

# Indian Children's Program 2011 Semi-Annual/Annual Report

October 1, 2010 - September 30, 2011

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## Introduction

This is the 2010-2011 semi-annual report required by the Indian Health Service Contract HHSP23320100001IC issued October 1, 2009. The information provided in this report addresses the service, training, and technical assistance activities of the Indian Children's Program (ICP) during the six month period, April 1 through September 30, 2011, along with annual information for the second year of the current contract.

The Center for Persons with Disabilities at Utah State University serves as the prime contractor for the Indian Children's Program. Subcontracts are awarded to the Institute for Human Development at Northern Arizona University and the Center for Development and Disability at the University of New Mexico. The subcontractors have the responsibilities for carrying out the activities of the program in their geographic regions. The prime contractor and both subcontractors are all University Centers of Excellence on Developmental Disabilities and are part of a national network of similar programs.

## Objectives

The October 2009 ICP contract between IHS and the Center for Persons with Disabilities outlines 29 objectives. This section reports the project's compliance with each of the contract's procedural objectives. Information and performance data points are reported in the next section beginning on Page 9. Copies of the reports of previous site visits and compliance reviews are provided on the ICP website at <http://www.icpservices.org>.

**Objective 1.** Procedures have been established to obtain the enrollment card and/or IHS Card # for each child referred for ICP services. A copy is obtained prior to the referral and placed in the client's chart and entered into the database. This practice is a standard operating procedure with both subcontracts.

**Objective 2.** ICP services are described in print materials, i.e., brochures, handouts, and electronically on the ICP website ([www.icpservices.org](http://www.icpservices.org)). Print materials inform families, communities, schools, and IHS clinics of the services provided by ICP. Print material is distributed to schools, clinics, hospitals, and tribal offices. It is distributed at parent meetings, professional meetings, fairs, continuing education and inservice training events, and often in grocery stores and service stations in the catchment area. Information has been placed on the website where it is available to the Project Officer, Board members, and other interested parties (see [www.icpservices.org](http://www.icpservices.org)).

**Objective 3.** Referral forms for ICP services are available in both paper and electronic format. The referral form records informed consent and permissions for release of information in compliance with Privacy Act and HIPAA regulations (see [www.icpservices.org](http://www.icpservices.org)). Subcontractors have developed their own referral forms, but the incorporation of informed consent and other HIPAA and privacy assurances are standard operating procedures at each site.

**Objective 4.** The ICP clinical teams coordinated by each of the subcontractors are made up of health and educational professionals with both the diagnostic and administrative experience necessary to familiarize them with the service needs of children with disabilities and their families. The clinical teams work with parents, referring schools and clinics, and others to assure that appropriate documentation is completed during the referral process.

**Objective 5.** Procedures have been implemented and are regularly monitored to ensure that ICP services are family based, culturally sensitive and relevant to the extent possible. These procedures are periodically reviewed by the Project's Community Advisory Board. Parents and caregivers are involved in the evaluation and recommendation process. Reports are prepared within 15 days and contain relevant information on diagnosis and results of team conferences

and recommendations. The reports are submitted to clients' schools or health care facilities respectively. Diagnosis is provided when possible and, clinical services are consumer and family driven. These procedures are reviewed annually by ICP staff and are standard operating procedures with each of the subcontractors.

**Objective 6.** Several different types of “letters of agreement,” “memorandums of understanding,” “memorandums of agreed working relationships,” etc. have been developed over the years ICP has been in operation. Some of these agreements have been formal and some informal. However, such documentation has been difficult to negotiate, since the implementation of formal memorandums of understanding has been a time consuming and circuitous process. Schools are reluctant to declare their need for additional services from another agency, fearful that it may jeopardize IDEA funding. Furthermore, most agencies, clinics, hospitals, and schools are cautious about any agreement that may have legal implications and/or commitments. Subcontractors are routinely working with a variety of groups – usually under an informal agreement.

**Objectives 7 and 8.** Clients are provided assistance in finding the therapeutic services recommended by the ICP clinical team. Most therapeutic services recommended by the ICP are provided by IHS, BIE, public schools, and/or other community service agencies (see Appendix A for a list of organizations and clinics with which the ICP has worked during this past period). Developing a child treatment plan and assuring the delivery of appropriate services is part of the services followed for each child served by ICP. ICP clinical teams are often asked to provide training to clients, families, schools, and other organizations. These data are summarized in Table 11.

Requests for training and technical assistance from ICP clinical teams during the past six months have covered a range of topics including information on specific disabilities (i.e., FASD, Autism), specific assessments (i.e., vision), and specific therapies (i.e., behavioral interventions and communications). Additionally, the UNM ICP team has responded to several requests for additional training and technical assistance addressing case management and coordination. A complete list along with descriptive information of training and technical assistance provided is reported in the monthly community visit and activity reports (see [www.icpservices.org](http://www.icpservices.org)).

**Objective 9.** A database has been developed and utilized noting problems detected, diagnoses, recommendations, and follow-up reassessments in compliance with the reporting requirements specified in Objective 27. The database is reviewed annually to ensure accuracy and usability. In October 2010, the ICP staff met in a retreat to review the process by which data are collected and reported. During this retreat, staff refined the definitions of several of the data elements.

**Objective 10.** Families are notified of pending appointments and follow-up. Rescheduling is undertaken when appointments need to be changed. To the extent possible, transportation is arranged through a variety of sources, including local tribal resources. When families find it difficult to meet at a site other than the home, ICP staff meet with families at their homes. The effort to accommodate the convenience of families is a standard operating procedure for both subcontractors. These accommodations are recorded in the client contact logs.

**Objective 11.** Two basic ICP clinical teams are provided. These teams serve two geographic areas. The Northern Arizona University (NAU) team addresses the referrals from Arizona and southern Utah. The University of New Mexico (UNM) clinical team addresses the referrals from New Mexico including the 19 Pueblo communities along the Rio Grande, the

northwestern, central, and western regions of the state which overlap with the Navajo reservation, as well as two Apache reservations located in southern and northern New Mexico.

Clinical team members may visit families individually or in groups as needed. Consistency between clients and staff is planned and there is a similarity of procedures in providing services to various communities. The overall supervision of the teams is maintained by the prime contractor. A policy manual has been developed for the ICP that outlines the policies and practices followed by the ICP clinical teams in providing clinical and training services, program administration, data reporting, definitions etc.

**Objective 12.** The members of the ICP clinical teams are appropriately certified, credentialed, or licensed individuals from the disciplines specified in Objective 12. Some of the needs for services identified in this objective are provided by local service agencies. For example, pediatric services are often provided by IHS clinics. While ICP has access to all of the disciplines listed in the contract, it is more cost effective to use them on an as needed basis.

**Objective 13.** Transportation for staff to and from homes and the communities of clients is budgeted and provided by the subcontractors.

**Objective 14.** Training to children, families, IHS clinic staff, tribal and other service organizations is a major activity of the ICP. A calendar of potential training activities has been developed identifying workshops and technical assistance that are planned for the next six month period and is available on the website at [www.icpservices.org](http://www.icpservices.org).

**Objective 15.** Whenever possible, the training provided by the ICP staff in workshops and demonstrations is evaluated on standard training evaluation forms. Recommendations of participants are taken into consideration as additional training activities are planned. Training

evaluation forms are individualized to address the specific type of training and/or the setting in which it is provided.

**Objective 16.** Special training in the procedures for referring children for ICP services is often provided in conjunction with other training. Opportunities to disseminate information about ICP and the referral process have also been provided at meetings with community service providers and parent support organizations. Staff have also set up exhibit tables at major conferences targeting the Native American population. Details of these efforts are included in the monthly community visit and activity reports. (See [www.icpservices.org](http://www.icpservices.org)).

**Objective 17.** The staff collects and includes information on the ICP database regarding training, including locations, topics, and specificity about the number of participants (see Table 11).

**Objective 18.** Neurobehavioral clinics are provided by the IHS hospitals and health units. NAU ICP clinical staff are available to participate in such clinics and provide speech and language assessments, psycho-neurological testing, and occupational or physical therapists, as requested. Most UNM ICP clinical services are provided in educational agencies and other programs.

**Objective 19.** Developmental or educational diagnoses, including information on the client, referral source, etc., are reported in the database (see Tables 4 & 5). Issues of “waiting time” are addressed within the client tracking form and the contact logs.

**Objective 20.** A Community Advisory Board has been established with representation as specified (see list of Community Advisory Board members, Appendix A). The Board met on March 3, 2011, at NAU in Flagstaff, Arizona. (A copy of the Board agenda and minutes are

included in Appendix B). Due to delays with the master contract, we were unable to support the travel and costs associated with more frequent Board meetings.

**Objective 21.** The study on Fetal Alcohol Syndrome Defects was conducted in consultation with the Community Advisory Board. The study was presented at the April 20, 2009, meeting of the Board at which Board members discussed strategies for implementation. The Board again reviewed the results of the study at its March, 2010, meeting. This activity has been concluded.

**Objective 22.** Information on technical assistance and consultation are reported in the monthly logs available on the project website ([www.icpservices.org](http://www.icpservices.org)). The data are summarized in Table 11. There continues to be a general trend away from large group training events towards small group and individual consultations. Although topics vary, during the past six months training has addressed childhood autism, positive behavior supports, case management and coordination, and services for cleft palate.

**Objective 23.** The database includes information on the number of active and closed cases in the ICP tracking system. The database now provides data on active clients by tribe, closed clients by tribe, and total seen. The database also reports tribes served by age group.

**Objective 24.** Funding has been budgeted to employ one or more American Indian/Alaska Native student trainees. Individual training plans are developed for each trainee and include opportunities to work directly with families conducting assessments, providing referrals, and developing recommendations. Trainees provide a systematic evaluation of the training. The evaluation data are used to evaluate the usefulness of the training and recommendations for improvement. (See Appendix A)

**Objective 25.** An evaluation plan has been designed addressing the various components of the project. The tracking system and database provide information about the activities, number of clients served, the communities and agencies served, and documents the timeline of services. This system is reviewed periodically by the Community Advisory Board. The Board's input and recommendations are incorporated into the plan.

**Objective 26.** Monthly activity summaries are sent to the Project Officer and members of the Community Advisory Board. These monthly reports are distributed as specified in Objective 26 and are placed on the website ([www.icpservices.org](http://www.icpservices.org)).

**Objective 27.** Semi-annual reports are prepared addressing the 49 specified information and data points listed in Objective 27. These reports are reviewed and approved by the Project Officer before they are distributed as specified in Objective 27 and placed on the ICP website ([www.icpservices.org](http://www.icpservices.org)).

**Objective 28.** An annual four to eight page narrative report for the lay reader is prepared as a companion to this semi-annual report. The summary report is reviewed by the project officer and distributed and placed on the ICP website ([www.icpservices.org](http://www.icpservices.org)).

**Objective 29.** In February, 2010, a new project officer, Ms. Deborah Black, was assigned by IHS to the Indian Children's Program. Ms. Black replaces Dr. Rose Weahkee as ICP Project Officer. Due to federal restrictions on travel Ms. Black has been unable to conduct a site visit for the project. In September, 2011, Amina Bashir was named as temporary project officer (COTR) for the Project.

## Required Information and Data Points

Objective 27 of the contract specifies that the semi-annual reports address 49 specific information and/or data points. The next section of this report is organized around these specific requirements. Information points 35-49 summarize numerical data taken from the ICP database.

Some of the information requested is tabular in nature, involving lists of clinics, individual contacts, assessment instruments used, maps, and graphics. To facilitate the readability of this report, some of this information is placed in the appendix. Other data and information have been posted on the ICP website. The location of these data reports is provided in the following section.

### Information and Data Points

1. Utilization of format subheadings addressing specific activities. Throughout this report, subheadings have been inserted identifying specific ICP activities, including assessment and follow-up, training, technical assistance, etc. In addition, such activities are also described in the report narrative and in the appendix.
2. Formal relationship of the Consortium, shared technical assistance, and joint updates. The ICP Consortium includes three University Centers for Excellence in Developmental Disabilities: (1) Center for Persons with Disabilities at Utah State University, Logan, Utah; (2) Institute for Human Development at Northern Arizona University, Flagstaff, Arizona; and (3) Center for Development and Disability at the University of New Mexico, Albuquerque, New Mexico. Each of these Consortium members is a research, training, and service center organized as an academic component of their home university with a mission consistent with the objectives of the ICP. Each Consortium member administers many projects with grant

and contract money provided by federal, state, and private agencies. These projects provide training, services, and research activities conducted by the Centers.

By co-locating the ICP with projects pursuing similar activities, the resources provided by the Indian Health Service are maximized and coordinated with other service programs. Each Consortium member is a multi-faceted research, training, and service center, focusing on the needs of families with children that have special needs. As an academic unit in a comprehensive state university system, the personnel, accounting, and internal program reviews of the host universities provide fiscal and programmatic accountability. In addition, the home universities provide access to researchers, clinicians, and other expert resources, library resources, student training opportunities, technical resources, institutional review boards, and a variety of other programs and logistical resources which benefit the program.

The Consortium members are part of the national Association of University Centers for Excellence in Disabilities (AUCD). This national network is made up of 67 similar centers located in major universities across the United States. Members of the Association have many professional relationships in which they plan, share, conduct, and evaluate research, interdisciplinary training, and model service programs. Most formal relationships are established with memorandums of agreements or by contracts between and among members. For additional information about the AUCD, please see the website <http://www.aucd.org/> .

The Center for Persons with Disabilities at Utah State University is the prime contractor for the ICP and takes financial and administrative responsibility for the project. Subcontracts are negotiated with the Institute for Human Development at Northern Arizona University and the Center for Development and Disability at the University of New Mexico.

The three Consortium members participate equally in planning and structuring the program. Common operating procedures are used, and a common database is used for reporting program activities. ICP staff meetings are held monthly via video-conference. Once or twice each year ICP staff meet face to face.

During the past six months, project staff held five meetings via teleconference. On March, 2011, ICP staff held a staff retreat in Flagstaff, Arizona. Minutes of the staff meetings and retreats are regularly sent to the Project Officer.

The ICP Community Advisory Board also met with staff in a face to face meeting in Flagstaff, Arizona on March 3, 2011. Minutes of the Board meeting are included in Appendix B. We were unable to have more frequent contacts between Project staff and the Board because of delays in receiving the master contract.

3. Program Description: Major roles of organizations and staff. The overall mission of the ICP is to accept referrals for children, assess their specific needs, identify resources, and move them into services to resolve the problems they are experiencing. ICP services can be broadly broken into two main categories: (a) direct services to clients and families, and (b) training and technical assistance.

- A. Direct services to clients and families. These services generally fall into three categories: pre-assessment, assessment, and post-assessment.

1. Pre-assessment may include:
      - a) Establishing relationships and soliciting referrals from local service agencies including IHS clinics, Head Start, preschools, BIE schools, etc.
      - b) Ensuring that the requested services do not supplant what another program has responsibility for or is already providing
      - c) Reviewing referral information, collecting and reviewing educational and medical history, completing a developmental screening, and/or consultation interviews with parents and local service agency staff as needed. This process ultimately leads to the determination if and what

additional assessment is needed and the best strategies to use for the assessment.

- d) Organizing the assessment team – which typically includes the family and may include personnel from the referral source or other agencies.
2. Assessment may include:
- a) An assessment of family and/or community needs and resources.
  - b) Using a multidisciplinary or interdisciplinary approach to complete a formal assessment that could include the administration of standardized intellectual, language, achievement, developmental, or behavioral tests, as well as interviews and observations. The assessment may also include modeling strategies to assist families and other team members to address the child's needs.
  - b) Debriefing with the family to provide preliminary results and recommendations.
  - c) Preparing the assessment reports and recommendations to be disseminated within 15 days to the people or agencies identified by the family.
  - d) Developing a plan of action with the team depending on whether or not the child is eligible for services. If eligible, another meeting will be scheduled to develop a plan (see below). If ineligible for services, ICP may offer post-assessment supports to the family where appropriate.
3. Post-Assessment may include:
- a) Coordinating and meeting with the team to develop an educational plan, at which time the responsible agency will indicate the services and service coordination that will be provided to the child and family when applicable.
  - b) Contacting the family following the meeting to determine if they were satisfied with the assessment process and if services have been initiated. If services have not been provided, ICP staff will work with the family and the responsible agency to determine what the barriers are. If all other resources have been exhausted, ICP staff will continue to look for available resources and may be available to provide direct services until another provider is available.
  - c) Closing the child's file if the family reports that all services are being provided and no other ICP support is requested.
  - d) Scheduling with the family to provide ongoing supports that may include interim direct services to the child, service coordination, and/or technical assistance to support the family in addressing the child's needs. Technical assistance may also be provided to relatives, child care providers, and other service providers to assist them in meeting the goals and needs of the child.

The ICP staff provides a significant amount of post-assessment service. The data and information provided in the monthly activity reports are available on the website. ICP staff may seek specialized consultation from other ICP staff, university colleagues, or IHS physicians and other staff for special problems

such as feeding and swallowing, nutrition, sensory issues, or other specific medical conditions. Expertise from many sources, many of them informal, is utilized to meet the needs of the child and family being served by the ICP staff.

- B. **Training and Technical Assistance** – For reporting purposes the term “training” is defined as a presentation that requires planning, involves an agenda, and is presented in a formal way to develop specific skills or awareness among participants. Technical assistance is more informal and utilizes the expertise of a specific individual or team, and is targeted to solving a particular problem. It may also include the dissemination of information regarding the ICP. Technical assistance may also include an informal process that may constitute anything from a short phone call with a provider who needs information about a specific topic to a more lengthy consultation with a family regarding a specific topic during an assessment.

Requests for training and technical assistance often come as a result of ICP staff working with local service agencies serving children referred for direct service. The staff and directors of Head Start, preschools, or BIA schools may request a workshop on a specific topic or procedure, or information on how to work with a specific problem. The staff from other service programs are often invited to attend such trainings and workshops. Sometimes ICP staff are asked to address only one or a limited number of topics as part of a larger in-service workshop. Training workshops for paraprofessional staff and parents are also frequently requested, especially in areas where a lack of service professionals necessitates increased involvement by paraprofessionals and parents.

4. ICP Staff Participation and Multi-disciplinary Teams. After a client or family has been referred and assessed by ICP staff, interagency conferences are held with appropriate local service programs to develop treatment, intervention, and therapeutic plans. A major part of this planning is assigning a specific agency or organization the responsibility to provide the recommended treatment and/or intervention. In most instances, the ICP staff broker the recommended services to a local services agency (i.e., schools, IHS clinic or hospital). The ICP staff monitor to ensure the treatment plans are provided. ICP staff are often asked to participate in IEP meetings and to assist in the development of appropriate instructional and therapeutic programs in the schools, Head Start, IHS clinics, etc. Much of the work of the ICP staff is in the context of the multi-disciplinary or interdisciplinary training in

collaboration with IHS physicians or community-based educators where the expertise of team members from ICP and other service agencies is brought to bear on the needs of the child and family.

5. Home-based model utilized and accommodations for appropriate testing and assessment. As suggested by the literature, young children should not be challenged with unfamiliar settings or distractions when being evaluated, and they should not be asked to perform the same discreet activities for each evaluator. For these reasons, evaluations by ICP staff are often conducted in the home or the most logical community-based facility such as a child-care center, school, or chapter house. This does not presuppose that some services are not better situated for clinical settings, especially when specialized equipment is needed. However, if specialized equipment is needed, it is usually for the purpose of a post-operative rehabilitation rather than for routine therapy.

Some families choose to come to the University Centers for therapy. When assessments, therapy and follow-up are conducted in the University Centers, University students have the opportunity to observe and sometimes participate the teams.

6. Assessment in the clinical environment. In keeping with the premise that ICP services should be provided, to the extent possible, in the homes and community of the children and families referred, assessment and therapeutic equipment, including materials, assistive technology, etc., is often transported to the home or community of the child. Where this is not possible, due to the nature of the therapeutic equipment, such as physical therapy and rehabilitative equipment, arrangements are made to have the child seen in one of the several IHS clinics or hospitals where such equipment is available or to transport them to the University Centers for specialized services.

7. ICP staff work in conjunction with IHS clinical staff for assessment and follow-up activities.

The majority of the referrals to the NAU ICP come from IHS clinical staff and the majority of referrals to UNM ICP come from educational programs (see Table 2). Most IHS referrals to ICP ask specifically for diagnostic information on the child's learning or development, speech and language acquisition, social or emotional problems, or other difficulties within the school and learning environment (see Appendix B).

8. ICP staff working relationship with BIE schools and public schools. One of the major roles of the ICP is to provide assessment and recommendations for children's Individual Education Plans (IEP). As with IHS clinics and hospitals, forms and procedures for referring children to the ICP are circulated to all BIE and public schools in the catchment area. Individual contacts are made with BIE and public school administrators during conferences informing them about the availability of ICP services.

When BIE and public school children are referred to ICP, a supplanting check is required by ICP staff to ensure that the services requested do not duplicate or supplant a service the school is required to provide. The procedure to rule out supplanting is a complex and imperfect process, but is part of standard operating procedures with both subcontractors.

One of the goals of the ICP is to identify and fill gaps in services to children with disabilities. As state and federal agencies experience tighter budgets, these service gaps are becoming more pronounced. There is often a push for schools and other service agencies to look to the ICP to backfill services that are inadequate due to funding cutbacks, staffing shortages, or limitations on travel. The supplanting checklist alerts staff to these situations and gives the ICP the opportunity to address the service gaps through training and technical assistance.

ICP services to BIE and public school children include assessments and recommendations for treatment planning, participation in the Individual Education Plans, technical assistance to parents, teachers, and training in specific problem areas as requested by the school. In some cases, memorandums of understanding have been negotiated between participating schools and the ICP (see Appendix B) for examples of working relationships with schools).

9. Explanation of service trends and why some services are the most frequently requested.

During the past six months, ICP staff have provided more participating families services addressing cleft palate, autism, and positive behavior supports. An increase in effort addressing case coordination – especially after assessments are completed – has been required. Additionally, staff have been engaging in more activities prior to assessment. These pre-assessment activities have included gathering health, eligibility, and behavioral data to clarify and complete the referral process. Delays in receiving the master contract from IHS required the project to significantly scale back many of its efforts, including the number of clinical visits, number of families served, and other outreach and training events.

10. ICP coordination with early intervention programs. A significant number of ICP referrals continue to come for children in preschool, early intervention, and Head Start programs. Most of the children referred by the IHS clinics are attending early intervention programs, and the referral to ICP is a joint submission. Pauleen Hunter, Director for Navajo Growing in Beauty Program and Eva Sekawumptewa from the Hopi Office of Special Needs are members of the Board. Table 2 presents information on referrals on Children, Youth, and Family Division in New Mexico and educational or social service programs in Arizona.

The ICP has a long-standing relationship with the Navajo Nation Growing in Beauty (GIB) Programs. The Arizona GIB office is in Chinle. In New Mexico, GIB offices are located in Crownpoint, Tohatchi, and Gallup in McKinley County, and in San Juan County, the GIB Office is located in Shiprock. ICP staff work in partnership with GIB to implement their agreements with the state's early intervention programs to identify, evaluate, and develop IFSPs for eligible children. ICP staff also provide technical assistance and training to GIB personnel in areas such as evaluation, report writing, case management, and therapeutic services to infants and toddlers. Several years ago NAU ICP was able to expand the agreement held with the Navajo Nation's "Growing in Beauty" program to include another full time speech pathologist. As a consequence the NAU ICP was able to reduce the level of direct therapy provided to the tribal program and put more resources into ICP case management.

Between Dec 2010-Dec 2011, UNM ICP subcontracted with the Navajo Nation Growing in Beauty Program to build capacity for the Navajo Nation to serve infants and toddlers in McKinley County. ICP supported the development of the new program – UNM Developmental Services program – to assist the tribe in the implementation direct services as a new provider in NM Family Infant Toddler (NM FIT) program. In December 2010, ICP ended its oversight of this program and allowed for the program to continue to subcontract with the Navajo Nation to provide direct services. The program is currently functioning independent of ICP staff and is directed by Mary Mandeville who is expanding services into San Juan County and recruiting additional staff.

11. Explanation of service trends and why some services are the most frequently requested.

During the past year, staff have found it increasingly necessary to provide case coordination

and case management services as part of post assessment follow-up. For example, UNM/ICP staff have worked with several families to access clinics, surgery, and follow-up for correcting cleft palate anomalies. This has included arranging for appointments, reminding families about the appointments, and helping to arrange transportation. Increasing need has been observed to provide coordination of services for children with behavioral issues, including autism spectrum disorders.

As stated, federal, and agency budgets have become increasingly tight. More and more burden is being placed on the families of children with disabilities to shoulder the responsibilities and expenses for accessing services. Because of statutory requirements, agencies cannot deny services to families, but it is clear that they are addressing budget and manpower shortages by making services more difficult to access. For example, families must travel to major population centers for services; families must often arrange the scheduling, referral, and eligibility investigations on their own. These requirements almost always protract the time before interventions are started and result in fewer families receiving services at a cost saving to the agency.

The ICP staff and our Advisory Board have discussed this issue at length. Our supplanting check is designed to assure that we are not duplicating services that are the responsibility of other programs. However, we recognize that we are often in the position of “backfilling” for other agencies because of their lack of manpower or budget.

These are difficult quandaries for the ICP, and we are working with our staff and Board to better understand the issues and develop effective procedures to address them.

12. Information on referrals – how cultivated, tracked, and the expected outcome.

The ICP staff undertake a variety of activities to generate referrals from local service organizations and IHS Clinics. Brochures are sent to organizations periodically posted and handed out at IHS clinics. Brochures and referral forms are carried by ICP staff when visiting community programs for follow-up or assessment where they are left with parents, teachers and administrators. When ICP staff conduct workshops, presentations, and demonstrations, brochures and referral information are distributed. Head Start and other early intervention programs are a significant source of referrals. Often such referrals are sent through the IHS clinics and/or Growing in Beauty.

Once a referral is received, the ICP staff generally make direct contact with parents of the child referred and the referral agency to discuss the presenting problem and the need for ICP services. The referring agency typically indicates the need for diagnostic or intervention services that they are not able to provide. This generally identifies the expected outcome of the referral process. Referral agencies expect technical assistance and/or recommendations derived from assessment or from the expertise of the ICP staff to provide assistance to the family in meeting the needs of their child and/or the service agency, classroom, or clinic.

The outcome of the referrals varies by the needs of the referral source, the child referred, and the child's family. Much of the work done in response to referrals received through ICP/IHS clinics is to provide service coordination for families and to bridge the information gaps between the service providers and the physicians. Other referrals are made to assist in eligibility determination and if appropriate IFSP or IEP development. Such referrals result in evaluation reports and, when applicable, recommendations for services. Other referrals are made to request speech/language or physical therapy services. In these

cases ICP staff submit progress reports to the programs responsible for the children's service coordination.

13. List of contacts, names of persons and programs which have referred children and families to ICP during the past six months. Appendix A, provides a list of programs and persons who have referred or requested services from ICP during the past six months.
14. Data reported on activities undertaken during the past six months. The narrative section of this report focuses on those activities undertaken by ICP that occurred during the past six months (April 1 to September 30, 2011). Background information on the ICP is contained in Appendix A.

Due to delays at the beginning of the fiscal year in securing the master contract and delays midway through the year to secure full funding, subcontractors had to significantly scale back ICP activities. In spite of these challenges, each subcontractor engaged in novel efforts to continue developing relationships with community partners.

### **ICP-New Mexico Major Activities and Accomplishments**

Direct Services. In the last semi-annual period, there were 22 new referrals from the New Mexico Cleft Palate clinic for clients in need of service coordination and follow-up for services. Since April 2011, NM ICP has received 34 new referrals for children needing cleft coordinated care. Ordinarily these referrals would have been directed to the Children's Medical Services. CMS has one social worker for San Juan and McKinley Counties and cannot adequately support care coordination and case management for Native American children in these counties.

Service coordination activities for UNM/ICP have been extensive due to dwindling resources among the service systems such as Children's Medical Services serving Native American communities. As a result, the family being served by ICP frequently needs help in coordinating and managing the service system. UNM/ICP worked closely with UNM Cleft Palate Center and IHS facilities in Gallup and Shiprock to assist with families' access to critical care such as audiology, speech-language assessments, oral surgery, dentistry, bone graphs, ENT, and plastic surgery. In total NM ICP assisted 56 children with a diagnosis of cleft-lip and/or palate. Due to ICP's limited resources in staff and the hiring of a new social worker in McKinley County, ICP staff ended its supplemental support for case management for clients referred from the Cleft Palate Center at the end of September 2011.

ICP will continue to provide clinical diagnostic services when the responsible agency is not able to provide these services.

Since April 1, 2011 the number of referrals for diagnosis of autism spectrum disorders also continued to increase. Referrals for ASD are coming from all areas of the state with the greatest number of referrals coming from the NW corner of New Mexico. We currently don't have a way to track autism as a type of assessment conducted in our database. Children with concerns for autism are referred by Indian health facilities as well as early childhood programs. Typically these children are 3 year olds who are not yet identified through Child Find efforts. These children are screened using a Screening Tool for Autism (STAT), designed for 2-3 year olds, by a trained professional who has experience with autism. If the child is identified as at risk, further evaluation by a clinical psychologist and speech-language pathologist is conducted to make a diagnosis of ASD or rule out ASD. Following a diagnosis of ASD, the family and/or service provider receives follow-up services consisting of consultation and technical assistance on information on ASD, intervention strategies and resources. ICP coordinates with other programs to provide parent home training and school supports.

Training & Technical Assistance. *ICP training staff and other organizations collaborating with training*

- Program staff provided training on “Impact of Early Trauma on Brain Development” in the community of Dulce for Jicarilla tribal members.
- Program staff supported and facilitated at the Early Childhood Tribal Summit held for all tribal leaders in August 2011 to address the issue of lack of enrollment in early intervention in some Native American communities.
- Program staff provided parent training on language disorders, supporting communication needs and making sense of test results at trainings sponsored by the Native American Disability Law Center, Torreon Head Start, and EPICS, a parent advocacy organization serving American Indian tribes in NM.
- Program staff provided training and technical assistance on autism to several community providers such as San Felipe Head Start, Haa’ku Learning Center in Acoma, Sky City Community School in Acoma, Native American Grant School Association in Shiprock & Cove Day School.
- Program staff participated in case reviews when invited by communities in Cuba and Shiprock.
- Program staff participated in the first Child Find Screenings to be held at Ojo Encino Community School sponsored by the Bureau of Indian Education and at Nambe Pueblo for preschoolers.

Capacity Building.

- Additional staff for the UNM Growing In Beauty Developmental Services program to provide early intervention services on the Navajo Nation. McKinley county was well established in December 2010, and expansion into San Juan County began in spring 2011. With the Developmental Services program operating independent of ICP in the spring, ICP was able to begin collaboration with NM Cleft Palate Center.

- ICP staff joined the NM Cleft Palate Clinic in Fall 2010 and Spring 2011, and facilitated clinic in Shiprock. NM Cleft Palate Clinic took the lead to establish a clinic in July 2011. These local clinics provide a way to follow-up with clients and the services they lack to improve their speech, appearance, dental and hearing. ICP staff participated in regular meetings to provide consultation/case management for hard to serve clients living in rural areas.
- ICP staff facilitated and participated in program planning related to Infant Mental Health services in Laguna for their early childhood programs. Mental health consultation services were developed following several planning meetings.
- Provided technical expertise on working with children with autism expanded to several communities: Acoma, Tohatchi, Shiprock, Zuni, San Felipe, Shiprock, Bloomfield, etc. ICP staff is working to support the Central Consolidated Schools District to develop their own district team to evaluate and diagnose children with ASD.

### Dissemination

- Program staff attended health fairs, conferences and meetings to disseminate information about making referrals to ICP including but limited to the following:
  - Santa Ana Head Start, Santo Domingo Head Start, Ojo Encino Head Start, Albuquerque Area Indian Health Service Unit, Children's Medical Services, Albuquerque Office of Head Start, Albuquerque Public Schools Meeting for Psychologists & Nambe Community Health Fair, Torreon Head Start.
  - EPICS Annual Family Conference in March 2011, Steps to Success Conference in April 2011 & Southwest Conference on Disability in September 2011, Early Childhood Summit for Tribal Leaders Conference in August 2011.

### **ICP-Arizona Major Activities and Accomplishments**

Service coordination continues to be a significant activity for the ICP/NAU staff. The typical reason for ICP involvement in service coordination is to provide families with information and support to access to appropriate services for their children. All staff, regardless of discipline, are responsible for service coordination as often the issues that prevent children from access can be addressed by discipline specific technical assistance to the service providers. Addressing challenging child behavior continues to be another area of significance for ICP/NAU. Anecdotally, more and younger children seem to be labeled with behavior problems but they are not receiving the type of behavior interventions that will support their full participation in school.

Other activities for this reporting period include:

- Collaborating with Kayenta Health Care during their first annual health and development screening for infants and toddlers to provide developmental screening. Sixty three children were screened resulting in six referrals for more comprehensive developmental evaluations
- Partnering with the NAU School Psychology to support the delivery of mental health services to the Hopi Head Start Program.
- Participating with the Tuba City Mental Health group that includes personnel for Tuba City Regional Health Care, Tuba City Public Schools, Navajo Social Services, and Head

Start to address the mental health needs of youth. The group is developing ways that the various programs can work together to identify and address mental health needs in Western Agency.

- Providing training and technical support on evidenced-based home visiting practices to staff in a newly established Navajo home visiting program serving at-risk families.
- Collaborating with the Navajo Office of Special Education and Rehabilitation and the Center for Social Emotional Foundations of Early Learning with the hope of developing a Navajo based leadership team intended to address the mental health needs of children ages birth to five.
- Partnering with community service programs at the NAU's Institute for Human Development to obtain technical assistance and evaluation services in the areas of positive behavior support and assistive technology.

Although a memorandum of understanding between Chinle Comprehensive Health Care and NAU/ICP to develop developmental clinics at the hospital is still with the hospital legal advisors, this work has been going on for two years. The physicians at the hospital are regularly referring children to ICP to request that ICP address unmet needs of the children in the area or to provide evaluations services requiring a specific expertise in the area of autism.

15. Maps indicating geographic area, number of clients and locations for each of the subcontracts. Maps of the geographic catchment area served by the Indian Children's Program, the locations in which referrals have been received, and the distribution of services and where services are concentrated in the catchment area are available in Appendix A.
16. Types of technology and data being transferred. Within the last few years, cell phone and internet coverage on the Hopi and Navajo reservations as well as other locations in the catchment area has expanded significantly. Using technology has facilitated family referrals, scheduling appointments, obtaining referral information, and submitting reports, recommendations and intervention materials. In addition, data on service and training provided by NAU and UNM is transferred to USU in a database by using the Internet. ICP staff meetings are by videoconference, and the most frequent method of communicating between staff and the project officer is by using the Internet and email.

17. Community Advisory Board representation. The ICP Community Advisory Board is organized with representation as specified in the contract (see Appendix A). Those persons which the contract specifies as representatives for the Board are sometimes overburdened with assignments. This has necessitated that the agency assign some other person to represent the agency. Efforts are taken to ensure proper representation on the Board and that reports are forwarded to board members for their consideration.
18. Summary of recent Board meetings. A copy of the minutes of the last ICP Advisory Board meeting is presented in Appendix B and posted to the website [www.icpservices.org](http://www.icpservices.org) . Advisory Board members routinely receive and review copies of the monthly activity reports and the semi-annual reports.

Board members are sometimes contacted individually to solicit their observations and suggestions about ICP services. They are encouraged to contact the Project Director and/or program coordinators in New Mexico and Arizona with input and suggestions for improving the program. Other Board members represent agencies with which ICP staff work closely. Thus, participation at various levels of the program contributes the input from Board members in a variety of ways to the ICP program. Due to delays in securing funding for the project, we were only able to hold one face-to-face Board meeting this year.

19. Types of training ICP provides and efforts of training evaluation. Training and technical assistance are an ongoing activity of the ICP. As mentioned, the ICP staff often work directly with the IHS therapist to provide training and technical assistance to help build their capacity to serve young children as well as to provide children access to services that would otherwise be unavailable due to financial or travel limitations.

The most comprehensive summary of training activities is presented in the monthly activity logs on training and technical assistance (see ICP website [www.ICPservices.org](http://www.ICPservices.org)). These logs detail each event, the topic presented, participants, and relationship with collaborators.

“Technical assistance” tends to be under-reported due to the fact that it is sometimes an informal process and may constitute anything from information about a specific topic or issue to a more lengthy consultation with a family regarding a specific training need identified during an assessment.

“Technical consultation” refers to a service in which a child is referred to the ICP, the ICP staff meet with the family and/or local service agency, and together it is determined that the presenting problem or problems can be addressed without conducting a formal assessment. Technical consultations may be provided along with some assistive technology device or an instructional procedure for the parents or local program staff to use. Technical consultations may involve suggestions for behavior management, a more appropriate class placement, or referral to some other service to better address the presenting problem. In certain situations, the child’s presenting problem is resolved in the intervening time between the submission of the referral and the pre-assessment interviews with the family or local program, thus removing the need for further intervention by ICP staff. When technical consultation is provided, the ICP staff always follow-up to ensure the child’s problems are appropriately addressed and there is no need for further intervention.

20. ICP training staff and other organizations collaborating with training. All ICP staff participate in various training activities. In addition, ICP consultants provide training as requested in their areas of expertise and consistent with funding limitations. Periodically,

special arrangements are made by ICP staff to bring in experts or specialists from the participating universities or state agencies to address specific topics or the needs of specific audiences of local service agencies in the catchment area. Much of the training provided by ICP is in collaboration with other agencies.

21. Types of instructional materials utilized by ICP staff. A variety of instructional materials, progress charts, workbooks, and illustrative material are prepared and utilized by the ICP staff. Much of this material is used in technical assistance with families. Other materials are used in presenting small technical assistance activities or workshops to teachers in preschools, Head Start, or school programs. Some material is used to work with clinicians in the IHS clinics, and instructional strategies and materials are provided to them to address specific learning or developmental problems. A listing of some of the more commonly used instructional materials and strategies is presented in Appendix A.
22. Information provided by the ICP to address parenting and social supports. Providing advocacy and a social support system for parents is important but not within the scope of the ICP program. Families needing social supports are generally referred to parent support organizations and groups such as “Raising Special Kids (RSK)”, “Parents Reaching Out” (PRO), or “Education for Parents of Indian Children with Special Needs (EPICS).” A variety of other parent support and social support programs are available in each state, often focusing on the needs of the specific problem entity such as mental health, a specific disability or age category. Parents are referred to these programs to help them acquire the social supports that they need. Both subcontractors have access to a wide range of parent and social support resources through their host UCEDDs and universities. Parents are often referred to these affiliated programs.

23. Skills and information provided to parents. Since the parents of children referred are involved in each step of the assessment and intervention process, training and technical assistance is provided to virtually every parent whose child receives an evaluation from ICP staff in the form of recommendations, information materials, and modeling activities. Parental information typically focuses on recommendations that build the confidence and capacity of families to address the child's specific needs.

Parent training may take place in the home or in the community service agency (Chapter Houses, Head Start, or school classroom). Where possible, we draw together parents that need similar training to improve efficiency. Speech therapists often teach parents and other family members how to stimulate speech sounds, correct errors, and set up situations that encourage correct pronunciation. These activities are summarized in the ICP monthly activity logs on community training and technical assistance on the ICP website [www.icpservices.org](http://www.icpservices.org).

Families are offered information about other available services which may include: how to promote general developmental skills, including fine motor development (grasping, reaching, hand-eye coordination, chewing, swallowing), gross motor development (walking, crawling, jumping), communication skills, handling and positioning for feeding and transportation, feeding techniques, and how to advocate for their children for health and education services.

24. Updating the ICP Website and information regarding the utilization and evaluation.

Maintaining the ICP website is an ongoing process. The website is reviewed and updated monthly. During the monthly ICP staff conference calls suggestions for improving the information and the usability of such information is an item of discussion. Suggestions and

decisions are passed on to the webmasters for implementation. Suggestions are also routinely solicited from the ICP Advisory Board and consumers. We have found that no one is using the calendar. Although initially a good idea, the online calendar serves no useful purpose in practice. Training events are not generally open to the public and rarely can accommodate walk-ins. The online announcement of clinics through the website does not get information in the hands of the right people. We have been tracing the use of the online calendar for nearly a year now, and it is extremely rare that anyone other than the staff member entering the data ever views it. We anticipate dropping the online calendar when we re-design the website next year.

25. Types of assessments provided by ICP staff. ICP staff utilize a wide variety of assessment and evaluation instruments and techniques. These include cognitive, psycho-educational, and neuropsychological assessment batteries as well as assessment instruments to measure speech/language and motor development. A list of some of the assessment tools administered and utilized for ICP staff is provided in Appendix A.
26. Utilization of paraprofessionals for community activities. Paraprofessionals working in the local service agencies carry out a significant teaching, management, and supervisory responsibility in the ICP catchment area. While generally working under the supervision of professional staff members, paraprofessionals are generally in direct contact with children and thus are vital to the mission of the agency and its stability. Some paraprofessionals have formal training and certification, while others obtain training on the job. Paraprofessionals are included in almost all training events provided by the ICP (see Table 11). Paraprofessionals often receive formal credit for training workshops provided by ICP staff members.

27. Translation of acronyms used in this report. Appendix A provides a list of the acronyms used in this report along with their translations.
28. Measurements of project outcomes and impact. Both formal and informal measurements are taken to determine the progress of children served by the ICP. Formal measures of outcomes and impact are obtained by the administration of specially constructed tests and assessment instruments. Consumer satisfaction questionnaires and evaluation information are routinely collected from parents. These data are analyzed and used to determine project outcomes and impact. Project outcomes are also evaluated as cases are closed and referring agencies evaluate their satisfaction with the ICP services provided. Satisfaction and outcomes are further reflected as various service agencies take responsibility for providing the therapy or intervention recommended from ICP assessments and treatment planning.

The review and discussion of improving ICP outcomes and impacts is an ongoing topic of discussion for the Community Advisory Board and will be reviewed at an upcoming meeting.

29. Summary of ICP activities and accomplishments for the last six months. The Executive Summary of this report will be distributed as specified in the contract. The Executive Summary describing activities of the past six months will be submitted to the Project Officer for approval.
30. Update on Fetal Alcohol Spectrum Disorders assessment and related activities. During the past several years, the Community Advisory Board has experienced high interest in the complex issues surrounding Fetal Alcohol Spectrum Disorders. The ICP has developed and conducted a community needs survey and prepared an extensive report that could be used in planning services, training, and evaluation efforts. The initiative's final report has been

distributed to Board members, the participating tribal communities, and the Project Officer. The findings of the Study are being used by the subcontractors to guide technical assistance and program development efforts. This activity has concluded.

31. Utilization of project information and data and the trends observed from such data. The data presented in Table 6 are similar to those seen and reported in previous years. In an effort not to duplicate other services in the catchment area, ICP focuses on gaps in services. Such gaps often occur because service agencies are unable to hire specific specialists or to retain the professional staff they have. Staff turnover is a significant problem for most reservation-based service programs. Other problems that occur focus on specific problem entities of children (e.g., Autism, FASD, etc.). For the past several years, there has been an increase in the number of requests for training and technical assistance.

As reflected in the data, the ICP has tried to pick up problems as early as possible. ICP staff make a special effort to obtain referrals from preschool and early education agencies.

For the most part, the service trends derived from examining the ICP data are of limited value. The ICP addresses only a small number of the needs in this service area and focuses primarily on gaps in services between other much larger staffed and funded programs. Abstracting “trend data” from the limited amount of information collected, thus, presents some risk. Furthermore, the services provided by the ICP are primarily referral driven, in which the referring agency determines what services they will request from the ICP. Most often ICP services requested are those the referring agency cannot provide due to limitations of staff or other resources. The needs of local service agencies are not constant but change periodically, sometimes every few months due to changes in the clinical and professional

staff of referring programs. As such, it is risky to project changing trends in services from the ICP data.

32. Changes in significant project personnel. No changes to key personnel have happened during the past six months. Dr. Bryce Fifield at the Center for Persons with Disabilities (USU) continues as Principal Investigator/Project Director. Christine Vining at the Center for Development and Disabilities (UNM) is project coordinator for the New Mexico team, and Lynne Corbin at the Institute for Human Development (NAU) is the coordinator for the Arizona team.
33. Definitions of terminology in charts and tables, pre-assessments, supplemental checks, evaluation assessments, family follow-up, technical consultation, and interagency meetings. Appendix A provides definitions of terms that are used in the tables and charts of the ICP program.
34. Descriptions of levels of follow-up. The ICP staff conducts a variety of follow-up activities focusing on the needs of clients previously assessed and their families. Some follow-up is short and simple; others involve technical assistance and lengthy explanations and training.

Family follow-up may include meeting with the family to review the results of an assessment to assist with the development of recommendation and treatment intervention plans. It may include providing technical assistance to assist families and providers with the implementation of treatment plans. Follow-up also includes post-assessment contact to determine if the appropriate agency has initiated services for the child. If not, ICP staff will contact the responsible agency to determine the reason for the delay. Depending on the reason for a delay in service implementation (e.g., no providers are available, no funding is

available, etc.) ICP staff may assist the agency by filling in as the service provider until the appropriate agency can assume responsibility.

35. Data to be included in ICP semi-annual report tables on services provided, location, findings, special activities, etc. Information points 36-49 in the Statement of Work address specific data to be collected and reported on ICP activities and are presented in the following tables. Data from the past six months (April 1 – September 30, 2011) are included in the tables under the “semi-annual” columns. The data provided in the “annual” columns are the totals for the entire year (October 1, 2010 to September 30, 2011).

Efforts are made by staff to avoid duplicate counts wherever possible. However, reporting these activities is an imprecise process. Activities often overlap and reporting deadlines often occur while project activities are underway. Further, delays in securing the master contract for the project at the beginning and midway through the contract year forced the subcontractors to curtail, delay, and shift many activities.

**Table 1:  
Direct Services to Children and Families: Communities Visited,  
IHS Service Units Served, Number of Visits, and Purpose**

SERVICE UNIT	COMMUNITY	Semi Annual			Annual		
		Pre Assessments	Assessments	Post Assessments	Pre Assessments	Assessments	Post Assessments
<b>New Mexico</b>							
ACL	Acoma	3	1	6	5	1	38
ACL	Canoncito	6			6		
ACL	Cubero				1		
ACL	Grants	2		3	2		3
ACL	Laguna			2			2
ACL	New Laguna				1		
ACL	San Fidel			1			1
ACL	Sheep Springs	2			2		
Alamo Navajo Health Center	Alamo		3	6	5	4	15
Alamo Navajo Health Center	Socorro	1			1		
Albuquerque Service Unit	Albuquerque	16		20	24	9	40

SERVICE UNIT	COMMUNITY	Semi Annual			Annual		
		Pre Assessments	Assessments	Post Assessments	Pre Assessments	Assessments	Post Assessments
Crownpoint Service Unit	Borrego Pass			3			7
Crownpoint Service Unit	Churchrock			1		1	2
Crownpoint Service Unit	Crownpoint	2		3	6	1	15
Crownpoint Service Unit	Cuba			3		3	3
Crownpoint Service Unit	Marino Lake		2		3	2	6
Crownpoint Service Unit	Ojo Encino	6		19	12	4	29
Crownpoint Service Unit	Prewitt						6
Crownpoint Service Unit	Pueblo Pintado			3		1	5
Crownpoint Service Unit	Standing Rock		1	10	3	2	15
Crownpoint Service Unit	Thoreau				2		11
Crownpoint Service Unit	Torreon			1		2	1
Fort Defiance Service Unit	Window Rock			1	2		3
Ft. Defiance Service Unit	Navajo			4			4
Gallup Indian Medical Center	Coyote Canyon						1
Gallup Indian Medical Center	Gallup	16	11	28	20	11	43
Gallup Indian Medical Center	Gamercos		1	1	2	1	6
Gallup Indian Medical Center	Mentmore	4		3	8		29
Gallup Indian Medical Center	Rehoboth		2	5	2	2	17
Jicarilla PHS Indian Health Ctr	Dulce	15	7	13	17	8	15
Mescalero Service Unit	Mescalero			1	2		5
Northern Shiprock-Northern Navajo Med Ctr	Kirtland			4	4	10	13
Santa Fe	Pojoaque	2			4	3	6
Santa Fe Service Unit	San Felipe Pueblo	1	1	9	7	1	11
Santa Fe Service Unit	San Juan	1		1	5		4
Santa Fe Service Unit	Santa Clara	1			1		
Santa Fe Service Unit	Santa Fe	1		1	3	1	2
Santa Fe Service Unit	Santo Domingo				2		3
Santa Fe Service Unit	Chama			2			2
Santa Fe Service Unit	Los Alamos	3			3		
Shiprock-Navajo Northern Med Ctr	Farmington	6		6	10		18
Shiprock-Navajo Northern Med Ctr	Naschitti	2			6		6
Shiprock-Navajo Northern Med Ctr	Neenahnezad			2	2		2
Shiprock-Navajo Northern Med Ctr	Newcomb	6	1	4	7	3	13
Shiprock-Navajo Northern Med Ctr	Shiprock	34	22	42	49	30	69
Shiprock-Northern Navajo Med Ctr	Bloomfield	3		2	5		7
Shiprock-Northern Navajo Med Ctr	Cove	1			3	1	
Shiprock-Northern Navajo Med Ctr	Fruitland			4	3		4
Shiprock-Northern Navajo Med Ctr	Sanostee			1			1
Shiprock-Northern Navajo Med Ctr	Table Mesa			2	2	3	2
Shiprock-Northern Navajo Med Ctr	Waterflow				1		
Shiprock-Northern Navajo Med Ctr	Brimhall						1

SERVICE UNIT	COMMUNITY	Semi Annual			Annual		
		Pre Assessments	Assessments	Post Assessments	Pre Assessments	Assessments	Post Assessments
Taos-Picuris	Taos			6	9	6	8
Taos	Ojo Caliente	1	1		1	1	1
Tohatchi Health Care Center	Tohatchi						1
Yseleta del Sur Service Unit	Isleta				1		1
Zuni-Ramah Service Unit	Fence Lake			2	2	4	2
Zuni-Ramah Service Unit	Pine Hill			4	11	6	16
Zuni-Ramah Service Unit	Ramah			1	1		1
Zuni-Ramah Service Unit	Zuni			2	9	1	3
<b>New Mexico Total</b>		<b>161</b>	<b>66</b>	<b>232</b>	<b>277</b>	<b>122</b>	<b>519</b>
<b>Arizona</b>							
Navajo	Birdsprings			12	1		14
Navajo	Blue Gap	4		10	4		10
Navajo	Chilchinbeto	4		1	4		6
Navajo	Chinle	4	3	35	17	5	79
Navajo	Dennehotso	1			1		
Navajo	Dilkon	2		2	2		2
Navajo	Ganado	1	2	8	5	4	34
Navajo	Inscription House				3		2
Navajo	Kaibeto	1			1		
Navajo	Kayenta	28	7	52	48	8	147
Navajo	Leupp			13			17
Navajo	Lukachukai	2		3	2	3	7
Navajo	Many Farms						13
Navajo	Pinon				1		3
Navajo	Red Valley				2		1
Navajo	Rough Rock						1
Navajo	Sanders	1		9	1		9
Navajo	Shonto			2	1		25
Navajo	St. Michaels				1		1
Navajo	Teesto			2			10
Navajo	Tonalea	2		13	2		14
Navajo	Tsaile			1			1
Navajo	Tuba City	1	1	18	2	1	29
Phoenix/Hopi	Kykotsmovi		3	3		3	3
Phoenix/Hopi	Polacca		2	13		2	25
<b>ARIZONA TOTAL</b>		<b>47</b>	<b>18</b>	<b>198</b>	<b>98</b>	<b>26</b>	<b>453</b>

Table 1 shows that a significant amount of time is spent by ICP staff in conducting post assessment activities such as service coordination, direct therapy, and consultation. Some referrals may not be seen for an ICP assessment because they are eligible for services through community-based educational or social programs as identified by our supplanting check. In these situations the staff first try to secure evaluation services through the responsible program. In other cases children who have already been assessed by another program are referred to ICP because of questions about the appropriateness of the services being offered through the responsible program. Schools may not respond to the needs of their students for a variety of reasons, including a lack of staff with the expertise needed. Sometimes it is because the communications among the educational or social programs, the families, and the referral sources are unclear or misinterpreted. ICP staff spend a significant amount of time working in collaboration with families to help negotiate access to community based programs. Occasionally, the time spent is minimal and may involve showing a family how to formally request services; however, most of the time the work requires many hours of records review, family interviews, phone calls and on-site meetings. Staff might spend time working with the responsible program to provide technical assistance about how to provide a service. When technical assistance or training cannot address the issue ICP will provide the direct services including evaluation and consultation.

There were several new referrals from the New Mexico Cleft Palate clinic for clients in need of service coordination and follow-up for services. Ordinarily these referrals would have been directed to the Children's Medical Services. CMS has one social worker for San Juan and McKinley Counties and cannot adequately support care coordination and case management for

Native American children in these counties. These clients require follow-up with the plastic surgeon at the NM Cleft Palate Center and other services in Albuquerque.

During the past year, 375 visits were made by ICP staff to provide pre-assessments; 148 to provide formal assessments; and 972 post-assessments or follow-up visits. During the follow-up visits the ICP staff provided treatment planning with community staff, reviewed assessment recommendations, delivered instructional materials, or follow-up either directly or by phone with family members or staff in the local service providing agencies. The definitions of pre-assessment, assessment and post-assessment or follow-up visits are provided in Appendix A. Currently, the database captures “post assessment activities” from the “client action” activities which involves client/family contacts. This includes services beyond the initial assessment, i.e. debriefing, program planning, follow-up/quality assurance, service coordination, therapies, special instruction, equipment checking, behavior/mental health, and TA for providers. Pre-assessment includes visits to determine the presenting problems, verify referral information, and conduct supplanting checks.

**Table 2:**

**Sources and Numbers of Referrals for ICP Services**

Referral Agency	Number of Referrals			
	Arizona		New Mexico	
	Semi Annual	Annual	Semi Annual	Annual
IHS Physician	28	38	10	22
Growing in Beauty	9	10	6	6
School District	2	15	3	8
Parent	2	7	6	12
Health Provider/Other	2	4	10	11
FACE			1	2
Head Start	1	1	5	8
Hopi Office of Special Needs	6	6		
BIE Schools			2	4
Physician - Other	2	2	21	32
Other	7	15	3	15
<b>Totals</b>	<b>59</b>	<b>98</b>	<b>62</b>	<b>118</b>

Table 2 presents data on the source of referrals to the ICP program. As noted, most of the primary community service agencies, i.e. tribes, State or Federal, and private agencies in the catchment area, have referred children to the ICP for services. Due to the discontinuities in this year's funding from IHS, staff at NAU have had to scale back their activities. As a result, they were not actively soliciting referrals for the first three months of 2011.

**Table 3: Number of Children Served by Age Group**

Age	Number of Clients			
	Arizona		New Mexico	
	Semi Annual	Annual	Semi Annual	Annual
0-2	15	27	15	19
3-5	31	51	39	43
6-8	10	26	29	34
9-12	6	17	26	35
13-18	5	12	20	24
<b>Totals</b>	<b>67</b>	<b>133</b>	<b>129</b>	<b>155</b>

Table 3 provides information on the age groups and number of children served by ICP during this reporting period. The ICP clinical teams continue to primarily serve children in the preschool and early elementary grades.

**Table 4: Types of Assessment Provided**

Type of Assessment	Number of Assessments			
	Arizona		New Mexico	
	Semi Annual	Annual	Semi Annual	Annual
Speech-Language	5	5	23	40
Physical Therapy	4	8	0	0
Occupational Therapy			0	3
Developmental		1	6	6
Family	5	7	2	2
Educational	1	2	0	5
Psycho-educational	1		9	28
Psychological	2		3	13
Assistive Technology			0	2
Medical/Health			21	21
Other: Specify	1		3	4
<b>Totals</b>	<b>18</b>		<b>67</b>	<b>124</b>

Increasingly, the community-based educational programs appear to be meeting most of the evaluation needs of the children in their programs. There are still needs for diagnostics in the more remote areas of the Navajo Nation or, conversely, in the more populated areas where the educational programs are not always able to keep up with the demand. When evaluation services are included in the services provided by ICP the evaluation tends to be only one component of a myriad of issues to be addressed to adequately support a child's educational and medical needs. We are seeing increases in requests for behavioral interventions, assistive technology support, and for assistance in accessing school services

Many children are evaluated or assessed for more than one problem. The types of evaluations performed reflect the demand as well as the availability of personnel who have the expertise to respond to the requests. Table 4 shows that for UNM, the need for "educational triennial evaluations" (e.g., student assessment) is required for IDEA in order for the school to remain eligible for federal funding. Student triennial evaluations may include psycho-educational, speech-language, and psychological evaluations.

Referral forms do not always identify a specific reason for referral, but may indicate just the need for service coordination. These most often occur when a health care worker cannot determine if a child is eligible for services through the school or if an eligible child is in fact receiving appropriate services. Such referrals often require a less formal, but often time-consuming, family and/or community resources assessment. The types of assessments provided by the ICP staff are driven by the request of the referring agency, or parents.

**Table 5:**  
**The number of clients seen for diagnostic purposes, number of active cases in the ICP system, and number of closed cases during the reporting period**

ICP area	Number of Clients Evaluated During this Period		Number of Active Cases in the ICP System		Number of Closed Cases in the ICP System	
	Semi Annual	Annual	Semi Annual	Annual	Semi Annual	Annual
New Mexico	66	121	140	169	43	73
Arizona		5	109	201	40	86
<b>Totals</b>	<b>66</b>	<b>126</b>	<b>249</b>	<b>370</b>	<b>83</b>	<b>159</b>

During this contract period, 126 clients were evaluated and a diagnosis provided. Of the 370 active cases, 159 cases were closed. For most clients, an educational or medical diagnosis is provided by the referring agencies or determined in conjunction with school personnel in IEP planning meetings or with clinical staff from community service agencies during the treatment planning conferences.

The criteria ICP staff use to determine when to close a case are (a) another agency has accepted responsibility for services, (b) all ICP services have been completed, (c) the child has moved outside of the catchment area, (d) the family has determined not to pursue services, or (e) for other reasons.

**Table 6:**  
**Number of recommendations for therapies or services made by ICP staff in post-assessment reports or follow-up**

Type of Therapy or Service	Number of Recommendations			
	Arizona		New Mexico	
	Semi Annual	Annual	Semi Annual	Annual
Audiological Services		1	9	22
Behavior Plan	6	7	4	9
Family Counseling	2	2	2	3
Genetics Testing/Counseling			1	5
Head Start/Preschool	1	2	7	17
Health Related Follow-up		2	10	12
ICP to provide direct services			11	30
IHS Follow-up	2	2	14	24
IHS Therapy	1	1	3	6
Individual Counseling	1	1	2	7

Type of Therapy or Service	Number of Recommendations			
	Arizona		New Mexico	
Occupational Therapy			5	17
Ophthalmological Services			1	2
Part C Developmental Instruction			5	10
Physical Therapy		2	0	1
Psychological Services			4	12
Service Coordination	10	13	20	53
Special Education	7	7	13	44
Speech/Language Therapy		2	17	48
Strategies for families or service providers	11	14	11	36
Transportation			6	17
Assistive technology		6	0	2
Vocational			1	2
Other	3	3	17	36
<b>Totals</b>			<b>163</b>	<b>415</b>

Data on the types of therapies or other services recommended by the ICP staff is presented in Table 6. Virtually all children served by the ICP receive recommendations for therapeutic or other types of intervention services. Most children were recommended for more than one type of therapy or service. Recommendations are based on evaluation results, review of school performance and/or input from parents and providers. Treatment recommendations are tailored to the individual needs of the clients and their families. For younger children, the recommendations are based on the family as well as the child's needs. Instructional or management strategies for teachers or other providers are typically included.

Although special education and therapy services may be suggested in the reports, when there is a need for such a placement, the Multidisciplinary Teams or Individualized Education Program teams make the final decision and suggest the level of services and related services to be provided. From these meetings, the ICP staff determine which recommendations will be carried out by the responsible agencies. The ICP staff follow-up with the service providing agencies and families during follow-up IEP meetings.

**Table 7:  
Number of direct therapy or service contacts provided by ICP staff**

Type of Therapy or Service	Number of Sessions or Contacts Provided by ICP Staff			
	Arizona		New Mexico	
	Semi Annual	Annual	Semi Annual	Annual
DIRECT SERVICES				
Debriefing with family/providers	6	15	38	59
Program Planning IESP/IEP/IPP	0		10	30
Follow-up/Quality Assurance	0	2	44	66
Direct Service	3	3	4	7
<b>Totals</b>	<b>9</b>	<b>20</b>	<b>96</b>	<b>162</b>
POST ASSESSMENT SERVICES				
Assistive Technology	0	4	0	2
Service Coordination	155	315	118	309
Special Instruction	0	0	1	1
Speech Language Therapy	19	59	16	44
Physical Therapy	7	29	0	0
Occupational Therapy	0	0	0	14
Behavioral/Mental Health	0	2	1	3
Technical Assistance for Providers	10	10	1	1
<b>Totals</b>	<b>191</b>	<b>419</b>	<b>137</b>	<b>374</b>

Table 7 presents data on the number and types of therapy or services which are provided directly by ICP staff. Typically, direct service therapies are only provided by the ICP staff in the absence of other service options. Thus, this table reflects some of the significant gaps in services that exist in the catchment area. Service coordination, speech and language therapy, program planning, and issues concerning quality assurance are often needed but not available from community service agencies.

Post-assessment services are typically part of an assessment (i.e., debriefing the family/provider). The ICP staff attend planning meetings where family service or educational plans are developed. Follow-up and quality assurance involves monitoring child/family progress, checking on recommended services, and checking on the need for continued ICP services. When a local service agency assumes responsibility, the case is closed.

Although ICP/NAU has not provided a significant amount of diagnostic evaluations during this reporting period the amount of support provided to families to help them access services has increased.

**Table 8:**

**Number of ICP clients referred to other agencies or institutions as the responsible program or for more complex assessments**

Number of Clients Referred to Other Institutions for More Complex Assessment	Type of Assessment Needed			
	Arizona		New Mexico	
	Semi Annual	Annual	Semi Annual	Annual
BIA/BIE School			1	3
IHS		1	1	5
LEA/PEA		13	3	4
UNM Cleft Palate Ctr, EI Program			8	11
Private Physician			3	8
Autism Programs			2	4
First Things First	1	1		
Div of Developmental Disabilities	2	2		
Part C - Growing in Beauty	2	2		
Child Local School District	5	5		
Child Find Program	1	1		
NRT	1	1		
Other			5	9
<b>Totals</b>	<b>12</b>	<b>26</b>	<b>23</b>	<b>44</b>

The data in Table 8 reflect the joint effort between the referring agencies, other community agencies, and ICP staff in assessment, treatment planning, and follow-up services. Of particular note is the involvement of the UNM ICP team with the cleft palate programs of IHS and New Mexico. Follow-up services for children with cleft palate include referral for bone grafts, hearing evaluation, PE tubes, surgery, and dental services.

**Table 9:**

**Number of ICP clients known not to be receiving a recommended therapy or service**

Number of Clients Known not to be Receiving Therapy or Service		Reason
Semi-annual	Annual	
24	24	Unable to contact families

As noted in previous reports, while the data in Table 9 are important, it is virtually impossible to gather. Programs that have responsibility for serving children with disabilities have been very hesitant to share that they are not able to meet the needs of the children enrolled in their programs. These programs typically must adhere to state or federal regulations they do not allow for children to be unserved or on waiting lists. Any admission to the fact that they are not serving children could put them at risk for sanctions from their funding source. Anecdotally, ICP staff are aware that certain programs do not have the personnel resources needed to address their program’s requirements. This is particularly true in the areas on the Navajo Nation that are far from any of the larger border communities. Staff are also aware that certain programs are more exclusive than inclusive and are less willing to support families as they try to negotiate for the supports available to their children with disabilities. In these situations ICP staff provide guidance to families to help them understand and access available resources.

**Table 10: Number of clients referred but not evaluated with 30 days of referral**

Number of Clients Referred to ICP but not Evaluated Within 30 Days of Referral :		Reason
Arizona Semi Annual	4	• Difficulty contacting family
Arizona Annual	5	• Difficulty contacting family
New Mexico Semi Annual	1	• Difficulty contacting and/or locating family
New Mexico Annual	2	• Difficulty contacting and/or locating family

NAU/ICP staff were unable to incur costs related to ICP operations during the first three months of 2011 due to a delay in the allocation of funds for the program. As a consequence, the program was not fully operational during this reporting period. Staff were able to provide a limited amount of follow-up and support by phone, but several evaluations had to be postponed until funding was available.

Table 11 on the following page displays activities of ICP staff over the past six months in training and technical activities. Building and strengthening the capacity of local service agencies that are responsible for providing direct services to children and families in the catchment area is one of the major objectives of the ICP. Providing training and technical assistance to local service providers is perhaps the most effective method of addressing this objective. Most training and technical assistance requests are derived directly from the needs of a child or family that has been referred for clinical services. Recipients of such training often include the professional or paraprofessional staff of the referring service agency. The data on ICP training and technical assistance activities are recorded in the monthly Training and Technical Assistance logs which are presented on the ICP website [www.icpservices.org](http://www.icpservices.org).

NM ICP has provided capacity building to support Children's Medical Services (CMS) and the NM Cleft Palate clinic. Technical assistance was provided from in the last six months to support care coordination and case management for children with cleft lip and/or palate. UNM ICP supported a cleft palate outreach clinic in Gallup and planned with other providers to establish another clinic in Shiprock in June 2011. Through this technical assistance, 22 children with clefts and their families were supported and a number of service providers were able to successfully complete their bone grafts, dental visits, hearing evaluations, and scheduled surgeries. ICP will likely end their supplemental service coordination when a social worker is hired for McKinley County in June 2011.

**Table 11:**  
**ICP Community Training and Technical Assistance Activities**  
(See the ICP Community Training and Technical Assistance Log, April -- September 2010 at [www.icpservices.org](http://www.icpservices.org) )

Communities Served	Topic	Referring Agency	Shared Resources	Participants
<p>During the last six month period 63 separate communities received training and technical assistance (T&amp;TA) by ICP staff. Most communities were visited several times, serving more than one community agency. Agencies from almost all of the IHS areas have requested and received T&amp;TA from ICP staff (for additional information see Column 2 of the monthly Community Training and Technical Assistance logs at <a href="http://www.icpservices.org">www.icpservices.org</a>),</p> <p>During the past fiscal year, ICP staff provided training and technical assistance in 85 different communities. Most of these communities were visited several times, and generally more than one community agency participated in the T&amp;TA. Various agencies from all IHS areas participated in one or more ICP training and technical assistance activities (for additional information see Column 2 of the monthly Community training and Technical Assistance logs at <a href="http://www.icpservices.org">www.icpservices.org</a> )</p>	<p>A variety of topics were presented in the training and technical assistance events reported during the past 6 month period. The most frequent presentations were to professionals, and topics ranged from how to make referrals to the ICP to workshops on meeting the needs of Autistic children. Each training topic is identified, along with the date of the training, the presenter, and descriptions of participants in the T&amp;TA monthly logs. See Column 5 in the monthly Training and Technical Assistance logs available online at <a href="http://www.icpservices.org">www.icpservices.org</a>.</p>	<p>Most all of the various community service agencies with which the ICP works have requested and received some form of training or technical assistance. Since training is usually requested in response to a treatment plan for a child or family, the requesting agencies are almost always the same agencies that are referring children for services. A list of the agencies requesting training and/or technical assistance services is presented in Column 6 of the Community Service Training and Technical Assistance logs available online at <a href="http://www.icpservices.org">www.icpservices.org</a> .</p>	<p>Virtually all ICP services, clinical as well as training and technical assistance, are cooperative activities working in support of and at the request of the local service agencies in the catchment area. When community training and technical assistance is requested, the requesting agency almost always shares resources in facilitating the training, the demonstration, or workshop. Where possible, more than one agency is involved, and shared resources include released time, meeting rooms, and materials, as well as participating in the presentations, demonstrations, workshops, etc. Shared resources are described in Column 7 of the ICP monthly Community Training and Technical Assistance logs found on the ICP website <a href="http://www.icpservices.org">www.icpservices.org</a></p>	<p>Where possible, ICP staff collect information on the participants in Training and Technical Assistance activities (T&amp;TA). The number of trainees and their level of participation depend largely on the type of training or technical assistance activity requested. Much of the T&amp;TA provided by Arizona is focused on training individuals or small groups of professionals; whereas the UNM/ ICP staff tend to present to larger groups. Where possible, to save time and resources, training events are grouped together and held in central locations. However, this is not always possible. This fact is reflected in the number and types of training and technical assistance activities provided by ICP staff during the past period. <a href="http://www.icpservices.org">www.icpservices.org</a>.</p>

**Table 12 - Family Satisfaction/Impact Data  
Arizona**

<b>ARIZONA</b>		<b>Highly Satisfied</b>		<b>Satisfied</b>		<b>Somewhat Satisfied</b>		<b>Not Satisfied</b>	
<b>Questions</b>		SAR	Annual	SAR	Annual	SAR	Annual	SAR	Annual
*Semiannual (SAR) and Annual		SAR	Annual	SAR	Annual	SAR	Annual	SAR	Annual
How satisfied are you with services received from ICP?		1	5	3	7				
How satisfied are you that staff was knowledgeable and skilled in the services provided?		3	7	1	5				
How satisfied are you that ICP staff was sensitive to your cultural background		3	8	1	4				
How satisfied are you that the information provided to you was helpful?		4	7	1	5				
<b>Questions</b>		<b>Yes</b>		<b>Some but not all</b>		<b>No</b>		<b>N/A</b>	
*Semi-annual (SAR) and Annual		SAR	Annual	SAR	Annual	SAR	Annual	SAR	Annual
Is your child receiving services now that were not provided before ICP worked with you and your child?		2	6		4	2	2		
Do you have information now about how to address your child's needs that you did not have before ICP worked with you and your child?		2	7	1	4	1	1		
Would you recommend ICP services to other families in your community?		4	12						
Would you like any further services or assistance from ICP staff?		3	7		5	1	1		

<b>NEW MEXICO</b>		<b>Highly Satisfied</b>		<b>Satisfied</b>		<b>Somewhat Satisfied</b>		<b>Not Satisfied</b>	
<b>Questions</b>		SAR	Annual	SAR	Annual	SAR	Annual	SAR	Annual
*Semiannual (SAR) and Annual		SAR	Annual	SAR	Annual	SAR	Annual	SAR	Annual
How satisfied are you with services received from ICP?		11	18	3	5				
How satisfied are you that staff was knowledgeable and skilled in the services provided?		13	18		4	1	1		
How satisfied are you that ICP staff was sensitive to your cultural background		11	17	3	6				
How satisfied are you that the information provided to you was helpful?		11	20	2	2	1	1		
<b>Questions</b>		<b>Yes</b>		<b>Some but not all</b>		<b>No</b>		<b>N/A</b>	
*Semi-annual (SAR) and Annual		SAR	Annual	SAR	Annual	SAR	Annual	SAR	Annual
Is your child receiving services now that were not provided before ICP worked with you and your child?		8	13	4	6	2	4		
Do you have information now about how to address your child's needs that you did not have before ICP worked with you and your child?		11	17	2	4	1	2		
Would you recommend ICP services to other families in your community?		14	23						
Would you like any further services or Assistance from ICP staff?		10	14			4	9		

### ADDITIONAL COMMENTS - Family Satisfaction/Impact Data

#### Arizona

- ICP has helped and my son is currently receiving services at school
- I would like more guidance on the process for school services just in case its needed
- I would like guidance for school services if needed in the future.
- Although it was a short visit every 3 months or so the rehabilitation person did her best to work with my son. Very knowledgeable person for resources.
- Therapists needs to keep his appointments with his clients
- Since my son is not receiving services at school I hope ICP will continue Speech services.
- ICP has helped me learn a lot about my daughter's disability. I would like guidance on school services.

#### New Mexico

- Thank you for all your help. Should I need further assistance I will contact your office.
- It's been very helpful giving me a lot of ideas to help my son in different areas I am very concerned about.
- The staff was still helpful in all ways. I appreciate them.
- Child is doing better. However, during recent parent teacher meeting there was some concern with the amount of time the SLP was spending with child. Parent requests that we advocate for more time with child. Also requests ICP to provide direct services
- Thank you for your support!!
- Now the program is working him-the school gave up on him but now the school is helping him. Thank you.
- We are extremely grateful for what ICP has provided us. My boys are finally in school!
- Family planning on moving to Albuquerque in future, would like additional support services during transition and referrals to appropriate resources in Albuquerque community.
- Agency would like service in future with other clients. This service was what we were looking for and I'm glad we found it.
- I liked that they came to my home, and evaluated my daughter when we had time. Thank you guys for everything you have done. You all do a terrific job.
- You all have provided me with the help to get W the help in school to be successful.
- Father said we are welcomed to check up on child at school, to check up on him every now and then.
- Very great friendly staff. Very knowledgeable about what they do.
- I can help my baby boy communicate with others and me.
- I need classes to help me deal with my son
- We missed each other a few times but we got the evaluation done
- Would like to learn more about autism
- Satisfied with coming out to the home
- It was Great!

Table 12 summarizes family satisfaction with ICP services over the past six months.

Consumer Satisfaction is an important measure of the impact of the program. Data on consumer satisfaction with ICP services are collected by three separate methods: (1) family satisfaction is obtained at the completion of an assessment or treatment service provided by ICP staff; (2) follow-up questionnaires are routinely mailed to a sample of families for their input and suggestions; and (3) telephone interviews are held with a sample of families to collect data, not only on their satisfaction with services provided, but also to measure the impact the service has

had on the child and family. Experience has shown that none of these approaches alone is very satisfactory; thus, all three are utilized.

Obtaining consumer satisfaction is also complicated because ICP staff often work in collaboration with community based programs. As such, families may not be able to distinguish ICP staff from those in other programs. Additionally, the ICP staff often work off-site on behalf of a family, families don't always connect ICP with the staff person who is working in their behalf.

**Table 13:  
Client and family services provided by tribes**

TRIBE	New Mexico	New Mexico	Arizona	Arizona
	Semi Annual	Annual	Semi Annual	Annual
Apache Jicarilla, Mescalero	8	10		
Pueblo Acoma, Isleta, Laguna, Nambe, Santa Ana, San Felipe, San Juan, Santa Clara, Santo Domingo, Taos, Zuni, Zia, Other	38	57	13	16
Navajo	137	175	54	63
<b>Total</b>	<b>183</b>	<b>242</b>	<b>67</b>	<b>79</b>

The Navajo Nation is by far the largest tribe in the catchment area. As reflected in Table 13, considerably more ICP services were provided to this population. ICP staff have made an effort to solicit more referrals from the Apache, Pueblos, and Hopi tribes. Often the number of referrals received and subsequent services provided are dependent upon the personal relationship with an individual in a specific school, tribal office, or clinic. Direct services do not include services provided through technical assistance or training activities. Where possible, the training and technical assistance provided by ICP is centralized into specific locations to economize on staff travel and training expenses. The data in Table 13 are primarily used to ensure that proper

attention is given to referrals and services to all the various groups in the catchment area. Data suggest that additional attention must be directed toward expanded services to the Hopi, Apache, Pueblo and other smaller tribes in the catchment area.

**Student Trainee Evaluation** - The ICP contract requires evaluation data from ICP trainees and/or interns. In view of the fact that there was only one trainee during the past six months, we have elected to provide the student evaluation in a narrative and descriptive format. The evaluation questionnaire asks that they evaluate their experience, the time spent, their supervision, and provide recommendations for further improvement. The information provided by the ICP trainee reflects the planned training and experience program, and they receive as well as their evaluation. This information is presented in Appendix A.

## Appendix A

1. Example of Memorandum of Understanding
2. List of IHS clinics and BIE schools served
3. ICP Background Information
4. Maps
5. Advisory Board members
6. List of instructional materials
7. List of assessment instruments
8. List of acronyms
9. Definition of terminology
10. Student Trainee Evaluation

# 1. SAMPLE MEMORANDUMS OF UNDERSTANDING

## TEMPLATE – SAMPLE LETTER OF AGREEMENT

The purpose of this letter of agreement is to facilitate and coordinate the necessary services to children with Special Needs ages 2.5-6 years in order to create a service system flexible enough to meet the needs of the children and families within available resources who reside in San Felipe pueblo.

The letter of agreement, hereinafter referred to as "Agreement" is between the Indian Children's Program and the San Felipe Head Start, hereinafter referred to as "SF Head Start" for the school year beginning July 1, 2008 to June 30, 2009.

### OBJECTIVES:

The intent of this Agreement is to

1. Assure that any children with suspected disabilities and children who are at risk for developmental delays are identified as early as possible and referred to the appropriate agency utilizing a culturally appropriate tool and evaluation for diagnostic purposes.
2. Assure that children with disabilities and children who are at risk for developmental delay are defined by the Individuals with Disabilities Education Act (IDEA) and the Head Start Disability Services Performance Standards receive appropriate and necessary services.
3. Provide Training and Technical Assistance on a consultative basis.
4. Establish and maintain a relationship between the SF Head Start program and the University of New Mexico's Center for Development and Disability's Indian Children's Program (ICP) and all programs affiliated within the UNM/CDD.

### RESPONSIBILITIES

In most communities, the Lead Education Agency (LEA) is responsible for:

1. Providing services to preschool children with disabilities on a mandatory basis as defined by Public Law 102-119, Individuals with Disabilities Education Act (IDEA), 2004) who reside in their county and are enrolled in the local Head Start programs.
2. Providing preschool children with disabilities a free and appropriate public education (FAPE) including the development and implementation of an Individual Education Plan (IEP), which include all of the components of an IEP, procedural safeguards and the provision of related services.
3. Determining and placing preschool children with disabilities in the most appropriate setting, which shall be the Least Restrictive Environment (LRE) with opportunities for interaction with peers who do not have disabilities to the maximum extent appropriate.

Generally, Head Start programs are responsible for:

1. Screening all enrolled children for potential problems in the area of health and development and accept applicable screening results from the LEA to avoid duplication.
2. Referring children determined to be at-risk or having developmental delays to appropriate professional for diagnostic evaluation, including the LEA.
3. Development and implementation of IEP's for children with disabilities (with parent participation) based on diagnostic information.
4. Working closely with other community agencies in order to provide services to children with disabilities.
5. Conducting Child Study Team prior to referral for a special education evaluation.

## **SERVICES:**

### **San Felipe Head Start will:**

1. Establish and maintain a collaborative relationship with ICP and other agencies involved.
2. Establish and maintain an on-going system of communication to assure accountability of services agreed upon hereto by both agencies.
3. Recruit and enroll children ages 3-5 years old to receive preschool services as mandated by the Head Start Act and in accordance with the Head Start Performance Standards.
4. Recruit and enroll children with special needs between the ages of 3-5 years old to receive preschool services in the Least Restrictive Environment (IDEA) as mandated by the Head Start Act and in compliance with the Head Start Performance Standards and the Individuals with Disabilities Education Act (IDEA).
5. Conduct development screenings of all children enrolled in program within 45 days of their initial start date to identify any children with special needs ages 3-5 years old.
6. Submit a referral to the LEA for an evaluation and continued services. If for any reason, the LEA is not responsive in a timely manner, SF Head Start will utilize the ICP as a supplement to the LEA.
7. Notify and receive permission from parents and/or legal guardians of a child with special needs. Permission for releases of information to obtain medical and educational records and for sending reports to referral agencies shall be obtained from the family or guardian before submitting a referral to ICP.
8. Assist ICP in securing a copy of the child's Tribal enrollment card (Certificate of Indian Blood) to be included in the child's ICP records.
9. Participate in the child's initial meeting.
10. Conduct and/or participate in an IFSP Transition meeting when the child turns 3 years old.
11. Conduct monthly or bi-monthly case review meetings with Multi-Disciplinary Team (MDT) in an effort to keep each agency informed of upcoming opportunities, evaluations, screenings, referrals, and recommendations for on-going services.
12. Provide location for services to be provided and inform staff of visits to SF Head Start program.
13. Request for Training and Technical Assistance as needed per FSIP Head Start's needs for T/T.A.
14. Host, plan, and coordinate trainings with the ICP when necessary. Assist with completion of training evaluation forms at the end of each training.
15. Inform ICP staff of conference and training opportunities so it can be added to the training calendar.

### **The Indian Children's Program will:**

1. Establish and maintain a collaborative relationship with SF Head Start and other agencies involved.
2. Establish and maintain an on-going system of communication to assure accountability of services agreed upon hereto by both agencies.
3. Receive referrals submitted by SF Head Start for case reviews, evaluations, advocacy, and consultation as needed based on the needs of the families and children being served.
4. Provide services on a supplemental basis in place of the Lead Education Agency (LEA), but will continue to work collaboratively with the LEA to assure that the necessary services in accordance to Part B of the Individuals with Disabilities Act (IDEA) are being adhered to.
5. Conduct supplanting checks to ensure ICP services are supplemental to any other services readily available or already being provided to the client from other community sources.

Services by the ICP shall not duplicate or supplant available community services. Reasons for utilizing ICP services may include second opinion, parent request, lack of service providers, need for specialized service, or the local responsible agency is overloaded.

6. Notify and receive permission from parents and/or legal guardians of a child with special needs before conducting an evaluation.
7. Provide team or individual evaluations to assess: cognitive, social-emotional, speech-language, motor development, and adaptive skills. ICP can provide formal occupational therapy, speech/language, psychoeducational and psychological evaluations of children who may require special education when the LEA is overloaded or lacks the resources to provide these services. Evaluations requiring specialized expertise such as team evaluations for diagnosing autism spectrum disorders are also available. ICP will assist with referring to other agencies for mental and physical disabilities intervention.
8. Conduct follow-up within a reasonable timeframe following an evaluation to determine if recommendations have been followed. Assist the client/family in obtaining the recommended therapy.
9. Support children and their families through service and educational plans and then track their progress.
10. Provide direct therapy, when practical and needed, to meet IEP goals.
11. Prepare written progress reports for each child served.
12. Participate in the child's initial IEP meeting if requested by parents and based on the availability of staff. If necessary, participate in an IFSP Transition meeting when the child turns 3 years old.
13. Provide Training and Technical Assistance as needed per SF Head Start's needs for T/TA. When feasible, the ICP Clinical Team will provide training and TA to clients, families, and organization as necessary to provide the needed therapy.
14. Share training calendar with SF Head Start.

#### DISPUTE/RESOLUTION:

If for any reason(s) that either and/or both agencies might feel that services agreed upon are not implemented, both parties mentioned as representatives in this document will meet and discuss issues, concerns, and resolve collaboratively in the best interest of the community, families and the children served.

#### DURATION OF AGREEMENT:

This document will be "ACTIVE" from July 1, 2008 to June 30, 2009. This document can be revised and/or terminated at any time during this period with both agencies collectively agreeing.

We, the undersigned, San Felipe Head Start do hereby approve this document.

Signature Bertha Candelaria Date 03/24/09  
Bertha Candelaria, Disability Coordinator

Signature Myrna D. Dingman Date 03-24-09  
Myrna Dingman, Head Start Director  
Authorized Signature

## **SAMPLE LETTER OF AGREEMENT**

### **Letter of Agreement**

This Letter of Agreement stands as evidence that the Ft. Wingate High School, a Bureau of Indian Education school, and the Indian Children's Program (ICP) intend to work together toward the mutual goal of providing supplemental services for American Indian students.

#### **Purpose**

The primary intent of this agreement is to establish a partnership between ICP (IHS funded) and Ft. Wingate High school (BIE funded) to facilitate collaboration in the delivery of appropriate coordinated services for Indian students with disabilities enrolled in the high school.

The goals of both programs are to:

- Coordinate resources
- Prevent duplication of effort
- Ensure services are cost-effective and maximize the use of all available federal State, and local resources
- Coordinate training activities on best practices and federal procedures
- Provide services in accordance with Part B of IDEA.

#### **Services**

Ft. Wingate High School's Responsibility:

1. Ensure the availability of a free appropriate education by acting in service coordination role to Indian students with disabilities enrolled in the school. This includes provision of special education and related services in accordance with Part B of IDEA and the coordination of services for those children and their families.

Service Coordination Roles; Wingate High School Staff will:

2. Obtain and submit to ICP referral packets containing informed consent and permission for releases of information to obtain medical and educational records and for sending reports to referral agencies from the family or guardian in advance.
3. Provide school records when authorized by the parent/guardian.
4. Obtain and provide a copy of student's Certificate of Indian Blood or tribal enrollment card, previous evaluations, progress notes, IEPs, assessment plans (if developed), recent meeting notes on classroom performance, hearing/vision screenings, academic grades, and assigned teachers.
5. Obtain updated case history information including language questionnaire to determine level of English/Tribal language proficiency.
6. Provide space for assessments and allow access to classrooms for observations and interviews with teachers.
7. Facilitate and coordinate communication with families to ensure participation of evaluations and services. Notify and/or remind parents of scheduled evaluation appointments.
8. Assist and follow-up with teachers in completion of rating forms for assessments/intervention.
9. Notify ICP of IEP meetings regarding clients served.
10. Coordinate, plan and implement trainings with the ICP.
11. Participate in a meeting during a site visit by the ICP program officer, Dr. Rose Weakee and Principal Investigator, Marvin Fifield and ICP staff (Chris Vining and Dr. Joe McCarty).

The ICP will:

1. Serve as advocate within BIE and IHS to coordinate efforts for the rights and needs of children with disabilities in their relationship with BIE, the IHS, and other agencies.
2. Maintain contact with Ft. Wingate to enhance the interagency liaison at the community level that will promote the accomplishment of a service coordination system that will meet the needs of the students with disabilities at the school.
3. Prioritize students with critical and urgent needs or clients with special needs who are unserved or underserved, i.e., receiving some but not all of the services recommended.
4. Conduct supplanting checks to ensure services provided by the ICP Clinical Team are supplemental to any other services readily available or already being provided to the client from other community sources. Services by the ICP shall not duplicate or supplant available community services.
5. Screen each referral for completeness and appropriateness of information. When inadequate referral information is submitted, the Team Coordinator may confer with staff/case manager who made the referral.
6. Coordinate referrals and request and maintain a copy of the child's enrollment card from a Federally recognized Tribe and other school/medical records in the student's records.
7. Schedule and notify clients/families and staff about appointments and follow-up in collaboration with the school staff. If clients/families miss appointments, then the ICP staff will reschedule these appointments.
8. Provide diagnostic services, which may include cognitive, psychological, psycho-educational, speech-language, occupational therapy evaluations depending on need, parent consent, and availability of appropriate staff. Other disabilities that create special needs may require referrals to IHS and/or other specialty clinics.
9. Submit copies of evaluation reports to the school (to be included with the student's IEP) provided an authorization to disclose reports have been signed and returned to the ICP office.
10. Make recommendations and referrals for therapeutic/special education services.
11. Provide recommendations for educational programming in collaboration with the school staff and others on the IEP team (i.e. the parents).
12. Participate in the child's initial IEP meeting if requested by parents, and based on the availability of staff. Attendance may not always be possible, but telephone/telehealth conferencing and other means can be explored for the ICP staff to provide reports on evaluations conducted.
13. Follow-up and provide therapeutic consultation, when practical and needed, to meet IEP goals. In discussion with Dr. Pam Walker and case managers, it was agreed that reevaluations would take precedence.
14. Prepare written reports within 15 days for evaluations, and written progress notes on students seen for therapeutic consultations over several weeks.
15. Provide technical assistance to clients, families, and school when feasible and needed.
16. Provide training activities to strengthen and build the capacity of students, their families and communities based on topics of interest.
17. Provide access to a calendar of planned activities, training, workshops and technical assistance to interested entities (i.e. clients/children and their families, community members, clinical staff, school faculty and staff) taking place over the next 6 months.
18. Facilitate and coordinate site visit activities on April 22, 2009.
19. Comply with the Health Insurance Portability and Accountability Act (HIPAA) national standards to protect the privacy of personal health information (April 14, 2003). Privacy Act regulations shall apply in the use of individual client's social, education, and health care related.

**Health Insurance Portability & Accountability Act (HIPAA) and Privacy Act of 1974**

- Patient health information may be disclosed as provided by the Privacy Rule of HIPAA. With respect to federally funded facilities, the confidentiality of information that identifies individual persons and is exchanged pursuant to this agreement between ICP and Ft Wingate High school is to be safeguarded in accordance with requirements contained in HIPAA and Privacy Act of 1974, 5 U.S.C. 552 and regulations, 34 C.F.R. Part 99 for the Family Educational Rights and Privacy Act. In addition, regulations of the Department of Health and Human Services (HHS) that implement the Privacy Act of 1974 within the IHS, shall be followed.
- Information exchanged between the ICP and Ft. Wingate High school that indicates a diagnosis, prognosis, referral or treatment of alcohol or drug abuse is to be protected in accordance with requirements contained in the "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations issued by DHHS, 42 C.F. R. Part 2.

**Meetings and Activities**

Ft. Wingate BIE High School and the ICP will sponsor regularly scheduled meetings with the Special Education Director to review the activities specified in this agreement.

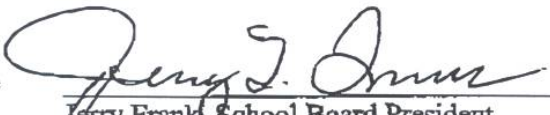
If for any reason(s) that either and/or both agencies might feel that services agreed upon are not implemented, both parties mentioned as representatives in this document will meet to discuss issues, concerns, and resolve collaboratively in the best interest of the community, families and the students served. ICP services are contingent on the continuation of fiscal support from the Indian Health Service.

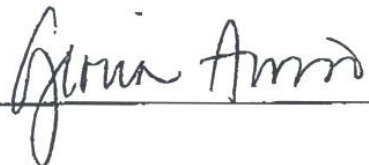
**Duration of the Agreement**

This document will be "ACTIVE" from July 1, 2008 to June 30, 2009. This document can be revised and/or terminated at any time during this period with both agencies collectively agreeing.

**Signatures of Each Party**

We, the undersigned, Fort Wingate High School and the Indian Children's Program do hereby approve this document.

Signature  Date 04-06-2009  
Jerry Frank, School Board President  
Bureau of Indian Education, Wingate High School

Signature  Date 4-6-09

**2. LIST OF HEALTH, EDUCATION, AND SOCIAL SERVICE PROGRAMS SERVED BY ICP October 1, 2010 – September 30, 2011**

**NORTHERN ARIZONA UNIVERSITY  
SCHOOLS-PUBLIC SCHOOLS**

<b>Program</b>	<b>Contact Person</b>	<b>Position</b>	<b>Phone</b>
Kayenta Unified Schools	Pat Gonnig	Director of Special Education	
	Ann Young-Talker	ESS Social Worker	928-697-2051
	Lorena DeJolie	School Psychologist	928-697-2054
	Alyssa Jenson	PT Contractor	
Chinle Unified Schools	Melba Martin	Director of Special Education	928-674-9730
Tuba City Unified	Avis Matkima	Preschool Teacher	928-283-4949

**SCHOOLS-BIE**

<b>Program</b>	<b>Contact Person</b>	<b>Position</b>	<b>Phone</b>
BIE Western Navajo Education Administration (Kayenta, Chichinbeto, Dennehotso, Kaibeto)	Carlotta Isaac	Special Education Advocate	928-658-3201
Shonto Preparatory School- BIE Western Navajo Education and AZ Charter School	Arin Nez	Special Education Coordinator	928-672-3500 Ext: 564

**SCHOOLS-OTHER EDUCATION AGENCIES**

<b>Program</b>	<b>Contact Person</b>	<b>Position</b>	<b>Phone</b>
Arizona School for the Deaf and Blind- AZ State Education Agency	Kristi Lawrence and Cheryl McMahan	Coordinators	
St. Michaels Association for Special Education- Private School	Dolores Sullivan	Speech/Language Pathologists	928-871-2822
Growing in Beauty- Navajo Tribe Department of Education	Paula Seanez Pauleen Hunter	Director Supervisor	928-687-6993 928-674-2189

**HEALTH PROGRAMS-IHS AND OTHER HEALTH PROGRAMS**

<b>Program</b>	<b>Contact Person</b>	<b>Position</b>	<b>Phone</b>
Inscription House Health Clinic	Dr. Diane Weissman	Family Practice	
Kayenta Health Clinic	Dr. Alice Calhoun	Family Practice	
Ft. Defiance Indian Hospital	Jon Van Eyk	Physical Therapist	928-729-8810
	Dr. Heidi Harmon	Pediatrician	928-729-4185
Chinle Comprehensive Health Care Facility	Jennifer Montoya	Pediatrician	928-674-7001

Tuba City Health Care Corporation	Dr. Steve Holve	IHS Chief Clinical Consultant in Pediatrics	928-283-2408
	Sue Martin	Speech/Language Pathologist	928-238-2501

#### OTHER AGENCIES AND PROGRAMS

<b>Program</b>	<b>Contact Person</b>	<b>Position</b>	<b>Phone</b>
The Division of Developmental Disabilities- Chinle Office	Wendell Phillips	Support Coordinator Supervisor	928-674-8325
Chinle	Linda Leslie	Support Coordinator	928-674-8008
Page	New	Support Coordinator	928-608-4276
Winslow	Jack Schwartz	Support Coordinator	928-289-2936 x150
Saint Michael's	Suzie Tso	Support Coordinator	928-871-3696 x 221
Navajo Housing Authority- Kayenta	Evelyn Featherhat		928-697-3104
Child Protective Services	Leandrew Sixkiller	Kayenta Investigator	928-697-5530
Navajo Treatment Center for Children & Families	Christina Nephew-Tsosie	Kayenta Coordinator	928-697-5560
Social Services -Pinon	Fred Yazzie		928-725-3287
Social Services -Tuba City			928-283-3250
DNA -Chinle	Deanna	Legal Secretary	928-674-5242
Peacemaker Division	Chester Stanley	Kayenta Liaison	928-697-5502

**NEW MEXICO**

October 1, 2010 to September 30, 2011

**EDUCATIONAL PROGRAMS**

<b>Program</b>	<b>Affiliation</b>	<b>Contact Person</b>
Acoma Haiku Learning Center	Head Start	Barbara Antonio
Agua Fria Elementary	Public School	Anne Agny, Medically Fragile Case Manager
Alamo Early Childhood Program	Early Childhood Program	Cecilia Pino, Disability Coordinator
Alamo Elementary	BIE school	Sonia Stalnater, Admin Debbie Engresen, SPED Coord Kathy Arviso, SLP
Albuquerque Public Schools	Child Find	Georgia Athena, Coordinator Joyce Kolberg, Ed Diag
Ashiwi Elementary	Public School	Ervina Sandoval, SLP
Atsa Biyazh Community School	Grants School	Gwen Jacquez, SPED Coordinator
Aztec High School	Public School	Beth Carter, Teacher Ms. Maestas, Principal
Beclabito Day School	BIE school	Special Education
Bel Aire Elementary	Public School	Leslie Louverture, Teacher
Blanco Elementary-Special Ed Preschool	Public School	Michelle Duncan, SLP Ashley Dylene, Ed Diag Ehren Geske, OTR/L
Bloomfield School	Public School	Dyleen Ashley, Ed Diag
Borrego Pass Community School	BIE school	Mr. White Eagle, Principal Ms. Garcia, SPED Teacher
Central Consolidated Schools	Public School	Janet Slowman Chee-Director Mary Ann Sherman & Erick James, EPO Rose Lee- Records Mary Smiley-Preschool Sped Ed
Cove Day School	BIE School	Principal
Crownpoint Elementary	BIE school/CAU	Micki Sanchez, SLP Debbra Blanton, SLP
Cuba Independent Schools	Public School	Rebecca Gibson, SPED Director, George Ballantine, SLP
Cubero Elementary	Public School	Guy Archambeau, Principal Noel Talamante, SLP
Dowa Yolanne Elementary	Public School	Jennifer Becker, SLP
Dulce High School	Public School	Principal
Dulce Head Start	Public School	Jeff Versaw
Espanola Elementary	Public School	Amy Miller, SPED Coordinator
Esperanza Special Preschool	Public School	Kelly James

Eva Stokely Elementary	Public School	Heidi Larson, SLP
Farmington Head Start (PMS)	Head Start	Michael Jason-Chandler, Mental Health & Disability Coordinator
Gallup McKinley County Schools Diagnostic Center	Public Schools	Ann Brendahl Irene Henio
Governor Bent Elementary	Public School	Ms. Spagna, Teacher Terri Gassoian, SAT
Growing in Beauty	Navajo Nation Early Childhood Program	Erlene Henderson- Crownpoint Doreen Chavez-Shiprock Karen Pete-Shiprock Doris Sarracino-Gallup Gloria Woody-Gallup Rosemary Silversmith-Crownpoint
Hogback Day Care Center	Day Care	Teachers
Isleta Elementary	BIE School	Mary Ann Bosworth, SPED Coordinator
Jicarilla Child & Family Education Center	Preschool & Education Center	Jeff Versaw, Social Worker Michael Lawrence, Preschool Special Education Teacher
Kirtland Early Childhood Center	Public School	Carol Nicholson, Case Manager
Kirtland Elementary	Public School	Eric James, EPO
Kirtland High School	Public School	Linda Weiss, Counselor
La Mesa Elementary	Public School	Anna Luna, SPED Coordinator
Laguna/Acoma Sr School	Public School	Marita Raca, Case manager Charlene Silva, Counselor
Laguna Dept of Early Childhood Programs	Laguna Early Intervention, Early Head Start, Head Start	Ruth Kie, Executive Director
Laguna Head Start	Head Start	Liz Martinez, Director
Laguna Elementary School	Public School	Roberta Pedro, Counselor
Los Alamos Middle School	Public School	Sean Gold, Ed Diagnostician
Mariano Lake Community Schools	Public School	Rebecca Vicenti
Mesa Elementary	Public School	Ms. Etcitty, Teacher
Mescalero Elementary	Public School	Alfred Lone, Teacher
NAPPR	Early Intervention	Jane Larson, Director
Naschitti Elementary	Public School	Maxine Arviso, SPED Coordinator
Nataani Nez Elementary	Public School	Jackie Reddy, Teacher Paula Magnuson, SLP
Nenahnezad Elementary	BIE School	Jackie Sandoval, SPED Coordinator
Newcomb Elementary	Public School	Julie Bisbee, SLP

Newcomb Middle School	Public School	Julie Bisbee, SLP Ms. Ratcher, SPED Coordinator
Nizhoni Elementary	Public School	Paula Magnuson, SLP Dr. Wynora Bekis, Principal David Reis, OT Eloise Lee, Teacher
Noah's Ark Children's Center	Early Childhood Program	Claudine Wyaco
Ohkay Owingeh Community School	BIE School	Patricia Archuleta, Principal
Ojo Amarillo Elementary	Public School	Cheryl Guess, Case manager Penny Sterling, Nurse
Ojo Encino School	BIE School	Ms Sandoval, Teacher Debra Blanton, SLP Yolanda Denny, Counselor
Pine Hill Schools	Contract School	Brenna Martinez, Admin
Pojoaque Middle School	Public School	Brennen Boisner, Counselor Christine Velasquez, SPED Coordinator
Ramah Navajo Head Start	Head Start	Sharon Henio-Yazzie Roberta Adeky-Yazzie
Red Rock Elementary	Public School	John Hartog, Principal Donna Newman, SAT/504 Chair
Roosevelt Elementary	Public School	Annette Raton Christine Esanberg, Director of Special Education and Health Services
Round Tree Developmental Services	Early Intervention	Lillian Yazzie, Service Coordinator
Santo Domingo Head Start	Head Start	Nancy Garcia, Disability Coordinator
San Felipe Head Start	Head Start	Bertha Candelaria, Disability Coordinator
San Juan Elementary	BIE school	Amy Miller, Case Manager
Sanostee Head Start	Head Start	Jullie Bisbee, SLP Levonne Benally, FSC
Shiprock Associated Schools, Inc.	Contract School	Gwen Jacquez, SPED Coordinator
Sky City Community School	BIE Contract School	Leanora Marino, SPED Teacher
Taos Integrated School of the Arts	Public School	Jana Real, SPED Coordinator
Taos Head Start	Early/Head Start	Joanne Romera, Teacher
Tohatchi Elementary	Public School	Vanessa Holly, Principal Jutta Stonawski, SPED Teacher
Torreón Head Start	Head Start	Jeanette Cayadito, Teacher George Ballantine, SLP

Torreon Day School	BIE school	Ricki Smith, Teacher
Tsebit'ai Middle School	Public School	Jackie Germones, Case Manager
Tsiya (Zia) Elementary	BIE school	Lisa Nagursky, Case Manager Mr. Robledo, Principal Adrienne Shije, EA
Zuni Head Start	Public School	Francine Cheama
Zuni Elementary	Public School	Ervina Sandoval, SLP

### HEALTH PROGRAMS

<b>Program</b>	<b>Affiliation</b>	<b>Contact Person</b>
Acoma-Canoncito-Laguna IHS Service Unit	Hospital	Jacklyn Harrington, PA John Russo, Psychiatrist
Albuquerque Indian Health Services	Hospital	Bernadette Engler
Autism Programs	CDD	Pat Osbourn, Div Director Wendy Kalberg, Program Manager
Allegra Speech & Language Services	Private Clinic	Mary Beth Delozier Debevec, SLP Gwen Fletcher, SLP
Children's Medical Services	NM Department of Health	Susan Chacon, Director Jim Atkins, LISW
Circle of Life-Pojoaque Pueblo	Behavioral Health LC 18	Lilah Westrick
Crownpoint Indian Health Service	Hospital	Tania Hurlbutt, MD
Cuba Health Center	Hospital	Joann Hughes, FHN R. Kozoll, MD Tim Garcian, MD
Ear Associates	Audiology/Otology Clinic	Karl Horn, MD
Gallup Indian Medical Center	Hospital	Carol Lauber, RN Pam Bell, SLP
Michael H. Moore, DDS	Orthodontic	Michael H. Moore, DDS
NM Cleft Palate Center	Cleft Palate Clinic	Luis Cuadros, MD Kathleen Cuadros, Admin. Victoria Garcia, Medical Assistant
Northern Navajo Medical Center	Hospital	Dr. Gatheway, MD Kathy Heiss, MD Jeffrey Powell, MD William Larrick, SLP Colin McCreight, MD Alan Schooley, MD Reymundo Torres, MD

Oral and Maxillofacial Surgery	Clinic	Robert Urquhart, DDS Lionel Candelaria, DDS John Mitchell, DDS
Pine Hill Health Center	Hospital	Jean Proper, FNP S. Drilling, MD
Ramah-Navajo Social Services	Social Services	Rita Lorenzo
Santa Fe Indian Hospital	Hospital	Daniel Coles, M.D. Michael Robles, MD Anne Kusava, MD
Taos Clinic for Children and Youth	Hospital	Sylvia Villareal, MD
UNM Hospital - Division of Clinic Genetics & Dysmorphology	FASD Growth Study Clinic	Louise Kodituwakku, PhD Piyadasa Kodituwakku, PhD

#### **OTHER AGENCIES OR PROGRAMS**

<b>Program</b>	<b>Affiliation</b>	<b>Contact Person</b>
CYFD (Gallup)	Adoption Agency	Veronica Yazzie, Social Worker
Gallup ISD Office	Medicaid/Medical Transportation	Lynda Armijo, Medical Transportation Case Manager
Early Childhood Network	CDD	Mette Pederson, Div Director Rachel Sanchez, Program Manager Cathy Riley, Training Consultant
Early Childhood Evaluation Program	CDD	Marcia Moriarta, Director & Psychologist Tanya Ramos, Psychologist Mareth Williams, MD Judy Ledman, MD
EPICS	Advocacy Agency	Jeannette Trancosa, Director Alvino Sandoval, Training Specialist Ronalda Tome, Training Specialist
Namaste Child Development Center	Treatment Foster Care	Deborah Davis Ileen Longacher
Preschool Network	CDD	Kate Dixon, Consultant
Ronald McDonald House	Emergency Lodging	Connie Martinez, Guest Services Manager

### **3. ICP BACKGROUND INFORMATION**

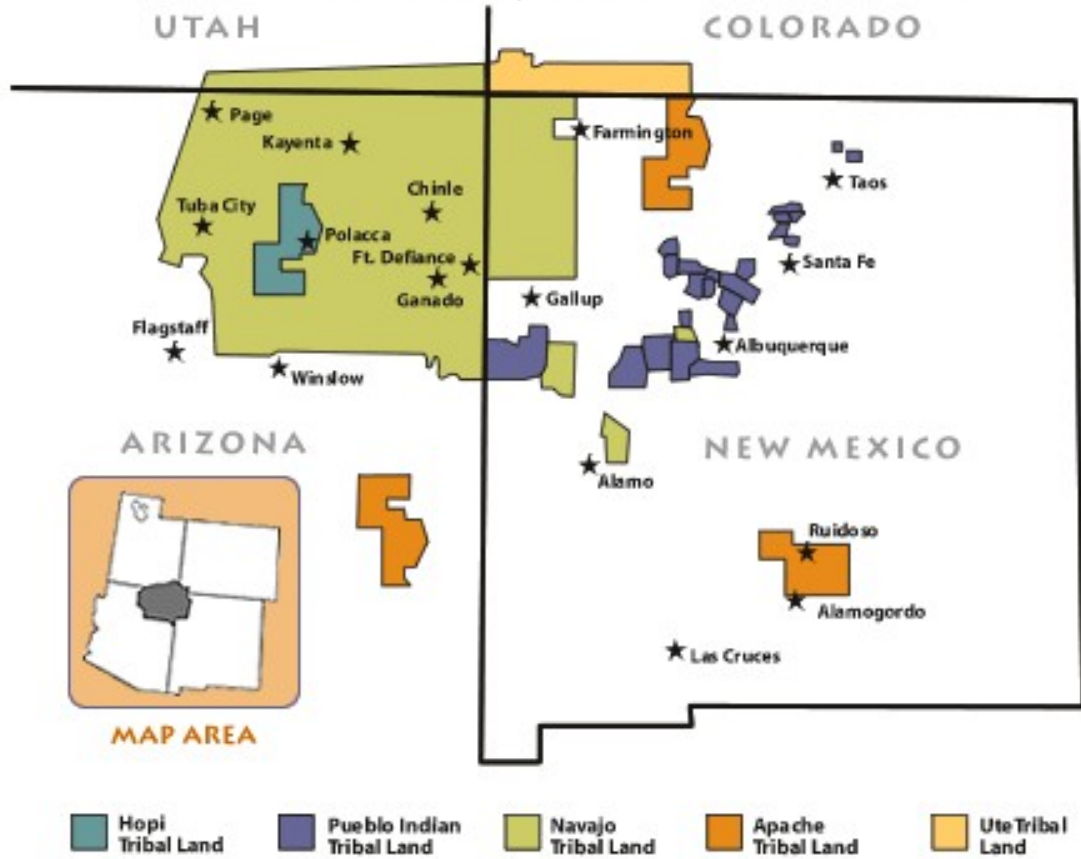
In 1990, the Indian Health Service (IHS) issued a request for applications (RFA) to establish the ICP as a service initiative of the Indian Health Service. This initiative was in response to a special Congressional appropriation. The Center for Persons with Disabilities at Utah State University applied as the prime contractor on behalf of a consortium of three University Centers for Excellence in Developmental Disabilities (UCEDDs) serving people with disabilities in the catchment area specified by the RFA. The RFA submitted by IHS specified services to be provided and outlined the scope of work, work requirements, reports, billing procedures, assurances, and service priorities.

The application the Center for Persons with Disabilities submitted in response to this RFA was competitively reviewed, and following fiscal and programmatic negotiations, it was awarded to Utah State University on behalf of the ICP Consortium.

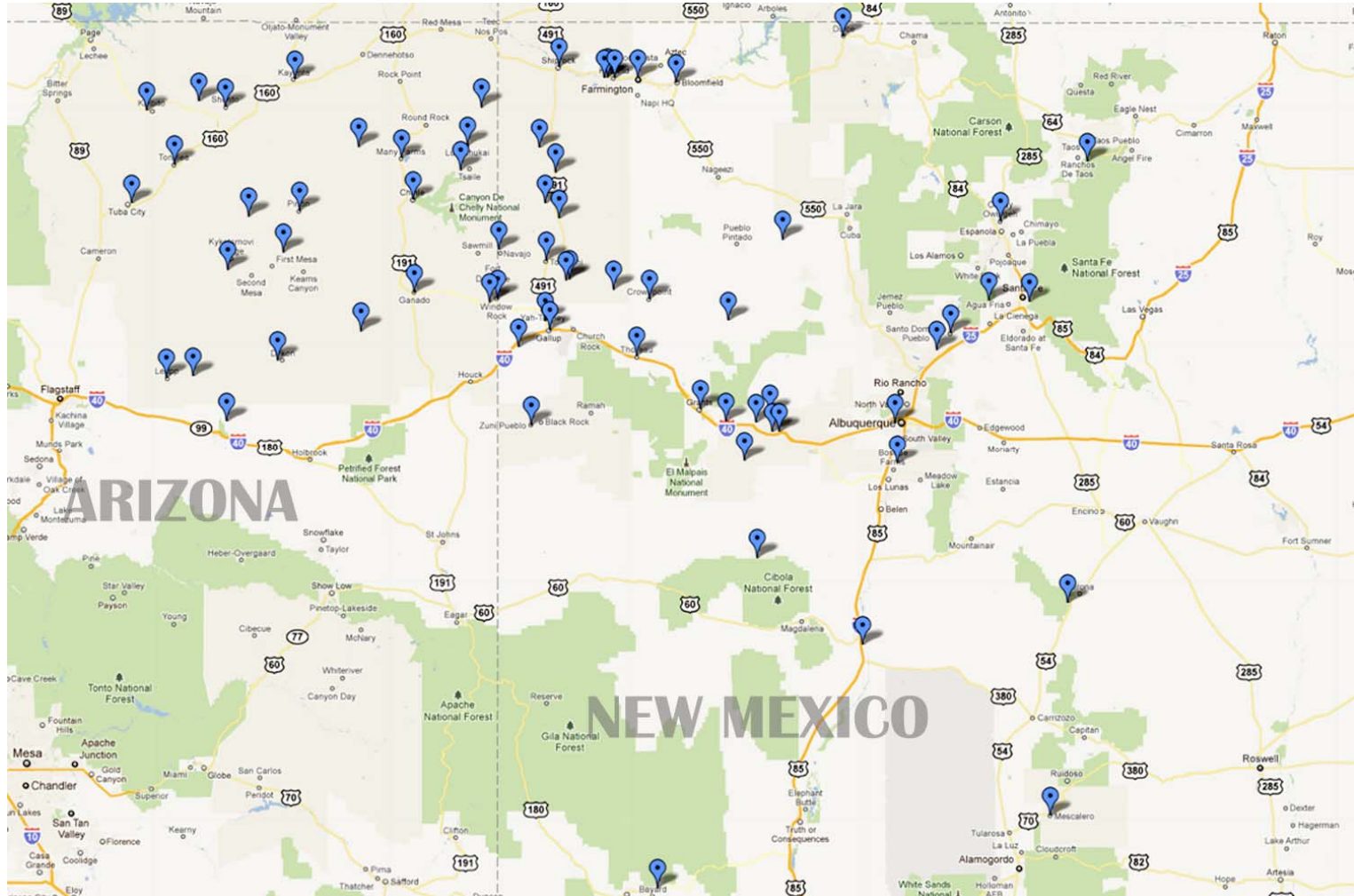
Since 1991, a new competitive RFA has been issued by the Indian Health Service for the Indian Children's Program every three to five years. In response to the RFA, USU has submitted an application on behalf of the ICP Consortium for a continuation of this contract. Each of these applications has been reviewed, negotiated, and approved by IHS. Although minor modifications have been made to accommodate the changing needs of the population served and to expand coordination, the service models specified in the contract, report requirements, and procedures outlined have not been modified only slightly during the past 20 years. A new contract was issued October 1, 2009

## 4. MAPS

### INDIAN CHILDREN'S PROGRAM SERVICE AREA



## Communities Visited Annual



## 5. ICP COMMUNITY ADVISORY BOARD

Pauleen Hunter  
Growing in Beauty  
P.O. Box 1893  
Chinle, AZ 86503  
929-674-2189  
[phosers@hotmail.com](mailto:phosers@hotmail.com)

Eva Sekayumtewa  
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CAU Special Education Coordinator  
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Cathy Riley  
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Center for Development & Disability  
2300 Menaul Blvd.  
Albuquerque, NM 87107  
505-272-0764  
[cpriley@salud.unm.edu](mailto:cpriley@salud.unm.edu)

## 6. INSTRUCTIONAL STRATEGIES AND MATERIALS UTILIZED BY ICP Speech-Language Pathology

### *Augmentative systems:*

- PECs (Picture Exchange Communication Systems)
- Visual schedules
- Switches
- Communication Boards

### *Fluency materials:*

- Worksheets from Pragmatic Stuttering Intervention
- Recording samples
- Visual and verbal feedback
- Relaxation procedures
- Facilitating fluency in a variety of structured activities
- Strategies for social interactions

### *Oral motor intervention:*

- Items for processing of kinesthetic-proprioceptive, auditory, or visual input
- Oral motor materials for materials for supporting lingual control, sequencing of movements, labial/facial control, and mandibular control in order to improve tone and phonatory control.
- The oral motor strategies address abnormal tone, uninhibited oral reflexes, excessive drooling, overextension of jaw, tongue protrusion

### *Articulation:*

- Pictures to elicit sounds in various articulation remediation books
- Stimulables for reducing phonological process patterns
- Speech production for children with cleft palate, apraxia,
- Storytelling probes for articulation competence

### Dysphagia/Feeding

Development of feeding skills in young children require materials such as modified pacifiers, nipples, bottles, cups, straws, and spoons are needed to develop a feeding program. In addition, oral facial stimulation materials such as whistles, gauze, NUK toothbrushes, and tongue depressors may be needed. Baby foods, instant baby food, scooper bowls, scooper plates and dycems may be needed.

### Language:

Intervention involves collaborating with school to develop strategies related to areas of need and strengths. Materials are developed once the planning is completed. Sometimes classroom materials are used; sometimes, additional materials are brought in. Generally, language intervention is related to phonological awareness, vocabulary/concept development, social skills/social interaction, auditory processing, as well as grammar development. Specific adaptations are typically needed for children diagnosed with disorders such as ASD

(Autism Spectrum Disorders), FASD (Fetal Alcohol Syndrome Disorders), and others. There are specific intervention programs that are helpful with disorders.

#### Occupational Therapy:

Sensory Integration: Therapy is guided through activities that challenge a child's ability to respond appropriately to sensory input by making a successful, organized response. Therapy involves activities that provide vestibular, proprioceptive, and tactile stimulation, and are designed to meet the child's specific developmental needs. An occupational therapist or physical therapist may provide skills training if desired. Sensory integration addresses tactile sensitivity/defensiveness which can create negative experiences such as restlessness and behavior problems.

## **7. PUBLISHED TESTS & ASSESSMENT TOOLS ADMINISTERED BY ICP STAFF**

#### Cognitive/Psycho-educational & Neuropsychological Batteries:

- Autism Diagnostic Observation Schedule (ADOS)
- Asperger's Syndrome Diagnostic Scale
- Bayley Scales of Infant Development-III
- Beck Youth Inventories – Second Edition
- Beery-Buktenica Developmental Test of Visual-Motor Integration (VMI)
- Behavior Assessment System for Children, Second Edition (BASC-2)
- Benton Visual Retention Test
- California Verbal Learning Test (CVLT-C)
- Children's Depression Inventory 2
- Child Behavior Checklist (CBCL)
- Conners, Third Edition (Conners-3)
- Conners Comprehensive Behavior Rating Scales (CBRS)
- Cortical Visual Screening Test (for older adolescents)
- Depth and Color Perception Tests
- Detailed Assessment of Posttraumatic Stress (DAPS)
- Expressive Vocabulary Test, Second Edition (EVT-2)
- Facial Recognition Test
- Grooved Pegboard
- Hand Dynamometer
- Impairment Index
- Judgment of Line Orientation
- Kaufman Assessment Battery for Children (KABC-II)
- Letter and Category Fluency tests
- Matching Familiar Figures – Elementary
- Matching Familiar Figures Test
- McCarthy Scales of Children's Abilities

- Motor Sequencing Tests (experimental)
- Mullen Scales of Early Learning Scale
- Parenting Stress Index, 3<sup>rd</sup> Edition (PSI)
- Peabody Picture Vocabulary Test, Fourth Edition (PPVT-4)
- Pies-Humis Children's Self-concept Scales V
- Progressive Planning Test (experimental)
- Progressive Planning Test (PPT)
- Rapid Automatized Naming and Rapid Alternating Stimulus Tests (RAN/RAS Tests)
- Revised Children's Manifest Anxiety Scale: Second Edition (RCMAS-2)
- Rey Osterrieth Complex Figure
- Roberts Apperception Test for Children – 2 (ROBERTS-2)
- School Function Assessment
- Sentence Completion Task
- Social Attribution Task (experimental)
- Social Communication Questionnaire
- Stanford-Binet Intelligence Scales (SB5), Fifth Edition
- Test for Reception of Grammar (TROG)
- Universal Nonverbal Intelligence Test
- Verbal Consonant Trigrams (experimental)
- Vineland-II Adaptive Behavior Scales
- Visual Discrimination Reversal Learning Test (experimental)
- Wechsler Preschool and Primary Scale of Intelligence, Third Edition (WPPSI-III)
- Wechsler Abbreviated Scale of Intelligence (WASI)
- Wechsler Fundamentals (WF)
- Wechsler Individual Achievement Test, 3rd Edition (WIAT-III)
- Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV)
- Wechsler Intelligence Scale for Children, Fourth Edition, Integrated
- Wechsler Adult Intelligence Scale- 3<sup>rd</sup> Edition (for those who are older than age 16)
- Wide Range Test of Achievement (WRAT)
- Wisconsin Card Sorting Test
- Woodcock Johnson III – Tests of Achievement (WJ III ACH)

Speech/Language Batteries:

- Clinical Assessment of Articulation and Phonology (CAAP)
- Clinical Evaluation of Language Fundamentals-4<sup>th</sup> Edition (CELF-4)
- Diagnostic Evaluation of Language Variation (DELV)
- Goldman-Fristoe Test of Articulation-2 (GFTA-2)
- Elementary Test of Problem Solving-Elementary/Revised (TOPS-E, Revised)
- Expressive Vocabulary Test-2 (EVT-2)
- Language Processing Test-3 (LPT-3)
- Peabody Picture Vocabulary Test-4 (PPVT-4)
- Phonological Awareness Test (PAT)
- Preschool Language Assessment Instrument (PLAI-2)
- Preschool Language Scale 4<sup>th</sup> Edition (PLS-5)

- Stuttering Severity Index 3<sup>rd</sup> Edition (SSI-3)
- Test of Narrative Language (TNL)
- The Rosetti Infant-Toddler Language Scale
- The Assessment of Phonological Processes

Occupational/Physical Therapy: Gross-Fine Motor

- INFANIB
- Peabody Developmental Motor Scales-2 (PDMS-2)
- School Functional Assessment
- Bruininks-Oseretsky Test of Motor Proficiency, 2<sup>nd</sup> edition
- Batelle Developmental Inventory
- Gross Motor Function Measure
- Pediatric Evaluation of Disability Inventory

Screening Tools

- Ages and Stages questionnaire
- DIAL-3

**8. ACRONYMS FREQUENTLY USED:**

ABQ - Albuquerque

ADA- ADA Rights/Minority Issues

ADM- Admin & Management

BIE – Bureau of Indian Education

CDD – Center on Development and Disability

CI- Community Integration

CM-Case Management

CPD – Center for Persons with Disabilities

CYFD – Children, Youth, and Families Division

DDD – Division of Developmental Disabilities

DI-Disability Information

ELFS – Early Learning for Success

EMP- Employment Related

EVAL- Evaluation

FACE – Family and Community Education

FAS – Fetal Alcohol Syndrome

FASD – Fetal Alcohol Syndrome Defect

FSP- Family Support & Parenting

GIB – Growing in Beauty

HC- Health Care

HS – Head Start

HS – High School

ICP – Indian Children’s Program

IHD – Institute for Human Development

IHS – Indian Health Service

IP- Intervention Planning

IR- Information/Referral

IT- Intervention and Treatment

MH- Mental health Consultation

NAU – Northern Arizona University

O - Outreach

P/EI- Prevention & Early Intervention

PP/P- Public Policy/Planning

PT – Physical Therapy

SA- Substance Abuse

SAT – Scholastic Aptitude Test

SLP – Speech and Language Pathologist

TEACH -

UNM – University of New Mexico

USU – Utah State University

## **9. TERMS USED IN TABLES AND CHARTS**

Pre-assessments are undertaken generally after a referral has been received and include a variety of activities aimed at determining the nature of the referral problem and how to proceed with evaluation, intervention or consultation. Pre-assessment generally includes some combination of a developmental or educational screening, interviews with teachers, parents and others, records review, and observation of the child in the classroom, at home or other locations. At that time the clinician will use pre-assessment behavior checklists or other similar instruments, cross checking data with observations, obtaining signatures and other notes and descriptive information.

A supplant check is done to ensure that the requested ICP services are not a repetition or duplication of services that have been previously provided. Supplanting checks also ensure that the ICP is not being asked to perform services the referring program has the capacity or is required to provide through its own funding.

Evaluation/assessments involve the administration, scoring and reporting the results of a variety of individually administered test, e.g., Speech and Language assessments, Hearing and vision screening, academic achievement tests, reading and development tests, readiness tests, psychological and intelligence tests, psycho-neurological tests, and psycho-motor and eye-hand coordination assessments, etc. As defined in federal education regulations, evaluation is the process of eligibility determination. Assessment is the process of monitoring and updating progress.

Family follow-up includes meeting with the family to review the results of an assessment and to assist with the development of recommendation and treatment intervention plans. Family follow-up may include providing technical assistance to assist families and providers with the implementation of the plans. Follow-up also includes post-assessment contact to determine if the appropriate agency has initiated services for the child. If not, ICP staff will contact the responsible agency to determine the reason for the delay. Depending on the reason for a delay in service implementation (e.g., no providers are available, no funding is available, etc.) ICP staff may assist the agency by filling in as the service provider until the appropriate agency can assume responsibility. In addition, family follow-up includes distribution and training for families to utilize developmental tracking and recording charts and tables. This may be the distribution and training to use Assistive Technology manipulative toys, aids to writing, language boards, dressing and toileting plans devised. Family follow up is not adequately reported in the

existing database. Some visits are short and limited in scope; others involve intensive consultation and monitoring. The database currently captures follow-up services that encompass: debriefing, program planning, follow-up/quality assurance, service coordination, therapies, special instruction, equipment checking, behavior/mental health, TA for providers & families. There is no distinction between “follow up” services provided by Telehealth, phone, or personal visits.

Interagency meetings can include those in which staff from all the agencies which serve a child sit down together to plan a treatment, develop an intervention plan, or evaluate existing treatment plans. For school-age children, these may be referred to as IEP conferences. Interagency meetings are often arranged by ICP staff, but staff from any agency serving the child may ask for such a meeting. Very often several children are “staffed” during an interagency meeting.

Interagency meetings may be called by other organizations in which ICP staff are invited. They may be local interagency or regional agencies. Policy planning, implementation of regulations, and sharing of resources are often discussed, as well as multidisciplinary team meetings to address the placement and/or treatment needs of a specific child.

Technical consultation refers to a service in which a child is referred to the ICP, the ICP staff meet with the family and/or local service agency, and together it is determined that the presenting problem or problems can be addressed without conducting a formal assessment. The ICP staff may provide some assistive technology or an instructional procedure for the parents or local program staff to use. Technical consultation may involve suggestions for behavior management, a more appropriate class placement, or referral for some other service to better address the presenting problem. In certain incidences the child’s presenting problem is resolved in the intervening time between the submission of the referral and the pre-assessment interviews with the family or local program, thus removing the need for further intervention by ICP staff. When technical consultation is provided the ICP staff always conduct follow-up to ensure the child’s problems are appropriately addressed and further intervention is not needed.

## **10. STUDENT TRAINEE EVALUATION**

### **UNM/ICP Student Trainee**

Joshuaa Allison-Burbank, Undergraduate Program

UNM Speech & Hearing Sciences Department

Trainee, July 2010-March 2011

The Indian Children's Program provided a unique opportunity to work with Native American children with disabilities and their families. Furthermore, I was able to work directly with a skilled and talented team of rehabilitative and medical professionals. Throughout my student trainee internship, I observed developmental assessments, participated in therapy sessions, observed both IEPs and IFSPs, collaborated with medical professionals, and acquired clinical coordination experience.

My time with the Indian Children's Program provided a handful of opportunities. Along with the ICP team, I traveled to many tribal communities throughout New Mexico and participated in a very distinctive method of service delivery. I gained very astute clinical exposure to speech and language impairments, autism spectrum disorders, cleft lip/palate, and other developmental disabilities.

This student trainee internship combined clinical work, professional development, and student advisement. Additionally, the mentorship provided by the ICP team has propelled my educational pursuits towards graduate school. I am sincerely grateful for the opportunity to serve on the ICP team and have had an extraordinary and exciting experience.

### **STUDENT TRAINEE EVALUATION**

Etheline Jose, seeking Masters degree in Communicative Disorders Speech-Language Pathology, Eastern New Mexico University

Navajo tribal member from Crownpoint, NM

Trainee 05/25/11-07/29/11

As a graduate student clinician working under the supervision of Chris Vining, Etheline completed her clinical practicum internship requirements according to ASHA and ENMU guidelines. Through ICP, Etheline served clients birth to 18 years of age with mild-severe communication disorders e.g., articulation disorders, voice disorders, and language impairment. She provided assessment and consultation intervention for clients as well as oral/written communication with families and other professionals. Etheline completed 68.11 hours of direct clinical activities which exceeded the hours she needed complete her internship. She reported that her knowledge and skills have increased as a result of the training experience and was highly satisfied with her overall training experience. She said, "It was a great learning experience and I would do it again if I had the chance." As a result of clinical supervision received through ICP, Etheline was able to complete her masters clinical practicum requirements and move forward to receiving her clinical certification.

## Appendix B

Indian Children's Program  
Community Advisory Board  
NAU  
Flagstaff, Arizona

March 3, 2011  
9 am to 1 pm

### AGENDA

1. Welcome / Introductions
2. ICP Program Updates (B Fifield)
  - a. Review of Board minutes
  - b. Trends in service provision
    - i. Productivity
    - ii. Dealing with discontinuities
  - c. Logs and program issues
3. Individual Site Reports
  - a. Center on Development and Disability, University of New Mexico (C Vining)
  - b. Institute on Development and Disability, Northern Arizona (L Corbin)
4. Board Discussion – Continuing discussion about Assessing Quality of ICP Services

**Indian Children's Program  
Community Advisory Board  
March 3, 2011**

Advisory Board Members: Pauline Hunter, Carlotta Isaac , Esther Cadman, Cathy Riley, Louise Ashkie, Janet Slowman-Chee

ICP/Utah: Bryce Fifield, Sharon Weston

ICP/Arizona: Lynne Corbin, Selita Mitchell, James Samsel, Crystle Alonzo, Laura Tompkins

ICP/New Mexico: Chris Vining, Joshua Allison-Burbank

Bryce welcomed participants to the meeting. He expressed his appreciation for their willingness to participate on this Advisory Board. Participants introduced themselves, describing their own work and affiliation with the Board. Bryce thanked Arizona staff for hosting this meeting. Board members will be reimbursed through USU for their travel. Call Sharon Weston with any questions (435-797-0134).

Bryce reviewed the agenda items with participants and encouraged Board members to share their input and suggestions for improving the operation of the ICP program.

Lynne explained the Indian Children's Program is a collaboration of three University Centers for Excellence located in Utah, Arizona, and New Mexico with a focus relative to research, training, services and program development. This allows ICP staff the opportunity to address major issues and trends that are going on nationally. She led participants on a tour of the facility. Bryce indicated that they would be taking photos of Board members to place on the ICP website.

Human service agencies around the country are experiencing extremely tight funding issues. People are being shuffled to different services. This also puts ICP in a difficult situation. The ICP mission is to address unmet service needs without supplanting those services that are the mandated responsibilities of the service system. However, the number of families with unmet needs is increasing because they are not being addressed by the service system.

The agenda packet included charts data extracted from monthly logs for the annual reports. The monthly logs sent to ICP Board members are also posted on the website [www.icpservices.org](http://www.icpservices.org). Bryce pointed out that the charts show a reduced number of activities reported in the 2009-10 year than in the previous year, 2008-09. One reason may be due to the disruption of funding and fiscal restraints. In addition, fewer assessment activities are reported because more work is being done in the area of case coordination and helping families to navigate the service systems. The amount of time spent in pre-assessments, working with referral sources, acquiring background information, and setting up pre-referral interventions, and determining treatment options is increasing. James Samsel pointed out that post assessment activities often include therapy consultations that require visiting the homes and working with families to teach them the necessary skills to work with their child. Travel and geographic location has to be considered in the time involved.

Bryce invited Board members to share trends they are seeing in their roles and to offer any suggestions they may have to improve services.

Janet and Cathy indicated that due to diminished funding, agencies and schools are stretched thin in providing resources and staff cannot adequately address interventions with families, providers and communities. There is a need to provide additional training and capacity building

for teachers, and use professional interventions only for critical referrals. Many teachers do not have the experience with oppositional behavior, and many refuse to deal with it.

Cathy Riley indicated that New Mexico is in discussions about redefining their work to more efficiently function to save resources – i.e., how to support practitioners and schools who are seeing increased numbers of children with behavioral issues. Some of the options under discussion include broadening the role of developmental specialists to take more responsibility for providing interventions. This could be done by providing the resources and training they need, while at the same time, providing the knowledge and resources necessary for families, caregivers, and direct practitioners to provide supports. That will help alleviate the workload of the psychologists to be able to devote their time to the children who really need that level of expertise.

Pauline indicated that there is a great need. The responsibility falls back on families. They feel overwhelmed and need support. The trend in communities is away from responsibility. Due to budget cuts, some agencies are quick to shift referrals to another agency without following established procedures. Oftentimes, families are forced to legal action.

It was pointed out that while some of the more traditional families are unaware of how to access services, some of the younger families are more savvy and demand that their children be referred for services even though they may not be eligible. This overtaxes an already burdened system.

Other suggestions by Board members included:

- Bring families into the conversations – reexamine how ICP is selling the program to the families.
- Make sure that ICP information and promotional materials are geared to and relevant to families.
- Reassess ICP priorities to bring them in line with the increasing need for service coordination and follow up activities.

The guidelines for making referrals to the ICP are outlined on the ICP website. Bryce indicated that the ICP will be redesigning the website in the near future.

### **New Mexico Program Updates:**

Chris Vining explained that New Mexico ICP program is increasingly focusing on capacity building. They are actively supporting agency and staff to assume responsibility and capability for service provision. This model proved successful in their partnership with the Growing in Beauty program.

They will use this approach for the Autism and Behavioral Supports programs. A team will provide outreach support until agency staff are able to do independent interventions, at which time ICP can step back.

New Mexico staff have been involved in the Cleft Palate clinics. Because of funding cuts, families have no support in managing the case coordination. ICP is helping these families coordinate their services and work through the barriers to get these children the services they need. There is a high incidence of cleft palate for Native Americans in New Mexico. The system is not working for these kids. The role for ICP is to build capacity for these families.

Chris indicated that student training is an invaluable piece of the ICP mission. Joshua Burbank, a UNM student trainee, shared his experiences in working with ICP interdisciplinary teams on the reservation.

### **Arizona Program Updates:**

Lynne Corbin (Arizona ICP) explained that both programs have used the expertise of ICP staff to leverage other programs, maximizing the use of ICP resources. They work with a variety of responsible agencies and social service organizations to assist the families. Even though the numbers of children and families served may not be high, the work they do in terms of supplanting checks, service coordination, and assessments with the service system and families is complicated. Building capacity within the responsible agencies helps the system to function as it should.

Lynne indicated that one way they are discussing to stretch resources is to look at ways to utilize technology in homes that will increase the ability to communicate with families on a more regular basis and help in building relationships.

Esther Cadman is a former PhD student intern from NAU who is now working in New Mexico as a school psychologist.

The need for capacity building is growing and changes the way that ICP has provided services in the past. It is important to develop a good model of up-front intervention.

Pauline agreed. In her role she encourages service providers to wear a more “general hat” offering as many resources and information to families as possible, rather than focusing only on their specialties. They may be the only contact that these families will see.

Bryce thanked participants for their willingness to participate in these discussions. It has been helpful to share ideas. He invited Board members to visit the ICP website, or to call Chris or Lynne with any questions about ICP activities.