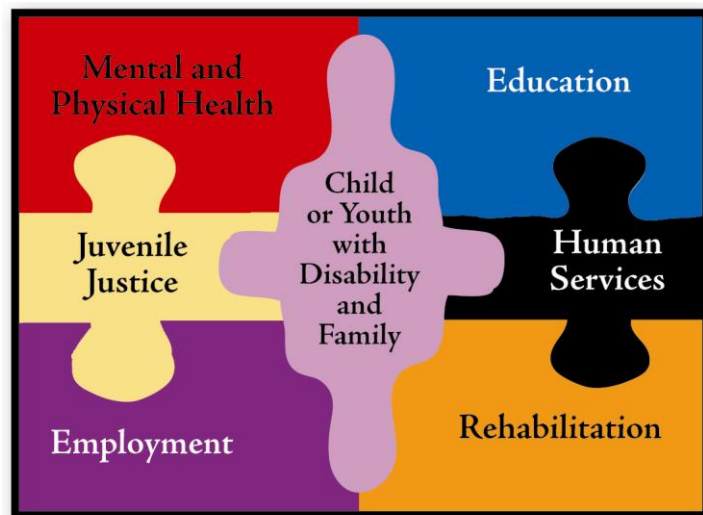


Bureau of Indian Education  
Special Education  
Coordination of Services Plan  
March 2009



# **Bureau of Indian Education Special Education Division Coordinated Services Plan**

## **I. Introduction**

The impetus for development of this Bureau of Indian Education (BIE) Special Education Coordinated Services Plan is the congressional mandate established in Public Law 108-446, the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA or IDEA). The concept of coordination of services between Federal, state and local agencies having responsibility for meeting the needs of Indian children with disabilities as well as other service providers is noted in three specific references in the IDEA; they are as follows.

First, Section 611(h) (2) (E) calls for an “assurance” that the Department of Interior (DOI) and the Department of Health and Human Services (DHHS) enter into a memorandum of agreement for the “coordination of services, resources, and personnel between their respective Federal, State, and local offices and with State and local agencies and other entities to facilitate the provision of services to Indian children with disabilities residing on or near reservations.” Subsection (E) also specifies that such agreement shall provide for apportionment between the Departments’ respective agencies – namely, the Bureau of Indian Education’s Special Education Division and the Indian Health Service (IHS) – of responsibilities and costs “including child find, evaluation, diagnosis, remediation or therapeutic measures, and (where appropriate) equipment and medical or personal supplies as needed for a child to remain in school....”

Second, Section 611(h) (5) directed DOI to develop and implement a Plan for the coordination of services, that:

“...Shall provide for the coordination of services benefitting these children from whatever source, including tribes, the Indian Health Service, other BIA divisions, and other Federal agencies. In developing the plan, [BIE] shall consult with all interested and involved parties. The plan shall be based on the needs of the children and the system best suited for meeting those needs, and may involve the establishment of cooperative agreements between the BIA, other Federal agencies, and other entities. The plan shall also be distributed upon request to States, State and local educational agencies, and other agencies providing services to infants, toddlers, and children with disabilities, to tribes, and other interested parties.”

Third, Section 611(h) (6) called for the establishment of an Advisory Board “composed of individuals involved in or concerned with the education of and provision of services to Indian infants, toddlers, children, and youth with disabilities...” This body, the BIE Advisory Board for Exceptional Children, was vested with the responsibility for providing advice and recommendations to the BIE. The Advisory Board has the following responsibilities related to the coordination of services:

“Assist in the coordination of services within the BIA and with other local, State, and Federal agencies in the provision of education for infants, toddlers, and children with disabilities; develop and recommend policies concerning effective inter- and intra-agency collaboration, including modifications to regulations, and the elimination of barriers to inter- and intra-agency programs and activities; and provide assistance and disseminate information on best practices, effective program coordination strategies, and recommendations for improved early intervention or educational programming for Indian infants, toddlers, and children with disabilities.”

The Department of Education also made reference to the need for the BIE to develop a coordination of services plan. In the IDEA regulations (Federal Register Volume 71, No. 156,) pertaining to §300.713, the Department of Education states in the

comment section (page 46743) the following: IDEA regulations and Act “.... require that the plan address the coordination of services for all Indian children residing on those reservations. This includes Indian children residing on those reservations that are enrolled in public schools in the local school district, as well as Indian children that are enrolled in BIA-funded schools. This also includes Indian students incarcerated in State, local and tribal juvenile and adult correctional facilities.”

IDEA acknowledges that some children and young people have unmet needs, which are so intense and complex that the provision of regular health, education and social services cannot satisfactorily address them. These students often require multiple services and supports (special education, rehabilitation, health, employment, juvenile justice involvement, etc.), which present a unique challenge to both families and school system personnel. Clearly, schools are unable to meet all of these needs alone and multiple service providers will be needed.

Coordinated Services Planning (CSP) is an evidence-based practice that creates a connection between students with multiple needs, and their families, and available programs and services to address the immediate and long-term needs of the student. In addition to meeting IDEA and other compliance requirements, the use of CSP systems can reduce service duplication and redundancy while increasing efficiency, interagency communication and accountability, and ultimately the quality and quantity of client services.

This planning document provides a brief rationale, as well as research based-evidence and guidance for the initiation, usage, and maintenance of a coordinated services model when addressing the multiple needs of students with disabilities.

## **Purpose**

The purpose of this Coordinated Services Plan is to provide guidance to BIE, Education Line Offices (ELO) and BIE funded schools on how to meet the educational and related service needs of Indian children with disabilities through the

coordinated linkage of all appropriate service providers such as IHS, Head Start, Tribal Health and Behavioral Service Departments, state/tribal Vocational Rehabilitation, and the Department of Health and Human Services (DHHS).

Most models or systems of coordination involve use of either one model or a hybrid of client-centered, program-centered, policy-centered, and/or organization-centered strategies of implementation. Nine broad policy considerations typically guide the development of CSP models, as follows: (1) vision and leadership, (2) authority and responsibility, (3) scope of coordinated services, (4) identification and evaluation, (5) staffing and skill development, and (6) development of individualized education programs or individualized family service plans (Schrag, 1998). This BIE Coordinated Services Plan incorporates the previous policy considerations and is based on the following understandings and beliefs:

BIE, BIA, tribal and state service providers, in the domains of health, education, law enforcement, mental health, and human services, reflect in their missions, the following:

1. **Desire** to collaborate to address the needs of children/youth with disabilities.
2. **Understand** that no one program has sufficient resources to provide all services necessary to address the needs of every child with a disability.
3. **Value** the creation of culturally relevant programs and services through all aspects of policymaking, planning, management and service provision.
4. **Strive** for the provision of services that are responsive to individual needs, supportive of families, and are comprehensive and coordinated.

The BIE supports the development of a strength-based, coordinated system of services, driven by a shared set of core beliefs. This “coordinated” system, is reflected in the way BIE and BIE funded schools collaborate with other entities, and deliver services and supports to children with disabilities and their families. Potential partners include systems or programs involved in behavioral mental health, child welfare, correctional, health, education and human services.

## **Funding**

The Secretary of the Interior may reserve five percent of its Part B payment for administrative costs in carrying out the education of Indian children with disabilities enrolled in BIE funded schools. The IDEA federal regulations pertaining to the BIE indicate that these funds can also be utilized for other costs associated with the IDEA regulations such as:

1. The submission of information to the Secretary of Education (§300.708)
2. Public participation (§300.709)
3. Early intervening services (§300.711)
4. Plan for the coordination of services (§300.713)
5. Establishment of advisory board and submission of the board's annual report (§§300.714 – 300.715)

## **Plan development**

This coordinated services plan was developed by analyzing and reviewing data from a variety of organizations. They included BIE, BIE funded schools, school boards, parents, education line offices, IHS, IHS/Tribal Behavioral Health Agencies, BIA and Tribal Justice and Law Enforcement, Tribal Community Colleges, Part C and B – Birth to five programs, Head Start, State Education Agencies, and Tribal and State Vocational Rehabilitation.

Methods used to collect, review and analyze data included: (1) review of BIE monitoring reports; (2) review of Department of Education – Office of Special Education reports; (3) focus groups with various service providers such as BIA and Tribal Law Enforcement; (4) surveys of BIE funded school staff, school boards, and ELO staff members; (5) interviews with BIE and BIE funded school staff and parents, school boards; (6) tribal consultations; and (7) presentations with open discussions at

meetings and workshops. The following sections document some of that information and data.

## **II. Bureau of Indian Education – Demographic and Needs Data and Analysis**

One of the premises of Public Law 108-446 (IDEA) is that all children eligible for special education services must have an individual education program (IEP) or individual family service plan (IFSP) that is appropriate and designed to address the child's specific special education needs. However, the learning/behavioral needs of some children with disabilities are so complex that typical school based IEP services or family and child based IFSP services are not sufficient. They require the coordination of multiple providers and systems to address the complexity of needs.

Based on an analysis and synthesis of data received by the BIE from monitoring reports, input from stakeholders, survey data from BIE funded schools, and focus groups of various agencies/providers, there are seven types of children/youth with disabilities who typically need and benefit from coordination of services. These are:

1. Children and youth with disabilities who present extremely challenging behavior, which constitute a risk to themselves or others.
2. Children and youth with disabilities who have multiple medical and education needs.
3. Children and youth with disabilities who require mental health treatment.
4. Children and youth with disabilities who need out of home care or require residential placement.
5. Infants, toddlers and preschool age children with disabilities.
6. Children and youth with disabilities who are incarcerated in tribal or BIA operated or funded facilities and state facilities.
7. Children and youth with disabilities who are homeless or have been legally removed from the family unit by the State, BIA, or Tribal agencies.

The following table shows the breakdown of students who received special education services during the 2007-2008 school year. The overall numbers and percentages have been quite consistent for the last several years.



**Table 1:** Children with Disabilities Receiving Special Education in BIE Funded Schools During School Year 2007-2008

Disability	Number/Percentage of Children by Disability and Age at Data Collection			Total by Disability Category
	Age 5	Ages 6 -11	Ages 12-21	
Mental Retardation	3/1.78%	136/4.31%	260/6.91%	399/5.63%
Hearing Impairments		19/.60%	22/.59%	41/.58%
Speech/Lang. Impairments	110/65.09%	1150/36.47%	164/4.36%	1424/20.11%
Visual Impairments		9/.29%	9/.24%	18/.25%
Emotional Disturbance		120/3.81%	319/8.48%	439/6.20%
Orthopedic Impairments	1/.59%	6/.19%	6/.16%	13/.18%
Other Health Impairments	3/1.78%	168/5.33%	235/6.25%	406/5.73%
Specific Learning Disability	4/2.37%	1146/36.35%	2624/69.79%	3774/53.29%
Deaf-Blindness				
Multiple Disabilities	2/1.18%	45/1.43%	80/2.13%	127/1.79%
Autism	1/.59%	35/1.11%	24/.64%	60/.85%
Traumatic Brain Injury		10/.32%	17/.45%	27/.38%
Developmental Delay	45/26.63%	309/9.80%		
	169/100%	3153/100%	3760/100%	7082/100%

Every two years, the BIE is required to report data pertaining to services for Indian children with disabilities from birth to five years of age. This data is collected from tribal programs on reservations served by elementary and secondary schools for Indian children funded by the Department of the Interior, Bureau of Indian Education. In Table 2 and 3, the most recent Biennial Report is detailed. The BIE is required to report all of this data to the Secretary of Education.

**Table 2:** Part C Biennial Report

<b>Biennial Report of Tribes or Tribal Organizations – Activities Undertaken in Accordance with Part C July 1, 2006 – June 30, 2008</b>						
						Number
Section A	Number of contracts entered into from July 1, 2006 to June 30, 2008					2707
	Number of cooperative agreements entered into from July 1, 2006 to June 30, 2008					548
Section B	Age as of April 15, 2006	Age 0-1	Age 1-2	Age 2-3	TOTAL	
	Number of (Indian) infants and toddlers contacted between July 1, 2006 – June 30, 2007.	3261	3246	3520	10027	
	Number of (Indian) infants and toddlers contacted between July 1, 2007 – June 30, 2008	2907	3288	3446	9641	
Section C	Number of (Indian) infants and toddlers who were provided early intervention services according to an IFSP between July 1, 2006 – June 30, 2007	783	817	1072	2672	
	Number of (Indian) infants and toddlers who were					

<b>Biennial Report of Tribes or Tribal Organizations – Activities Undertaken in Accordance with Part C</b>					
<b>July 1, 2006 – June 30, 2008</b>					
					Number
	provided early intervention services according to an IFSP between July 1, 2007 – June 30, 2008	632	767	970	2369
Section D	Estimate the number of (Indian) infants and toddlers with disabilities in need of early intervention services between July 1, 2008 and June 30, 2010	2267	2539	2887	7693


**Table 3:** Part B (3 – 5) Biennial Report

<b>Biennial Report of Tribes or Tribal Organizations – Activities Undertaken in Accordance with Part B</b>					
<b>June 1, 2006 – June 30, 2008</b>					
					Number
Section A	Number of contracts entered into from July 1, 2006 to June 30, 2008				141
	Number of cooperative agreements entered into from July 1, 2006 to June 30, 2008				261
Section B	Age as of April 15, 2006	Age 3	Age 4	Age 5	TOTAL
	Number of (Indian) preschool-age children with disabilities served between July 1, 2006 – June 30, 2007	1949	1906	1180	5035
	Number of (Indian) preschool-age children with disabilities served between July 1, 2007 –	2056	1873	1222	5151

<b>Biennial Report of Tribes or Tribal Organizations – Activities Undertaken in            Accordance with Part B            June 1, 2006 – June 30, 2008</b>					
					Number
	June 30, 2008				
Section C	Number of (Indian) preschool-age children with disabilities provided early childhood special education and related services according to an IFSP or IEP between July 1, 2006 – June 30, 2007	1165	1346	874	3385
	Number of (Indian) preschool-age children with disabilities provided early childhood special education and related services according to an IFSP or IEP between July 1, 2007 – June 30, 2008	1332	1364	880	3576
Section D	Estimate the number of (Indian) preschool-age children with disabilities in need of special education and related services between July 1, 2008 and June 30, 2010	3243	3591	2871	9705

The analysis and synthesis of the data referenced in this chapter identified specific needs of Indian children and youth with disabilities that require or encourage linkages with other systems to ensure the provision of quality and compliant services. This is demonstrated in the following table.

**Table 4:** Coordinated Service Needs, Possible and Prospective Service Providers, and Potential Outcomes.

SERVICES & NEEDS	<b>BIE and BIE Funded Schools Coordinate/Link With:</b>	CSP Provider Examples	Potential Outcomes	
Emotional/Behavioral Challenges			IHS, Tribal/BIA Behavioral Health, Residential Treatment Centers, Department of Human Services, Residential Education Placement Program (REPP)	Comprehensive services, shared resources, development of policies and procedures, and clarification of roles and responsibilities  
Residential Placement			Medicaid, IHS, Department of Human Services, Residential Treatment Centers, Tribal/State/BIA Social Services. REPP	
Youth and Adult Student Incarceration			BIA/Tribal and State Juvenile Detention Centers and Adult Correctional Facilities, BIA and Tribal law enforcement, and Tribal courts	
Medically Fragile			IHS, Residential Facilities, Medicaid, BIA/Tribal Social Services	
Low Incidence Disabilities			State Departments of Education, Institutions of Higher Education (IHEs), IHS, hospitals and clinics	
Homeless/Removed from Family			BIA/Tribal Department of Human Services, BIA/Tribal Law Enforcement, Tribal Courts, IHS	
Transitioning from Part C/Early Intervention services to Part B/Early Childhood Special Education			Pre Schools, Child Care, State Part C and B Providers, Health and Human Services, IHS, State Departments of Education, public schools, tribes	
Transitioning from Early Childhood services to Kindergarten			Tribal Head Start, Child Care, Public and private preschools, BIE Funded Schools	
Transitioning from High School to Post High School			Tribal/State Vocational Rehabilitation, IHEs, Tribal/State Vocational Services Department, Tribal/State Department of Social Services, Tribal Community Colleges, REPP	
Provision of early intervention and early childhood special education services			IHS, Hospitals, Head Start and Early Start, Child Care, Part C & Part B programs, State Part C & B providers, FACE (Family and Child Education)	
Truancy and excessive absences			Tribal Law Enforcement, Tribal Courts, Department of Human Services	
Academic/Education Challenges		BIE Funded Schools, ELOs, Special and General Education Staff, State Departments of Education, Tribal Community Colleges, Tribal Departments of Education		

IDEA regulations (§300.103 and §300.154) states that other federal and state systems also have statutory and regulatory requirements to provide services and supports to children, youth and their families. Accordingly, these entities are required to provide services to children with disabilities pursuant to statute or regulation and incur the

fiscal responsibility of the provision of such services. Such cost sharing designation and resulting service delivery is best when done within a coordinated service planning process.

There are many positive outcomes for Indian children, youth, and families and systems involved in a collaborative coordinated planning system of service delivery.

Outcomes include:

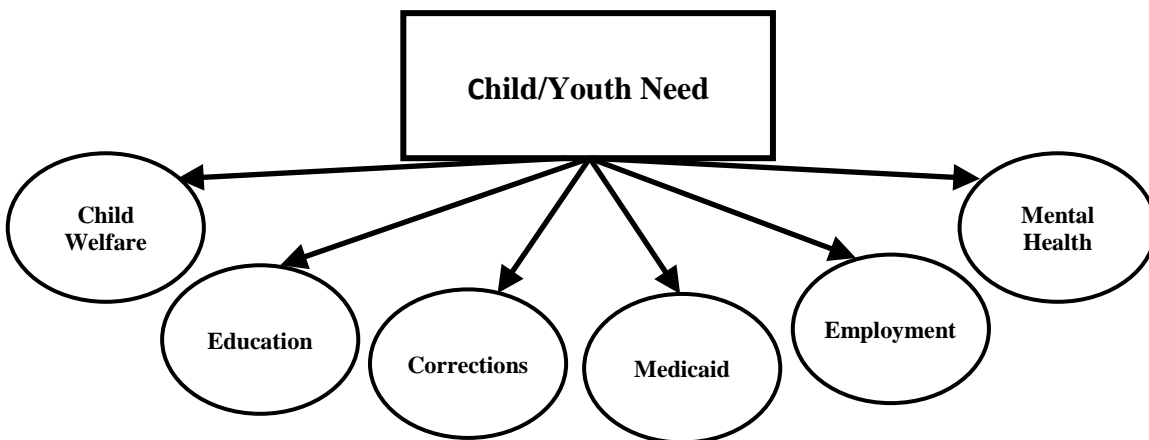
1. Increased efficiency and effectiveness of supports and services when provided in a coordinated interagency manner.
2. Provision of comprehensive services that are culturally based.
3. Sustained interagency coordination, communication and problem solving.
4. Maximization of limited fiscal resources and personnel.
5. Enhanced transparency/accountability in service delivery and system.
6. Enhanced child, youth and family quality of life, resulting in improved outcomes of education and employment.
7. Compliance with federal, state and tribal legal requirements.

### III. Models of interagency coordinated service planning

The BIE and BIE funded schools will facilitate on-going interaction, planning and collaboration with service systems involved in addressing comprehensive needs of children and youth with disabilities and their families. Service systems can be at the Federal, tribal, state, regional and/or local level and directed by BIA, BIE, tribal, federal, state or local authorities. These conceptual models illustrate how multiple service providers interrelate in addressing complex needs of children with disabilities and their families. These evidence-based models provide a theoretical framework for visualizing and understanding the intent of a BIE coordination service plan.

**Figure 1:** Child centered model of coordinated services.

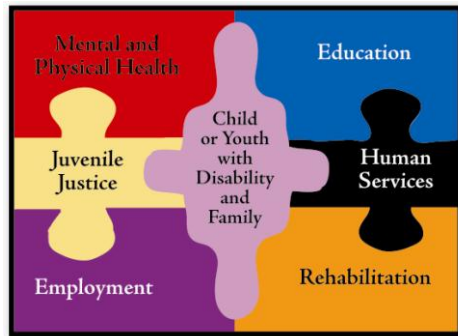
The following model illustrates the concept of multiple agencies or programs involved in the coordination of services when based upon child/youth needs.



The agencies shown in Figure 1 are typical agencies that would participate in the coordinated service planning process for children/youth with disabilities. While each of the indicated agencies might agree to participate in the interagency service coordination process, agencies would select to participate in and contribute to specific student-based coordinated service plans based upon the multiple needs of specific students. When child/youth needs do not require the input of a specific agency, that agency may withdraw from participation in that specific case.

**Figure 2.** Agency based model of coordinated service planning.

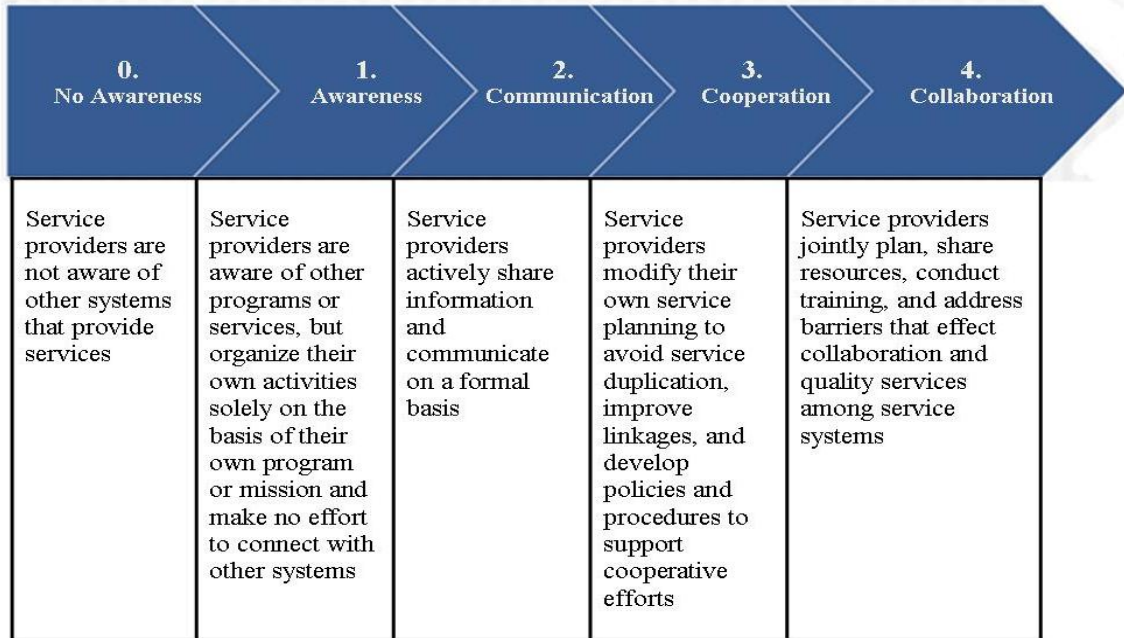
In this model, agencies “wrap around” the needs of the student and their family with each providing a specific piece of the ‘puzzle.’ Each type of agency provides a discrete service or support, in coordination with partnering agencies, to address the needs of the student and their family while adhering to their specific agency mandates. The better this coordination is achieved, the tighter the pieces of the ‘puzzle’ fit together.



**Figure 3:** Developmental model of an integrated service system.

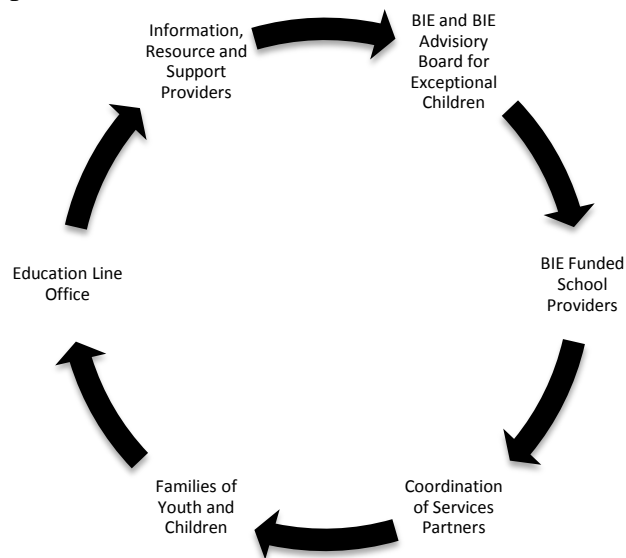
Coordinated service provision is typically conducted with varying levels of interaction (illustrated below in a 0-4 point matrix). Interagency service coordination in its lowest level of interaction is often characterized by little awareness of other systems or their services. Most interagency efforts move past the initial stages of limited interaction to achieve consistent communication and sharing mechanisms. As interagency planning efforts mature, cooperation and sharing of personnel and resources becomes a normal practice supporting Indian children with multiple needs.





Communication is a critical component of inter and intra agency coordination of services. All partners will need to be keenly aware of effective communication strategies and techniques. The following figure illustrates a communication process that supports coordination of service activities. This communication circle identifies partners at various levels of the system (critical players) and establishes an ongoing schedule and format for communication to keep appropriate persons informed and prepared to contribute.

**Figure 4:** Implementation of a communication circle



Benefits for systems using a communication circle include:

1. Participants can become familiar with policies, procedures and system-related vocabulary.
2. Identification of resources programs and contacts.
3. Identification of barriers and best practices involving communication and coordination.
4. No beginning or ending – supports continuous communication.

#### IV. BIE Coordinated Services Plan Implementation Strategies And Process

The following pages outline evidence-based strategies that support the implementation of a coordinated services model by the BIE and BIE funded schools.

<b>Goals of the BIE Interagency Coordinated Services Plan:</b>
1. Advocate for and facilitate interagency collaboration and coordination of services among all partners (agencies and programs that could benefit Indian children/youth with disabilities).
2. Identify barriers to interagency collaboration and coordination of services at all levels of the service delivery system.
3. Address all issues and barriers to interagency collaboration and coordination at all levels of the service delivery system.
4. Evaluate the effectiveness of interagency collaboration and coordination between all partners through systematic data collection and analysis.
5. Provide technical assistance, training and cross training with and among interagency partners at all levels of service delivery system.

The following chart lists specific BIE-initiated tasks that support a coordination of services approach. Also indicated, within the chart are notations regarding the frequency of task implementation.

<b>BIE Special Education Division CSP Activities</b>	<b>Frequency</b>
1. Special Education Division link with the BIE Residential Education Placement Program (REPP) throughout the development and implementation of both entities' policies and procedures addressing student's with disabilities in order to ensure the coordination of services for children and youth with disabilities.	On-going
2. Special Education Division involves the BIE Special Education Advisory Board for Exceptional Children in the coordination of	On-going

<b>BIE Special Education Division CSP Activities</b>	<b>Frequency</b>
services by sharing the coordinated services plan, status of activities, and next steps; The BIE provides support to the Advisory Board related to the board's efforts related to the coordination of services.	
3. Develop and implement a process of collecting and analyzing data related to providing FAPE for students with disabilities incarcerated in juvenile or adult correctional facilities.	On-going
4. Special Education Division link with the Juvenile Detention Center Education Initiative, which includes cross training activities, provision of supports to the JDCs, and the implementation of policies and procedures to address incarcerated students with disabilities.	On-going
5. Develop and implement policies and procedures regarding the provision of services to students with disabilities who are incarcerated in juvenile detention centers and/or adult prisons; these policies and procedures should include roles and responsibilities for service provision, monitoring, funding, etc.	On-going
6. Special Education Division link with Indian Health Services in the development and implementation of the IDEA-required memorandum of understanding (MOU).	On-going
7. BIE Special Education Division and REPP initiate planning with regard to the development of procedures for utilizing Medicaid funds for special education services for students with disabilities in residential facilities, and where applicable for BIE funded school special education services.	On-going
8. BIE Special Education Division facilitates the implementation of the coordination of services plan activities through the assignment of personnel to the CSP and through compliance monitoring activities.	On-going
9. BIE Special Education Division links with internal programs including general education initiatives in reading and math, all Title Programs, Safe and Drug Free, and Home Living regarding the	On-going

<b>BIE Special Education Division CSP Activities</b>	<b>Frequency</b>
relationship of these programs for students with disabilities.	
10. Special Education Division links with other BIE programs to collaborate on technical assistance and training activities, and professional development related to meeting the complex needs of students with disabilities.	On-going
11. Provide technical assistance, guidance and training to BIE funded schools in the coordination of services.	On-going
12. Develop and implement a process of collecting and analyzing data related to barriers impeding interagency service coordination and delivery for all Indian children and youth with disabilities from birth through twenty-two years of age.	On-going
<p>13. Increase linkages and communication among service providers throughout the Indian education, health, and human service sectors by utilizing the following strategies:</p> <ul style="list-style-type: none"> <li>a. Conduct a number of interagency discussion forums related to the coordination of services.</li> <li>b. Participate in national, regional and local information sharing for improved coordination of services efforts.</li> <li>c. Inter- and intra-agency meetings using teaming concepts that ensure participation and follow-through by interested parties.</li> <li>d. Develop a reliable system for sharing data among partners related to the coordination of services.</li> <li>e. Develop and implement a communication circle aimed at improved coordination of services.</li> </ul>	On-going
14. Provide training regarding the coordinated services delivery plan at all system levels (national, regional and local) such as special education academies, National Indian School Board Association workshops, National Indian Education Association workshops, and	Annually

<b>BIE Special Education Division CSP Activities</b>	<b>Frequency</b>
REPP and JDC Initiative trainings.	
15. Collect data on interagency coordinated services planning activities through a component of the Special Education Integrated Monitoring Process (SEIMP) self-assessment.	Annually
16. Develop memorandums of understanding or agreement (MOUs or MOAs) with State Departments of Special Education in the states in which BIE funded schools are located which improve service delivery and coordination of services.	Annually
17. Establish formal linkages with the Mountain Plains Regional Resource Center (MPRRC) and the National Association of State Directors of Special Education (NASDSE) through meetings, conferences and on-going technical assistance activities related to the coordination of services across federal, state and local service agencies.	Annually
18. Gather data and information through a variety of focus groups and stakeholder meetings for the evaluation of coordination of services efforts and plans, and for continued input and revision of the plan.	Annually
19. Plan and facilitate cross training activities with IHS, tribal/state Division of Vocational Rehabilitation, and other appropriate service providers.	Annually
20. BIE Special Education Division, in conjunction with IHS, provide technical assistance and guidance to BIE funded schools, IHS agencies and other partnering agencies in coordination of service strategies beneficial for the effective implementation of the IHS/BIE memorandum of understanding.	Annually
21. Utilize the CSP Quality Indicator self-assessment tool to analyze the status of coordination of services and make revisions to the plan as needed.	Annually

<b>BIE Special Education Division CSP Activities</b>	<b>Frequency</b>
22. Provide support to tribal early childhood (birth to five) programs in their coordination of services efforts through collaborative focused trainings, support in making appropriate linkages, and in the development of quality MOAs and MOUs.	Annually
23. Special Education Division link with Tribal Department of Vocational Rehabilitation and other tribal adult vocational and employment agencies related to transition outcomes.	Annually
24. Collect data on collaborative partners, memorandums of agreement and understanding, and contracts from tribes receiving birth – 5 Part C and B funds through the biennial reporting process.	Biennially

**Interagency coordinated services planning activities at Education Line Office and BIE funded school level**

This BIE Coordinated Services Plan document serves as a guide in coordinating local services. The intent of the BIE coordinated services plan is to support strategies that meet the needs of the local BIE funded schools and tribal communities to serve children and youth with complex needs. Strategies for improving the coordination of services may include:

1. Identification of potential service partners.
2. Clarification of roles and responsibilities.
3. Provision of assigned staff to facilitate collaborative efforts
4. A method of evaluating the process and effectiveness of the effort.

Also, the use of interagency teaming principles and practices described later in this section may be utilized by local schools and line offices as they will often enhance collaborative planning efforts.

<b>Education Line Office/BIE Funded School CSP Activities</b>	<b>Frequency</b>
<p>1. Develop and implement a local coordinated services plan that addresses the comprehensive needs of the children and youth with disabilities within the region. It is recommended that the following items are included in the local-level plans:</p> <ol style="list-style-type: none"> <li>a. Names and functions or roles of each of the participating coordinated services partners.</li> <li>b. Plans for “how” and “when” the identification of needs will be determined using the <i>Local Level Coordination of Services Plan Template</i>, which is included in the appendices of this document.</li> <li>c. Evidence-based strategies for working together across agency lines.</li> </ol>	<p>- Developed every 3 – 5 years - Implementation is on-going</p>



<b>Education Line Office/BIE Funded School CSP Activities</b>	<b>Frequency</b>
<ul style="list-style-type: none"> <li>d. Contact information for each of the participating agencies or systems.</li> <li>e. Cross-training activities to be provided for staff across all agencies at each level of the system.</li> <li>f. Others activities as appropriate to support the development and conduct of interagency coordination activities.</li> </ul>	
<p>2. Identify the staff member(s) from the BIE funded school that has responsibility for facilitating the implementation of the local CSP, and is the school contact for all non-school service providers.</p>	<p>Assign and train as needed in order to assure staff assignment and consistency of plan implementation</p>
<p>3. Identify and address barriers to collaboration at the local level and share data with the BIE Special Education Division Coordinated Services Plan contact person(s) and other BIE funded schools.</p>	<p>On-going</p>
<p>4. Provide information and recommendations to BIE and other service providers regarding policies and procedures that hinder collaboration.</p>	<p>On-going</p>
<p>5. Share information on policies and procedures, best practices, and collaboration activities that support the coordination of services.</p>	<p>On-going</p>
<p>6. Provide training and technical assistance on the BIE Coordinated Services Plan – national template, which supports agencies, to work together in a meaningful and productive manner.</p>	<p>- Teaming training annually - On-going implementation support</p>
<p>7. Develop and implement interagency MOUs and/or MOAs, signed by appropriate parties, for improved coordination of services as determined appropriate or needed with local, tribal and state service providers.</p>	<p>On-going</p>

## **The Nine Principles for conducting effective interagency teams (Smith & Stodden, 1996)**

The following set of principles will guide the use of interagency teams and serve as a set of beliefs. These principles encompass fundamental concepts of high functioning teams. Applying these principles when using an interagency team in CSP planning, implementation, and evaluating team efforts can be useful in optimizing team performance and success. It is critical that all team members are active participants and share an equal voice in decisions.

1. *A team reflects and shares a common vision.* A collectively held objective aligns the team in pursuit of its mission, which should be a constant view of a preferred future.
2. *A team promotes empowerment of all members.* Each member should be empowered and that he or she can make a difference in achieving the team mission.
3. *A team demonstrates shared decision-making.* It is essential that team members feel shared ownership for decisions and responsibility for process performance and outcomes.
4. *A team demonstrates synergy – the whole is more than the sum of its parts.* This happens when the interaction of team member's results in more productivity than would occur if the participants worked in isolation.
5. *A team regards diversity as a necessary part of creativity and collaboration.* This leads to a collaborative environment where team members feel safe to share important personal aspects of themselves and their beliefs.
6. *A team fosters the full inclusion and participation of people impacted by its actions.* The team should encourage an environment where those invested in the team's vision, and impacted by its action, are included and given extensive opportunities for communication and participation.
7. *A team facilitates the self-determination and personal growth of itself and its individual members.* Individuals and teams change and grow as a result of the

teaming process which exposes its participants to new ideas, knowledge, perspectives and experiences

8. *A team is responsive to its authentic (ecological) context.* A team is a complex living organism, which must address the issues of clients and members in the context of the local system and the relevant agenda.
9. *A team reflects a dynamic and fluid quality.* Teams need situational leadership and non-static group member roles, which enables the group to be adaptable and accommodating to changing realities of internal/external environments.

## **V. Coordinated Services Planning Quality Indicators**

The following quality coordinated services quality indicator self assessment tools will be utilized by BIE and BIE funded schools to: (1) identify steps to be followed when undertaking interagency service coordination planning and (2) evaluate the efficiency and effectiveness of service coordination planning and (3) evaluate all participating agencies/service providers' performance (evaluation). These quality indicators contribute to comprehensive coordinated service planning and implementation at all levels.

There are 10 quality indicators at the BIE Level (system focused) described by a summary sentence. These indicators reflect methods that have consistently been found to be effective in the coordination of services within and across service agencies. The BIE Special Education Division Level will utilize this tool on an annual basis to self evaluate their coordination of services system wide efforts.

There are 8 quality indicators in the Education Line Office and BIE Funded School Level Quality Indicator self-assessment tool. The purpose of this tool is to provide a mechanism for schools or programs to self evaluate the coordination of services as a whole rather than an evaluation of services provided for any specific child. A school would rate itself on the degree to which there is evidence supporting that a particular quality or practice is in place. This local level quality indicator tool should serve as a quality indicator tool in which schools can note their strengths and weaknesses.

Teams using the quality indicator tools are encouraged to check and note comments regarding the status the box (undeveloped, emerging, or fully implemented) in which they feel best matches their current level of practice/performance within each area.

<b>BIE Level CSP Quality Indicator</b>	<b>Status</b>		
	<b>Undeveloped</b>	<b>Emerging</b>	<b>Fully Implemented</b>
1. BIE Special Education Division identifies staff or personnel who are responsible to facilitate the implementation of the Coordinated Services Plan.			
2. BIE develops linkages and contacts with <b>external</b> service providers and partners such as IHS, Tribal and State Vocational Rehabilitation, BIA and Tribal Correctional Facilities, BIA Juvenile Detention Centers, Tribal Law Enforcement, Tribal Community Colleges, Head Start, Early Start, and State Department of Health and State Department of Education regarding service coordination.			
3. BIE develops linkages and contacts with <b>internal</b> service providers and departments such as FACE and Baby FACE, REPP, JDC Education Initiative, General Education Initiatives, Education Line Offices, and BIE Funded Schools regarding the coordination of services.			
4. The BIE informs the Line Offices and BIE funded schools of any policy and procedure changes as a result of			

<b>BIE Level CSP Quality Indicator</b>	<b>Status</b>		
	<b>Undeveloped</b>	<b>Emerging</b>	<b>Fully Implemented</b>
federal legislation that impact the coordination of services.			
5. The BIE provides technical assistance and guidance to BIE funded schools in the coordination of services.			
6. BIE develops and implements a data collection and analysis process for the identification of barriers to the coordination of services; an action plan is developed and implemented; a listing is made of barriers resolved which includes the resolution process and outcomes.			
7. BIE supports and assists in planning and implementing cross-training activities with coordination of services planning partners at national, state and local levels.			
8. BIE implements a variety of techniques and strategies for dissemination of best practices in the area of coordination of services to all education line officers and BIE funded schools.			
9. BIE provides training and support to the Advisory Board for Exceptional Children as it relates to coordination			

<b>BIE Level CSP Quality Indicator</b>	<b>Status</b>		
	<b>Undeveloped</b>	<b>Emerging</b>	<b>Fully Implemented</b>
of services tasks. BIE collects coordination of services input from the Advisory Board.			
10. BIE collects and analyzes data regarding the coordination of services at the local level through the special education monitoring process (self assessment tool and LEA Special Education Policies and Procedures).			

<b>Education Line Office and BIE Funded School Level CSP Quality Indicator</b>	<b>Status</b>		
	<b>Undeveloped</b>	<b>Emerging</b>	<b>Fully Implemented</b>
1. Procedures and policies are included in the BIE funded school's Special Education Policies and Procedures that describe and support linkages with other service providers to address the comprehensive needs of children and youth with disabilities.			
2. Each BIE funded school has appointed personnel to facilitate the coordination of services and linkages with appropriate service providers.			
3. Each BIE funded school meets on an on-going basis with appropriate service providers to address the coordination of services through development and implementation of memorandums of agreement and understanding, cross-training, joint policy and procedure development, and other partnership activities.			
4. BIE funded schools and education line offices jointly identify barriers to interagency service coordination, and develop methods of resolving such barriers in collaboration with all			



Education Line Office and BIE Funded School Level CSP Quality Indicator	Status		
	Undeveloped	Emerging	Fully Implemented
providers; MOUs and MOAs may be developed which address these barriers.			
5. BIE funded schools and Education Line Offices collect data related to coordination of services through the special education monitoring process and use such data to improve the coordination of services; The SEIMP self assessment tool includes school related coordination of services information.			
6. BIE funded schools and Education Line Offices communicate coordination of services barriers and evidence based practices that support the coordination of services to BIE in a timely and comprehensive manner.			
7. BIE funded schools utilize the <i>Local Level Coordination of Service Plan Template</i> on a yearly basis in order to self evaluate and update their own local coordination of services plan.			

The BIE Coordinated Services Plan and the following chart - the *Local Level Coordination of Services Plan Template* – are to be used as a framework by BIE funded schools in developing a local coordination of services plan. It is recommended that the local CSP activities be developed through the formation of an Interagency Committee facilitated by a staff member from the BIE funded school.

The intent of the CSP is to encourage and support the development of a plan with strategies that meet the needs of the local BIE funded school and tribal community, which result in the provision of quality services for all Indian children with disabilities.

**BIE Funded School – Local Level Coordination of Service Plan Template**

<b>Services/Needs</b>	<b>Local/Regional Service Provider(s)</b>	<b>Coordination of Services Activities/Strategies</b>	<b>Contact Information</b>
Emotional/Behavioral Challenges			
Residential Placement			
Youth and Adult Student Incarceration			
Medically Fragile			
Low Incidence Disabilities			
Homeless/Removed from Family			
Transitioning from Part C/Early Intervention services to Part B/Early Childhood Special Education			
Transitioning from Early Childhood services to Kindergarten			
Transitioning from High School to Post High School			
Provision of early intervention and early childhood special education services			
Truancy and excessive absences			
Academic/Education Challenges			

## **References**

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