <li>• If list includes list of those that stopped working during the period, clarify whether they resigned or if terminated and include justification as to the former and latter.</li> <li>• Present total earnings acquired during the reporting period (current data provided did not share total earnings for the participants).</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
18	For those working in the community, develop individualized action steps to ensure no one working in the community is underemployed (III.3.A)	No Compliance	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>• Despite many participants saying they would like to work more hours, no steps are listed to resolve identified barriers.</li> <li>• No evidence of actions formulated or conducted to focus on addressing gaps in employment and improve employment outcomes. Only information included in Therap around participants who are deemed underemployed centered around providing justification as to why people are making below minimum wage, instead of offering strategies for addressing this concern.</li> <li>• Some of the barriers that were included to justify why the participants weren't getting as many hours as they would like suggested barriers connected to provider constraints as opposed to participants' limitations. Restrictions to accessible transportation and inflexible provider scheduling often make it impossible for participants to accept additional hours from their current employer or pursue a second job.</li> <li>• No evidence that ASCRV explores second jobs or additional employment opportunities with individuals who are already working, even when they express and interest in trying new things or working more.</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>• Explain what steps are being taken to support increases in the average hours/week worked for participants currently employed in the community who are working under 20 hours/week. ASCRV should explore other work opportunities for participants who are considered underemployed.</li> <li>• Prioritize individual participants' requests for expanded employment opportunities and hours.</li> <li>• Explore participants' current employment and other alternative employment options that can meet and achieve expanded employment goals.</li> <li>• Focus on transitioning individuals in subminimum wage jobs to competitive wages. Identify in the ISP the strengths and needs, to encourage them to reach competitive jobs.</li> <li>• Proactively explore with <u>all</u> participants if they want to work more hours. Implement Discovery activities and record findings in ISPs.</li> <li>• Adopt USDOL definition of "competitive, integrated employment".</li> <li>• Create transportation action plans and embed them into participants' ISPs that outline specific actions for assessing transportation options where participants live, training them on how to successfully use public transportation, and</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p>determine what additional steps the provider needs to take to assure individuals have access to flexible transportation to support work schedules.</p> <ul style="list-style-type: none"> <li>• Incorporate requirements within the provider contract for both CTS and community homes that affirms provider responsibility for engaging in ongoing Discovery activities to support participants in exploring, preparing for, sustaining, and increasing employment outcomes.</li> <li>• Include stronger language in provider contracts outlining their responsibilities for (a) assuring flexibility/person-centeredness/individualization around participants’ schedules and (b) providing flexible transportation supports as needed for participants to pursue and expand employment.</li> <li>• Audit existing ISPs to determine cases where participants’ ability to pursue additional employment may be hindered by a lack of provider willingness to provide more flexibility in the participant’s schedule or to offer additional transportation options. Put providers on a corrective action plan to remediate the barriers so that participants’ can be supported in pursuing increased or expanded employment.</li> </ul>
19	Implement the action steps to ensure that no one working in the community is underemployed (III.3.A, B) This is in addition to original Benchmarks: (with the understanding that the Commonwealth cannot guarantee optimal employment, but nonetheless will continue its efforts to avoid underemployment) (III.3.A,B)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>• Compliance with this Benchmark is to be determined after a more comprehensive review. See Section II, Part B of this Report.</li> </ul>
20	From the Master List, create a sub-list of those who are currently not working in the community, but have been professionally assessed or identified in the past as able to work in the community; designate on this sub-list the date/author(s) of the most recent assessment	Partial Compliance <sup>47</sup>	SSPADI list shows as follow: <ul style="list-style-type: none"> <li>• Participants with initial assessment performed between January 1 - June 30, 2023: 19 participants (3:19 participants as having potential for employment)</li> <li>• 1st Re-Evaluations between January 1 - June 30, 2023: 33 participants (8:33 participants as having potential for employment)</li> <li>• 2nd Re-Evaluations between January 1 - June 30, 2023: 95 participants (5:95 participants employed)</li> </ul>

<sup>47</sup> In its response to the draft Report shared with the Parties, the SSPADI requests that this Benchmark be assessed as “In Compliance”. The JCC is not persuaded by the argument presented by the SSPADI and stands by the narrative regarding the assessment evaluation.



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<ul style="list-style-type: none"> <li>• 12:672 participants listed in BM 20 with no original assessment. (List includes 3 participants that were discharged, and six participants admitted after June 30, 2023)</li> <li>• 9:672 participants listed in BM 20 had original assessment conducted between 2019 - 2023 and were determined as having employment potential have not has the 1st re-evaluation (list includes 3 participants that were discharged, and six participants admitted after June 30, 2023))</li> </ul> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>• The list shows progress has been made in completing reassessments of participants that were previously identified as employable but are not currently working in the community; however, a backlog in re-assessments still remain.</li> <li>• It is unclear from the existing list whether participants have been engaged in Discovery activities using tools/instruments/strategies/techniques introduced to ASCRV personnel in 2023 as part of the reassessment process or ongoing prevocational activities.</li> </ul> <p><u>Recommendations</u></p> <ul style="list-style-type: none"> <li>• Develop a policy and/or guidelines to assure that all assessments include the use of evidence-based Discovery as outlined by the national SMEs and training provided to ASCRV in April 2023. This includes incorporation of Discovery techniques, instruments, and resources with the target population focused on career exploration and solidification of integrated work-based learning experiences. Make sure the use of specific Discovery instruments and the completion of specific Discovery activities are documented in the ISP.</li> <li>• Once guidelines are implemented, focus on completing remaining reassessments of individuals previously deemed employable but not currently working in the community and staying on schedule for reassessments moving forward.</li> <li>• Establish a way to document and evaluate the impact of incorporating Discovery strategies into ASCRV’s activities with participants on employment outcomes for participants previously deemed employable but not currently working in the community.</li> </ul>
21	Professionally assess or re-assess for community employment all participants who are currently not working in the community but have been professionally assessed or	Working Towards Compliance - Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>• Some evidence suggesting cases in which participants are not currently working due to medical conditions or clinical restrictions placed on individuals with interdisciplinary care team.</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
	identified in the past as able to work in the community (III.3.C)		<ul style="list-style-type: none"> <li>Lack of clarity as to which participants previously deemed employable but not currently working in the community have had exposure to Discovery activities, tools, strategies introduced to ASCRV personnel in 2023.</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>Develop a policy and/or guidelines to assure that all assessments include the use of evidence-based Discovery as outlined by the national SMEs and training provided to ASCRV in April 2023. This includes incorporation of Discovery techniques, instruments, and resources with a focus on community-based career exploration and integrated work-based learning experiences as priority activities for participants previously deemed employable but not currently engaged in community employment.</li> <li>Make sure the use of specific Discovery instruments and progress engaging target population of participants in Discovery activities (i.e. community-based career exploration and integrated work-based learning experiences) are documented in the ISP.</li> <li>Once guidelines are finalized, incorporate Discovery activities into reassessment process and stay on schedule for reassessments moving forward.</li> <li>Establish a way to evaluate the impact of incorporating Discovery into the assessment process on findings regarding participants' employability and employment outcomes.</li> </ul>
22	Develop individualized, concrete action steps with timeframes to maximize their community employment (III.3.C)	Working Towards Compliance - Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>Lack of individualized actions and timelines for helping participants deemed employable but currently not working in community employment in ISPs. Language extremely generic around employment goals, and no evidence of evidence-based customized employment strategies being implemented with participants.</li> </ul> <p><u>Recommendations</u></p> <ul style="list-style-type: none"> <li>Continue to work on improving person-centered service planning process to include more specific action items and timelines that incorporate evidence-based Discovery and customized employment strategies.</li> <li>Verify use of findings from Discovery process to inform action steps in Therap.</li> </ul>





Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
23	Implement the action steps to ensure that: everyone who is able to work is working in the community; and everyone working in the community is not underemployed (III.3.D) This is in addition to original Benchmarks (with the understanding that the Commonwealth cannot guarantee optimal employment, but nonetheless will continue its efforts to avoid underemployment) (III.3.D)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>The Employment and Day Services Work Group is reviewing existing policies, processes, protocols, and staffing structures to determine what changes need to be made to assure the incorporation of evidence-based best practices focused on prioritizing and realizing optimal competitive integrated employment (CIE) outcomes for participants. The culmination of this review should inform the creation of an “Employment First” policy, which prioritizes CIE as the preferred outcome of publicly-funded day services.</li> <li>All participants who have been deemed employable but are not currently working or are underemployed should be prioritized for community-based career exploration and integrated work-based learning experiences. Participants in this subcategory should be offered community-based independent living skills development and job development activities (including internships, apprenticeships, small business training, job shadowing, informational interviewing) should be included and prioritized in all ISPs.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
24	From the Master List, create a sub-list of all other participants who are currently not working in the community; designate on this sub-list the date/author(s) of the most recent professional employment assessment, if any; designate those who have been professionally assessed as not able to work in the community	Working Towards Compliance - Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>See Findings in BM 21</li> <li>Some evidence suggesting cases in which participants are not currently working due to medical conditions or clinical restrictions placed on individuals with interdisciplinary care team.</li> <li>Lack of clarity as to which participants previously deemed employable but not currently working in the community have had exposure to Discovery activities, tools, strategies introduced to ASCRV personnel in 2023.</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>Develop a policy and/or guidelines to assure that all assessments include the use of evidence-based Discovery as outlined by the national SMEs and training provided to ASCRV in April 2023. This includes incorporation of Discovery techniques, instruments, and resources with a focus on community-based career exploration and integrated work-based learning experiences as priority activities for participants previously deemed employable but not currently engaged in community employment.</li> <li>Make sure the use of specific Discovery instruments and progress engaging target population of participants in</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p>Discovery activities (i.e. community-based career exploration and integrated work-based learning experiences) are documented in the ISP.</p> <ul style="list-style-type: none"> <li>Once guidelines are finalized, incorporate Discovery activities into reassessment process and stay on schedule for reassessments moving forward.</li> </ul>
25	Professionally assess or re-assess for community employment all participants who are currently not working in the community but have been professionally assessed or identified in the past as able to work in the community (III.3.C)	Working Towards Compliance - Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>Continue to work on reassessments for this subpopulation. Need to accelerate the incorporation of Discovery, Career Exploration and Job Development activities.</li> <li>Current staffing structure and bandwidth/capacity issues are challenges to ASCRV staff having the time they need to focus on this subpopulation. The Employment &amp; Integrated Day Working Group are exploring options for repurposing some CTS staff to support Discovery and community-based exploratory activities with participants.</li> </ul> <p><u>Recommendations</u></p> <ul style="list-style-type: none"> <li>All participants on sub-list need to undergo extensive Discovery, Career Exploration, and Independent Living skills development activities. These activities should then inform a new or updated assessment with a presumption of employability and information collected during the assessment that speaks to the strengths, skills, interests, training needs and potential employment opportunities in the community.</li> <li>Track/monitor impact of recent training of rehabilitation staff in customized employment strategies on utilization and quality of Discovery &amp; exploration.</li> <li>Train all other SSPADI personnel that are part of participants IDT team so they understand their role and importance in promoting employment among the participants and requirements re: inclusion of employment-related goals and services in participants' individualized service plans.</li> <li>Repurpose some CTS staff and train them to take on some of the Discovery and exploration activities with participants originally deemed unemployable. Include this as part of their performance measurement moving forward. See Section II, B of the Report.</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
26	For those with professional assessments that they can work in the community, develop individualized, concrete action steps with timeframes for these other participants to maximize their community employment (III.3.A)	No Compliance	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>The is a lack of detail included in the majority of ISPs and subsequent employment modules in Therap about concrete action steps planned or completed for supporting participants have been assessed as being able to work in the community. Lack of information or documentation related to conducting job exploration, providing training in vocational skills development, or arranging for/offering integrated work-based learning experiences to participants.</li> <li>Part of the lack of concrete action steps with timeframes may be due to a lack of understanding among SSPADI/ASCRV personnel on how to properly capture this information in Therap.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>Continue to work on improving person-centered service planning process to include concrete action steps and timelines in Therap.</li> <li>Use findings from Discovery process to inform action steps.</li> <li>All plans for these participants in this subcategory should include the completion of at least one integrated work-based learning experience in the community within the next 6-12 months.</li> </ul>
27	Implement the action steps to ensure that: everyone who is able to work is working in the community; and everyone working in the community is not underemployed (with the understanding that the Commonwealth cannot guarantee employment, but nonetheless will continue its efforts to find paid employment and avoid underemployment) (III.3.D)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>The Employment and Day Services Work Group has focused on introducing Discovery and Customized Employment Strategies into the ASCRV infrastructure via the Vocational Rehabilitation Counseling Area. The Work Group is now identifying gaps/barriers in existing policies and procedures that may deter ASCRV staff from effectively deploying evidence-based Discovery/Customized Employment tools and strategies. Also reviewing current staff structure within CTS system to see if other personnel could be trained to support Discovery/Exploration strategies.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
28	Develop and implement a program to promote self-employment for appropriate participants, specifying the number of times per trimester each participant is to be engaged in community self-employment activities; examples of self-employment may include, but not be	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>SSPADI/ASCRV does not appear to understand the difference between prevocational services and self-employment. Observations related to what ASCRV has documented as “self-employment” comprise of staff taking the responsibility of scheduling opportunities to sell participants’ products made as part of CTS day/prevocational activities (soaps, jewelry, art) at local markets 1-2 x/year without any meaningful</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
	limited to, work at fairs and urban markets selling arts and crafts participants create		engagement of participants. While this activity could be improved to engage participants in a community activity, it is not considered self-employment. <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
29	Systemwide, ensure that at least 25 percent of all participants of working age are employed in the community, on a full-time or part-time basis based on individualized needs, at minimum wage or above, at a location where the employee interacts with individuals without disabilities and has access to the same opportunities for benefits and advancement provided to workers without disabilities. (With the understanding that the Commonwealth cannot guarantee employment, but nonetheless will continue its efforts to find paid employment and avoid underemployment)	Working Towards Compliance - Still Under Review	The total employed participants represent 3% of SSPADI’s current census, which is 0.01% more. <u>Outcome Measure</u> <ul style="list-style-type: none"> <li>As stated in the prior Reports, per the US Department of Labor, the working age range is 18 to 65 years. Per SSPADI’s ASCRV, the working age range for SSPADI participants is 20 to 40 years with Mild, Moderate or no I/DD diagnosis. The latter criterion reinforces the fact that SSPADI’s ASCRV automatically deems participants with a severe or profound I/DD diagnosis as unemployable and excludes them from the employability screening process. While some of these participants may not be able to work for valid reasons, they should not be categorically excluded. Retirement and/or the decision “not to work” should be person centered. The JCC recommends that this matter be addressed in the Employment Work Group.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
30	For those participants with professional assessments that they are not able to work in the community, develop individualized plans to maximize meaningful, functional community activities that foster their growth and independence (III.3.E)	Working towards compliance - still under review	<u>Finding</u> <ul style="list-style-type: none"> <li>SSPADI’s current clinical assessment process does not include Discovery or exploratory activities with participants in the community before making preliminary assertions about their employability.</li> </ul> <u>Recommendation</u> <ul style="list-style-type: none"> <li>Develop policy/guidelines to assure that all assessments include the use of evidence-based Discovery as outlined by the national SMEs and training provided to ASCRV in 2023. This includes incorporation of Discovery techniques, instruments, and resources. Make sure the use of specific Discovery instruments and the completion of specific Discovery activities are documented in the ISP, and that employability determinations are not made until after such activities are completed.</li> <li>Verify the completion of in-depth Discovery &amp; Exploration activities in the community for each participant in the sub-list and document via Therap. The findings from this process</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			should then be used to inform a new or updated assessment with a presumption of employability and information collected during the assessment that speaks to the strengths, skills, interests, training needs and potential employment opportunities in the community.
31	Implement the plans (III.3.E)	Working Towards Compliance - Still Under Review	<u>Outcome Measure</u> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
32	For those participants who are not working in the community but attend a day program at a CTS, ensure that these participants attend the day program at least four days per week; ensure that staffing, transportation, and other resources are adequate to meet individualized needs; ensure that buses have ramps and other needed accessibility supports	Working Towards Compliance - Still Under Review	<u>Outcome Measure</u> <ul style="list-style-type: none"> <li>Available CTS programming for participants remains limited, averaging 1-2 days/week. See Section II, Part B of this Report.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
33	From the Master List, create a sub-list of those who do not work or participate in formal day program activities at a CTS and assess why they do not and remain at home (III.3.F)	Working towards compliance - under review	<u>Finding</u> <ul style="list-style-type: none"> <li>Reasons cited for participants not attending CTS activities included: medical conditions/justifications; family resistance; participant employment; receiving in-home services instead; participants residing in specialized health/behavioral home; death; geographic distance; lack of accessible transportation; and personal refusal.</li> <li>Need to ensure that participants that are attending a CTS infrequently are not included in this list. Also found inconsistency in completion of weekly/monthly visits by service mediators to participants currently at home unemployed and not participating in CTS programming. To establish scope of transportation and accessibility challenges, need to understand how many people on the list have wheelchairs and require ramps and mobile transportation.</li> <li>No evidence that recommendations from previous Report pertaining to this BM have been implemented.</li> </ul> <u>Recommendations</u> <ul style="list-style-type: none"> <li>Need to establish a plan for addressing transportation &amp; accessibility barriers for participants who wish to participate in CTS activities/ programming.</li> </ul>



## Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<ul style="list-style-type: none"> <li>• Should also assess those individual participants who are participating in activities at the CTS to determine if they are interested in attending/participating more regularly.</li> <li>• For those not currently attending CTS activities, identify ways to support participants and their families in seeking out and participating in rehabilitation, skills development, or job development strategies at home or in their local communities.</li> <li>• Service mediators should be visiting participants not participating in any CTS activities in their home more frequently to ensure community integration activities.</li> </ul>
34	Develop individualized plans for these participants to maximize meaningful, functional community activities that foster their growth and independence (III.3.F); ensure that participants engage in such community activities at least two times per month	Working towards compliance - under review	<p><u>Findings</u></p> <ul style="list-style-type: none"> <li>• Current activities are limited to facility-based CTS supports 1-2 days/week on average for participants. There is little to no participant access to community-based activities outside the CTS, and no progress to date in implementing additional pilot initiatives to foster more integrated day service options (i.e. PAIS).</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• Pilot at least one community-based integrated day service initiative during the next Reporting period.</li> </ul>
35	Implement the plans (III.3.F)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>• Compliance with this Benchmark is to be determined after a more comprehensive review as the SSPADI continues to apply PCP principles and ongoing Discovery &amp; Exploration activities.</li> </ul>
36	Develop a systemwide plan for all participants to maximize non- work activities in the community that are meaningful, functional, and foster growth and independence to meet individualized needs (III.3.G)	No Compliance	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>• No evidence provided to confirm a systemwide plan exists or is under development for maximizing non-work community-based activities for participants.</li> </ul> <p><u>Recommendations</u></p> <ul style="list-style-type: none"> <li>• Utilize Employment &amp; Integrated Day Services Work Group to develop systemwide plan during next Reporting period.</li> </ul>
37	Implement the plan (III.3.G)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>• Compliance with this Benchmark is to be determined after a more comprehensive review as the SSPADI continues to apply PCP principles and ongoing Discovery &amp; Exploration activities.</li> </ul>



## Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
38	Ensure that staffing, transportation, other resources are adequate and reliable to meet individualized needs for integrated day activities in the community (III.3.H); ensure that buses have ramps and other needed accessibility supports	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review as the SSPADI continues to apply PCP principles and ongoing Discovery &amp; Exploration activities.</li> </ul>
39	Ensure there are sufficient job coaches and job trainers to meet individualized needs in the community (III.3.I)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>There continues to be Job Coach and Job Trainer vacancies at several CTSs (which have the highest percentage of participants), which will hinder employment progress in these CTS areas unless filled. Even if all positions are filled, demand has surpassed available supply of job coach and trainer positions. Employment &amp; Integrated Day Services WG is currently reviewing job descriptions and staffing structure to recommend areas where other staff/personnel can be trained on supporting participants using Discovery and customized employment strategies.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review as the SSPADI continues to apply PCP principles and ongoing Discovery &amp; Exploration activities.</li> </ul>
<b>III.4 Safety and Restraint Issues</b>			
40	Using data from Therap combined with onsite assessments, conduct a safety and welfare analysis of all individual participants and their residences (III.4.A)	Working Towards Compliance - Still Under Review	<p>The SSPADI referenced narrative provided for last Report on the safety and welfare analysis stating annual assessments are conducted by the interdisciplinary teams which are included in three areas of the Therap electronic file: (1) the ITP which identifies participants needs in areas of physical and mental health, areas of support and independence, nutrition, behavioral aspects, psychiatric indicators, relational, social and environmental factors; (2) the Personal Focus Worksheets ("PFW") which identifies participant interests and needs; and (3) the ISP which includes all transdisciplinary recommendation considering the interests of the participant and developing an integrated plan of services that will govern the work of the interdisciplinary team.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>Regarding the annual assessments referenced by the SSPADI, during our evaluation it was found that not all participants have current ITP, PFW and/or ISP. For participants not having valid plans the IDT documents in case notes. No evidence was found regarding the implementations of the plans by either the CTS team and/or the provider.</li> <li>Lack of follow up on ITP, PFW and ISP plans. As of the current reporting period, participants attending CTS once or twice a</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p>week at most. The CTS IDT visits the participant's home on a monthly or as-needed basis making it challenging to implement the established plans since there is no continuous service available to help participants achieve their goals and objectives.</p> <ul style="list-style-type: none"> <li>• It was found that some home providers and direct care staff were unaware of these plans and their content.</li> <li>• The quality of much of the information in Therap continues to be substantially deficient and some information is simply incomplete; this negatively affects the accuracy of the safety and welfare analyses the SSPADI has been undertaking, as well as delays the progress of systemic improvements, including risk mitigation and preventable deaths. It is not yet evident that accurately informed safety and welfare analyses are being conducted for all participants.</li> <li>• As reported by the SSPADI, 46% homes (36:79) are documenting in all Therap Modules while the other 54% (43:79) are either inconsistently documenting or not documenting.</li> <li>• While provider access to Therap to report incidents and other critical information has improved over time, serious gaps continue to persist.</li> <li>• During this past six-month period, the SSPADI provided 7 Therap trainings covering the incidents, T-Logs, and Health Tracking and Kardex modules delivered to 147 providers and provider personnel from 30 group and substitute homes. Trainings were also provided for the CEEC, IDT and CTS personnel regarding incident reporting, Case Notes, Personal Focus Worksheet ("PFW"), and Individual Support Plan ("ISP") modules (7 trainings to approximately 60 staff).</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• The SSPADI should continue to work on corrective action plans to address non-compliance with Therap documenting and to rectify other outstanding issues related to the use of Therap.</li> <li>• The SSPADI should extend the list of providers documenting in Therap to include institutions. Essential information and documentation are included in separate modules of Therap resulting in the fragmentation of data for assessments. The SSPADI should consider creating a norm or protocol so that all pertinent clinical information is continuously updated in the participant's ITPs and ISP.</li> </ul>





## Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
41	Implement measures to ensure participant safety and welfare based on this analysis (III.4.A)	Working Towards Compliance - Still Under Review	<p>The SSPADI presented Monthly Statistical Reports prepared for the Incident Committee and discussed in the Incident Committee monthly meetings. The SSPADI reported that the Incident Committee identified a high number in falls thus trainings in fall preventions were recommended. During this period the SSPADI offered 8 (one or two monthly) trainings on fall prevention to community home providers and their staff, institutions, and their staff (IPPR) and CTS staff impacting approximately 347 individuals. The matter was also discussed in the Incident and Investigations Workgroup with the Experts and a pilot project was developed whereby the witness of the incident completes a post fall form. The pilot is expected to commence during August 2023. See BM 49 for further findings and recommendations from the Incident Committee.</p> <p>In addition, trainings were provided on risk factors (for example: crisis, dysphagia, epilepsy, emergency response) and on nonviolent crisis intervention (CPI).</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>The Monthly Statistical Reports presented to the Incident Committee are based on data compile in Therap. The SSPADI should continue its efforts to ensure that all providers fully document in Therap.</li> </ul> <p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review as the SSPADI continues to work on the quality of information in Therap. See BM 40.</li> </ul>
42	Using data from Therap combined with first-hand accounts, analyze peer-to-peer interactions that create risk of harm (III.4.A.1)	Working Towards Compliance - Still Under Review	<p>During this six-month period, the SSPADI provided a list of 292 (95% were classified as assault and 5% as altercation) distinct peer-to-peer incidents of which 99% were classified as high.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>Although there is more information being recorded in Therap, there continue to be challenges with how data about peer-to-peer incidents are entered into Therap that make it challenging to analyze patterns with these incidents and for the implementation of effective remedial measures.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>Various initiatives are currently being evaluated and discussed in the Incidents and Investigations Work Group. See prior Report.</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
43	Implement effective measures to address peer-to-peer risk factors to prevent harm (III.4.A.1)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. As stated in the prior Report, much more work to be done to reach compliance with this Benchmark.</li> </ul>
44	Using data from Therap combined with first-hand accounts, identify vulnerable participants at risk of harm (III.4.A.2)	Working Towards Compliance - Still Under Review	<p>The SSPADI provided a list of 98 participants characterized as “vulnerable”. For this Report the SSPADI identified participants based on (i) the criteria of vulnerability to aggression by the IDT and incidents reported in Therap and (ii) history of vulnerability.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>The information provided is an improvement from prior periods and identifies more participants than in previous periods and takes into consideration participant’s history in additions to current incidents.</li> <li>The SSPADI is developing guidance for the entry of incidents to diminish errors in documentation and facilitate the analysis of incidents.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>Various initiatives are currently being evaluated and discussed in the Incidents and Investigations Work Group.</li> </ul>
45	Implement effective measures to minimize/ eliminate their risk factors (III.4.A.2)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <p>Compliance with this Benchmark is to be determined after a more comprehensive review as the SSPADI continues to apply PCP principles and ongoing Discovery &amp; Exploration activities. At the present, the Incident Committee is evaluating this category of incidents to develop strategies to manage risk factors. Compliance with this Benchmark is to be determined after a more comprehensive review.</p>
46	Using data from Therap combined with first-hand accounts, identify aggressor participants (III.4.A.3)	Working Towards Compliance - Still Under Review	<p>The SSPADI provided a list of 82 participants characterized as “aggressor”. For this Report the SSPADI identified participants based on (i) altercation and aggression incidents reported in Therap and (ii) behavioral history.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>The SSPADI is developing guidance for the entry of incidents to diminish errors in documentation and facilitate the analysis of incidents.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>Various initiatives are currently being evaluated and discussed in the Incidents and Investigations Work Group.</li> </ul>



## Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
47	Implement effective measures to minimize/eliminate aggressor risk triggers (III.4.A.3)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>At the present, the Incident Committee is evaluating this category of incidents to develop strategies to manage aggressive behavior.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report.</li> </ul>
48	Informed by data from Therap, develop a systemwide plan to ensure that serious incidents, per JCAP criteria, are reported promptly and investigated within 45 days, all to prevent serious incidents in the future (III.4.B)	Working Towards Compliance - Still Under Review	<p>In December 2022, the Division approved the "Incident Norms and Proceedings Protocol" and the "Complaints and Grievances Norms and Proceedings Protocol" both effective January 2023. The JCC and Experts are in process evaluating said protocols and recommendations will be discussed in the workgroup on Incidents and Investigations.</p> <p>The top 14 high-level incident event types and respective counts include: Assault (386); Injury (194); Hospital (152); Communicable Disease (92); Change of Condition (88); Behavioral Issue (80); Threatening Behavior (26); Altercation (24); Property Damage (17); Fall without injury (16); Seizure (13); Accident no apparent injury (7); Medication Error (5); and Suicide (3). The SSPADI reports that roughly 90% (996:1110) of all high-level incidents were given follow-up within fifteen calendar days, 10% between 16 to 45 days (996:1110) and one incident in excess of 45 days</p> <p>In addition, the SSPADI reported that there were seven serious incidents investigated by the Quality Area which were resolved between 11 to 20 days: 4 related to error in the administration of medication, one unexplained hematoma, one fall due to lack of supervision in community home, and one peer to peer incident and noncompliance of home regarding staff to participant ratio.</p> <p>As mentioned in prior Reports, allegations of abuse and neglect that come in as "complaints" or "grievance" are not recorded as incidents in Therap, and the investigations are handled outside of Therap. Incidents that occur in highly congregated community homes are also not recorded in Therap. The SSPADI provided the following information about "complaints" and "grievances": from January 1- June 2023: there were seven complaints and two grievances reported. The Commonwealth reported that the time to resolve complaints took anywhere from six day to 49 days. Of the nine complaints and grievances, the SSPADI reported that six were found not to be substantiated and three were sustained resulting in an additional training and a referral to human resources (verbal abuse) and the firing of provider staff (excessive force used in a crisis situation).</p> <p><u>Finding</u></p>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<ul style="list-style-type: none"> <li>• There continue to be challenges with how data is entered into Therap and providers that do not consistently reporting in Therap (including DFA and ASSMCA private homes). However, the SSPADI has been working on defining serious incidents and developing norms for Therap classifications.</li> <li>• The Incident Norms and Proceedings Protocol established that incidents are to be recorded in Therap (GER Module) withing 24 hours of knowledge of the occurrence. It was found by the JCC team that incidents occurring in the CTS, institutions and/or community homes are not being recorded within 24hrs as required by the protocol. For instance, of the recording is not complying with the sometimes incidents are found in Case Notes This finding is consistent across all incident categories.</li> <li>• The Incident Norms and Proceedings Protocol also requires that when the CTS IDT develops an Action Plan or Behavioral Management Plan for the reduction of incidents, the same be included in the GER as an attachment. Upon review, the JCC team has found that, although in some instances referenced in Case Notes, plans are not annexed to the GER or available through Therap hindering implementation of the plans and positive outcomes in participants.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• The SSPADI and the JCC Experts will continue to work collaboratively in a workgroup on Incidents and Investigations that will address many of the challenges in this area as part of a system-wide approach including the evaluation of the and implementation of the Incidents Norms and Proceedings Protocol effective January 2023.</li> </ul>
49	Informed by data from Therap, develop a systemwide plan to analyze incident patterns and trends to prevent incidents in the future (III.4.B)	Working Towards Compliance – Still Under Review	<p>As previously reported, the SSPADI created the Incident Committee which meets on a monthly basis to discuss recent incidents and analyze trends. The SSPADI also provided a monthly incident pattern and trend report with helpful data and information, including where incidents occur, the most frequent types of incidents, and perhaps most importantly, which participants are having the most incidents (previously referred as “Monthly Statistical Reports”. During this period the Incident Committee issued the following systemic recommendations:</p> <ol style="list-style-type: none"> <li>1. That a Behavioral Care Plans category be created in the Individual Care Plan Module. At present, information is included in Case Notes that make reference to Behavioral Plans and/or Functional Behavioral Analysis. The Incident</li> </ol>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p>Committee recommended that the actual plans be included in this Module and be available to the pertinent professionals;</p> <ol style="list-style-type: none"> <li>2. Provide training on Fall Prevention Plans due to high number of fall related incidents;</li> <li>3. Establish training plans for various community homes based on incident trend in the home;</li> <li>4. That the Service Determination Committee (CDS, for its Spanish acronym) notify CAPAR when a participant under their evaluation is transferred and will be receiving services from a new community psychologist;</li> <li>5. The scheduling of a meetings with Hospital administration to improve services to participants;</li> <li>6. That norms established to standardize the incident information documented by the CTS IDT responding to incident; and</li> <li>7. That the Quality Area and Psychology Area provide trainings orientations to providers on the importance of following recommendations to prevent risks.</li> </ol> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>• There is some evidence of SSPADI analysis of recent incidents, and some individualized patterns are discussed at the Incident Committee. However, there is no evidence of concrete plan for implementation, referral, and follow-up.</li> <li>• Progress continues to be achieved in this Benchmark through the work of the Incident Committee and its efforts to identify patterns and trends. However, there continue to be challenges with how data is entered into Therap and providers not consistently reporting in Therap that make it challenging to analyze patterns and trends to prevent incidents in the future.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• The SSPADI should consider developing a tracking table or formal mechanism for the recommendations and referrals from the Incident Committee with concrete timelines of implementation and follow up.</li> <li>• In addition to monthly incident pattern and trend report, the SSPADI should consider issuing this type of report on a quarterly basis to better identify trends.</li> <li>• The SSPADI and the JCC Experts will continue to work collaboratively in a workgroup on Incidents and Investigations to address many of the challenges in this area as part of a system-wide approach including the evaluation of the and</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			implementation of the Incidents Norms and Proceedings Protocol effective January 2023.
50	Implement these systemwide plans and implement remedial measures to address any individual and/or systemic issues that arise from the investigations and incident analysis to ensure participant safety and welfare and minimize/eliminate abuse and neglect (III.4.B)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. Although valuable statistical information is being compiled through Therap by the Incident Committee to identify patterns, more work needs to be done on the investigation and analysis of the underlying reasons from incidents in order to generate remedial measures.</li> </ul>
51	Implement effective measures to minimize/eliminate use of all restraints on participants (III.4.C)	Working Towards Compliance - Still Under Review	<p>Although the Office of the JCC recognizes that the SSPADI is providing training on crisis intervention techniques, there are "Non-Violent Crisis Management Techniques" and "Therapeutic Holds" being used by untrained personnel.</p> <p>The SSPADI reported that on June 27, 2023, three days before the end of the evaluation period, a participant was admitted from a biological home that was being physically restrained because he turned aggressive towards family members. As of the date of this Report, the participant has been placed in a SSPADI community home and has been visited by the Office of the JCC. The participant is stable and in good health.</p> <p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>SSPADI should continue its efforts to train provider, provider staff, direct CTS staff and all direct care staff on CPI (Crisis Prevention Institute- Non-Violent Crisis Intervention Training). As reported by the SSPADI, as of June 30, 2023, approximately 83% (65:78) had received the training and one institution (IPPR). See BM 40.</li> <li>Through the JCC team's own analysis, multiple instances of restraints did occur through this period.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
52	Prohibit use of standing PRN or "stat" orders for chemical restraints on participants (III.4.C)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>The Office of the JCC recognizes that the use of "as needed" (PRN) medication is prohibited. However, there are participants with a variety of medications in the absence of medical diagnoses and unjustified diagnosis that have been recorded to justify medication. This matter is being addressed</li> </ul>



## Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p>by CAPAR. See Section II, Part A of the prior Report for progress made by CAPAR.</p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report.</li> </ul>
<b>III.5 Health Care and Mental Health Care</b>			
53	From the Master List, create a list of all participants and their current community clinicians, highlighting the primary care physicians and neurologists, if applicable (III.5.B)	Substantial Compliance	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>One or more clinicians were listed for 646 participants. Although this is a good list with helpful contact information, a total of 664 participants were listed in the Master List at Benchmark 3, so at least 18 participants are missing from the list.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>Continue to work on updating Therap to include community clinicians. Particularly in the case of participants residing in biological homes.</li> </ul>
54	Through Therap and/or other means, implement an effective communication system to promptly alert all community clinicians and other pertinent personnel to significant changes in the health status of individual participants across the system (III.5.A)	Working Towards Compliance - Still Under Review	<p>There is evidence that the SSPADI has been making nursing referrals during this period for a subset of participants, but it is not clear that any or all of them were in response to a significant health change as required by this BM. A total of 354 nursing referrals were made between January – June of 2023, for 207 participants. Of these participants, five were on the list of CAPAR reviews.</p> <p>The reasons for these referrals ranged from follow-ups and evaluations to emerging issues including response to abnormal labs, specialist referrals, signs/symptoms of illness, falls, edema, etc..</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>There continues to be gaps in communication with community clinicians in certain cases, such as communication back with a PCP when there are significant changes in health status (ex. someone is hospitalized). There also continues to be under-recognition of people with significant changes in health status during the period</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>Finalize the revision of the Nursing Service Protocol to current organizational chart, policies, and procedures.</li> </ul>
55	Whenever there is a significant change in participant health status, ensure that appropriate treatment and other measures are provided	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
	promptly to meet the individualized needs of the participant.		
56	Implement an effective system to gather and provide to pertinent community clinical personnel all individual participant information for use in monthly or more frequent appointments (III.5.B); participant information may be located in the home, CTS, CEEC, Central Office, and/or elsewhere.	Working Towards Substantial Compliance	<p>As stated in prior Reports, community physicians do not have access Therap. The communication is performed in-person, by completing a Referral for Medical Services and providing physicians with the participant's Therap Health Passport and Consultation Form that is completed at each medical visit.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>See Section II, Part A of the prior Report for progress made by CAPAR.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>The SSPADI should continue review the accuracy of the information included in the health passport and whether the above actually indicates the issues and risks present for each participant. The SSPADI should promote quality reviews between active diagnoses and the above important high-risk indicators.</li> </ul>
57	Maintain effective communication with community clinicians to determine if they provide informed and comprehensive individualized evaluations and treatment that meet individualized participant needs (III.5.B); However, the original Benchmark reads as follows: Monitor community clinicians to ensure they provide informed and comprehensive individualized evaluations and treatment that meet individualized participant needs (III.5.B)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See Section II, Part A of the prior Report for progress made by CAPAR.</li> </ul>
58	Ensure participants receive necessary health care in a timely manner to meet their individualized needs in the community (III.5.G)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report.</li> </ul>
59	From the Master List, create sub-lists of priority at-risk participants in the	Working Towards	The SSPADI provided lists for participates are risk for aspiration (25.6%; 170:664) bedridden (3.9% 26:664), cancer (1.2%; 8:664), constipation





## Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
	community, per JCAP criteria, that require heightened, enhanced attention and focus (III.5.H); priority at-risk condition criteria are set forth in JCAP III.5.H	Compliance - Still Under Review	<p>30.3%; 8:664), epilepsy (39%; 259:664), mental health (55.9%; 371:664), overweight (36.7%; 244:664), and underweight (9.5%; 63:664). 89.3% of the participants are at least in one of the at-risk sublists.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>The lists continue to improve but remains incomplete. There were also instances where there are discrepancies between the diagnoses listed in Mental Health sub-list in comparison to other sub-lists of participants. See BM 93.</li> <li>See Section II, Part A of the prior Report for effort being made by CAPAR regarding the prioritization of high-risk participants. The Office of the JCC expects to provide updated information for the next Report.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>See Section II, Part A of the prior Report for progress made by CAPAR.</li> </ul>
60	Through Therap and other means, implement a systemwide plan to work with community clinicians to promptly and proactively develop and implement tailored and intensive protections, supports, services for priority at-risk participants to meet their individualized needs (III.5.I): <b>NOTE</b> , original Benchmark did not mention THERAP.	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See Section II, Part A of the prior Report for progress made by CAPAR.</li> </ul>
61	Monitor to ensure that priority at-risk conditions are minimized or eliminated; document and track seizures, bowel obstructions, aspiration and aspiration pneumonia, decubitus ulcers, other conditions per JCAP criteria (III.5.I)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Per information provided by the SSPADI (See BM 40) and as observed by the Office of the JCC upon the review of participants records, many providers are not consistently documenting in Therap the necessary information to adequately track at risk factors such as bowel obstruction/movement, vital signs, and weight.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See Section II, Part A of the prior Report for progress made by CAPAR.</li> </ul>
62	Establish a program of traveling nurses (from the CEEC and/or the CTS sites) to regularly conduct onsite visits with participants in their homes	Working Towards Compliance -	<p>Nurses from the CTS centers have been conducting onsite visits with participants in their homes in community and substitute homes.</p> <p><u>Outcome Measure</u></p>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
	and/or day programs to assess, treat, and monitor their services and supports to ensure that the individualized needs of each priority at-risk participant are met day-to-day; these nurses are to provide ongoing technical assistance to community providers whenever needed, especially when there is a decline in health status; in biological homes, this service will be provided with the authorization of the parents, family members or custodians	Still Under Review	<ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
63	Using data from Therap and other sources, regularly compile and analyze incident, outcome, intervention, treatment information for each priority at-risk person (III.5.J)	Working towards Compliance – Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>The JCC finds that the analysis required by this Benchmark is not being done comprehensively, thus there is missing information regarding identification of many at-risk participants.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>See prior Report.</li> </ul>
64	Regularly share this information with community clinicians (III.5.J)	Partial Compliance	<p>The sharing of information with community clinicians is conducted primarily through the health passports, the referral form, and the CAPAR evaluations and correspondence with clinicians.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>Further work is needed to address the quality and completeness of the information, particularly in the health passports and referral forms, to gain compliance in this area.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>See Section II, Part C of the prior Report for information regarding CAPAR efforts.</li> </ul>
65	Maintain effective communication with community clinicians to determine how they utilize this information to implement measures to meet individualized participant needs (III.5.J)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. There is more evidence needed to assess whether measures are being implemented to meet individualized needs. See Section II, Part C of the prior Report.</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
<b>Neurological</b>			
66	From the Master List, create a sub-list of all participants with a seizure disorder/epilepsy, specifying any anticonvulsant medications they receive with dosage(s) (III.5.K)	Substantial Compliance	<p>The SSPADI provided a list provided of 259 participants with a seizure disorder/epilepsy, which is similar to the number of participants reported in prior periods.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>While reviewing this information in Therap, the JCC team identified seven differences with participants listed with active epilepsy (G40) diagnoses in their electronic record. In Addition, the JCC team identified five instances on the SSPADI's sub-list for seizure disorder/epilepsy without an active diagnosis of seizure disorder/epilepsy in Therap (two without a diagnosis; three with "deleted" diagnosis). This means that the SSPADI did not identify participants with active epilepsy, and this has implications for monitoring the management of the condition and contact with appropriate clinicians.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>The above must be clarified and rectified promptly.</li> <li>See Section II, Part A of the prior Report for progress made by CAPAR.</li> </ul>
67	Ensure that neurologists provide participants with a seizure disorder with comprehensive neurology evaluations as needed, at least annually (III.5.K)	Substantial Compliance	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>See prior Report for progress made by CAPAR.</li> <li>There continues to be progress in this Benchmark, with more participants with epilepsy receiving medical services from neurologists and more participants receiving visits. Out of the 259 participants listed as having epilepsy, 17 participants did not see their neurologist in the last year and did not have an appointment to see them in the near future.</li> <li>Nevertheless, there is still progress to be made in this Benchmark. For example, three participants were identified as having 10+ seizures annually (Participants EBS 53, RGM 790 and CTV 879) but had not seen a neurologist in over a year (December 2021, June 2022 and September 2021 respectively), despite the ongoing and recent seizure activity.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>See prior Report for progress made by CAPAR.</li> </ul>
68	Using data from Therap and other sources, compile a sub-list of those participants who have had more than	Substantial Compliance	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>The list submitted listed 14 participants having 10+ seizures in the past year, two of which have not visited a neurologist</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
	10+ seizures in the past year, as well as a sub-list of those who have had no seizures for the past two years (III.5.K.1)		<p>since the last quarter of 2021 and a third one visited in June 2022 and of the date of the Report, had a recent episode and no visit to a neurologist. See BM 67.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>See prior Report for progress made by CAPAR.</li> </ul>
69	Ensure that neurologists provide effective care for those having 10+ seizures per year (III.5.K.1)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report for progress made by CAPAR.</li> </ul>
70	Ensure that neurologists provide effective care for those who have not had a seizure in the past two years (III.5.K.1)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report for progress made by CAPAR.</li> </ul>
71	Ensure that neurologists weigh the benefits of medication use and adequately document the Finding for anticonvulsant medication (III.5.K.2)	Working towards Compliance – Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report for progress made by CAPAR.</li> </ul>
72	Ensure the use of intra-class polypharmacy is minimized and fully justified (III.5.K.2)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report for progress made by CAPAR</li> </ul>
73	Formalize a relationship with the Epilepsy Foundation of Puerto Rico and use the relationship to improve neurological care and outcomes for participants (II.5.K.3)	In Compliance	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>The SSPADI is working on a five-year collaborative agreement with the Epilepsy Foundation of Puerto Rico. Although the SSPADI reported that it expected to renew the collaborative agreement by September 2023, as of the date of this Report, it has yet to be executed. However, said relationship continues to result in trainings to personnel and caregivers and access to neurologist.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>Finalize agreement with Epilepsy Foundation.</li> </ul>
<b>Aspiration Risk</b>			
74	From the Master List, create a sub-list of those participants at risk of	Working Towards Compliance -	During the period covered in the present Report, 170 participants were included in a SSPADI sub list of participants at risk of aspiration, representing 25.6% of the participants.



## Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
	aspiration and/or aspiration pneumonia	Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>• While reviewing this information in Therap, the JCC team identified four differences with participants listed with active Dysphagia (R13) diagnoses in their electronic record not included in the list.</li> <li>• There continues to be progress with this Benchmark as it pertains to trainings to personnel and home caregivers.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• The SSPADI should continue its efforts to identify participants at risk of aspiration and participants having risk factors for aspiration like GERD or aspiration pneumonia.</li> </ul>
75	Implement individualized plans to eliminate unsafe mealtime practices, per JCAP criteria, to minimize risk of aspiration/pneumonia (III.5.L)	Working Towards Compliance - Still Under Review	<p>During this period there has been some improvement in this area with the intervention of Speech Pathologist providing recommendations during mealtime practices.</p> <p>In addition, during this period, the Division has conducted various in person and Zoom training sessions with family members, community home providers, institutions, and CTS personnel regarding participants' risk of aspiration, dysphagia, and food consistency.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>• Although some participants have Speech Pathology and Nutritional evaluations and recommendations, during onsite visits by the Office of the JCC it was found that menus were often times prepared by the home provider and/or home staff without taking into consideration the recommendations of such evaluations. It addition, it was also observed that the menus established were not being followed on a day to day basis.</li> <li>• There are participants at risk of aspiration without a plan to address, manage and identify risk of aspiration ("Individual Care Plan").</li> <li>• Upon review of the Individual Care Plan for aspiration that are available, the same are generic and not individualized and in many instances, the providers and their staff were unaware of the existence of the same</li> </ul> <p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>• Continue efforts to orient community home providers and home staff on participant's Individual Care Plan for Aspiration.</li> <li>• Given that 25.6% of the participants are at risk of aspiration, the SSPADI should consider creating a norm or protocol for</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			the prevention of aspirations and actions to be taken in the event of an aspiration incident. <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
76	Implement individualized plans to keep non-ambulatory individuals in proper alignment to minimize risk of aspiration/pneumonia (III.5.L)	Working Towards Compliance - Still Under Review	<u>Outcome Measure</u> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>
<b>CEEC</b>			
77	Ensure CEEC regularly evaluates all participants (III.5.C); compile list of ongoing evaluations	Working Towards Compliance - Still Under Review	<p>CAPAR continues with continues its efforts to review the healthcare/mental health care of participants, including their current diagnoses and their prescribed medications. Approximately 116 participants were evaluated during the current reporting period and six re-evaluated.</p> <p>Based on an analysis of multiple documents, the JCC team concluded that a total of 591 participants from the SSPADI's current census (89%; 591:664) had documented evaluations from 2022 and/or 2023 by one or more following CEEC disciplines: occupational therapist, vocational rehab, speech pathologist, recreational therapist, social work, and psychologist.</p> <p>Based on communications with the Division and Therap Case Notes, they are in the process of identifying and acquiring adapted and validated instruments for assessment/evaluation.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>See prior Report for CAPAR efforts.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>Finalize the revision of the CEEC Protocol and Manual to current organizational chart, policies, and procedures.</li> <li>All CEEC disciplines should have the necessary scientifically validated assessment tests and tools for reliable findings and accurate judgements and recommendations. All assessments reports should be included in Therap.</li> </ul>
78	Ensure CEEC regularly reviews the adequacy and appropriateness of individualized community health care and mental health care (III.5.C); compile list of ongoing reviews	Working Towards Compliance - Still Under Review	<p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>Finalize the revision of the CEEC Protocol and Manual to current organizational chart, policies, and procedures.</li> <li>As stated in prior Report, further improvements in the use of in-person CTS staff reviews with participants, training of clinicians to identify and address these flags, and better documentation across interdisciplinary staff going forward</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			should all support progress in this Benchmark by providing more accurate, timely information with which to identify report and communicate red flags. <ul style="list-style-type: none"> <li>See Section II, Part A of the prior Report for update of work being done by CAPAR.</li> </ul>
79	Ensure CEEC promptly raises red flags and actively advocates on behalf of individuals when community services do not meet their individualized needs (III.5.C); compile list of ongoing instances of contacting community clinicians to raise red flags/advocate for participants, summarizing result of contact	Working Towards Compliance - Still Under Review	<u>Recommendation</u> <ul style="list-style-type: none"> <li>Finalize the revision of the CEEC Protocol and Manual to current organizational chart, policies, and procedures. See prior Report for update of work being done by CAPAR.</li> </ul>
80	Ensure CEEC informs community clinicians of recent adverse health or mental health outcomes that may implicate treatment (III.5.E); compile list of ongoing instances where CEEC informed community clinicians, summarizing result of contact	Working Towards Compliance - Still Under Review	<u>Finding</u> <ul style="list-style-type: none"> <li>See prior Report for update of work being done by CAPAR.</li> </ul> <u>Recommendation</u> <ul style="list-style-type: none"> <li>Finalize the revision of the CEEC Protocol and Manual to current organizational chart, policies, and procedures. See Section II, Part C of this Report.</li> </ul>
81	Develop and implement effective systemwide plan for CEEC to promptly communicate concerns to community clinicians that improve outcomes (III.5.E); compile list of improved outcomes after CEEC intervention	Working Towards Compliance - Still Under Review	<u>Outcome Measure</u> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. Finalize the revision of the CEEC Protocol and Manual to current organizational chart, policies, and procedures. See prior Report for information regarding of CAPAR efforts.</li> </ul>
82	Implement a systemwide protocol to alert licensing, ombudsman agencies of community clinician improprieties (III.5.F); compile list of alerts	Working Towards Compliance – Still Under Review	The SSPADI states that one referral (complaint) was made during the period to the Patient Ombudsman due to hospital care.  <u>Recommendation</u> <ul style="list-style-type: none"> <li>See prior Report for update of work being done by CAPAR. The Office of the JCC and Experts are willing to assist the SSPADI in all matters related to this Benchmark as it pertains to events that should result in an alert.</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
83	Ensure CEEC serves as a mobile crisis team, providing prompt, effective, flexible, individualized, mobile, expert support, services, and advice at community sites during emergencies, crises, transitions 24/7 to meet individualized needs (III.5.C); compile list of mobile crisis team visits/interventions, summarizing result	Working Towards Compliance – Still Under Review	<p>The SSPADI states that each CTS’ IDT comprise a crisis team unit, headed by the CTS Clinical Director. The crisis teams are comprised of nursing staff and CTS clinicians (psychologists, social workers, etc.). By having crisis teams in each CTS, responses to emergencies involving participants ascribed or geographically close to the CTS can be made in a timely fashion by individuals with first-hand knowledge of each participant’s mental, behavioral and health conditions</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>As stated in prior Reports, it is unclear how the CEEC consistently directly supports and/or provides oversight to the responding CTS teams during crisis response. While basing the crisis response at the CTS may provide more localized response and knowledge of the participant, there is still an important opportunity for the CEEC to support in crises where the CTS staff may need additional support, and/or the response of the CTS teams may be inadequate, ineffective, or requiring more expertise.</li> <li>While reviewing the information provided by the Division and recorded in Therap, the JCC team found that in some crisis interventions the responder was the IDT personnel available at the CTS at the time of the crisis and not the specialized discipline needed to adequately manage the crisis.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>The Office of the JCC and Experts are willing to assist the SSPADI in all matters related to this Benchmark.</li> </ul>
84	Ensure CEEC mobile crisis team is comprised of multi- disciplinary group of DD professionals (III.5.D)	Working Towards Compliance – Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>As stated in the prior Report, the document does not specify if any of the CTS have any vacant positions directly related to their Mobile Crisis Team.</li> <li>According to the furnished information, the CEEC at the Central Office has the following positions that are vacant: 4 social worker, general nurses, psychiatrist, and clinical psychologist.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>The SSPADI should provide a list of professionals on each of the seven CTS mobile crisis teams, along with their disciplines.</li> </ul>
85	Ensure CEEC mobile crisis services maximize individuals' ability to live successfully in the community (III.5.D); compile list of instances where mobile crisis team intervention	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>





Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
	resulted in diversion from an institutional setting or prevented an adverse outcome		
<b>Mortality Review</b>			
86	Create and maintain a mortality review committee comprised of well-respected health care and quality review personnel, headed by an independent chairperson (III.5.N)	In Compliance	
87	Ensure MRC meets regularly and conducts an in-depth review of each death, per JCAP criteria, identifying individual and systemic issues related to each death (III.5.N.2, 4); compile list of MRC meetings and death reviews	In Compliance	
88	Ensure MRC has access to all pertinent people, information related to the course of care leading up to the death (III.5.N.3)	In Compliance	
89	Ensure MRC performs a root-cause analysis to identify any preventable causes of illness and death (III.5.N.5)	In Compliance	
90	Ensure MRC issues a final Report on each death promptly, per JCAP criteria, with root-cause analysis and recommendations to address outstanding issues (III.5.N.5)	Substantial - Compliance <sup>48</sup>	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>During the period covered in the present Report, 10 deaths were reported. Most of the MRC Reports were issued in excess of 30 from the date of death as required by the JCAP, none exceeding 76 days. It is important to note that for at least 7 of the reports, the MRC was still waiting for either an autopsy or hospital records to confirm findings.</li> </ul> <p><u>Recommendation</u></p>

<sup>48</sup> In its response to the draft Report shared with the Parties, the SSPADI requests that this Benchmark be assessed as "In Compliance". The JCC is not persuaded by the argument presented by the SSPADI and stands by the narrative regarding the assessment evaluation.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<ul style="list-style-type: none"> <li>The MRC should continue to work with the SSPADI so that all pertinent information is available, and reports are issued promptly per the JCAP.</li> <li>The MRC should continue its efforts to provide discussion on root caused and include recommendations to address preventable causes going forward for similarly situated participants.</li> <li>See Section II, Part A of this Report.</li> </ul>
91	Monitor to ensure prompt and effective implementation of all MRC recommendations and continue to monitor until full implementation (III.5.N.7); compile tracking table of recommendations and implementation status	Working Towards Compliance – Still Under Review	<p><u>Outcome Measure</u></p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>The SSPADI should present “actionable plans” for clear and measurable strategies specifying who will oversee the implementation of the remedial action plan.</li> <li>See Section II, Part A of this Report.</li> </ul>
92	Monitor to ensure MRC process is effective to avoid preventable illnesses, deaths for similarly situated individuals (III.5.N)	No Compliance <sup>49</sup>	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>There is not sufficient documentation of the actual activities taken, and correspondingly, there is no information about whether those efforts were effective.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> <li>See Section II, Part A of this Report.</li> </ul>
<b>Mental Health</b>			
93	From the Master List, create a sub-list of all participants with mental illness, specifying their mental illness diagnosis/es (III.5.G)	Working Towards Compliance – Still Under Review	<p><u>Finding</u></p> <ul style="list-style-type: none"> <li>The sublist for participants with mental health diagnosis reports 371 participants with a mental health diagnosis</li> <li>In the process of its review, CAPAR is finding that some participants having a mental health diagnosis that is not justified have been assigned a diagnosis to justify the utilization of psychotropic medications, likely for behavioral management and/or sedation. Thus, this figure may be overestimated at this time.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>See prior Report for update of work being done by CAPAR.</li> </ul>
94	Ensure participants receive necessary mental health care in a timely manner	Working Towards Compliance -	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>For effective record keeping in Therap, it is essential to include detailed information in Case Notes, such as mental status,</li> </ul>

<sup>49</sup> In its response to the draft Report shared with the Parties, the SSPADI requests that this Benchmark be assessed as “In Compliance”. The JCC is not persuaded by the argument presented by the SSPADI and stands by the narrative regarding the assessment evaluation.



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
	to meet their individualized needs in the community (III.5.G)	Still Under Review	<p>interventions, behavioral observations, implemented strategies, intervention outcome, and recommendations provided to the participant and/or support staff. At present, the case notes only provide basic information, such as the fact that the participant received an intervention and recommendations were given, but they do not provide enough detail. The Incident Committee has also identified this gap in information. See BM 49.</p> <ul style="list-style-type: none"> <li>• It has been observed by the Office of the JCC that behavioral plans are based on the day-to-day observation of the participant not scientific and psychological evaluations and assessment. Conducting these evaluations and assessments are essential in order to create and effective plan. See BM 77.</li> <li>• All participant having a mental health diagnosis should have a comprehensive behavioral plan or a functional behavioral plan assessment to understand the causes of their behavior, target behavioral supports and manage behavior.</li> </ul> <p>Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report for update of work being done by CAPAR.</p>
95	Ensure that all mental illness diagnoses are consistent with DSM criteria and justified in the record (III.5.M)	Working Towards Compliance - Still Under Review	<p><u>Finding:</u></p> <ul style="list-style-type: none"> <li>• See prior Report for update of work being done by CAPAR.</li> </ul> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• See prior Report for update of work being done by CAPAR.</li> </ul>
96	Ensure that no participant receives psychotropic medication in the absence of a clinically justifiable diagnosis of mental illness (III.5.M)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>• Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report for update of work being done by CAPAR.</li> </ul>
97	Ensure that type, dosage of psychotropic medication are appropriate and needed for each participant, per JCAP criteria (III.5.M)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>• Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report for update of work being done by CAPAR.</li> </ul>
98	Minimize use of typical/first generation psychotropic medication (III.5.M)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>• Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report for update of work being done by CAPAR.</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
99	Minimize use of intra-class psychotropic medication polypharmacy (III.5.M)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. See prior Report for update of work being done by CAPAR</li> </ul>
<b>III.6 System wide Reforms</b>			
100	Implement a comprehensive quality assurance program to track, analyze, and ensure participant safety, welfare, health care, mental health care issues and outcomes (III.6.A)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Various initiatives are currently being evaluated and discussed in the Incidents and Investigations Work Group. See BM 40.</li> </ul>
101	Implement prompt and effective measures to address patterns and trends that adversely impact participant safety, welfare, health, and mental health (III.6.A)	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Various initiatives are currently being evaluated and discussed in the Incidents and Investigations Work Group. See BM 40 and 49.</li> </ul>
102	Ensure that each participant receives adequate and appropriate monitoring and oversight by a service mediator to meet individualized needs; per existing Court orders, ensure that each service mediator serves no more than 24 participants at any time	Working Towards Compliance - Still Under Review <sup>50</sup>	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review.</li> <li>See Section II, Part C of this Report.</li> </ul>
103	Work with family members of participants on a plan to address quality issues that impact participants	Working Towards Compliance - Still Under Review	<p>The SSPADI continues to hold monthly meetings in the CTS with family members and providers and quarterly meetings with APIADI. In addition, the Central Area held meetings with APIADI on February and June 2023 and on April 2023 it held the event “Caring for the Caregiver” for parents and family members of participants.</p> <p><u>Finding</u></p> <ul style="list-style-type: none"> <li>There continues to be progress in this area as the SSPADI continues to have an open channel of communication with</li> </ul>

<sup>50</sup> In its response to the draft Report shared with the Parties, the SSPADI requests that this Benchmark be assessed as “Substantial”. The JCC is not persuaded by the argument presented by the SSPADI and stands by the narrative regarding the assessment evaluation. Notwithstanding the above, SSPADI’s comments are noted and, as a matter of course, additional requests for information will be included in the forthcoming document request for the next JCC Report and will be assessed accordingly.



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p>parents by holding meetings in with the Parents Association. However, the Office of the JCC has seen no evidence of an actual plan as required by this Benchmark to address quality issues raised and/or discuss during the before mentioned meetings that impact participants.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>As recommended in the prior Report, the SSPADI should develop a plan and consider developing a tracking mechanism to address any matters raised in the meeting with parents and action plans with concrete timelines of implementation.</li> <li>No updated respite program protocol nor document indicating SSPADI’s current respite capacity were furnished. The SSPADI should work to finalize the Respite Protocol to current organizational chart, policies, and procedures. Last version was updated May 2019.</li> </ul>
104	Create and maintain toll-free crisis hotline, staffed 24/7 by qualified professionals that can effectively help to resolve issues (III.6.B)	Working Towards Compliance - Still Under Review	<p>The SSPADI reported that no calls were received by the crisis hotline during the period covered by this Report. The SSPADI stated that the reason for this is that the mobile phone number of the key personnel (IDT staff, service consultants, coordinators, directors, central level staff, etc.) is widely available and individuals in crisis call directly to receive support and services when in crisis. Nevertheless, the crisis line is operated by the CEEC 24/7.</p> <p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>Upon interviews held by the Office of the JCC to providers, family members and/or guardians, and direct care takers, the JCC continues to find it is not commonly known that the SSPADI has a crisis line answered by professionals 24/7 to gain assistance for participants experiencing a crisis, including a health care emergency, a mental health or behavioral emergency, or other emergent situation and/or significant unmet needs-requiring timely- attention. Some of the family members and providers who knew about the crisis line indicated that in crisis they opt to call their social worker directly or their service mediator, respectively and in life threatening situations, they call 911.</li> <li>The SSPADI should finalize the revision of the CEEC Protocol and Manual (draft version dated August 2015), which includes a norm for the use, the operation and management of the Crisis Line, to current organizational chart, policies, and procedures. Pursuant to the before mentioned Manual, situations emergencies that may be reported through the Hotline are: health-related emergencies or situations, behavioral or mental health emergencies (crisis, suicide</li> </ul>



## Joint Compliance Coordinator Office

United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p>attempt, suicidal ideation, aggression, avoidance, etc.), situations of abuse or neglect, or other emergency or significant situation that affects the physical, emotional and psychological safety of the participant and that require immediate attention and/or action.</p> <ul style="list-style-type: none"> <li>Compliance with this Benchmark is to be determined after a more comprehensive review. The JCC recommends the Parties and Experts discuss the use and effectiveness of the crisis hotline.</li> </ul>
105	Create and maintain a systemwide email system to facilitate prompt communication to all pertinent individuals, per JCAP criteria to resolve outstanding issues (III.6.C)	Working Towards Compliance - Still Under Review	<p>All SSPADI personnel has a personal email with the Health Department Outlook platform. In addition, all Therap users have access to its Secure Communications (SComm) tool, which facilitates the sharing of sensitive and confidential information through a HIPAA-compliant chat platform.</p> <p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>During this monitoring period, it was noted that occasional referrals between CTS IDT, professional of the Central Area and providers are conducted through SComm, however, they are not formally documented in any other Therap module such as Case Notes and access is only available between the sender and receiver of the SCOMM. Given this information, and as stated in prior Reports, it is highly recommended that these referrals be documented in the appropriate Therap module to ensure the completeness of each participant's record.</li> <li>Compliance with this Benchmark is to be determined after a more comprehensive review to determine the effectiveness of the system to resolve participant issues to improve outcomes related to the health , safety, and wellbeing participant.</li> </ul>
106	Develop a family support program consistent with the criteria in the CBSP (V) that includes service mediators for participants living at home, as well as a subsidy and respite program; participation in the program will be voluntary with prior authorization in private homes	Working Towards Compliance - Still Under Review	<p><u>Outcome Measure</u></p> <ul style="list-style-type: none"> <li>As stated in prior Reports, not all areas/regions (per CTS) have available respite "units".</li> <li>Although no list was provided by the SSPADI on participants that participated on the respite program for the period of January 1 - June 30, 2023, the JCC identified as follows: only two participants living in biological homes were provided respite services during this period. However, per other documentation furnished by the SSPADI three other participants were temporarily placed in respite while permanent placement was determined or made available: Participants YCD 551, AMC 1174 and HLM 1166). As of June 30, 2023, the before mentioned participants have been in a respite unit five months, four months, and seven months,</li> </ul>



Joint Compliance Coordinator Office  
 United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

BM No.	Benchmark	Assessment	Finding and Recommendation
			<p>respectively. As of the date of this Report, they continue in respite.</p> <ul style="list-style-type: none"> <li>• No updated respite program protocol nor document indicating SSPADI’s current respite capacity were furnished. The SSPADI should work to finalize the Respite Protocol to current organizational chart, policies, and procedures. See MB 103.</li> <li>• Compliance with this Benchmark is to be determined after a more comprehensive review.</li> </ul>



Joint Compliance Coordinator Office  
United States v. Commonwealth of Puerto Rico, et al. Civil No: 99-1435 (SCC)

---

**Exhibit 1**

**Additional information on Customized Employment Training offered to ASCRV staff**

The Division invested in an intensive training initiative for all habilitation counselors, job coaches and job developers conducted by JCC Subject Matter Expert Amy Gonzalez<sup>47</sup>, a bilingual, bicultural subcontractor to AnereS Strategies LLC and former Senior Policy Advisor with the U.S. Department of Labor's Office of Disability Employment Policy.

The training initiative included 35 hours of onsite training over the course of a week, covering topics related to Discovery, Employer Engagement, and Job Development/Carving/ Negotiation. At the end of the in-person training, each participant presented in small groups to SSPADI/ASCRV leadership on how they would apply their new learnings and customized employment techniques to support individualized cases to ASCRV and SSPADI leaders and received a Certificate of Completion. Shortly after the in-person training concluded, a twelve-week virtual e-Learning Community of Practice (CoP) facilitated by Ms. Gonzalez (a bilingual, bicultural subject matter expert) was offered to all staff who successfully completed the in-person training. The CoP focused on strategies for implementing the techniques covered during the in-person training and offered participants an opportunity to bring cases in real-time to the discussions for group brainstorming and coaching by the facilitators. The CoP was coordinated with other technical assistance received by SSPADI from the National Center for the Advancement of Person-Centered Planning and Systems ("NCAPPS").

---

<sup>51</sup> <https://www.linkedin.com/in/amy-gonzalez-385a2381/>