

POST-DISASTER PUERTO RICO: WRAPAROUND SERVICES FOR CHILDREN AND YOUTH: PLANNING REFERENCE

October 2021, 2019



U.S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response

ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

TABLE OF CONTENTS

Introduction	3
Basics of a Wraparound Services Framework	6
Five Core Areas of Wraparound Services	8
Physical Health	8
Behavioral and Mental Health	8
Nutrition and Food Security	9
Environmental Health and Safety	9
Afterschool Enrichment Programs	10
Guiding Principles	11
General Roles and Responsibilities	12
Community Assessment Activities	14
I. Identifying Needs, Assets, and Actions	14
II. Asset Mapping Activity	15
III. Considerations for Prioritizing Needs	16
Developing a Community Action Plan	18
Why Develop a Community Action Plan?	18
Tips for determining the length of time to reach an intended goal	18
Mission/Vision	18
Setting Goals and Objectives: (how much of what the group hopes to accomplish by when)	19
Community Action Plan Template	20
Thinking about Evaluation	22
Summary	23
Proposed Courses of Actions	23
Recommendations	24
References	25
Appendix A: Empowering My Community: Planning for Recovery and Resilience in Education Puerto Rico Department of Education Regional Long-Term Recovery Plans (EMC Project)	31
Relevance of EMC	31
EMC Goals	31
EMC Achievements	31
Appendix B: Select Findings, Suggested Guidelines, and Relevant Resources: By Core Area	32
Physical Health	32
Behavioral and Mental Health	37
Nutrition and Food Security	43

Environmental Safety and Wellness.....	46
School/Student Enrichment.....	50
Appendix C: School Proximity to Healthcare Facilities.....	55
Appendix D: Federal Resource Matrix by Domain	57
Appendix E: Faith-Based Resources	58

Introduction

Children and youth are at heightened risk for adverse stress reactions throughout the disaster cycle (CDC, 2019). These adverse stress reactions can lead to compromised learning, health, and socio-emotional wellbeing. A major challenge in both short- and long-term recovery is bringing together various entities to prevent, mitigate, and recover from these reactions while meeting the needs of all youth in coordinated and collaborative ways. A resilient network of geographical and culturally relevant programs with accompanying policies can decrease gaps and inequities when serving children, youth, and their families.

The Wraparound Services framework can help identify assets, gaps, and resources to better support Puerto Rico's children and youth.

In this context, the term “wraparound” is used to describe a planning and thinking process that may be used to increase collaboration across sectors that deliver services for children, youth, and families.

Wraparound Services is a general framework emphasizing an integrated system of services to strengthen children and youth's resilience based on identified needs and assets available to a community (National Wraparound Initiative, 2021).

The *Wraparound Services for Children and Youth: Planning Reference* is a toolkit that provides guidance and recommendations to assist in the design, development, and implementation of a wraparound process for children and youth before, during and after disasters. This toolkit emphasizes mitigation of vulnerabilities through coordination between and across sectors, agencies, and regions to build capacity, integrate response and recovery, and empower communities.

There is now strong evidence that, when Wraparound is done well (i.e., with “fidelity”), young people with complex needs are more likely to be able to stay in their homes and communities, or, should a crisis occur, to be in out-of-home placements only for short periods of time (National Wraparound Initiative, 2021).

This toolkit has been developed by the HHS/ASPR Recovery Support Mission for Health and Social Services in Puerto Rico in support of the Puerto Rico Department of Education (PRDE) as part of Hurricane Maria's long-term disaster recovery operations. This document is intended to support disaster recovery planning efforts and was informed by the PRDE regional planning project titled *Empower My Community (EMC) Recovery and Resilience Education Planning Project (EMC Project)*¹. The Wraparound

¹ For a detailed summary of the EMC Project, see Appendix A.

Services Toolkit focuses on providing planning guidance for systems that support resilient students.

Our communities will create collaborative and sustainable systems to holistically support the growth of our students through strong physical health, mental health, nutrition, educational enrichment, and environmental safety and wellness.

The devastating and persistent impacts from Hurricane Maria, earthquakes and COVID-19 have amplified the expressed desire for wraparound services for Puerto Rican children and youth. School systems often serve as the most stable and significant publicly supported platforms for fostering children and youth's growth and development. As such, the integration of wraparound services—those additional services that provide an enhanced level of attention to the physical, social, intellectual, emotional, and other needs—will be helpful additions to mitigate the negative impacts of multiple disasters.

This toolkit contains:

- Background information,
- Relevant resources,
- Suggested guidelines for developing a wraparound services framework and a community action plan

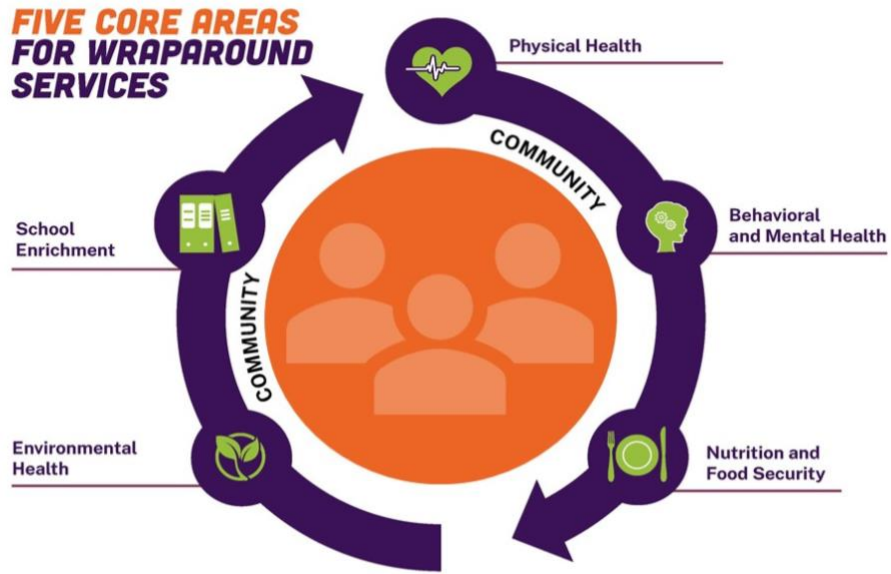
The provided guidelines will allow the development a community action plan to implement a wraparound services framework and strengthen children and youth's resiliency throughout Puerto Rico. The California Department of Social Services has a perfect example of the definition and reach of Wraparound Services, establishing that these services are community-based interventions for the best welfare of children and families and encouraging engagement among persons and entities (California Department of Social Services, 1997).

In organizing the toolkit, five core areas are particularly critical due to their broad implications for educational, socio-emotional, and psychosocial outcomes (See Figure 1). The five core areas are:

- physical health,
- behavioral and mental health,
- nutrition and food security,
- environmental health and safety,
- and school/student enrichment services (Rodriguez, 2019).

While valuable as standalone fields, they are most effective when integrated as a coordinated system of services.

Figure 1: Wraparound Services



Basics of a Wraparound Services Framework

The answers to the following five questions will help practitioners develop and implement the Wraparound basics and ensuring SMART objectives are followed for successful implementation (CDC, 2015).

- **What?** A Wraparound Services framework allows communities to identify and leverage a network of services that provide critical support for children, youth, and their families. This is particularly important in post-disaster recovery. During and after an emergency, gaps in care and support may widen. Utilizing a wraparound services framework may help school communities identify assets, gaps, and opportunities for collaboration. The framework will help school communities develop an action plan to ensure an integrated approach is used to described identified gaps. Because assets and gaps may vary by community, this framework may look different from one community to the next.
- **Who?** This framework can be used by any group within the school community who:
 - ✓ Are parents or any other person from the school community.
 - ✓ Are able to conduct a community assessment.
 - ✓ Provide or coordinate children, youth, and family services.
 - ✓ Deliver health and education services, or
 - ✓ Can identify key players to be involved from the design phase throughout ongoing implementation of the resulting community action plan.

Examples include:

- ✓ school community members supported by education and community leaders,
 - ✓ local and federal agencies,
 - ✓ for-profit and non-for-profit organizations,
 - ✓ faith-based leaders or groups,
 - ✓ philanthropic organizations,
 - ✓ volunteer agencies,
 - ✓ and vested community members.
- **Where?** Wraparound services frameworks work best when community members have access to meeting places and where culturally competent and familiar resources can be leveraged. For example: school auditorium, community centers, a space lend by a faith-based organization in their premises. Places where everyone from the school community can assist to meetings.
 - **Why?** An integrated approach of essential services will help minimize gaps, identify stakeholders, distribute responsibilities, and increase capacity for participating entities to strengthen their recovery and the immediate and long-term resilience of children and youth.
 - **How?** The process of creating a system of wraparound services is just as important as the system itself. Sustained efforts and outcomes rely on several elements:

- ✓ Efforts are coordinated by a specific group or entity.
- ✓ Needs assessments are used to capture priority areas.
- ✓ Services are coordinated within and across sectors and organizations.
- ✓ Services are adapted and adjusted based on identified need.
- ✓ Organizations, community members, or implementers create a collaborative model (e.g., how will they operate with each other, roles and responsibilities, etc.).
- ✓ Families, children, and youth, school staff, and school community members are included in the action plan development process; and
- ✓ Successes and lessons learned are captured through monitoring and evaluation methods.

Five Core Areas of Wraparound Services

These Five Core Areas below are based on the Healthy Schools CDC Framework (CDC, 2019).

PHYSICAL HEALTH

Physical health is a component of overall wellbeing. Access to quality healthcare and disease prevention from a very early age maximizes wellbeing and supports individual and collective vitality. The connection of physical health to school and community settings is significant because:

- Healthy children are likely to learn more effectively.
- Health and education are inextricably linked to each other and other issues such as poverty and income level.
- Physical health is linked to all other domains, and whether looking at poor dietary habits, or the correlation of mental health and physical wellbeing, integrated supports positively affect children and youth.

Each community is likely to have a distinct set of services; however, traditional primary healthcare services can be in the form of community health clinics, hospitals, school nurses, public health departments, pediatricians, family physicians and any other groups providing health services.

BEHAVIORAL AND MENTAL HEALTH

Children and youth are at particular risk of adverse emotional reactions during and after a disaster. While most bounce back to a normal routine within days to weeks, some show signs and symptoms of post-traumatic stress, depression, separation anxiety, generalized anxiety, and distress for prolonged time periods (CDC, 2019). Symptoms can vary between the scope and nature of a disaster event, the capacity of each family and community to respond, and the length of the recovery effort. Other individual factors can include displacement or migration, changes in routines, disruptions in school and social environments, a loss of loved ones, fear of reoccurrence, or compromised access to healthcare or other support services (National Academies Press (US), 2015).

The impact of disasters on children and youth population requires attention and strategies to address immediate and long-term mental and behavioral health needs. It is essential to identify risk factors (potential and known), barriers to behavioral health supports, and environmental triggers and strategies to adequately tend to mental and behavioral health outcomes at both the individual and community level.

Providing children and adolescents access to adequate mental and behavioral health services and tools maximizes the development of internal resources that are needed to achieve academic success and develop healthy relationships. Since these services can be disrupted in the event of a disaster, often for long periods, connections should be made with already established resources that are familiar with the local context to include an established foundation of support to leverage after an event. Some examples of behavioral and mental health support systems may include school counselors, mental health professionals, therapists, support groups, pastoral counseling, as well as informal support networks such as friends and family.

NUTRITION AND FOOD SECURITY

Healthy fuel for the body and brain is crucial for optimal growth and development. Children and youth are more likely to experience deficits in academics, physical health, and mental health in locations prone to food insecurities. Food insecurity is when there is a lack of consistent access to enough food for an active, healthy life. It may also refer to someone who has enough to eat in terms of calories but lacks nutritional quality, variety, and desirability of food options (CDC, 2019).

Poverty and unemployment are key drivers that have led to food insecurity. Living in impoverished areas, children, older adults, households led by single parents, and those residing in rural areas are at increased risk for food insecurity. As a result, individuals often consume less expensive, high-calorie food that does not deliver the nutrients they need. Outcomes of poor nutrition are linked to increases in diabetes, cardiovascular disease, hypertension, decreased physical movement, developmental delays, poor school performance, and obesity. Healthy school lunches that meet nutritional standards is one way that communities can increase the likelihood that children have access to healthy food, for example during summer vacation, or as experienced during COVID-19 related school closures (USDA, 2021).

ENVIRONMENTAL HEALTH AND SAFETY

This core area includes safe and healthy places to play, exercise, go to school, and live. In addition to the natural versus built environment, there is added complexity of the indoor (e.g., home or school) and outdoor (e.g., parks and streets) environment. Practices, programs, and policies that emphasize eco-friendly and environmentally safe surroundings, alongside activities that cause no harm, are essential to foster emotional, physical, and educational development. Examples include:

- Provision of safe spaces (e.g., safe playgrounds, seismic-safe structures, accessible community centers)
- Engaging in remediation practices to ensure toxic-free environments that have clean water, are mold and lead-free, and with limited exposure to diseases.

These elements are critical to support youth's engagement with their surroundings and present optimal environments for students to learn and grow. These components also

foster an environment for children and youth to develop critical skills for strengthening empowerment and resilience.

Safety considerations in this core area may also include measures to mitigate violence or harmful behaviors that have been linked to post-disaster reactions. These include, but are not limited to, domestic violence, bullying, and abuse.

Due to the large scale of damage to the island's infrastructure, communities and schools sustained severe losses, including destroyed facilities, lost educational and school-related materials, and damage to safe play spaces. Also, mold has been an ongoing public health concern in many community buildings, impacting physical health and overall wellbeing.

AFTERSCHOOL ENRICHMENT PROGRAMS

Providing collaborative and auxiliary evidence-based learning opportunities and support will help maximize students' academic success and life skills development. Enrichment programs provide support outside of the regular curriculum, enhance socio-emotional learning, provide an opportunity for the unique needs of children and youth to be supported (i.e., differing rates and styles of learning, challenges with social skills, etc.), and can influence relationship building in alternative settings.

The stressors that impacted Puerto Rican schools as a result of multiple disasters in the last several years call for an integrated, coordinated, and multi-pronged approach to remediate those stressors. "Comprehensive afterschool programs can play a central role in helping to coordinate a wide variety of supports for families in need by serving as a platform for- or a connector to- services such as mentoring programs, access to nutritious meals, healthcare and wellness check-ups" (CDC, 2019). As noted, some of those stressors or issues were of concern prior to the disasters and are thus not stand-alone items but compounded by multiple circumstances. School closures, enrollment changes, teacher and student absenteeism, economic stressors, and adverse emotional stress reactions are just a few examples that could improve if families can participate in programs that provide a hub of varied yet integrated support.

In 2014, "the demand for afterschool programs in communities of concentrated poverty [was] higher than the national average" (Afterschool Alliance, 2016). Eighty-five percent of Puerto Rico's children and youth live in high-poverty areas; the afterschool/student enrichment programming should be included in the wraparound services model (CDC, 2021). This type of support extends across all income levels and beyond the children themselves. The literature shows that parents and families report that afterschool and enrichment programming provides support to working parents by allowing parents to stay in work, by providing extracurricular activities that enhance physical and emotional wellbeing, and by providing opportunities for kids to be active, have access to nutritious and healthy foods, and arts-based or cultural activities that may otherwise be absent.

Guiding Principles

After a disaster, when developing a Community Action Plan for Wraparound Services, keep in mind the following principles:

- **Strength-based:** focus on the resources and strengths of the community, geographic location, group members' expertise, etc.
- **Accessible:** use plain language in compliance with the accessibility standards required to include community members with access and functional needs (Plain Language, 2021). It should also contain clearly defined steps that are actionable within the timeframe set and the resources available.
- **Outcome-based:** focus on the results and address the challenges that are a priority for the community.
- **Coordinated care:** involve stakeholders that could support the coordination of services needed to achieve the outcomes.
- **Individualized:** develop it by and with the community to address the specific challenges of their jurisdiction.
- **Available services:** maximize the services and other resources that are already available.
- **Inclusive and equitable:** involve representation from all community sectors, especially from traditionally excluded individuals and groups, into its development in a way that shares power and ensures equal access to opportunities and resources (Armstrong, 2019).
- **Collaborative:** reflect the participation of members from all sectors including, but not limited to parents and family members, students, school staff, municipal staff, members from private and public sectors, among others.
- **Locally sourced:** focus on local resources, and the local stakeholders and community members should lead the process.
- **Culturally competent:** be mindful of cultural practices and attitudes while integrating local knowledge into its development process to increase services' quality, thereby producing better outcomes (CDC, 2020).

General Roles and Responsibilities

The Wraparound Services Model requires integration of services and a team that works in coordination, collaboration, and in support of each other's efforts. Team composition should be tailored to meet the unique needs of the community. The implementing/coordinating team will be responsible for identifying gaps and mapping respective assets for each of the Wraparound core areas, as prioritized by the community. Examples of partners may include:

- Parents, family, and school community members who can:
 - ✓ Support the team working to implement the wraparound services framework.
 - ✓ Participate in meetings and provide feedback and onsite support.
 - ✓ Provide context on successes and challenges.
 - ✓ Provide accountability.
 - ✓ Ensure there is follow up at home.
 - ✓ Serve as mentors.
- Service providers (e.g., school staff, social workers, counselors, health providers, volunteers, teachers, coaches, pastors) who can:
 - ✓ Host coordination and collaboration meetings
 - ✓ Provide direct intervention or services.
 - ✓ Offer support and guidance as challenges arise.
 - ✓ Provide direct services, clinical care, consultation, or education.
 - ✓ Serve as consultants to assess the needs and develop the plan.
 - ✓ Interpret clinical information and educate.
 - ✓ Work with school community members to ensure their concerns are being addressed, to establish trust, and confirm that the process of integrated care is understood.
- Care coordinators (e.g., home healthcare workers, case managers) who can:
 - ✓ Arrange services and interventions.
 - ✓ Implement monitoring and evaluation processes.
 - ✓ Develop plans in collaboration with the team, including family and children.
 - ✓ Facilitate decision making.
 - ✓ Bring people together and manage conflict.
- Program/service administrators (e.g., school directors, managers, secretaries) who can:
 - ✓ Capture performance measurements, including benchmarks, milestones, outcomes, and impact.
 - ✓ Ensure performance goals are being met and adapt strategies or services accordingly.
 - ✓ Serve as project coordinator for a specific service provided.
 - ✓ Provide expertise on their particular disciplines.
- Sponsors, funding agencies, and other supporting organizations (e.g., Federal or local agencies, foundations, non-profit) who can:

- ✓ Support the goals and expected outcomes of the team.
- ✓ Provide financial or in-kind donations, or technical support with self-sustainability as a planning strategy.
- ✓ Find, apply for, and manage grants offered by federal, state, and private agencies.
- ✓ Assist organizations and agencies within the system of services to learn and implement this process.

Community Assessment Activities

It is crucial to conduct a community assessment before developing an action plan. The community assessment identifies the challenges and needs, as well as the resources available in a community. All communities are unique and other strategies can also work; however, the following are some suggested activities that might help assess community need.

I. IDENTIFYING NEEDS, ASSETS, AND ACTIONS

The goal is to use the five core areas of the wraparound services framework (physical health, behavioral and mental health, nutrition and food security, environmental health and safety, and school/student enrichment services) to help guide the identification of needs, assets, and actions necessary to improve overall wellbeing for children, youth, and their families. Through this exercise, the coordinating team might identify more needs than those they will resolve. Narrowing this assessment's scope is important to ensure the work is focused on the needs identified and within the scope of what the team can address with the resources available.

Step 1: What is the need?

Step 2: Which wraparound core area does the need fall under?

Step 3: Identify “assets” to help address the need and potential “action.”

Asset (e.g., can be a person, place, or organization)	Action (e.g., contact an organization, deliver training)	Timeline (e.g., activities and dates required for the action)	Responsible Party (e.g., the person(s) tasked to coordinate or complete the activity)

Step 4: Identify expected outcomes (What would success look like?):

II. ASSET MAPPING ACTIVITY

It is recommended that the group marks assets on a map of their community during this activity facilitated by the implementing entity or team. Maps help the team explore resources and assets and show the relationships among assets. Mapping community assets allows communities to see if there is a concentration of available programs, service overlaps, gaps in services, and unmet community health needs (UCLA Center for Health Policy Research, n.d.).

What is a community asset? A community asset or resource is anything that improves the quality of community life for children, youth, and their families. Assets include:

- The capacities and abilities of community members.
- A physical structure or place for gathering. For example, a school, hospital, church, library, recreation center, or social club.
- A business that provides jobs and employment training and supports the local economy.
- Associations of citizens. For example, a Neighborhood Watch or a YMCA.
- Local private, public, and nonprofit institutions or organizations.

Determine what type of assets to include:

Identify any specific skills or assets needed to address the issue on which you are focusing. For example, suppose you are looking at assets around physical activity among children. In that case, you may want to identify parks and recreation centers, YMCAs, athletic clubs or leagues, recreation classes at community colleges or after-school fitness programs.

Using post-it notes, write down all the assets in your community.



Organize assets on a map: Place dot stickers representing each asset on a map of the community. Use different colors for different types of resources.

Summarize key points about what your members see on the map. You might ask:

- What are the underused assets?
- What resources could be included in your activities that are not currently involved?
- Where are the most obvious gaps, and how they might be filled?

III. CONSIDERATIONS FOR PRIORITIZING NEEDS

When identifying the needs under each of the five core areas of the Wraparound framework, a long list of needs may be identified (CDC, 2013). It is important to prioritize these previously identified needs so this may inform the action plan that will be developed based on the information.

Why do we need to prioritize needs? (Center for Community Health and Development at the University of Kansas, 1994-2021).

Benefits

- Allow participants to provide feedback.
- Record responses on flipchart
- Reveal possible answers:
 - ✓ Limited resources
 - ✓ Not enough people
 - ✓ Not enough time
 - ✓ Not enough money
- Explain that resources are not only about money.
- Explain that prioritizing also helps to identify which needs/problems you will deal with first. Just because a need doesn't make it to the "top of the list" does not mean that it will never be considered in later years.
- Criteria for building consensus
 - ✓ Everyone concerned or affected participates in the discussion.
 - ✓ No one is forced to agree to an idea or the final decision.
 - ✓ The final decision must be one that everyone can accept, even if some support it more than others.
- Some criteria you may consider when prioritizing needs are:
 - ✓ Size of the problem (number or percentage of people affected)
 - ✓ Seriousness of problem
 - ✓ Feasibility/Availability of current interventions or resources
 - ✓ Cost of the problem to the community (monetary or social costs)
- Ask: What criteria would you use to prioritize needs? Discuss responses.
- Prioritize the problems and reach a consensus on the highest priority needs.

- ✓ List the issues and have the group vote (show of hands, paper slips) or
- ✓ Give each person paper dots – often color-coded for first choice, second choice, etc. – to stick on the list of issues. The number and colors of the dots then serve to record the vote and to identify the issues group members thought most important.

Developing a Community Action Plan

After identifying the needs, assets, and prioritization, the next step is developing a community action plan. The information below will provide you with basic concepts and best practices in developing a community action plan. (Center for Community Health and Development at the University of Kansas, 1994-2021)

WHY DEVELOP A COMMUNITY ACTION PLAN?

The purpose of the Community Action Plan is to help the team get organized, identify a shared mission, goals, activities, strategies, responsible parties, and necessary timeline. Community Action Plans should be brief, specific, and clear. This is a living document that should regularly be updated and serves as a tool for reporting on your initiatives and will help the team stay on track.

TIPS FOR DETERMINING THE LENGTH OF TIME TO REACH AN INTENDED GOAL

Use intervals of time that make sense to the group and the setting in which you're working. For instance, if working within a school setting, using the school calendar year may be a better strategy.

- Short term goals: think two to three months;
- Longer-term goals: think one-plus years. This will depend on the mission and vision that the group has determined.

MISSION/VISION

Describe the vision for the community or initiative (from their perspective how things should be):

- Developing the vision should be a group activity that includes a variety of members and stakeholders that plan to be part of the process from the beginning to the end.
- Facilitate a dialogue about the group's vision, capture:
 - ✓ Dreams for the community or initiative (e.g., safe neighborhoods)
 - ✓ What success would look like (e.g., healthy youth)
 - ✓ How things ought to be (e.g., P.E.C.E.S. Inc)

Example: P.E.C.E.S., Inc. provides prevention services, education, and entrepreneurial training to communities in Puerto Rico's southeastern region to foster socioeconomic development for the residents in the area

Mission Statement

To promote the educational, economic, and social development of southeastern Puerto Rico.

Vision Statement

To be recognized for excellence in the development of leaders, community service, and in education with a preferential option for youth development.

SETTING GOALS AND OBJECTIVES: (HOW MUCH OF WHAT THE GROUP HOPES TO ACCOMPLISH BY WHEN)

Based on the needs identified by the group using the wraparound framework and the "Needs, Action and Outcome" worksheet, develop goals and objectives that support the overall vision. Below are some tips for developing "SMART" objectives (CDC, 2015):

- Review the objectives to determine if they are SMART:
 - ✓ **S – Specific**
Concrete, detailed, and well defined so that you know where you are going and what to expect when you arrive
 - ✓ **M – Measurable**
Numbers and quantities provide means of measurement and comparison
 - ✓ **A – Achievable**
Feasible and easy to put into action
 - ✓ **R – Realistic**
Considers constraints such as resources, personnel, cost, and time frame
 - ✓ **T – Time-Bound**
A time frame helps to set boundaries around the objective
- Be flexible with deadlines in creating objectives. Defining objectives is time-consuming and may require second and third considerations for completeness.

Examples (CDC Division for Heart Disease and Stroke Prevention, 2017):

- **Goal One:**
By June 29, 2006 (**time-bound**), increase the number of training sessions given for HDSP program partners on "Implementing and Evaluating System Change" (**specific & relevant**) from 10 to 14 (**measurable & achievable**).
- **Goal Two:**
By February 15, 2006 (**time-bound**), increase by four (**measurable & achievable**) the number of community health centers in [State] that have incorporated into the clinic system electronic medical records with reminders of treatment protocols (**specific & relevant**).

Community Action Plan Template

The following is a template to develop a community action plan based on the *Community Health Assessment and Group Evaluation (Change)* by the CDC (2019).

Date:

Purpose:

Organization or Group Name:

Mission/Vision:

Team Members:

Needs Assessment:

Assets:

Prioritization:

Goals and Objectives:

Detailed Plan for Each Goal

First Goal: Describe your goal

First Objective: Provide measurable objective

First Strategy: Provide a specific strategy

Activity	Who is responsible?	By when?

Second Goal: Describe your goal

Second Objective: Provide measurable objective

Second Strategy: Provide a specific strategy

Activity	Who is responsible?	By when?

Thinking about Evaluation

These are some topics suggested when evaluating community projects; their development, progress, and collecting evidence (Taylor, Purdue, Wilson, & Wilde, 2005).

How can you measure progress?

- In order to know whether you are on the right track to achieve your goals, you will need to decide on a few key questions and collect evidence to answer them.
- Which activities will tell you whether you are on the right track?
- What signs, milestones, or 'indicators' should you be looking for?

Different types of evidence you could collect:

- Numbers (for example, the number of people you have reached, attendance records)
- People's opinions, views, and experiences (for example, people's stories about their experience with the program, photos of the area "before and after")

Different ways to collect evidence:

- Attendance sheets
- Feedback forms (e.g., what attendees find most and least useful; what they might do differently as a result; what could be improved)
- Observation (e.g., photos of the same area over time)
- Surveys, interviews, or focus groups to get more detailed information

Analyzing the evidence:

Does the information you gathered show that you have reached your goals? Does it highlight any achievements? Does it show any problems or issues that need to be tackled? Be alert to unexpected outcomes, both desirable and undesirable.

Make use of what you have found out:

- If there are goals or objectives you have not met, or if you haven't got as far as you had hoped, you need to think about why and what you can learn from that.
- Sharing your findings with others can provide an opportunity to celebrate success and learn from difficulties.

Summary

Creating a support system for children and youth that focuses on five core areas not only minimizes pressure and responsibilities for any one agency or organization, but it creates a system of distributed support through coordinated efforts and helps youth, their families and their larger community to thrive. An abundance of research indicates that children living in poverty are less likely to graduate from high school, will face short- and long-term health issues, experience food insecurities and nutritional deficits, and have minimal exposure to safe spaces and enrichment programs.

The toolkit also offers solutions that encourage community members, organizations, government, and territorial and federal agencies to work together to recover from recent events through readiness and resiliency measures. The suggested framework offers a holistic and integrated system of care and services to best meet the health, educational, and socio-emotional needs of children and youth as identified by regions and community members. They are being introduced as one measure to keep children and youth in their homes and communities by leveraging the current momentum, human and financial resources, and investments from collaborators, including community-based organizations, regional leaders, and government and federal partners engaged in long-term recovery efforts.

PROPOSED COURSES OF ACTIONS

- Conduct a region-specific assessment to identify priorities, available resources and assets, and gaps and needs, to include:
 - ✓ Food and nutrition-based services and programs
 - ✓ Presence and capacity of behavioral and mental health providers
 - ✓ Current coordination and communication strategies of school personnel internally and with health care facilities and community-based services
 - ✓ The safety status of spaces and structures for children and youth, including structural assessment of play spaces
 - ✓ Social determinants of health such as violence (bullying/domestic violence), extreme poverty, single-parent homes, physical activity, and vulnerabilities to chronic and infectious disease that may impact access or strategies for implementation
- Ensure that clear and concise policies and guidelines are included in plans and serve as reference points and best practices. Proposed strategies and implementation should match correlating policy when possible or be developed to inform and influence positive policy changes. Phases for rolling out such a program can include:
 - ✓ Initial needs assessments of school and community resources at the municipality and region level
 - ✓ Individual child and family assessment(s)
 - ✓ Defining coordinating entities based on assessment findings
 - ✓ Engagement and team preparation

- ✓ Initial plan development
- ✓ Implementation
- ✓ Monitoring
- ✓ Evaluation and ongoing revisions
- Include strategies that utilize evidence-based interventions as much as possible and ensure that these interventions address needs as voiced by youth, their families, and community members themselves. Within each regional plan, include the following six themes for sustainability purposes:
 - ✓ Community partnerships with already established entities or those to be created/developed based on region or location specifics and determined focus
 - ✓ Collaborative action that emphasizes communication strategies, support systems, and integrated services
 - ✓ Fiscal policies to secure short- and long-term sustainability
 - ✓ Access to minimize barriers that prevent needed support and services
 - ✓ Human resources to maximize training and mentoring opportunities
 - ✓ Accountability through ongoing monitoring, evaluation, and informed revisions.

RECOMMENDATIONS

This toolkit provides a framework for resiliency by establishing wraparound services in the following domains: physical health, school/student enrichment services, environmental health and safety, behavioral and mental health, and nutrition and food security. Effective implementation of the wraparound services model may improve systems of care and foster resiliency of children and youth during recovery. The following broad yet critical recommendations are offered for establishing this model in Puerto Rico:

- Don't reinvent the wheel. Look to other agencies and partners for existing best practices and ideas.
- Develop community partnerships with already established entities and include families and children in the process.
- Conduct a region-specific environmental scan or assessment to identify priorities, available resources, and assets to leverage, gaps, and needs.
- Implement strategies that utilize promising practices and evidence-informed interventions that address the needs of the children, youth, families, and community.
- After drafting the action plan and securing an agreement on the priority's implementation starts. As the implementation begins and the conditions may change, adjustments to the action will likely be necessary. Be vigilant and flexible to ensure the needs of the community are addressed.

References

- ACUDEN. (2021). *Administración para el cuidado y desarrollo integral de la niñez*.
Obtenido de <http://www.acuden.pr.gov/LeyesReglamentos/Pages/default.aspx>
- Afterschool Alliance. (2016). *America After 3PM Special Report: Afterschool in Communities of Concentrated Poverty*. Washington D.C.: Afterschool Alliance.
Obtenido de http://www.afterschoolalliance.org/aa3pm/concentrated_poverty.pdf
- APA. (2021). *Bullying*. Obtenido de <https://www.apa.org/topics/bullying>
- ASCEND The Aspen Institute. (31 de 10 de 2020). Obtenido de <https://ascend.aspeninstitute.org/>
- Asociacion de Salud Primaria de Puerto Rico. (2021). *Centros de Salud Primaria en Puerto Rico*. Obtenido de <http://saludprimariapr.org/web/mapa-330/>
- Asociacion de Salud Primaria de Puerto Rico, Inc. (2021). *Puerto Rico Primary Care Association Network*. Obtenido de <https://saludprimariapr.org/web/pr-pcan/>
- Benefits.gov. (2021). *Nutrition Assistance For Puerto Rico*. Obtenido de <https://www.benefits.gov/benefit/363>
- Boys and Girls Clubs of Puerto Rico. (2021). Obtenido de <http://bgcpr.org/en/>
- breadfortheworld. (2021). Obtenido de <http://bread.org/>
- Bruns, E. J., Walker, J. S., & Group, & T. (2008). *Ten Principles of the Wraparound Process*.
Obtenido de *The Principles of Wraparound: Chapter 2.1:*
[https://nwi.pdx.edu/NWI-book/Chapters/Bruns-2.1-\(10-principles-of-wrap\).pdf](https://nwi.pdx.edu/NWI-book/Chapters/Bruns-2.1-(10-principles-of-wrap).pdf)
- California Department of Social Services. (1997). *Wraparound Services*. Recuperado el 10 de 03 de 2021, de CA.GOV: http://www.leginfo.ca.gov/pub/97-98/bill/sen/sb_0151-0200/sb_163_bill_19971009_chaptered.pdf
- CDC. (1991-2019). *Youth Online*. Obtenido de <https://nccd.cdc.gov/Youthonline/App/Default.aspx>
- CDC. (2013). *Facilitator Guide*. Obtenido de *Prioritizing Public Health Problems:*
https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/4/Prioritize-Problems_FG_Final_09262013.pdf

- CDC. (02 de 03 de 2015). *Develop SMART Objectives*. Obtenido de Public Health Professionals Gateway: https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html
- CDC. (2017). *Puerto Rico 2017 Results*. Obtenido de High School YRBS: <https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=PR&YID=2017&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=C01,C02,C03,C05,C06,C07&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2>
- CDC. (29 de 05 de 2019). *CDC Healthy Schools*. Obtenido de <https://www.cdc.gov/healthyschools/wscs/components.htm>
- CDC. (23 de February de 2019). *Download the Community Health Assessment and Group Evaluation (CHANGE) Action Guide*. Obtenido de NCCDPHP: Community Health: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/change-tool/five-sectors.html>
- CDC. (05 de 11 de 2019). *Vital Signs*. Obtenido de Adverse Childhood Experiences (ACEs): <https://www.cdc.gov/vitalsigns/aces/index.html>
- Center for Community Health and Development at the University of Kansas. (1994-2021). *5. Developing Strategic and Action Plans*. Obtenido de Community Tool Box: <https://ctb.ku.edu/en/developing-strategic-and-action-plans>
- Center for Community Health and Development at the University of Kansas. (1994-2021). *Section 23. Developing and Using Criteria and Processes to Set Priorities*. Obtenido de Community Tool Box: <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/criteria-and-processes-to-set-priorities/main>
- Departamento de Educacion de Puerto Rico. (0329 de 2018). Obtenido de <https://www.de.pr.gov/wp-content/uploads/2019/03/ley-85-2018-enmendada.pdf>
- Departamento de Educacion de Puerto Rico. (2018). *Agencia Estatal Aervicios de Alimentos y Nutricion*. Obtenido de <https://www.de.pr.gov/padres-y-estudiantes/nutricion/>
- Departamento de la Familia de Puerto Rico. (2021). *ADSEF*. Obtenido de <https://servicios.adsef.pr.gov/index.aspx>

- Departamento de Salud de Puerto Rico. (2015). *Guía puertorriqueña para el manejo y control del asma pediátrica*. Programa de Asma. Obtenido de <http://www.salud.gov.pr/Dept-de-Salud/Documents/Gu%C3%ADa%20Pedi%C3%A1trica%20Final.pdf>
- Departamento de Salud de Puerto Rico. (2016). *2015 Puerto Rico Primary Care Needs Assessment*. Obtenido de <http://www.salud.gov.pr/Estadisticas-Registros-y-Publicaciones/Publicaciones/2015%20Puerto%20Rico%20Primary%20Care%20Needs%20Assesment.pdf#:~:text=Puerto%20Rico%20Primary%20Care%20Office%20%28PR-PCO%29%20is%20pleased,purpose%20of%20improving%20and%20assur>
- Departamento de Salud de Puerto Rico. (2 de 2017). *Estadísticas Preliminares de Casos de Suicidio*. Obtenido de <https://estadisticas.pr/files/Inventario/publicaciones/Diciembre%202017.pdf>
- DEPR. (29 de 03 de 2018). *Ley de Reforma Educativa de Puerto Rico*. Obtenido de <https://www.de.pr.gov/wp-content/uploads/2019/03/ley-85-2018-enmendada.pdf>
- El Vocero de Puerto Rico. (30 de 07 de 2018). Más personas reciben el PAN. Obtenido de https://www.elvocero.com/economia/m-s-personas-reciben-el-pan/article_8cae4760-93e5-11e8-b7a8-8723f6a15e89.html
- Elias Boneta, A. R., Toro, M. J., Garcia, O., Torres, R., & Palacios, C. (2015). *High prevalence of overweight and obesity among a representative sample of Puerto Rican children*. BMC Public Health. Obtenido de [https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-1549-0#:~:text=We%20found%20that%20the%20overweight,\(11.3%25\)%20%5B27%5D](https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-1549-0#:~:text=We%20found%20that%20the%20overweight,(11.3%25)%20%5B27%5D).
- Feeding America. (2021). *Find Your Local Food Bank*. Obtenido de <https://www.feedingamerica.org/find-your-local-foodbank>
- FEMA. (2021). *FEMA Filantropía Puerto Rico*. Obtenido de <https://www.fema.gov/es/disaster/4339/filantropia-puerto-rico>
- Gobierno de Puerto Rico. (2012). *Reporte de Transición*. Obtenido de <http://www.transicion.pr.gov/2012/015/Informe%20status%20planes%20unidades%20administrativas/OG-Informe%20de%20Plan%20de%20Trabajo%20y%20Status%20Parte%204.pdf>
- HHS. (26 de 09 de 2017). *Puerto Rico Anti-Bullying Laws & Policies*. Obtenido de stopbullying.gov: <https://espanol.stopbullying.gov/leyes/puerto-rico/lkb8/%C3%ADndice.html>
- Instituto del Desarrollo de la Juventud. (2019). Obtenido de <http://juventudpr.org/en/>

International Diabetes Federation. (1950-2021). Obtenido de IDF SACA Region: <https://www.idf.org/our-network/regions-members/south-and-central-america/members/90-puerto-rico.html>

Ley Núm. 37 del año 2008, P. de la C. 3655 (10 de 04 de 2008). Obtenido de <http://www.lexjuris.com/lexlex/leyes2008/lexl2008037.htm>

MDPI. (2015). Children's Play Environment after a Disaster: The Great East Japan Earthquake. *Children*. Obtenido de <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4928754/>

Medicaid.gov. (November de 2020). *Early and Periodic Screening, Diagnostic, and Treatment*. Obtenido de <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>

Melendez, E., Hinojosa, J., & Roman, N. (2017). *Post-Hurricane Maria Exodus from Puerto Rico and School Enrollment in Florida*. Obtenido de Centro: <https://centropr.hunter.cuny.edu/research/data-center/research-briefs/post-hurricane-maria-exodus-puerto-rico-and-school-enrollment>

National Academies Press (US). (10 de 09 de 2015). *Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery*. Obtenido de <https://www.ncbi.nlm.nih.gov/books/NBK316541/>

National Center for Education Statistics. (2020). Obtenido de https://nces.ed.gov/ccd/districtsearch/district_detail.asp?ID2=7200030&details=2

National Institute for Early Education Research. (2017-2018). Obtenido de http://nieer.org/wp-content/uploads/2019/04/Puerto-Rico_YB2018.pdf

National Wraparound Initiative. (2021). *Wraparound Basics or What Is Wraparound: An Introduction*. Obtenido de National Wraparound Initiative: <https://nwi.pdx.edu/wraparound-basics/>

Plain Language. (2021). Obtenido de <https://www.plainlanguage.gov/>

Puerto Rico Children and Youth Task Force. (11 de 2019). Obtenido de <https://sites.google.com/view/puertoricochildrenstaskforce/>

Puerto Rico Science, Technology & Research Trust. (05 de June de 2019). Obtenido de <http://prsciencetrust.org/recuperacionagricola/>

- Rodriguez, C. H. (10 de 05 de 2019). Alrededor de 1 de cada 14 niños puertorriqueños sufrieron estrés postraumático tras huracán María. *Alrededor de 1 de cada 14 niños puertorriqueños sufrieron estrés postraumático tras huracán María*. Recuperado el 2021, de <https://www.latimes.com/espanol/deportes/la-es-ninos-puertorriquenos-sufrieron-estres-postraumatico-tras-huracan-maria-20190509-story.html>
- SAMHSA. (21 de 04 de 2020). *Behavioral Health Equity*. Obtenido de <https://www.samhsa.gov/community-conversations>
- Santhanam, L. (21 de 09 de 2018). For kids in Puerto Rico, 'we don't know all the damage they have endured' from Hurricane María. *PBS*. Obtenido de <https://www.pbs.org/newshour/health/for-kids-in-puerto-rico-we-dont-know-all-the-damage-they-have-endured-from-hurricane-maria>
- Scaramutti, C., Vos, S., Salas-Wright, C., & Schwartz, S. J. (November de 2018). The Mental Health Impact of Hurricane María on Puerto Ricans in Puerto Rico and Florida. *Research Gate*. Obtenido de https://www.researchgate.net/publication/329336615_The_Mental_Health_Impact_of_Hurricane_Maria_on_Puerto_Ricans_in_Puerto_Rico_and_Florida
- Taylor, M., Purdue, D., Wilson, M., & Wilde, P. (2005). *Evaluating community projects*. Obtenido de Joseph Rowntree Foundation: <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/1859354157.pdf>
- Toro-Alfonso, J., Varas-Díaz, N., Andujar-Bello, I., & Nieves-Rosa, L. E. (2006). Strengths and Vulnerabilities of a Sample of Gay and Bisexual Male Adolescents in Puerto Rico. *Revista Interamericana de Psicología/Interamerican Journal of Psychology* 2006, 40 (1). Obtenido de <https://www.redalyc.org/articulo.oa?id=28440106>
- U.S. Department of Education. (03 de 2018). Obtenido de <https://www2.ed.gov/programs/21stcclc/index.html>
- U.S. Department of Education. (2019). Obtenido de National Center for Education Statistics: <https://nces.ed.gov/ccd/elsi/>
- U.S. Department of Education. (16 de 09 de 2019). *Immediate Aid To Restart School Operations (RESTART)*. Obtenido de <https://www2.ed.gov/programs/restart/index.html>
- UCLA Center for Health Policy Research. (s.f.). *Health DATA Program – Data, Advocacy and Technical Assistance*. Obtenido de UCLA Center for Health Policy Research "Section 1: Asset Mapping." : https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf
- Unidos por Puerto Rico. (2017). Obtenido de <https://www.unidosporpuertorico.com/>

- United States Census Bureau. (2021). Obtenido de https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afrc=CF
- USDA. (2020). Obtenido de <https://www.myplate.gov/>
- USDA. (22 de 02 de 2021). Obtenido de <https://www.fns.usda.gov/fns-regional-offices>
- USDA. (2021). *Grants*. Obtenido de <https://nifa.usda.gov/grants>
- USDA. (2021). *Puerto Rico Office*. Obtenido de <https://www.fsa.usda.gov/state-offices/Puerto-Rico/index>
- Walker, J. S., & Bruns, E. J. (01 de November de 2006). *Building on Practice-Based Evidence: Using Expert Perspectives to Define the Wraparound Process*. Recuperado el 10 de 03 de 2021, de Psychiatry Online: <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2006.57.11.1579>
- Wright Burak, E., & Odeh, M. (03 de 2018). Developmental Screenings for Young Children in Medicaid and the Children's Health Insurance Program. *Georgetown University Health Policy Institute Center for Children and Families*, 11. Obtenido de <https://ccf.georgetown.edu/wp-content/uploads/2018/03/Dev-Screening-3-15.pdf>

Appendix A: Empowering My Community: Planning for Recovery and Resilience in Education

Puerto Rico Department of Education Regional Long-Term Recovery Plans (EMC Project)

The Empowering my Community Project (EMC) began in February 2019, led by the HHS/ASPR Recovery Support Mission for the Health and Human Services in Puerto Rico for Hurricane Maria in collaboration with the Puerto Rico Department of Education (PRDE) to support the agency's recovery efforts. The project focused on collecting the necessary data to chart the path to recovery for each of the Regional Educational Offices (ORE, by its Spanish acronym). Students and community representatives selected the project's name at its launching event.

There were two phases of EMC. The first one was to gather information on the recovery challenges and needs of selected school communities of each ORE. During the second phase, the school community recovery needs were discussed with ORE staff members to develop projects to meet them as part of their regional Long-Term Recovery Plans.

RELEVANCE OF EMC

The project's primary intention was to capture the concerns and ideas of the school communities and school staff, as they are the ones who knew their schools best and who would be empowered to champion the recovery of their educational spaces. EMC helped local partners understand the multiple recovery needs of the Puerto Rico school-aged population and was key for developing the Wraparound Toolkit.

EMC GOALS

To identify the top priorities of PRDE's school communities and staff to support the development projects and activities to address them to build resilience within the children, youth, and school communities and promote a faster and more efficient recovery process for any future emergency or disaster.

EMC ACHIEVEMENTS

EMC resulted in seven long-term recovery plans, one for every PRDE ORE and the proposal of multiple projects and activities, such as the Wraparound Toolkit, to address the children, youth, and school staff's needs while taking into consideration the concerns of the school community.

Appendix B: Select Findings, Suggested Guidelines, and Relevant Resources: By Core Area

All findings, recommendations, and resources are provided at the time *the toolkit* was written. It is recommended to assess available resources for the most up-to-date options and include the most recent findings when designing strategy and implementation plans for a Wraparound Services framework.

PHYSICAL HEALTH

Select Findings

- Primary Care Utilization & Preventive Care
- Clinical Care- School-Based
- Specific Health Concerns

Suggested Guidelines

Recommended guidelines and tactics are suggested; however, each community knows its needs and local resources best. It is encouraged to follow these guidelines but customize them to specifically identified gaps.

Relevant Resources (Select local resources)

- ASPPR
- Boys and Girls Club of PR

Physical health is one of the basic components of overall wellbeing. Access to quality healthcare and disease prevention from a very early age maximizes wellbeing and supports individual and collective vitality. The connection of physical health to school and community settings is significant because:

- Healthy children are likely to learn more effectively.
- Health and education are linked to each other and other issues such as poverty and income level.
- Physical health is intrinsically linked to all other domains, and whether looking at poor dietary habits, the opportunity for play, or the correlation of mental health and physical wellbeing, integrated supports positively affect children and youth.

Challenges and Opportunities

Primary Care Utilization and Preventative Care

The annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Participation Report (Medicaid.gov, 2020) and the Center for Medicare and Medicaid Services (CMS) 416 Report indicated that in 2017 in Puerto Rico, there was a remarkably low rate of annual screenings across all ages, indicating a need for improved strategies

for overall clinical care.² (Wright Burak & Odeh, 2018). Poor health outcomes are correlated with learning difficulties and poor educational outcomes.

The *2015 Puerto Rico Primary Care Needs Assessment* (Departamento de Salud de Puerto Rico, 2016) documented that most of the access-related barriers identified throughout the island were associated with limited access to primary care and specialist physicians, wait time for appointments or referrals (including the subsequent impact on families), limited availability of preventive care (i.e., screening tests with timely follow up services), limited access to services, and availability of controlled prescriptions. It also noted that “increasing regular and reliable access to both routine medical care and services are vital steps in improving the health of all people in Puerto Rico.” (Departamento de Salud de Puerto Rico, 2016) Other factors impacting access to care included poor health insurance coverage, a shortage of providers themselves, geographical barriers, and lack of extended hours.

Clinical Care – School-Based

Students learn best when they can attend classes consistently, but many students miss school due to health-related factors. Forty-seven percent of students have health conditions reported by their parents (i.e., respiratory, dental, speech, and dermatological conditions (allergies)), which were intensified by Hurricane Maria. One way to ensure that students receive needed medical attention is to bring primary health services to school through a school-based health program.

According to the Puerto Rico Department of Education's (PRDE) nursing program, there are not enough personnel to cover student health needs in schools. As of February 2019, approximately 50 nurses have been assigned to each of the PRDE regions, with eight of them assigned to specific schools or locations (primarily special needs facilities) (Departamento de Educacion de Puerto Rico, 2018).

The nurses provide preventive programs and train teachers and staff through health education activities and fairs. In past years, the nurses concentrated on primary prevention, including identifying undiagnosed conditions in students; however, under the approved education reform law, they are now also responsible for secondary prevention. This includes educating teachers and school staff on how best to serve students with access and functional needs.

Through funding provided by the Healthy Students Restart Funds (U.S. Department of Education, 2019), the PRDE Nursing Program hired an additional cadre of nurses to help identify post-Maria behavioral and physical health needs to link students with available services. As of February 2019, there were approximately 389 nurses on staff or one nurse for every two schools. Funding began in October 2018 and ran through June 2019.

While the funding was supposed to be available for two years, it is unclear what resources will be available in the upcoming budget (DEPR, 2018).

The Asociación de Salud Primera de Puerto Rico (ASPPR) is a nonprofit organization that supports primary healthcare centers known as Federally Qualified Health Care Centers (FQHCs) or the 330 Prevention and Primary Health Network (330s). The mission of ASPPR is to promote quality standards, increase access, and ensure excellence in the provision of health services in Puerto Rico through technical assistance, training, and support to the 330 Prevention and Primary Health Network. The 330 Primary Health Care Centers offer services to everyone, including those who are uninsured, underinsured, or whose health insurance is limited and without preventive or primary care services. Several FQHCs in Puerto Rico have begun to integrate or coordinate clinical care within the school system, including:

- **HealthproMed – Metro region.** Integrates a school-based health center that provides comprehensive multidisciplinary healthcare services with the goal of removing barriers to quality care, increasing school attendance, improving health education and promotion, and services for basic mental health, reproductive health, and nutritional counseling.
- **MedCentro – Ponce region.** Integrates clinical care within four schools in the Ponce region. The School Health Clinics include medical care, dental care, health prevention, education on sexually transmitted diseases, prevention programs for teenage pregnancy, behavioral health support, substance use and alcohol prevention, and other services as needed.
- **Centro de Salud Familiar Dr. Julio Palmieri Ferri – Ponce region.** Utilizes a *healthy school coordinator* to provide clinical care, health education, and behavioral health support at the Natividad Rodríguez González High School in the town of Arroyo.

In addition, three community-based clinics collaborate with schools to provide clinical care, helping to reduce the burden on school nurses:

- Costa Salud – Mayagüez/Aguadilla region (Aguada)
- Centros de Servicios Primarios de Salud de Patillas (Patillas) – Ponce region
- Camuy Health Services – Arecibo region

Specific Health Concerns

The Afterschool Alliance (2016) indicates that poverty impacts academic achievement tests and overall brain development. Health issues such as asthma, diabetes, and depression occur more frequently in concentrated poverty areas. *The Asthma, Depression and Anxiety in Puerto Rican Youth Study* states, “Puerto Rican youth living on the island are at a distinct health disadvantage compared with mainland youth. Puerto Ricans have poorer physical and mental health outcomes, coupled with worse access to care. Future surveillance and intervention research are critically necessary to better understand and combat the health challenges faced by youth in Puerto Rico.”

The Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults. The 2017 high school results (CDC, 2017) look at unintentional injuries and violence, tobacco use, alcohol and other drug use, dietary behaviors, physical activity, obesity, overweight, and weight control.

Disease-specific data for Puerto Rico is summarized below:

- Diabetes: The International Diabetes Foundation's (IDF) South American and Central American (SACA) region identified over 400,600 cases of diabetes in Puerto Rico in 2017 and predicts this number to increase by over 60% throughout the SACA region by 2045. Puerto Rico has the highest prevalence of diabetes in adults aged 20-79 years (12.9%) in the SACA region (International Diabetes Federation, 1950-2021).
- Asthma: There was a 25-30 percent increase in reported asthmatic symptoms after Hurricane Maria (Asociacion de Salud Primaria de Puerto Rico, Inc., 2021). Asthma hinders an individual's ability to exercise and contributes to minimizing long-term capacity for engaging in physical activity. This prevalence can lead to a cycle of high-risk behaviors (sedentary lifestyle, obesity, depression, asthma, etc.). Asthma cases are partially attributed to mold, which increased post-Maria. The *Puerto Rican Guide for the Management and Control of Pediatric Asthma* (Guía Puertorriqueña para el Manejo y Control del Asma Pediátrica) provides background information and data collected on how asthma is affecting people in the United States and in Puerto Rico (Departamento de Salud de Puerto Rico, 2015). Some key findings reveal:
 - ✓ Children aged 5-9 had the highest prevalence of asthma
 - ✓ Asthma affects people of all ages in Puerto Rico at higher rates as compared to the mainland United States
 - ✓ Children and youth from the Arecibo and Bayamón regions had the highest prevalence of Asthma with greater than 14.3% prevalence from 2011-2014
- Obesity: According to the CDC, childhood obesity is a growing national concern. According to the YRBS, 11.2% of students were considered obese (those greater than the 95th percentile for body mass index), and 13% of students are considered overweight (students who were greater than the 85th percentile but less than 95th percentile for body mass index). According to findings from a 2015 study, the prevalence of overweight and obesity of 12-year-olds residing in PR was 18.8% and 24.3% (Elias Boneta, Toro, Garcia, Torres, & Palacios, 2015)

Options for Implementations

When designing a wraparound services framework, organizers should ensure coordination and collaboration between organizations and agencies are encouraged and supported and linked with other domains for broad reach. Suggested tactics include:

- Coordinate care between Federal Qualified Health Care Centers (FQHCs) and schools; this can include primary care, dental care, and mental health services and could allow for Medicaid reimbursement. (Asociacion de Salud Primaria de Puerto Rico, 2021) (See Appendix A for maps showing the proximity of schools to healthcare facilities.)
 - ✓ Coordinating entities can include ASSPR, Center for Medicaid Services (CMS), and ASSMCA.
 - ✓ Services should be coordinated, reimbursable, and leveraged from regional or municipality-based locations.
 - ✓ Include mutual aid agreements (MAAs), memorandum of understanding (MOUs), or a binding contract depending on services being offered
- Base determinations of in-school care clinics or linkages to nearby health centers on capacity, access, and capabilities.
- Link with other wraparound service domains for sustained outcomes, such as school enrichment (physical activity, parent support, and after-school education), behavioral health to address co-occurring needs, nutrition, and food security (farm-to-school, meal plans, food education).
 - ✓ Coordinating entities can include the USDA's Food and Nutrition Services (FNS) Mid-Atlantic Regional Offices (MARO), (USDA, 2021) the Boys and Girls Club (BGC) of Puerto Rico, (Boys and Girls Clubs of Puerto Rico, 2021) the Children and Youth Task Force, (Puerto Rico Children and Youth Task Force, 2019) local PRDE's Parent Teacher Association, or other local organizations
 - ✓ Include federal, state, and non-governmental philanthropic entities in planning to support the sustainability of efforts. FEMA Philanthropic Engagement Center (FEMA, 2021) or U.S. Department of Housing and Urban Development (HUD) are examples of agencies that are available to assist
 - ✓ Include rationale throughout the development and implementation of strategic plans and proposals to improve the chance of sustained funding
- Incorporate health education into age-related curriculum to establish competencies and bolster empowerment in youth to make better choices.
- Encourage an increase in activities that lead to improvements in physical, emotional, and cognitive development.
- Incorporate school health program to teach students and their parents how to better manage asthma.
- Making provisions for related physical activity initiatives, such as safe and active routes to schools, and secure bicycle storage.

Relevant Resources

- **The Asociación de Salud Primera (ASPPR)** is a nonprofit organization that supports the FQHCs or the [330 Prevention and Primary Health Network \(330s\)](#).
<https://saludprimariapr.org/web/>
- **Boys & Girls Clubs (BGC) of Puerto Rico** offers after-school programs and services to children and youth between the ages of 6 and 18.
<http://bgcpr.org/en/>

BEHAVIORAL AND MENTAL HEALTH

Select Findings

- School Based
- Mental Health Needs of Children & Youth-General
- Access to and Availability of Services
- Other Risk Factors

Suggested Guidelines

Recommended guidelines and tactics are suggested; however, each community knows its needs and local resources best. It is encouraged to follow these guidelines but customize them to specific identified needs.

Relevant Resources (Select local and national resources)

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Administración de Servicios de Salud Mental y Contra la Adicción (ASSMCA)
- Trauma-Informed Care (TIC)
- University of Puerto Rico: Project to Support Children and Adolescents (PANA) of the Psychological Research Institute (IPsi)

Children and youth are at particular risk of adverse emotional reactions during and after a disaster. While most bounce back to a normal routine within days to weeks, some show signs and symptoms of post-traumatic stress, depression, separation anxiety, generalized anxiety, and distress for prolonged periods. Other individual factors can include displacement or migration, changes in routines, disruptions in school and social environments, a loss of loved ones, fear of reoccurrence, or compromised access to healthcare or other support services.

These impacts require attention and strategies to address immediate and long-term mental and behavioral health needs. It is essential to identify risk factors (potential and known), barriers to behavioral health supports, and environmental triggers. Strategies to adequately tend to mental and behavioral health outcomes at both the individual and community level need to be developed.

Providing children access to adequate mental and behavioral health services and tools maximizes the development of internal resources needed to achieve academic success and develop healthy relationships. Since these connections can be disrupted in the event of a disaster, at times for long periods, connections should be made with already-established resources to include an established foundation of support to leverage after a disaster or an emergency.

Tending to emotional wellness through a holistic framework supports health across all domains of the wraparound services framework. Behavioral and mental health is essential for educational success and is a foundational element for building resilient students and a resilient workforce as part of the Empowering My Community (EMC) Project. Identification of linkages within the community that are financially and geographically accessible and timely is essential.

Identifying linkages to services that focus on emotional wellness is essential, and providing resources for training, technical assistance, or capacity building is highly recommended when designing an implementation strategy. Examples of observed psychological needs include:

- Trauma or adverse reactions post-Hurricane Maria
- Pre-established mental or behavioral health needs that have been exacerbated by the storm
- Increased incidences of bullying
- Increased depression
- Increased isolation
- Increased reports of suicidal thoughts
- Increased reports of behavior problems, aggression, or oppositional behavior
- Possible behavioral health providers moving out of the area, damage to care facilities post-hurricane, or decreased availability of psychotropic medications.

Often there are stigmas attached to receiving mental and behavioral health services. Therefore, it is important to include inclusive and culturally appropriate strategies, particularly as emergencies occur in or around schools. This process includes enhancing the role that schools play in supporting behavioral health and nurturing a comprehensive support system, including policy, equitable practices, and sustainability measures, monitoring, and evaluation. Therefore, services should also be age-appropriate, gender-specific (if necessary), and unique to specific students and school staff (janitors, school security guards, lunchroom staff) needs.

Select Findings in Puerto Rico

One of the biggest challenges to providing relevant services is the limited access to information and available services. Additionally, there are widespread accounts of provider staff feeling overburdened, understaffed, and underfunded, hindering provider capacity to meet needs. Puerto Rico has long had a dearth of mental and

behavioral health services, and there has been an increase in overall distress in children since the storm. The magnitude and scope of short-term and ongoing behavioral health impacts from Hurricane Maria burdens an already strained system. Puerto Rico Specific Data Needs: number of children in the healthcare network, referrals to providers that are not necessarily near the child's home, lack of communication on mental health providers and access to these, need for reinforcing communication between providers, community members, awareness of services, access to services, including transportation and wait times for services.

School-based Assessment

The PRDE established a program to screen youths enrolled in public schools for disaster exposure and signs of emotional distress after Hurricane Maria using the 'National Child Traumatic Stress Network Hurricane Assessment Referral Tool.' Findings indicate that youth in Puerto Rico experienced significant disaster-related exposures and that risk factors cross over socioeconomic status and location. Secondary implications for mental health risk factors included complications with recovery efforts, displacement, or migration of loved ones, change in routine, and threats to security and safety.

Counselors and school-based social workers are responsible for large numbers of students and cannot always meet all student needs. An informal report from PRDE indicates that there is one social worker per school, one counselor for each middle and high school, and one psychologist per region (28 total providers for 847) schools). In addition to the mental health impacts of the storm, school personnel are also required to address the special education needs of students with disabilities. Based on 2017-2018 school enrollment figures, 105,827 students aged 3 through 21 are classified as having a disability (see Table 1).

Table 1: Students with Disability: 2017-2018 School Year (Source: Annual count of students with disabilities conducted annually (December 1, 2018)) (U.S. Department of Education, 2019)

Disability	Ages 3-5	Ages 6-21	Total
Autism	818	4,612	5,430
Traumatic brain injury	2	28	30
Emotional distress	15	1,233	1,248
Deaf or hard of hearing	46	452	498
Multiple disabilities	101	849	950
Physical disability	28	216	244

Disability	Ages 3-5	Ages 6-21	Total
Visual impairments	7	401	408
Other health problems	700	21,519	22,219
Speech and language impairments	10,571	17,511	28,082
Learning disability	46	41,376	41,422
Mental disability	57	5,226	5,283
Developmental delay	0	0	0
Deaf and blind	0	13	13
Grand Total	12,391	93,436	105,827

Mental Health Needs of Children and Youth- General

According to the Administración de Servicios de Salud Mental y Contra la Adicción (ASSMCA), seven percent of Puerto Rican children and youth had at least one mental health issue before the Hurricane Maria (Santhanam, 2018) and a year later ASSMCA staff noticed an increase in anxiety disorders. Research has also found that Puerto Ricans who migrated after the storm experienced significant mental health impacts, including post-traumatic stress disorder (PTSD). (Melendez, Hinojosa, & Roman, 2017) (Scaramutti, Vos, Salas-Wright, & Schwartz, 2018) As a result of Hurricane Maria, over 25 percent of children reported that they perceived their lives or the lives of people they loved to be at risk. In some locations, 54-60 percent had friends or family leave the island. Twenty-three percent (23%) of students also displayed behaviors such as difficulty concentrating, lack of interest, socialization problems, increased fear, and heightened anxieties. (Instituto del Desarrollo de la Juventud, 2019)

According to the 2017 Youth Risk Behavior Survey (YRBS), the percent of high school students who reported that they attempted suicide one or more times during the 12 months before the survey was twice that for Puerto Rico students when compared to the mainland U.S. (CDC, 1991-2019) The Puerto Rican Department of Health (PRDOH) released a preliminary estimate of 253 suicides in 2017 (six months after Hurricane Maria), representing a 29 percent increase (Departamento de Salud de Puerto Rico, 2017).

Access to and Availability of Services

According to the Institute for Youth Development's (Instituto del Desarrollo de la Juventud, or IDJ) release of their post-Maria Mental Health Scan, limited mental health services are disproportionately located in the eastern region and urban areas of the island, specifically in the Humacao and San Juan regions, with even greater limited access in rural and mountainous areas. Nonprofit entities provide most behavioral health services (54%). As of fall 2018, mental health services' capacity would support only 1.5 percent, or 10,370 children on the island (Instituto del Desarrollo de la Juventud, 2019).

Other Risk Factors Known to Effect Emotional Well-Being

- Migration of family and friends
 - ✓ Children and youth who did not migrate were either displaced, unable to access healthcare or other social services, or experienced disruption to their normal routines.
 - ✓ Parents or caregivers whose children could not regularly attend school may be more affected in job stability.
 - ✓ In 2017, 47 percent of families with children had unemployed parents, according to IDJ. (Instituto del Desarrollo de la Juventud, 2019)
- Sixty-two percent of children are living in single-parent homes.
- Thirty-five percent of grandparents are living with and responsible for their grandchildren under 18 years old
- Fifty-eight percent of children below the poverty level
- Twelve percent of teenagers 16 to 19 years old are not enrolled in school and unemployed.

Options for Implementation

- Consider policies that creates school-based health clinics that include behavioral health providers, i.e., psychologists, social workers, counselors.
- Integrate behavioral health within primary care clinics and school-based clinics by using Memoranda of Understanding (MOU), Memoranda of Agreement (MAA), or binding contracts based on assessment data, identified needs and capacity of both the agency providing services and those receiving assistance:
 - ✓ Helps to ensure care is streamlined and coordinated.
 - ✓ Improves communication pipelines between service providers, and between service providers, families or caregivers, and school personnel.
 - ✓ Incorporates a 'whole child' approach, or one that includes the physical, social, emotional, and cognitive wellbeing of a child.
 - ✓ Reduces costs.

- Alternatively, providing basic behavioral health training to school personnel will help mitigate problems as they arise and improve linkages and referrals to available services.
 - ✓ Examples of basic training include [Psychological First Aid and Skills for Psychological Recovery](#), both of which may be taken online from the National Child Traumatic Stress Network (<https://learn.nctsn.org/course/index.php?categoryid=3>)
 - ✓ Adopt the "Community Conversations about Mental Health" guide by SAMHSA, which describes creating discussions in existing groups (e.g., parent support, youth group, book club, faith-based) or new stand-alone groups. It provides facts about mental health, a discussion guide, and a future planning guide. These conversations can include sharing stories, discussing needs, and brainstorming possible solutions (SAMHSA, 2020).
- Incentivize families to seek out services by providing low-cost items such as a gift-cards, bus passes, or food items. Include child-care options during sessions or offer adult education opportunities as part of bundled services.
- Utilize age- and gender-appropriate frameworks.
- Ensure that behavioral health services are inclusive and equitable, particularly for marginalized populations, including LGBTQ, special needs, and at-risk children and youth (Toro-Alfonso, Varas-Diaz, Andujar-Bello, & Nieves-Rosa, 2006).
- Ensure funding is invested in evidence-based programs that are results-based, aimed at mental health wellness, and prioritize at-risk children and youth (Instituto del Desarrollo de la Juventud, 2019).
- Refer to local laws and policies when creating plans for integration and implementation. Examples include:
 - ✓ Amendments to the Law #198 of 1998 (Ley Núm. 37 del año 2008, 2008) pertaining to the renewal or issuance of licenses to operate private schools so that these institutions clearly demonstrate that they have and implement defined, concrete, and enforceable policies and protocols against harassment and intimidation ('bullying') between students
 - ✓ Different laws related to anti-bullying policies (HHS, 2017).

Relevant Resources

- **Substance Abuse and Mental Health Administration (SAMHSA)**
 - ✓ Disaster Technical Assistance Center (SAMHSA DTAC) provides resources for Disaster Behavioral throughout all phases of disasters and public health emergencies
 - ✓ [Disaster Behavioral Health Information Series \(DBHIS\) Resource Collections](https://www.samhsa.gov/dtac/dbhis-collections) (<https://www.samhsa.gov/dtac/dbhis-collections>)
 - ✓ [Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances](https://store.samhsa.gov/product/2014-Report-to-Congress-for-the-Evaluation-of-the-Comprehensive-Community-Mental-) (<https://store.samhsa.gov/product/2014-Report-to-Congress-for-the-Evaluation-of-the-Comprehensive-Community-Mental->

Health-Services-for-Children-with-Serious-Emotional-Disturbances/PEP16-CMHI2014]

- ✓ [Disaster Distress Helpline \(DDH\)](#): The Disaster Distress Helpline connects those experiencing emotional distress related to a disaster with crisis center counselors who can provide counseling, support, and referrals to local resource by calling 1-800-985-5990 or texting TalkWithUs (or Háblanos) to 66746. Wallet cards and tip sheets available for distribution at <https://www.samhsa.gov/find-help/disasterdistressHelpline>
- [The Office of Quality of the Administration of Health Services and Against Addiction \(ASSMCA\)](#) evaluates, monitors, and certifies that the services offered in the agencies and public and private organizations in Puerto Rico are licensed for the prevention, treatment, and rehabilitation of people with mental health problems, addictive disorders or substance dependence. Programs include Linea Pas, a 24-hour Helpline (1-800-981-0023), *La vida es chula* suicide prevention campaign, etc.
<http://www.assmca.pr.gov/Pages/default.aspx>
- [Trauma-Informed Care \(TIC\)](#) is a framework for providing care that involves understanding, recognizing, and responding to the effects of all types of trauma. TIC emphasizes a whole body-mind approach, including the physical, psychological, and emotional safety for both the provider and user, helping to rebuild a sense of empowerment and confidence.
<http://www.traumainformedcareproject.org/>
- [University of Puerto Rico: Project to Support Children and Adolescents \(PANA\) of the Psychological Research Institute \(IPsi\)](#) offers free psychological services to children and adolescents who are students of the public schools of the municipality of San Juan.
<http://www.uprrp.edu/?p=16708>

NUTRITION AND FOOD SECURITY

Select Findings

- Agriculture
- Food Insecurities
- School based efforts
- Nutritional Assistance Program (NAP)

Suggested Guidelines

Recommended guidelines and tactics. It is encouraged to follow these guidelines but customize them to locally identified needs.

Relevant Resources (Select local and national resources)

- Centers for Disease Control and Prevention (CDC) School Health Guidelines
- Puerto Rico Science, Technology and Research Trust (PRSTRT) and American Red Cross (Cruz Roja)
- United States Department of Agriculture (USDA) The School Breakfast Program
- World Central Kitchen

Healthy fuel for the body and brain is crucial for optimal growth and development. Children and youth are more likely to experience deficits in academics, physical health, and mental health in areas prone to food insecurities. Food insecurity is when there is a lack of consistent access to enough food for an active, healthy life. It may also refer to someone who has enough to eat in terms of calories but lacks quality, variety, and desirability of food options. According to the Centers for Disease Control and Prevention (CDC), “healthy eating has been linked in studies to improved learning outcomes and helps ensure that students are able to reach their potential.” (CDC, 2019)

Select Findings

- Hurricane Maria destroyed approximately 25 percent of farmland, presenting challenges to the agriculture industry.
- According to *Bread for the World* (breadfortheworld, 2021), almost 50 percent of the population experienced food insecurity before the hurricane. This increased to about 80 percent post-Maria, regardless of income.
- Large inequities and disparities post-Hurricane Maria:
 - ✓ 43.1 percent of surveyed households confronted difficulties accessing food.
 - ✓ 19.7 percent of households had difficulties providing regular or daily meals.
 - ✓ 26.2 percent of families had reduced income, impacting their ability to purchase nutritious food.
- As of October 2018, up to 43 percent of schools in Puerto Rico are using local and regional foods for meal preparation. (USDA, 2020)
- Forty-three percent of school districts surveyed by the USDA say they participate in farm-to-school activities. For a more comprehensive [breakdown of activities and programs by district and island-wide](#), visit <https://farmtoschoolcensus.fns.usda.gov/find-your-school-district/puerto-rico>
- Up to 45 percent (Benefits.gov, 2021) of households with children participate in the Nutritional Assistance Program (NAP) (El Vocero de Puerto Rico, 2018).

Opportunities for Collaboration

- Identify and encourage partnerships between food pantries, farmers markets, local community gardens, farm-to-school programs, and other organizations that provide breakfast, lunch, or after-school meals.
 - ✓ Examples of agencies that provide a list of local food banks, information on SNAP and other food assistance programs, and grant opportunities include

- Feeding America of Puerto Rico (Feeding America, 2021), the U.S Department of Housing and Urban Development (HUD), the Administration of Socioeconomic Development (Administración de Desarrollo Socioeconómico de la Familia), (Departamento de la Familia de Puerto Rico, 2021) and PRDE's School food Authority (Departamento de Educacion de Puerto Rico, 2018).
- ✓ Routinely search USDA's opportunities for grant funding. (USDA, 2021) Puerto Rico National Institute of Farms and Agriculture or USDA Puerto Rico Farm Service Agency (FSA) (USDA, 2021) are just two examples.
 - Connect with the Puerto Rico Science and Technology Research Trust (Puerto Rico Science, Technology & Research Trust, 2019), a subsidiary of the Public Health Trust, to assist with community and school integration, local agriculture projects (Puerto Rico Science, Technology & Research Trust, 2019) or to join their island-wide network of organizations focused on nutrition.
 - Emphasize that federally funded school feeding programs would provide a secure and steady demand for locally produced food, thus boosting agricultural development, improving farming incomes, and providing food security to local communities.
 - Execute a cost-benefit analysis to determine the effectiveness of incentivizing farmers.
 - Link healthy food programs to physical exercise (see School Enrichment below) and physical health.
 - Utilize a 'whole school' approach by:
 - ✓ Ensuring healthy food options are available at breakfast and lunchtime.
 - ✓ Providing an inviting lunchroom environment that includes nutritional education (student involvement).
 - ✓ Developing a policy on healthy snack and drink provisions, including vending machines.
 - ✓ Ensuring fresh and safe drinking water is available in schools.
 - ✓ Encouraging students to develop skills in food cultivation, preparation, and purchase with the involvement of parents and local food organizations.
 - ✓ Connecting nutritional needs and food education with associated issues, such as mental and emotional health, the cultural role of food, and the role of the media in food marketing.
 - Coordinate food provision, education, and programs with municipal leaders to ensure local needs are identified and addressed.
 - ✓ Coordinate with USDA National School Breakfast and Lunch Program to ensure all students receive nutritional meals.
 - ✓ Include meals or snacks in after school and adult learning activities to make the link between enrichment programs (see below) more accessible.

Relevant Resources

- **Center for Disease Control (CDC)- School Health Guidelines** synthesize research and best practices for promoting healthy eating and physical activity in schools into guidelines for developing, implementing, and evaluating school-based healthy eating and physical activity policies and practices for students.
<https://www.cdc.gov/healthyschools/npao/strategies.htm>
- **United States Department of Agriculture (USDA) the School Breakfast Program (SBP)** provides cash assistance to states to operate nonprofit breakfast programs in schools and residential childcare institutions. The Food and Nutrition service administers the SBP at the federal level. State education agencies administer the SBP at the state level, and local school food authorities operate the program in schools.
<https://www.fns.usda.gov/sbp/school-breakfast-program-sbp>
- **Puerto Rico Science, Technology and Research Trust (PRSTRT)** and **American Red Cross (Cruz Roja)** initiative to provide support and resource for the recovery of affected farms from Hurricane Maria for the improvement of food production and be successful despite challenges caused by economic crisis and other natural disasters and climate change.
www.recuperacionagricola.org or
<http://prsciencetrust.org/recuperacionagricola/>
- **World Central Kitchen** uses the expertise of its Chef Network to empower people to be part of the solution, with a focus on health, education, jobs, and social enterprise. <https://www.worldcentralkitchen.org/category/puerto-rico>
 - ✓ Health: Cleaner cooking with clean cookstoves and food safety/sanitation training.
 - ✓ Education: School kitchens to support feeding programs that encourage school attendance and provide a sustainable revenue source for the school.
 - ✓ Jobs: Culinary training to elevate the hospitality workforce, increase earnings, enhance quality of life, and strengthen Haiti's economy.
 - ✓ Social Enterprise: Food ventures that increase income, create jobs, and provide transferable vocational skills to low-income communities.

ENVIRONMENTAL SAFETY AND WELLNESS

Select Findings

- Access and Functional Needs
- Environmental Safety
- Safety
- General

Suggested Guidelines

Recommended guidelines and tactics. It is encouraged to follow these guidelines but customize them to locally identified needs.

Relevant Resources (Select local and national resources)

- Centers for Disease Control and Prevention (CDC) Social Determinants of Health (SDOH)
- Puerto Rico Department of Health (PRDOH)
- The Recreational and Educational Community Association of Barrio Mariana de Humacao (ARECMA)

Practices and policies that emphasize eco-friendly and environmentally safe surroundings, alongside activities that cause no harm, are essential to foster emotional, physical, and educational development. Examples include:

- Provision of safe spaces (safe play spaces, harm-free structures, accessible community centers)
- Measures to mitigate violence or harmful behaviors that have been linked to post-disaster reactions (domestic violence, bullying, abuse)
- Engaging in remediation practices to ensure toxic-free environments with clean water are mold and lead-free and with limited exposure to diseases.

These elements are critical to support youth's engagement with their surroundings and present optimal environments for students to learn and grow. These components also foster an environment for children and youth to develop critical skills for strengthening empowerment and resilience.

Due to the large scale of damage to the island's infrastructure, communities and schools sustained severe losses, including destroyed facilities, lost educational and school-related materials, and damage to safe play spaces. Also, mold has been an ongoing public health concern in many community buildings, impacting physical health and overall well-being.

Access and Functional Needs

The Americans with Disabilities Act (ADA) was signed into law in 1990 and prohibits the discrimination of anyone based on a disability. ADA compliance requires that all access and functional needs are considered when including environmental safety and wellness concerns into an integrated system of supports.

Disasters and emergencies present unique circumstances and potential complications for individuals with access and functional needs.

Select Findings

- Environmental Safety
 - ✓ There is a scarcity in both access to and availability of safe play spaces throughout Puerto Rico. Unidos Puerto Rico announced a campaign in January 2018 to assist with rebuilding such spaces, following a 2015 National Institutes of Health ([NIH](#)) study showing how children's play can help them recover from disasters (Unidos por Puerto Rico, 2017) (MDPI, 2015).
 - ✓ Mold has been found throughout a substantial proportion of homes and school structures, compromising education, and living spaces.
- Access and functional needs
 - ✓ 31.8% of households surveyed by IDJ had at least one child with a disability.
 - ✓ Three out of 10 had difficulty accessing medicines for treatment after the storm.
- Safety
 - ✓ Select findings from the most recent YRBS (CDC, 2019)
 - 17% of high school students had seriously considered attempted suicide.
 - Mortality rate in teenagers 15 to 19 years old is 42 per every 100,000.
 - 19.6% of high school students did not go to school because they felt unsafe.
 - 12.8% of high school students were physically forced to have sexual intercourse.
 - ✓ Bullying, or the act of intentional aggression, harm, or injury from one person to another, has become a national crisis throughout the country. While it is not a new phenomenon, the incidence of bullying is widespread and can happen in person or online. Impacting long-term psychological well-being and externalizing behaviors. According to the American Psychological Association, having a united approach between school leadership, teachers, and students is vital to deter and stop bullying and foster safe environments (APA, 2021).
 - 17% of high school students experienced bullying
 - 13% of high school students experienced physical violence.
 - 13.2% of high school students were electronically bullied.
 - 17.1% of high school students were bullied on school property.
 - 9.4% of high school students experienced physical violence carried a weapon; 5.5% on school property.
 - 7.5% of high school students were physically threatened or injured on school property.
- General

Following a disaster, victims of domestic and sexual violence are women.

Options for Implementations

- Coordinate with government and regional agencies engaged with rebuilding and remediation projects to ensure that physical structures meet the needs of emotional wellness.
 - ✓ The Environmental Protection Agency (EPA) offers [free Indoor Air Quality \(IAQ\) tools and resources](http://www.epa.gov/iaq-schools) online at www.epa.gov/iaq-schools
 - ✓ PRDE and the HSS RSS are including rebuilding and remediation projects into *The EMC Project*
 - ✓ FEMA is engaged in ongoing efforts to build back damaged structures and buildings throughout the island.
- Connect with Island-wide initiatives through the EPA and CDC to ensure access to clean water and mold-free environments.
- Connect with ASSMCA to utilize anti-bullying, anti-domestic violence campaigns.
- Collaborate with green building initiatives, such as the partnership between American Red Cross and PRDE, and Disaster Relief who are working to install solar panels to schools and structures.
- Students with disabilities should be included in all disaster preparedness and risk reduction activities learning and school safety activities to reduce vulnerabilities while increasing their ability and capacity to respond in a disaster event.
- Engage in advocacy and community-led efforts to require clean, safe spaces for youth that include mold- and lead-free structures, accessible and safe play spaces, and school environments that are actively working to stop bullying and violence within the school and home environment.
- Collaborate with initiatives falling under the other domains presented in the wraparound services framework. For example, when proposing strategies and viable solutions, provide evidence coordinating environmental safety and wellness to improved psychological wellness, learning opportunities, and improved physical health (i.e., respiratory functioning)

Relevant Resources

- [CDC and Prevention, Social Determinants of Health \(SDOH\)](https://www.cdc.gov/socialdeterminants/index.htm) website provides resources for SDOH data, tools for action, programs, and policy for creating safe spaces where people live, work and play. They may be used by people in public health, community organizations, and health care systems to assess SDOH and improve community well-being.
(<https://www.cdc.gov/socialdeterminants/index.htm>)
- **Puerto Rico Department of Health** has developed no cost and low-cost approaches that schools can use to control pollutants and control air quality from mold, lead, and other toxic stressors that are linked to asthma, poor neurological development, learning deficits, and other illnesses that result in staff and student absences. See the [Strategic Plan for Asthma Control \(Plan Estratégico Para el control Del Asma\)](#)

https://estadisticas.pr/files/BibliotecaVirtual/estadisticas/biblioteca/DS/DS_Plan_Estrategico_Control_Asma_espanol_e_ingles.pdf

- **[The Recreational and Educational Community Association of Barrio Mariana de Humacao \(ARECMA\)](https://arecma.wixsite.com/arecma)** provides a community-based model for rebuilding abandoned schools and turning them into economically sustainable and environmentally safe community centers. It integrates adaptation practices into curriculum for the successful maintenance of schools, training in organizing for youth leadership on local and global challenges related to extreme weather events, an asset-based community development approach to solving problems in schools through coaching and consulting, capacity building for school principals and regional directors to build partnerships with community organizations and grassroots entities to achieve the common goal of building resilient environments and students.

<https://arecma.wixsite.com/arecma>

SCHOOL/STUDENT ENRICHMENT

Select Findings

- National
- Puerto Rico specific
- 21st Century Schools

Suggested Guidelines

Recommended guidelines and tactics are suggested; however, each community knows its needs and local resources best. It is encouraged to follow these guidelines but customize to specific identified needs.

Relevant Resources (Select local and national resources)

- Puerto Rico Science, Technology and Research and Trust (PRSTRT)
- 21st Century Schools
- Save The Children (STC)
- Boys and Girls Club (BGC)

Providing collaborative and auxiliary evidence-based learning opportunities and support will help maximize students' academic success and life skills development. Enrichment programs provide support outside of the regular curriculum, enhance social-emotional learning, provide an opportunity for the unique needs of children and youth to be supported (i.e., differing rates and styles of learning, challenges with social skills, etc.), and can influence relationship building in alternative settings.

“Comprehensive afterschool programs can play a central role in helping to coordinate a wide variety of supports for families in need by serving as a platform for- or a connector to- services such as mentoring programs, access to nutritious meals,

healthcare and wellness check-ups.” (Afterschool Alliance, 2016) As noted, some of these factors were of concern prior to the storm and are thus not stand-alone items but compounded by multiple circumstances. Changes in school enrollment, teacher and student absenteeism, economic stressors, and adverse emotional stress reactions are just a few examples that are likely to reverse when families can participate in an afterschool program that provides a hub of varied yet integrated support.

“In 2014, the demand for afterschool programs in communities of concentrated poverty (was) higher than the national average.” (Afterschool Alliance, 2016) Given Puerto Rico's high poverty rates and having the largest percentage of children and youth living in high poverty areas (85%) (United States Census Bureau, 2021), including the school enrichment programming into the wraparound model is suggested. Benefits of this type of support extend across all income levels and beyond the children themselves. Parents and families report that afterschool and enrichment programming provide support to working parents by allowing them to stay at work, by providing extracurricular activities that enhance physical and emotional well-being, and by providing opportunities for kids to be active, have access to nutritious and healthy foods, and arts-based or cultural activities that may otherwise be absent.

Feedback from The EMC's Solution-Based Team's ongoing collaborative sessions, which include federal, state, and community-based leaders identified several components of school enrichment initiatives:

- After school homework support
- Parent or caretaker empowerment classes
- Math and science enrichment programs
- Music, art, and cultural activities
- Social skills groups
- Life-skills groups
- Vocational skills
- Supplemental meal programs and nutritional education
- Opportunities for collaborative community engagement
- Mentoring programs
- Workforce development opportunities

Select Findings

National (Afterschool Alliance, 2016)

- 65% of students improve their homework completion and increase class participation when participating in after-school programming. Nearly 60% of students improve their behavior in class.
- More than 70% of students in STEM afterschool programs express more interest in and knowledge about careers in science. They also build essential skills, such as perseverance and critical thinking.
- Nearly 3 in 4 parents (73%) report that their child's afterschool program is located in a public-school building.

Puerto Rico

- 16-17% of Puerto Rico's students do not make it past ninth grade as compared to 5% of students in the Continental U.S. (National Center for Education Statistics, 2020)
- 8% of children 3 to 17 years old not enrolled in school.
- Education for ages 0 to 4 years is considered optional in Puerto Rico and consists of Early Head Start, Head Start, and some preschools (ACUDEN, 2021).
 - ✓ Head Start and Early Head Start programs have experienced an increase in investment from the Puerto Rican government of 2,576% (greater than \$40 million) over the last four years.
 - ✓ According to the National Institute for Early Education Research (NIEER), Puerto Rico does not have programs covered by state funds aimed at early childhood education (National Institute for Early Education Research, 2017-2018).
 - ✓ The Puerto Rico Department of Family administers the federal funds for Early Head Start and Head Start, assigned to early childhood education through the Administration for the Care and Integral Development of Children (ACUDEN, by its Spanish acronym).
 - ✓ There are currently 26,965 children enrolled in Head Start, and 6,974 children enrolled in the special education program (ACUDEN, 2021).
 - ✓ PRDE has transitional kindergarten and Montessori education programs that serve a small portion of the preschool population.
- The U.S Department of Education defines 21st Century Learning Centers (CLC) as: "A program to support the creation of community learning centers that provide academic enrichment opportunities during non-school hours for children, particularly students who attend high-poverty and low-performing schools. The program helps students meet state and local student standards in core academic subjects, such as reading and math; offers students a broad array of enrichment activities that can complement their regular academic programs; and offers literacy and other educational services to the families of participating children" (U.S. Department of Education, 2018).

- ✓ Puerto Rico currently has 105 schools that utilize this model, serving 9,732 students (as of May 2019). 115 schools are currently in negotiations to adopt the same model, which would serve another 10,482 students.
- ✓ The schools are located across the island and offer after-school academic enrichment and recreational activities, including homework help, recreational activities (physical education, dance, or others), and summer camp programs. Activities are determined by location and according to need.

Options for Implementation

- Create community partnerships so that parents, teachers, and school leaders can work together to create enrichment opportunities for children. Classes should be supplemental enrichment to a student's school day,
 - ✓ Market enrichment programs and opportunities and share them with the school; encourage interested staff and parents to participate alongside the students to model lifelong learning behavior; detail any participation costs.
 - ✓ Celebrate learning achievements by holding a showcase where students can share their work and talents with others.
 - ✓ Create feedback loops between parents, communities, teachers, and students.
- Include culturally relative creative arts programming to help build resilience, empower students' connections to their heritage and connect to academic achievements.
- Connect after-school activities to other domains within the wraparound framework by:
 - ✓ Integrating after-school programming with physical health, nutrition and physical activity in all proposals and strategic plans.
 - ✓ Connecting mentoring programs or homework helps behavioral health and social emotional learning in all proposals and strategic plans.
 - ✓ Coordinating science, technology, engineering, and math (STEM) activities with community-based activities (i.e., community gardening or wellness activities) and connecting with PRDE and PRSTRT STEM outreach activities throughout the Island.
- Monitor, evaluate, and adapt programming as needed.
 - ✓ Use data, evidence, and innovation to assess the needs of populations served; determine what strategies work best for each area of focus while tracking outcomes for the entire family as a whole (ASCEND The Aspen Institute, 2020).
 - ✓ Continuously adjust how resources and services are used to improve outcomes for children and families.
- General:
 - ✓ Implement a low leader-to-student ratio for individualized attention and support.

- ✓ Use a strength-based approach.
- ✓ Complement group learning with individual support.
- ✓ Make activities interesting, enjoyable, and locally relevant.
- ✓ Ground lessons or activities in a real-world context.
- ✓ Integrate hands-on activities to stimulate physical and neurological development while expanding opportunities for fun.

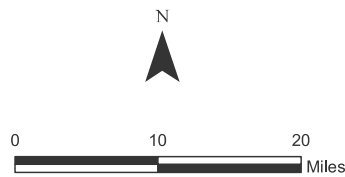
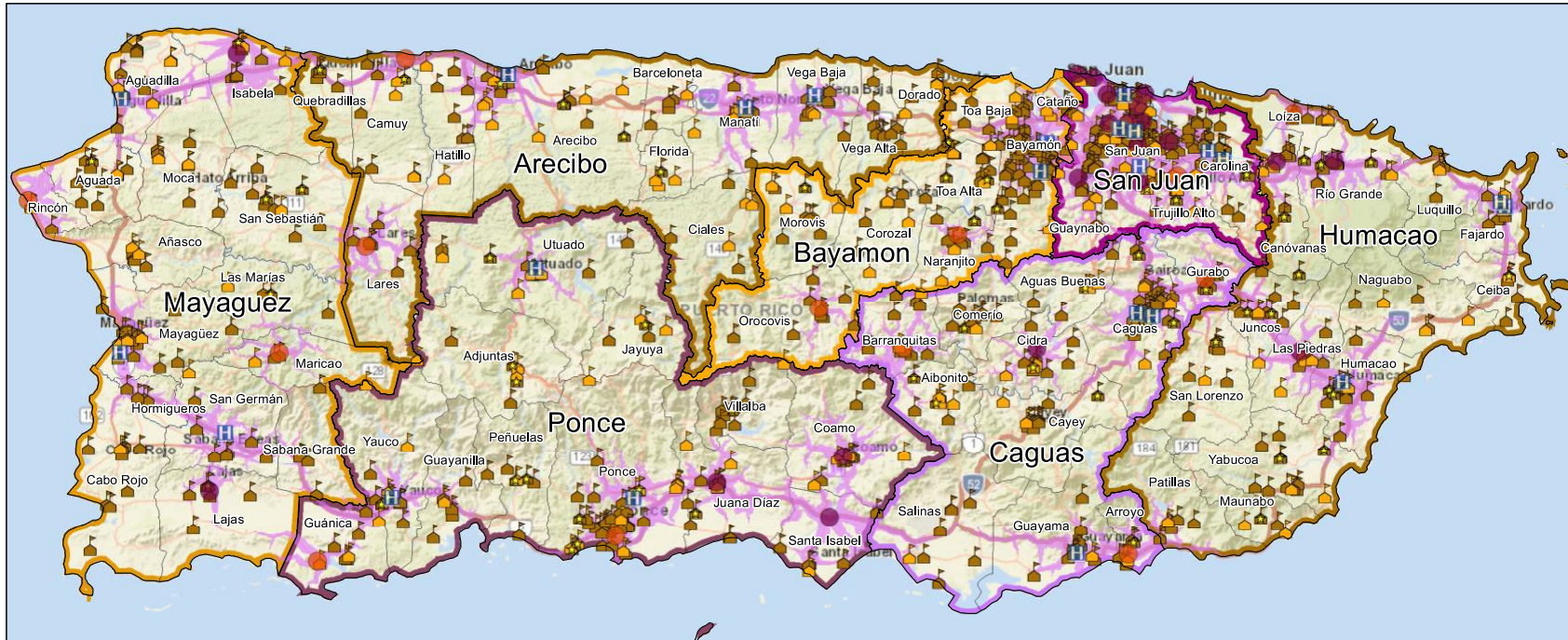
Additional Relevant Resources

- **Puerto Rico Science, Technology and Research Trust (PRSTRT)** provides a platform to create strategic platforms for STEM educational programs located throughout the island. <http://prsciencetrust.org/stem/>
- **21st Century Schools** supports the creation of community learning centers that provide academic enrichment opportunities, predominately for students who attend high-poverty and low-performing schools. The program helps students achieve academically while offering a wide range of enrichment activities that complement regular academic programming. 21st Century Schools also provides literacy and other educational services to the families of participating children. They encourage built environments that nurture growth and socio-emotional well-being (i.e., science labs, community spaces, interactive playgrounds, etc.). (Gobierno de Puerto Rico, 2012)
- **Save The Children (STC)** provided emergency grants and supplies to childcare programs to help 86 Head Start and Early Head Start sites continue to operate after Hurricane Maria and served more than 2,000 children. In conjunction with the **American Red Cross**, STC supported 38 summer programs so that more than 2,700 children who lost hundreds of days of school so students could get extra educational time. They are currently situated in 40 communities within four (4) regions and hope to serve 111,000 children by September 2019. Their work is in the following sectors: child protection and behavioral health (including creation and provision of safe spaces for child protection programs and PFA); disaster readiness and resilience activities for youth; educational enrichment, including after school care, recreation, summer school, and providing school materials to populations in need; and early childhood education (including supportive practices for nutrition and breastfeeding, and creating collaborations and partnerships with organizations focused on post-natal health).
- **Boys and Girls Club (BGC)** is located throughout the island and offers safe and creative places to help children and youth become empowered and develop into leadership roles. BGC helps youth achieve personal, academic, and professional goals in education, health, and workforce development. They also provide [enrichment programs for the arts, vocational and life skills, recreation activities, and sports](http://bgcpr.org/en/programs/). <http://bgcpr.org/en/programs/>; <http://bgcpr.org/en/clubs/>

Appendix C: School Proximity to Healthcare Facilities



Puerto Rico Education Infrastructure
 School Access to Hub and Spoke Facilities - Scenario 1 (S1) Moderate Impact 20 Minutes



	Arecibo		School Designated as Shelter		Hospital
	Bayamón		School		FQHC - Federally Qualified Health Center
	Caguas		Priority Rebuild		CDT - Center for Diagnosis and Treatment
	Humacao		Within 20 Minutes of Nearest Hub and Spoke Facility		
	Mayagüez				
	Ponce				
	San Juan				

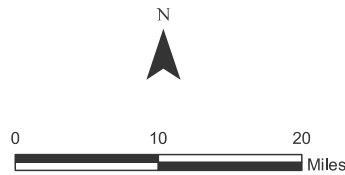
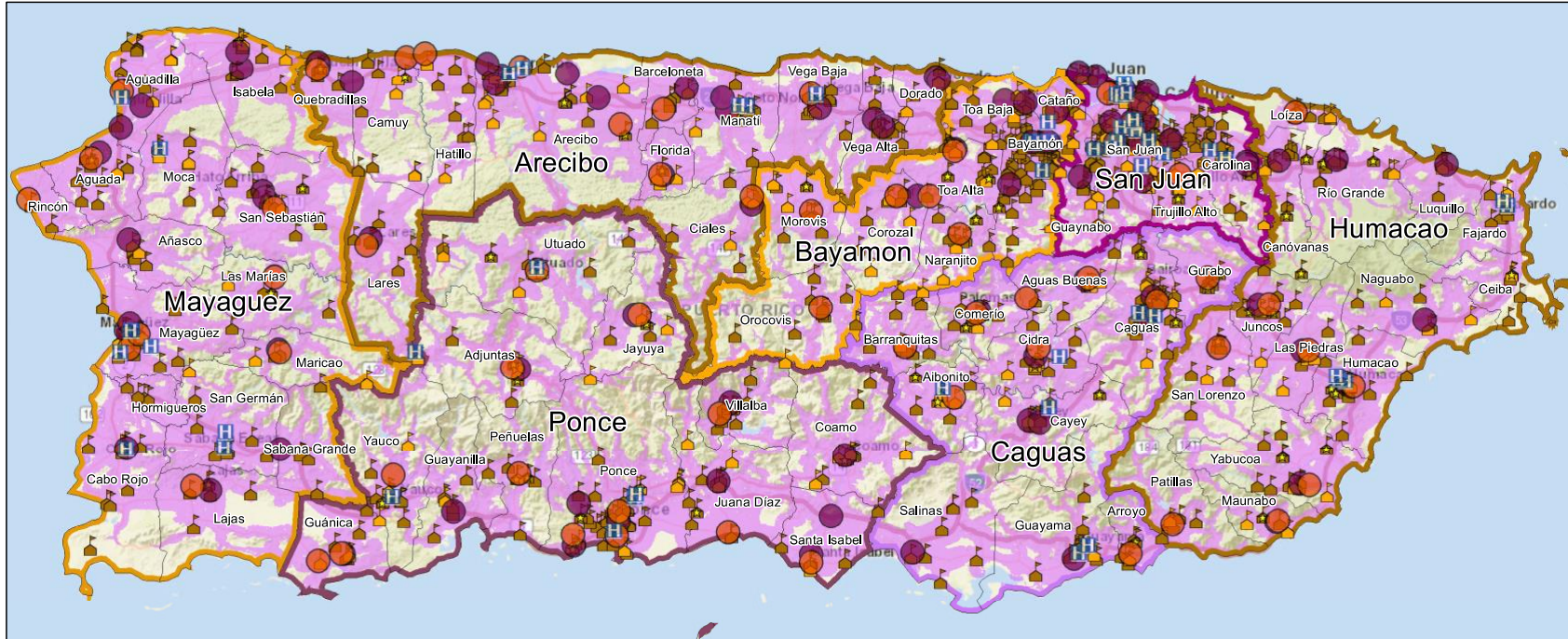
Sources: Puerto Rico Department of Education (PRDE), Federal Emergency Management Agency (FEMA), National Oceanic and Atmospheric Administration (NOAA), and ESRI.

School and shelter data provided by FEMA 2/6/19.

"Priority Rebuild" refers to 64 schools designated as priorities to undergo reconstruction; provided by PRDE May 2019.



Puerto Rico Education Infrastructure Public School Access to Hospitals, FQHCs, and CDTs - Blue Sky 20 Minutes



	Arcibo		School Designated as Shelter		Hospital
	Bayamon		School		FQHC - Federally Qualified Health Center
	Caguas		Priority Rebuild		CDT - Center for Diagnosis and Treatment
	Humacao		Within 20 Minutes of Nearest Health Care Facility		
	Mayaguez				
	Ponce				
	San Juan				

School and shelter data provided by FEMA 2/6/19.
 "Priority Rebuild" refers to 64 schools designated as priorities to undergo reconstruction; provided by PRDE May 2019.
 Sources: Puerto Rico Department of Education (PRDE), Puerto Rico Department of Health (DOH), Federal Emergency Management Agency (FEMA), and ESRI.

Appendix D: Federal Resource Matrix by Domain

Table 2: US Federal Government Resource Matrix by Domain

Federal Government	Physical Health	Behavioral Health	Nutrition and Food Safety	School Enrichment	Environmental Safety and Wellness
U.S. Department of Health and Human Service (HHS)	X	X		X	
Environmental Protection Agency (EPA)	X	X			X
United States Department of Agriculture (USDA) – see initiatives below	X		X		
The Substance Abuse Mental Health and Services Administration		X			
The United Nations Office for Disaster Risk Reduction (UNDRR)					X

Appendix E: Faith-Based Resources

Table 3: Island Wide Faith-Based Resources

Name	Phone Number	Email/Website	Summary
Habitat for Humanity- Puerto Rico	787-368-9393	habitatpuertorico@yahoo.com https://www.habitat.org/where-we-build/puerto-rico	Seeking to put God's love into action, Habitat for Humanity brings people together to build homes, communities, and hope.
Puerto Rico VOAD	787-360-4605	ovad.puertorico@gmail.com https://prvoad.communityos.org/cms/contact_pr/	The Puerto Rico VOAD is the territorial chapter of the National VOAD. The VOAD consists of organizations active in disaster response throughout the territory of Puerto Rico. The VOADs role is to bring organizations together and enable them to understand each other and work together during disaster preparedness, response, relief, and recovery.

Table 4: Nationwide Faith-Based Resources

Name	Phone Number	Email/Website	Summary
National VOAD	703-778-5088	info@nvoad.org https://www.nvoad.org/	<p>National VOAD, an association of organizations that mitigate and alleviate the impact of disasters, provides a forum promoting cooperation, communication, coordination, and collaboration; and fosters more effective delivery of services to communities affected by a disaster.</p> <p>The National VOAD coalition includes well more than 100 Member organizations, representing National members, State VOADs, Local/Regional VOADs, and hundreds of other member organizations throughout the country.</p>

Table 5: Worldwide Faith-Based Resources

Name	Phone Number	Email/Website	Summary
Catholic Relief Services	877-435-7277	info@crs.org https://www.crs.org/	<p>Promote human development by responding to major emergencies, fighting disease and poverty, and nurturing peaceful and just societies. As part of the universal mission of the Catholic Church, we work with local, national, and international Catholic institutions and structures, as well as other organizations, to assist people on the basis of need, not creed, race, or nationality.</p>

Name	Phone Number	Email/Website	Summary
Convoy of Hope	417-823-8998	https://www.convoyofhope.org/what-we-do/rural-compassion/;	As a faith-based, international, humanitarian-relief organization strategically based in Springfield, Missouri — the crossroads of America — our goal is to bring help and hope to those who are impoverished, hungry, and hurting.
Evangelical Lutheran Church of America	800-638-3522	https://www.elca.org/Our-Work/Relief-and-Development/Lutheran-Disaster-Response/Our-Impact	As members of the ELCA, we are called to respond. Working through Lutheran connections in the United States and around the world, we start by listening to the needs of our neighbors and getting their ideas to help break the cycle of hunger and poverty. Then we partner with them to make their dreams and hopes a reality. From health clinics to microloans, water wells to animal husbandry, food pantries to soup kitchens, we work together to support innovative solutions that get at the root causes of hunger and poverty.
Giving Children Hope	714.523.4454	info@gchope.org https://www.givingchildrenhope.org/about/	Giving Children Hope is a faith-based partner providing sustainable hope through wellness programs and disaster response in collaboration with local and global communities. We do this through the gathering and giving of Basic Needs, Nutritional Foods, and Medical Resources.

Name	Phone Number	Email/Website	Summary
The Southern Baptist Disaster Relief	800-634-2462	https://www.namb.net/southern-baptist-disaster-relief/	<p>Provides more than 200 mobile feeding units staffed by volunteers who can prepare and distribute thousands of meals a day. Active in providing disaster childcare, the agency has several mobile childcare units. Southern Baptists also assist with clean-up activities, temporary repairs, reconstruction, counseling, and bilingual services.</p>
The United Methodist Committee on Relief		asktheumc@umc.org http://www.umc.org/how-we-serve/responding-to-disaster	<p>Provides funding for local units in response and recovery projects based on the needs of each situation; this agency also provides spiritual and emotional care to disaster victims and long-term care of children impacted by disaster. When Hurricane Maria made landfall on Puerto Rico on Sept. 20, 2017, the island and its citizens were left devastated beyond anyone's anticipation. Since then, UMCOR has supported the REHACE project—a partnership with la Iglesias Metodista de Puerto Rico - dedicated to rebuilding its infrastructure through supply distribution, reconstruction, and rethinking the approach to disaster response.</p>