



**Final Report of Peer TA Activity # 168**

**Welfare Peer Technical Assistance (TA) Network Site Visit  
Tribal TANF-Child Welfare Coordination Project:  
Healthy Family/Healthy Child Project  
Confederated Tribes of Siletz Indians  
Siletz, Oregon  
December 3-5, 2008**

Prepared for the U.S. Department of Health and Human Services  
Administration for Children and Families  
Office of Family Assistance



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## **I. Overview**

Mark Kimball, Healthy Family/Healthy Child Project Specialist in Siletz, Oregon, submitted a Technical Assistance (TA) request to help staff increase their collaboration knowledge within their tribal service agencies to better serve Temporary Assistance for Needy Families (TANF) and Child Welfare participants. The Healthy Family/Healthy Child Project operates through a Tribal TANF-Child Welfare Coordination Grant from the U.S. Department of Human Services, Administration for Children and Families, Office of Family Assistance. In response to Mr. Kimball's request, an event was held on December 3-5, 2008, that focused on wraparound case management practices and the Systems of Care framework from the perspective of the Medicine Moon Initiative through the Native American Training Institute. Deb Painte, Director of the Medicine Moon Initiative, Jan Birkland, Sacred Child Project Coordinator for the Turtle Mountain Band of Chippewa Indians, and Claesa Blacksmith, Parent Coordinator for the St. Mary's Parent Support Group of the Turtle Mountain Band of Chippewa Indians, facilitated the meeting.

The Medicine Moon Initiative was supported by a five year cooperative agreement with the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau and the Native American Training Institute. The purpose of the Initiative was to implement and sustain Tribal Systems of Care throughout four North Dakota Tribal Child Welfare agencies, including the Turtle Mountain Band of Chippewa Indians' Child Welfare agency, which operates the Sacred Child Project. Illustration of wraparound case management and the System of Care framework, which operate on principles of comprehensive, culturally competent, community-based, individualized, strength-based services, helped attendees conceptualize how they can better provide and coordinate services among their various agencies. Deb Painte is a member from the Mandan, Hidatsa and Arikara Nation in North Dakota (Three Affiliated Tribes of the Fort Berthold Reservation). Jan Birkland is a member from the Turtle Mountain Band of Chippewa Indians. Both attested to the importance of cultural sensitivity and demonstrated how Tribes can integrate culturally appropriate practices in providing social services; a key ingredient to successful Tribal TANF programs. Claesa Blacksmith, a member from the Turtle Mountain Band of Chippewa Indians, presented on the St. Mary's Parent Support Group and the positive responses it has received from her Tribal community in terms of improving family values and well-being.

Attendees included representatives from the Healthy Family/Healthy Child Project, Tribal Services, Indian Education, Tribal Court, Indian Child Welfare, and the Tribal Council. Representatives from the Hoopa Valley Indian Tribe and the South Puget Intertribal Planning Agency were also present. A total of twenty-one attendees, three Technical Assistance providers, and three Technical Assistance coordinators participated in the event.

## **II. Systems of Care in North Dakota Tribal Communities**

Ms. Painte began the event by discussing the inception of Systems of Care in North Dakota. In 1993, North Dakota was impressively ranked second in a national study that looked at ten important indicators of child well-being across all 50 states. However, when researchers took a closer look at North Dakota's Native American children, they discovered that these children would rank last (or 51st) if the Tribe were considered a separate state in the study. Ms. Painte reasoned that some Native American children

might have ranked lower on the important indicators of child well-being due to “high unemployment and poverty, high alcoholism and substance abuse rates, domestic violence, disenfranchisement, racism, discrimination, forced removal of children into boarding schools, role displacement and social anomie, loss of culture, fragmented and limited services to address high need, geographic isolation, historical trauma, and intergenerational grief.”<sup>1</sup> Some of the most pressing issues they mentioned that potentially affected child well-being indicators included depression, violence, mental illness, substance abuse, and pollution.

Ms. Painte and Ms. Birkland then elaborated more on the history of Tribal Systems of Care. North Dakota’s Tribal Systems of Care originated in two different phases. The first phase began in October 1997 and ended in September 2003 with the Sacred Child Project in Turtle Mountain, through the Center for Mental Health Services. The Sacred Child Project served 217 youth and 193 families and included a National Evaluation Descriptive Study which showed that nearly 75 percent of the youth who participated lived below the poverty level and 41 percent lived in single mother households. The study also found that juvenile detention rates decreased from 28 percent to 17 percent and convictions decreased from 22 percent to 17 percent among participants in the project over a one year period. The study referenced an increase in the number of participants with improved living arrangements and an increase in functioning as shown on the Child and Adolescent Functioning Assessment Scale (CAFAS), which rates youth on their level of impairment in daily functioning emotionally, behaviorally, psychologically, or due to substance abuse problems. (For more information, see: <http://www.cafas.com/>).

North Dakota’s second phase of Tribal Systems of Care began in October 2003 and ended in October 2008 with the Medicine Moon Initiative through the Children’s Bureau. The Medicine Moon Initiative attempted to take Systems of Care from its original children’s mental health perspective and expand it to child welfare. The work conducted through the Medicine Moon Initiative shows that Systems of Care can potentially be tailored to many human service arenas, including TANF.

Systems of Care is a general organizing framework that evolves over time; it is not meant to be a discrete model. It is intended to be a guide for case managers to provide comprehensive case management. The characteristics of a System of Care include “individualized care practices, culturally competent services and supports, child and family involvement in all aspects of the system, and measures of accountability and interagency coordination.”<sup>2</sup> The core values of a System of Care include services that are primarily focused on the family and the child, community-based services, and services that are culturally competent and responsive to racial, and ethnic differences of the populations they serve. The guiding principles of a System of Care include the following:<sup>3</sup>

- “Comprehensive array of services and supports;
- Individualized services and supports;

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<sup>1</sup> Painte, D., Birkland, J., & Blacksmith, C. (2008, December). *A System of Care: The Experience of the ND Tribal Nations: Day One*. Presentation at the Welfare Peer Technical Assistance Network Site Visit to the Confederated Tribes of Siletz Indians, Healthy Family/Healthy Child Project in Siletz, Oregon.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

- Services and supports that provide the least restrictive, most normative environment that is clinically and culturally appropriate;
- Families should be full participants in all aspects of the planning and delivery services;
- Services and supports should be integrated with mechanisms for planning, developing, and coordinating services;
- Children and families are provided with case management to ensure multiple services and supports are delivered in a coordinated and therapeutic manner in accordance with their changing needs;
- Early identification and interventions to enhance the likelihood of positive outcomes;
- Children and youth are ensured smooth transitions to the adult service systems as they reach maturity; and
- Non-discriminatory, culturally sensitive, and responsive services to differences and special needs.”

Lastly, in an effort to show how Tribal Systems of Care is effective in Tribal communities, Ms. Painte and Ms. Birkland discussed the national evaluation of the Sacred Child project. As mentioned, an outcome evaluation was conducted on participants in this project finding a decrease in juvenile detention, better living arrangements and an increase in functioning on the CAFAS. Specifically, 131 children and families participated in the study over a one year period. Information about the children’s functioning on the CAFAS was taken at intake and again at six months. Initially, 43.3 percent of children were considered to have minimal/mild impairments on the scale, 33.3 percent were considered to have moderate impairments, 10 percent were considered to have marked impairments, and 13.3 percent were considered to have severe impairments. After a six month period of participating in the Sacred Child project, the graphs illustrate a shift in functioning among the children who participated in the study. Children with severe impairments dropped from 13.3 percent to 6.7 percent, elevating them into the marked or above functioning group, and children with moderate functioning dropped from 33.3 percent to 20 percent, elevating them to the mild or no impairment group.

### **III. Wraparound Case Management for Tribal Communities**

Ms. Painte facilitated this session about wraparound case management, which goes hand-in-hand with Tribal Systems of Care. In June 2003, a diverse group of 30 people assembled in Portland, Oregon to start the National Wraparound Initiative. During this meeting, the group came up with the ten principles of wraparound which include:

- Family voice and choice;
- Team-based;
- Natural supports;
- Collaboration;
- Community-based;
- Culturally competent;
- Individualized;
- Strengths-based;
- Persistence; and
- Outcome-based.

Those who practice wraparound case management work in teams to implement these ten principles through four phases. The first phase, called engagement and team

preparation, takes about two weeks. The team has initial conversations guided by the ten principles of wraparound to establish trust, a shared vision, strengths and needs. Phase two is comprised of one to two meetings during the first two weeks and includes the development of the initial plan of care. The team ensures everyone has a “voice and choice” in the plan, that it reflects the principles of wraparound, and that goals are practical and reasonable. Phase three is the ongoing implementation phase in which the wraparound plan takes effect. The team continually meets to review progress and successes and to revise the plan of care until the team’s goals are achieved. The last phase, phase four, occurs when the wraparound participant and/or family have met their goals and they are ready to transition out of wraparound. Plans are made for a purposeful transition out of formal wraparound. Community based and natural supports, as well as professional supports are available and accessed after the formal wraparound process has been completed.

During the discussion on wraparound, Ms. Painte, Ms. Birkland, and Ms. Blacksmith conducted an interactive activity called “Wheel within a Wheel.” Participants were given a number of either one or two and told to stand up. Attendees given the number one formed an outer circle and people with a number two formed an inner circle. The two circles faced one other so attendees could converse. Ms. Birkland then asked a series of questions in which each pair of inner and outer circle attendees could talk to each other for about two minutes, before the inner circle moved over one person and the next question was asked. The questions were as follows:<sup>4</sup>

- “What is your name? Or what is your Indian name or nickname? How did you receive this name? Where does your family come from?”
- What do you do for fun?
- What is a secret talent that you have?
- What habit do you have that bugs other people and you would like to change?
- What is your greatest stressor in life and how do you deal with it?
- Who do you go to for help when you are having a crisis and why?
- Six months from now, what would you need to make your life better, easier, happier, etc?
- What do you do to maintain a healthy lifestyle?
- If you had the ability to make anything happen, what would you change about your community?”

After the activity, Ms. Painte spoke about how the activity and the questions can be related to the wraparound process. Participants and families in wraparound meetings are often asked the same types of questions. Most of the questions are meant to evoke awareness, especially in regard to strengths participants have within them and how they can potentially change their current situation(s). Some questions make participants feel uncomfortable, as was evidenced by how some attendees in the “Wheel within a Wheel” activity felt. Throughout this activity, Ms. Painte, Ms. Birkland, and Ms. Blacksmith encouraged attendees to experience empathy for participants engaged in wraparound. Sometimes it is difficult to open up to others and this activity helps wraparound case managers understand their participants so they can begin to build rapport with them and facilitate the change process needed for self-sufficiency.

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<sup>4</sup> Painte, D., Birkland, J., & Blacksmith, C. (2008, December). *Wraparound in Indian Country: The Ways of the People Are Who We Are*. Presentation at the Welfare Peer Technical Assistance Network Site Visit to the Confederated Tribes of Siletz Indians, Healthy Family/Healthy Child Project in Siletz, Oregon.

Subsequently, to illustrate another point about wraparound case management, Ms. Blacksmith read a traditional story called “The Bungling Host.” The story’s main character was Coyote and the story began with Coyote going to his friend Bear’s house to ask for food because his family had run out. Bear made a soup for Coyote from water, stone, and buckskin. When Coyote began to eat he saw that the soup contained huckleberries and meat instead of stone and buckskin. To return the favor, Coyote invited Bear to his home the next day for dinner. Coyote tried to imitate Bear’s gift by making soup out of a stone and buckskin but the soup was still stone and buckskin when he was finished. Coyote was upset and Bear rebuked Coyote, telling him that creating food from rocks and buckskin was not his way.

The next day, Coyote went to his friend Kingfisher’s house to ask for some food. Kingfisher went up to the roof of his house and dove into a small hole that was made in the ice. He came up with enough fish to feed Coyote and his family. Coyote wanted to repay Kingfisher so he invited him back to his house for dinner. Thinking he could do what Kingfisher did, Coyote climbed up to the roof of his house and dove towards a small hole in the ice. However, Coyote fell to his death. Kingfisher used his power to bring Coyote back to life and rebuked Coyote, telling him that flying and diving for fish was not Coyote’s way.

Once the story was over, Ms. Painte asked attendees to list each character’s cultural practices. Many of the descriptions of Coyote’s culture were negative. Ms. Painte challenged attendees to then list only Coyote’s good qualities through “reframing.” This exercise illustrated how many of the participants that are seen in wraparound services have negative ideas and thoughts, but it is most important to focus on their strengths and the positive things they have done in their lives. Ms. Painte also explained that service systems often blame children and families when they fail but it is often the system that is asking the family to do something that is not part of their cultural awareness.

#### **IV. St. Mary’s Parent Support Group**

With the advent of the Children’s Bureau grant awarded to the Native American Training Institute to implement and sustain Tribal Systems of Care through four Tribal child welfare agencies, the Turtle Mountain Band’s Child Welfare Agency was chosen as a partner. In this effort, Turtle Mountain’s Tribal Child Welfare Agency created the Sacred Child Project and began to work with their case managers to incorporate a Single Plan of Care (SPOC) into their program. They also began to talk to Tribal elders to develop a clear understanding of their Tribe’s traditional family values to incorporate a System of Care and wraparound services in their community. They developed a book for parents and caregivers called the *Pathiwaytihilic Book*, a binder designed to hold important materials that families may need to have handy throughout their wraparound treatment, such as vital documents and phone numbers. The Turtle Mountain Band set out to work with youth in foster care in Turtle Mountain. They also set out to develop Family Support Groups to bring together families in the Turtle Mountain housing projects.

The last objective of Turtle Mountain’s Tribal Child Welfare Agency helped spur Claresa Blacksmith to start the St. Mary’s Parent Support Group. The group is named after the St. Mary’s Housing Site, one of four Tribal assisted housing sites located on the Turtle Mountain Reservation. Before the start of the group, Ms. Blacksmith noted that the housing site had a stigma associated with it. It was known as the most dangerous

housing site in Turtle Mountain in terms of crime, drugs and domestic abuse. Police activity in the area was a common occurrence. Ms. Blacksmith's frustration with this long standing stigma and the vehicle for change created through the Systems of Care grant, led her to gather together families in her housing site to discuss what could be done. The mission statement developed by the group during their first meeting was "to join forces as a community to change and improve our way of life." Their vision statement was: "We, the families of the St. Mary's group, would like to have support and recognition to accomplish goals and make change in our community with family involvement."<sup>5</sup>

During her presentation, Ms. Blacksmith spoke in depth about the St. Mary's Housing Site, and her community, to give attendees a better understanding of just how difficult circumstances are in Turtle Mountain. All Tribal assisted houses tend to be old, run down and the neighborhoods have no sidewalks or paved roads. When the group began, the St. Mary's Housing Site was also extremely unkempt. One of the first major projects of the group was to organize and hold a clean up effort. The effort was successful—the group was able to recruit community members to donate supplies and help clean up trash that littered the area.

Ms. Blacksmith also presented data from an informational survey that the group, in partnership with the Medicine Moon Initiative, administered to community members at St. Mary's. Twelve families in the community responded to the survey. Of those twelve families, five families (42 percent) reported that they were on TANF, seven families (58 percent) received Food Stamps, eight families (67 percent) received fuel assistance, and four families (33 percent) received SSI. The conditions of the homes in the community were poor, as Ms. Blacksmith mentioned. Seven of the twelve homes (58 percent) had some type of damage. Safety was also a concern. Eleven of the twelve families (92 percent) reported the need for increased safety. Ten (83 percent) reported that they would be willing to be part of a neighborhood watch program; nine (75 percent) of the homes were not equipped with fire extinguishers; and five (42 percent) were not equipped with smoke detectors. Lastly, 75 percent of respondents reported difficulty getting to the store; 67 percent reported difficulty attending appointments; 67 percent reported difficulty getting the mail; 58 percent reported difficulty getting to work, school, or college; and 33 percent reported difficulty in finding child care.

Since the first meeting, the St. Mary's Parent Support group has grown and has even been replicated in other housing projects on the Turtle Mountain Reservation. One of their great successes has been obtaining permission to use time spent related to the group's efforts to count toward the TANF work requirements. This has been extremely helpful for some TANF participants, given that jobs are scarce on the Reservation. In response to the informational survey, some of the continuing goals of the St. Mary's Parent Support Group are to hire the unemployed to help fix houses in the community; establish a neighborhood watch group to create more security in the area; and search for potential resources to create parks, after school activities, and recreation buildings.

## **V. Conclusion**

Overall, as evidenced through the evaluation, attendees felt the event was successful. They were able to learn valuable information from Ms. Painte, Ms. Birkland, and

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<sup>5</sup> Painte, D., Birkland, J., & Blacksmith, C. (2008, December). *Turtle Mountain Band of Chippewa Indians Belcourt, North Dakota: "Hearing the Drum Call": Native American Family Support Group: St. Mary's Housing Site*. Presentation at the Welfare Peer Technical Assistance Network Site Visit to the Confederated Tribes of Siletz Indians, Healthy Family/ Healthy Child Project in Siletz, Oregon.



Ms. Blacksmith that will enhance their Tribal TANF-Child Welfare Coordination project and allow them to better develop, implement and sustain a Tribal System of Care and wraparound case management in their community while being mindful of the importance of incorporating tribal cultures into the services provided.

## **Appendix A: Agenda**



Welfare Peer Technical Assistance Network Site Visit  
Tribal TANF-Child Welfare Coordination Project:  
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Siletz, Oregon  
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**DECEMBER 3, 2008**

- 8:00 AM - 9:00 AM MEET WITH CONFEDERATED TRIBES OF SILETZ INDIANS STAFF TO TOUR AREA TO SEE WHERE AGENCIES ARE AND HOW FAMILIES GET TO SERVICES.
- 9:00 AM - 10:15 AM WRAPAROUND PROCESS WITHIN A SYSTEM OF CARE
- o System of Care Framework
  - o Sacred Child Project System of Care
  - o Did it Work? Stats from the SCP
- Speakers: Deb Painte and Jan Birkland
- 10:15 - 10:30 AM **BREAK**
- 10:30 AM - 12 PM OVERVIEW & BASIC INTRODUCTION OF WRAP-AROUND
- o HISTORY
  - o PRINCIPLES OF WRAPAROUND
  - o FOUR PHASES OF WRAPAROUND
- Speakers: Deb Painte and Jan Birkland
- 12:00 - 1:00 PM **Lunch**
- 1:00 - 2:00 PM "Wraparound in Indian Country" CD-Rom Presentation
- o Steps of Wraparound
  - o Legal & Ethical Considerations of Wraparound
- Speakers: Deb Painte and Jan Birkland
- 2:00 - 3:00 PM TURTLE MOUNTAIN SACRED CHILD PROJECT
- o HOW IT HAS EVOLVED AT TURTLE MOUNTAIN
  - o TURTLE MOUNTAIN WRAP
- Speaker: Jan Birkland
- 3:00 -3:15 PM **BREAK**
- 3:15 -4:00 PM UNDERSTANDING WRAPAROUND THROUGH "WHEEL WITHIN A WHEEL"
- o GROUP EXERCISE
  - o DEBRIEF GROUP EXERCISE
- SPEAKERS: DEB PAINTE AND JAN BIRKLAND
- 4:00 PM DEBRIEF OF DAY ONE.

DECEMBER 4, 2008

- 8:00 – 9:00 AM MEET WITH CONFEDERATED TRIBES OF SILETZ INDIANS STAFF.
- 9:00- 10:00 AM TBD: “BUNGLING HOST—A STORY OF CULTURAL COMPETENCE & REFRAMING” OR TECHNICAL ASSISTANCE TIME
- 10:00 -10:15 AM **BREAK**
- 10:15 – 10:45 AM MEDICINE MOON INITIATIVE (MMI)
- A CHILD WELFARE LED SYSTEM OF CARE
  - VISION AND MISSION STATEMENT
  - TURTLE MOUNTAIN SYSTEM OF CARE FROM AN TRADITIONAL PERSPECTIVE
  - PURPOSE
  - LOGIC MODEL
- SPEAKERS: CLARESA BLACKSMITH AND JAN BIRKLAND
- 11:00 AM – 12:00 PM MMI Local Evaluation
- Creating a Culture Evaluation
  - Elder Cultural Group Interviews
  - Group Interview Emergent Themes
- 12:00 – 1:00 PM **LUNCH**
- 1:00 – 2:00 PM ST. MARY’S PARENT GROUP
- WHY IT STARTED?
  - SYSTEMS OF CARE FROM A PARENT PERSPECTIVE
  - GETTING PARENTS INVOLVED: THE KITCHEN TABLE RECRUITMENT STRATEGY
  - VISION AND MISSION STATEMENT
- 2:00 – 3:00 PM SPEAKER: CLARESA BLACKSMITH  
KEEPING PARENTS & FAMILIES INVOLVED
- COMMUNITY ACTIVITIES
  - INNOVATIONS FOR TANF WORK REQUIREMENTS/AGREEMENTS
  - DEVELOPING COMMUNITY RECOGNITION AND SUCCESSFUL BUY-IN
- SPEAKERS: CLARESA BLACKSMITH AND JAN BIRKLAND
- 3:00 -3:15 PM **BREAK**
- 3:15- 4:00 PM QUESTIONS AND ANSWERS
- 4:00 PM Debrief of Day Two.

DECEMBER 5, 2008

8:00 AM - 9:00 AM MEET WITH CONFEDERATED TRIBES OF SILETZ INDIANS STAFF.

9:00 AM - 10:15 AM REQUIREMENTS FOR IMPLEMENTING WRAPAROUND

Speaker: Deb Painte

10:15 - 10:30 AM **BREAK**

10:30 AM - 12 PM TURTLE MOUNTAIN ADMINISTRATIVE OVERVIEW

SPEAKER: JAN BIRKLAND

12:00 - 1:00 PM **Lunch**

1:00 - 3:00 PM Question and Answer Session

3:00 PM Review Three Days of Technical Assistance.

**Appendix B: Faculty and Staff List**



Welfare Peer Technical Assistance (TA) Network Site Visit  
Tribal TANF-Child Welfare Coordination Project:  
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